Differential Relationships of Fear of Fat and Drive for Thinness with Body Dissatisfaction, Dietary Intake, and Supplement Behaviors in Athletes

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ABSTRACT

The current research on healthy and unhealthy self-views and behaviors in athletes is extremely limited, with little insight into factors that represent important individual differences and correlate to behavioral choices including dietary choices and supplement use. Thus, the purpose of this study was to extend our understanding by examining the differential associations between the fear of fat (FF; an avoidance motivation) and drive for thinness (DT; an approach motivation) with self-views of body dissatisfaction, dietary intake, and supplementand physique-related behaviors, in a sample of competitive athletes. Seventy-six active women (n = 59) and men (n = 17), aged 18-61 years of age (26.97 ± 9.74) completed an online survey. Participants were required to associate themselves as a recreational, collegiate, or professional athlete to participate in the survey. A five-point scale from 1 (extremely satisfied) to 5 (extremely dissatisfied) was used to assess body dissatisfaction. The Goldfarb FF scale and the DT subscale from the Eating Disorder Inventory were used to determine FF and DT, respectively. Dietary intake was measured using the U.S. National Cancer Institute food frequency questionnaire. A previously established measure assessed various dietary supplement behaviors and physique concern behaviors, indicating use from 0 to 7 days per week. Results indicated a strong correlation (r = .76) between FF and DT, suggesting that they could be similar constructs and commonly pursued (or not) at the same time by athletes. Moderate correlations were found between DT and FF with body dissatisfaction, with DT showing the strongest significant ($p \le .01$) relationships with dissatisfaction with body weight (.52), body shape (.56), body fat (.59), muscle tone (.40), and muscle size (.44). Interestingly, DT correlated negatively with dietary intake of animal-based foods (-.30, $p \le 0.01$) and processed food consumption (-.28, $p \le 0.05$), and a trend with plant-based foods (-.22, p = .06). DT or FF did not correlate with general supplement behaviors, such as taking dietary supplements, drinking protein shakes, or using steroids. However, both DT and FF did significantly relate ($p \le .01$) with physique concern behaviors of body symmetry (.35 vs. .39, respectively) and wearing baggy clothes (.56 vs. .54, respectively). In conclusion, DT does appear to be more indicative of body dissatisfaction in athletes than FF. The negative relationship of DT with dietary intake might indicate risk of an overall decline in food quantity and caloric intake, the greater an athlete's drive to be thin. General supplement use behaviors were not related with either DT or FF, but were likely due to a total sample average of only 1.88 supplements used per week within groups. Nonetheless, with little disparity, certain physique control behaviors were related to both DT and FF scores. Thus, assessing FF and DT in athletes can be a novel and useful correlate and possible predictor of self-views, dietary intake, and physique control behaviors for the practitioner and future research. Future research should also reexamine the ability of FF and DT scales to fully differentiate as theoretically separate constructs to aid in distinguishing individual differences in motivation.