



Team weigh-ins and self-weighing: Relations to body-related perceptions and disordered eating in collegiate male athletes



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ABSTRACT

Objectives: In this study we examined the relation of team weigh-ins and self-weighing frequency on collegiate male athletes' internalization of body ideals, social pressures about weight/body, body satisfaction, dietary intent, negative affect, drive for muscularity, and bulimic symptomatology.

Design and methods: We used a cross-sectional survey design, and collected data electronically from 738 male intercollegiate athletes in the U.S.

Results: Athletes who self-weighed 7 + times per week reported the most pressure to lose weight and be lean and muscular, engaged in muscle-building behaviors most frequently, dieted most often, and had the highest level of bulimic symptomatology. Further, athletes on teams that conducted mandatory weigh-ins (vs. not) engaged in more muscularity behaviors and dietary restriction.

Conclusion: Weighing, but in particular that conducted voluntarily, may contribute to an overconcern with appearance, body size/shape, and weight, which in turn can lead to a variety of behaviors related to eating and body change.

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Although few male athletes meet the criteria for a clinical eating disorder, 16%–19% report subclinical symptoms and even higher percentages engage in excessive dieting and exercising to manage their weight, muscularity, and performance (Chatterton & Petrie, 2013). Petrie and Greenleaf's (2012) etiological model, as well as recent research (Galli, Petrie, Reel, Chatterton, & Baghurst, 2014), suggest that male athletes' disordered eating and muscle-building behaviors are influenced by general and sport-specific psychosocial pressures about weight, body ideals, and performance. Thus, examining the effects of such pressures should be a focus of future research.

A commonly experienced weight pressure for male athletes is undergoing required team weigh-ins as a mechanism for attaining or maintaining a specific body weight (Galli & Reel, 2009). Coaches often use team weigh-ins (TW) to monitor athletes' physical progress, which may lead athletes to engage in pathological behaviors in order to "make weight" and avoid potential punishment (Reel & Galli, 2012). Initial evidence of the negative effects of TW has come from studies of military personnel where men and women have been found to engage in pathological weight loss

behaviors (e.g., use of diuretics, diet pills, vomiting, fasting) just prior to, and during, periods of body measurements and fitness testing (Bodell, Forney, & Keel, 2014). In sport, only one study has examined these effects, finding that TW was unrelated to a range of disordered eating and body image measures among female athletes (Carrigan, Petrie, & Anderson, 2015).

Male athletes also may respond to the pressure to attain (or maintain) a weight or body type by self-weighing (SW). According to objectification theory (Fredrickson & Roberts, 1997), SW is a form of body-monitoring (or checking) that would orient male athletes' attention toward their bodies and allow them to determine if they are making progress toward their weight goal. As male athletes internalize the weight goals set by coaches and themselves, they may engage in body checking with increasing frequency, and begin basing their body satisfaction based on the achievement of their weight goal. If the weigh-in results don't meet expectations, athletes may develop negative affect, and attempt to manipulate their bodies through diet, exercise, and pathogenic weight control behaviors (e.g., vomiting). Research has supported the negative effects of SW in both female and male nonathletes (Quick, Larson, Eisenberg, Hannan, & Neumark-Sztainer, 2012) and female athletes (Carrigan et al., 2015). For example, female collegiate gymnasts and swimmers who self-weighed three or more times per

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week reported significantly more internalization of societal beauty ideals, negative affect (e.g., guilt), dietary restraint, body dissatisfaction, and bulimic symptomatology than those who self-weighed less frequently (Carrigan et al., 2015).

Although young men do desire to lower their body weight through dietary restriction, it is perhaps more common that they seek changes to their body composition in the form of added muscularity. For example, in one study of male non-athletes in three countries, participants' self-reported ideal body was 28 pounds more muscular than their current body (Pope et al., 2000). Similar results were found by Galli and Reel (2009), as many of the collegiate male athletes in their study reported pressure from coaches to gain weight, often through the addition of muscle mass. Consequently, weight checking may serve as an indirect indicator of how successful athletes have been in adding muscle mass. Given that the drive for muscularity (DM) has direct implications for male athletes' weight, and because it been associated with lower psychological well-being (McCreary & Sasse, 2000), social physique anxiety (McCreary & Saucier, 2009), and body dysmorphic disorder (Maida & Armstrong, 2005) in men, it is important to understand the relationship between DM and weighing behaviors in male athletes.

TW and SW represent two forms of behavioral monitoring that, theoretically (Fredrickson & Roberts, 1997; Petrie & Greenleaf, 2012), may be associated with increases in male athletes' disordered eating, body image concerns, drive for muscularity, and negative psychological well-being; to date, however, research has not examined these relations. Thus, consistent with recent research (e.g., Carrigan et al., 2015; Quick et al., 2012), we examined the weighing status of male athletes (i.e., team weigh-ins and self-weighing) in relation to their internalization of body ideals, social pressures about weight/body, body satisfaction, dietary restraint, negative affect, drive for muscularity, and bulimic symptomatology. We hypothesized that the male athletes who were more frequently weighed by their teams or who engaged in more frequent self-weighing would report greater disturbances across all measures.

1. Method

1.1. Participants

Male collegiate athletes from the U.S. ($N = 744$; $M_{\text{age}} = 19.91$ years, $SD = 1.50$) representing 17 sports (e.g., baseball, cross-country, football, swimming, soccer, and basketball) participated. The majority were White, Non-Hispanic (83.7%; $n = 623$), and the mean BMI of the sample was 24.24 kg/m^2 ($SD = 3.97$). These participants were a part of a larger study of body image and disordered eating in male athletes, of which other findings have been detailed elsewhere (see Chatterton & Petrie, 2013; Galli et al., 2014).

1.2. Instruments

We employed several questionnaires to assess disordered eating behaviors and body image concerns. Given the brevity of this report, however, we do not provide detailed psychometrics for each scale, which have been reported by the developers. Further, these measures have been used in research with male athletes (e.g., Galli et al., 2014); Cronbach's alphas provided are from the current sample. The perceived sociocultural pressure scale (PSPS; Anderson, Petrie, & Neumann, 2011) measured pressures to lose weight, be lean, and be more muscular. Each pressure was measured with items that addressed male friends (teammates were excluded), family, romantic partners, and media. Scores for each pressure were averaged, and higher scores indicated more pressure. Alphas were 0.86 (Lose Weight), 0.84 (Lean Body), and 0.82

(Be More Muscular). The nine-item Internalization General subscale of the Sociocultural Attitudes Toward Appearance Questionnaire-3 (SATAQ-3; Thompson, van de Berg, Roehrig, Guarda, & Heinberg, 2004) assessed internalization of societal messages about appearance. Higher scores indicated greater internalization. Alpha was 0.96. Eighteen items from the Body Parts Satisfaction Scale for Men (BPSS-M; McFarland & Petrie, 2012) measured satisfaction with upper body and legs. Higher scores indicated more satisfaction. Alphas were 0.94 (Upper Body) and 0.91 (Legs). The nine-item Dietary Intent Scale (DIS; Stice, 1998) assessed intentions to diet and restrict calories. Higher scores indicated more restraint. Alpha was 0.90.

Twenty-three items from the Positive and Negative Affect Schedule-Expanded (PANAS-X; Watson & Clark, 1992) were used to assess fear, hostility, guilt, and sadness. Higher scores indicate more negative affect. Alphas were 0.88 (Fear), 0.89 (Hostility), 0.92 (Guilt), and 0.94 (Sadness). The 15-item Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000) assesses Muscularity Oriented Body Image (MBI; wanting a muscular physique) and Muscularity Behaviors (MB; behaviors dedicated to increasing muscle mass). Higher scores indicate greater drive in each dimension. Alphas were 0.85 (MB) and 0.93 (MBI). The 36-item Bulimia Test- Revised (BULIT-R; Thelen, Mintz & Vander Wal, 1996) assessed behaviors and attitudes associated with bulimia nervosa. On the 28 items which comprise the total score, a higher score indicates more bulimic symptomatology. Alpha was 0.89.

1.3. Procedure

Following IRB approval from the second author's home institution, head athletic trainers from all NCAA Division I, II, and III athletics departments were contacted via email to request that information regarding the study be made available to their male athletes. Any male varsity athlete was eligible; participation was anonymous and voluntary. Data were collected online via a secure website. The full questionnaire took approximately 20 min to complete; athletes provided consent for their participation electronically, and had the opportunity to sign up for a random drawing to win one of fifty \$50.00 cash prizes. Identifying information collected for the drawing was stored separately from athletes' questionnaire responses.

2. Results

2.1. Preliminary analyses

In this study, we extended past research on self-weighing (Carrigan et al., 2015; Quick et al., 2012), by including an additional level for each type of weighing to further delineate the frequency with which the male athletes either were weighed by their teams or self-weighed. For team weigh-ins, 576 (77.4%) reported that they were not weighed by a coach, athletic trainer or other team official as a requirement for their sport; the remaining 168 (22.6%) did participate in team weigh-ins. This group was then split based on the frequency with which they were weighed: monthly (i.e., 1–2 times per month; $n = 72$) or weekly (i.e., once a week or more; $n = 96$). For SW, we classified the athletes consistent with Carrigan et al. (2015), but split their 3+ times per week category into two levels to allow for greater precision in detecting effects. Our groupings were: (a) did not weigh ($n = 155$, 20.8%), (b) weighed 1–2 times per week ($n = 333$, 44.8%), (c) weighed 3–6 times per week ($n = 183$, 24.6%), and (d) weighed 7+ times per week ($n = 73$, 9.8%). Grouping ordinal frequency data as we did in this study is an acceptable approach for determining levels of our independent variables (Privitera, 2014).

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