Eating Disorders and Negative Team-Talk: Implications for Prevention Programming

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<table>
<thead>
<tr>
<th>Early Research</th>
<th>More Recent Research</th>
<th>Research on Sport Types</th>
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<tbody>
<tr>
<td>• Females who participate in athletics are more likely to have or develop eating disorders than non-athletes. (Taub &amp; Blinde, 1992)</td>
<td>• Female athletes are no more likely to have eating disorders than their non-athlete peers. • May even be less likely than non-athletes to develop eating disorders. (Fay, Economos, Lerner, Becker, &amp; Sacheck, 2010; Reinking &amp; Alexander, 2005; Levitt, 2008)</td>
<td>• Higher prevalence of eating disorders in athletes participating in lean sports than non-lean sport athletes and non-athletes. (Brownell and Rodin, 1992; Davis and Cowles, 1989; Garner and Rosen, 1991; Lockhart, Black, &amp; Vincent, 2009; Smolak, Murnen, and Ruble 2000)</td>
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Theoretical Basis

1) Model of Eating Disorder Development

2) Transdiagnostic Theory
Theoretical Model of Eating Disorder Development
(Tylka and Subich, 2004)

- **Sociocultural Factor**: Pressure for Thinness
  - **Personal Factor**: Internalization of the Thin-Ideal
  - **Personal Factor**: Body Image Disturbance
  - **Personal Factor**: Poor Interoceptive Awareness

- **Personal Factor**: Negative Affect

- **Relational Factor**: Friend Social Support
  - **Relational Factor**: Family Social Support

- **Eating Disorder Symptomatology**
Transdiagnostic Theory
(Fairburn, Cooper, & Shafron, 2003)

• All eating disorders share a distinctive core psychopathology that is cognitive in nature.

Overevaluation of shape and weight and perceived control over the two.
Recovery from an eating disorder may depend on successful modification of these negative beliefs (Cooper, 2005; Hall, 2006).

Recent cognitive therapies have included strategies to address these negative self-beliefs in individuals with eating disorders (Fairburn, Cooper, & Shaffran, 2003).
Research Question

- What about outward statements made by teammates?
- Do those get internalized by other teammates as negative beliefs?
- Does that relate to eating disorder symptomatology on teams?
- Does that explain the differences between lean and non-lean sport athletes?
- Are lean-sport athletes more vulnerable to hearing or internalizing those statements?
Hypotheses

There will be a significant positive relationship between the prevalence of negative team-talk and eating disorder symptomatology.

Lean sports teams will have a higher prevalence of eating disorder symptomatology.

Lean sports teams will have higher reported negative team-talk.
Measures

1. EAT-26 (Garner, Olmstead, Bohr, & Garfield, 1982)

2. EDBQ *revised (Cooper, Cohen-Tovee, Todd, Wells, & Tovee, 1997)

3. AIQ (Anderson, 2004)
Eating Attitudes Test (EAT-26)

- Widely used assessment of general eating disorder pathology
- Score at or above 20 indicates a high level of concern about dieting, body weight, or problematic eating behaviors.

Sample Questions:

I vomit after I have eaten.
1 2 3 4 5

I feel extremely guilty after eating.
1 2 3 4 5
Eating Disorder Belief Questionnaire (EDBQ) (revised)

- Assesses assumptions and beliefs relevant to individuals with eating disorders.
- Significantly correlated to the EAT-26.
- Four subscales:
  - (a) Negative Self-Beliefs
  - (b) Acceptance by Others
  - (c) Self-Acceptance
  - (d) Control Over Eating.

Sample Question:
I have heard a teammate say: "If I lose weight people will care about me."

1  2  3  4  5
Athletic Identity Questionnaire (AIQ)

- Used to provide information about the level of identity that the participant placed on their athletic participation

Sample Question:
My family/closest friends are enthusiastic about any effort/progress I make concerning exercise/sport.

1   2   3   4   5
Sample (n = 58 of 105)

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<thead>
<tr>
<th>Class Year</th>
<th>Sport Team</th>
<th>Sport Type</th>
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</thead>
<tbody>
<tr>
<td>• 21 Freshmen</td>
<td>• 15 Lacrosse</td>
<td>• 38 Non-Lean</td>
</tr>
<tr>
<td>• 13 Sophomores</td>
<td>• 9 Soccer</td>
<td>• 16 Lean</td>
</tr>
<tr>
<td>• 14 Juniors</td>
<td>• 9 Softball</td>
<td></td>
</tr>
<tr>
<td>• 9 Seniors</td>
<td>• 3 Basketball</td>
<td>**4 thrown out</td>
</tr>
<tr>
<td>• 1 Graduate Student</td>
<td>• 2 Tennis</td>
<td></td>
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<tr>
<td></td>
<td>• 10 Swimming</td>
<td></td>
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<tr>
<td></td>
<td>• 6 Cross Country</td>
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Multiple Stepwise Regression

Eating Disorder Symptomatology

Team-Wide Negative Talk

Athletic Identity

\[ r = 0.339 \quad (p < 0.05) \]

\[ r = 0.007 \quad (p > 0.05) \]
Multiple Stepwise Regression

Eating Disorder Symptomatology

- Negative Beliefs: $r = .383$ (p< .05)
- Acceptance by Others: $r = .119$ (p> .05)
- Acceptance of Self: $r = .342$ (p> .05)
- Control over Food: $r = .308$ (p> .05)
Multiple Analysis of Variance

**IV’s:** (1) Class year, (2) Sport Type

**DV’s:** (1) Negative Team Talk, (2) ED Symptomatology
Multiple Analysis of Variance

Eating Disorder Symptomatology

Freshmen  Sophomores  Juniors  Seniors

Lean  Non-Lean

No Significant Differences
Multiple Analysis of Variance

**IV:** Sport Team

**DV's:** (1) Negative Team Talk, (2) ED Symptomatology
Multiple Analysis of Variance

No Significant Differences
The only significant predictor of Eating Disorder Symptomatology?

Reported Negative Team-Talk
(most specifically, general negative beliefs)

Not:

- Athletic Identity
- Sport Team
- Class Year
- Sport Type
Prevention Programming

Best if for a targeted population

Controversial as to whether or not to incorporate psychoeducation
Implications of Current Study for Prevention Programming

Targeted Population: Socioculture of athletics suggests athletes are more at risk.

Interactive Group Approach (Cognitive Behavioral, Solution-Focused) as opposed to Psychoeducational