

FEAR OF THE “FRESHMAN 15”: RISKS, IMPACTS, AND INTERVENTIONS FOR COLLEGE STUDENTS



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“Freshman 15”: Fact or Myth?

“Most students don’t gain large amounts of weight. And it is not college that leads to weight gain – it is becoming a young adult.”



-Jay Zagorsky (2011)

Latest Findings:

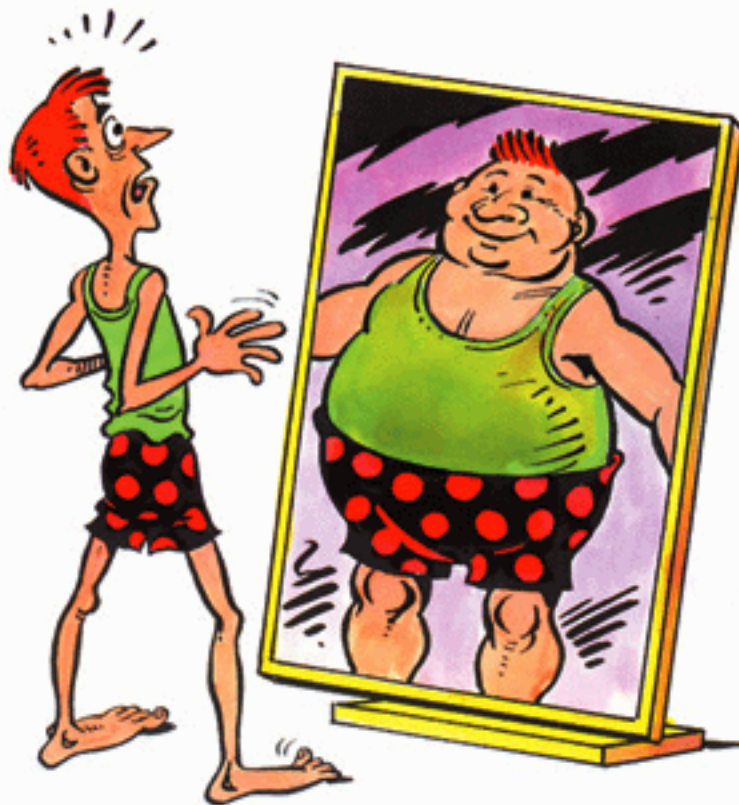
Zagorsky & Smith (2011)

The Big
Question:

Why is it
important to
dispel this
myth?

- 7,418 people aged 13 to 17 surveyed as a part of the National Longitudinal Survey of Youth 1997.
- First-year college students gain an average of somewhere in the ballpark of 2.4 to 3.5 pounds, and 25% of freshmen actually lose weight.
- The average freshman only gains less than a pound more than someone the same age who didn't go to college.

Fear of Fat



The Feared Self

- Both the possible-self model (Markus & Nurius, 1986) and self-discrepancy theory (Higgins, 1987,1996) posit a working model of the actual self, ideal self, and other representations of self that influence self-regulation.
- **Feared Self** - a set of qualities the person wants not to become but is concerned about possibly becoming (Oyserman & Markus, 1990).
 - ▣ Undesired and punishing, leading to efforts to escape from or avoid the feared self.

Importance of Avoidance

- With disordered eating, there is a stronger motivation to avoid pain/punishment (e.g. feared self) than achieve rewards (e.g. thin self) (Carver, Lawrence, & Scheier, 1999)
- Eating disorder (ED) symptomatology is predominantly an avoidance-oriented regulatory process (Bellew et al., 2007)



Avoidance and Disordered Eating

- Women diagnosed with an eating disorder are more likely to exhibit elevated punishment sensitivity (Loxton & Dawe, 2001).
- Punishment sensitivity was 3 times more predictive of eating disordered behavior than reward sensitivity in women (Mussap, 2007).
- Main Message: A fear of the punishments associated with being overweight is a *MORE* potent motivator of body change in women than the perceived rewards associated with being thin.

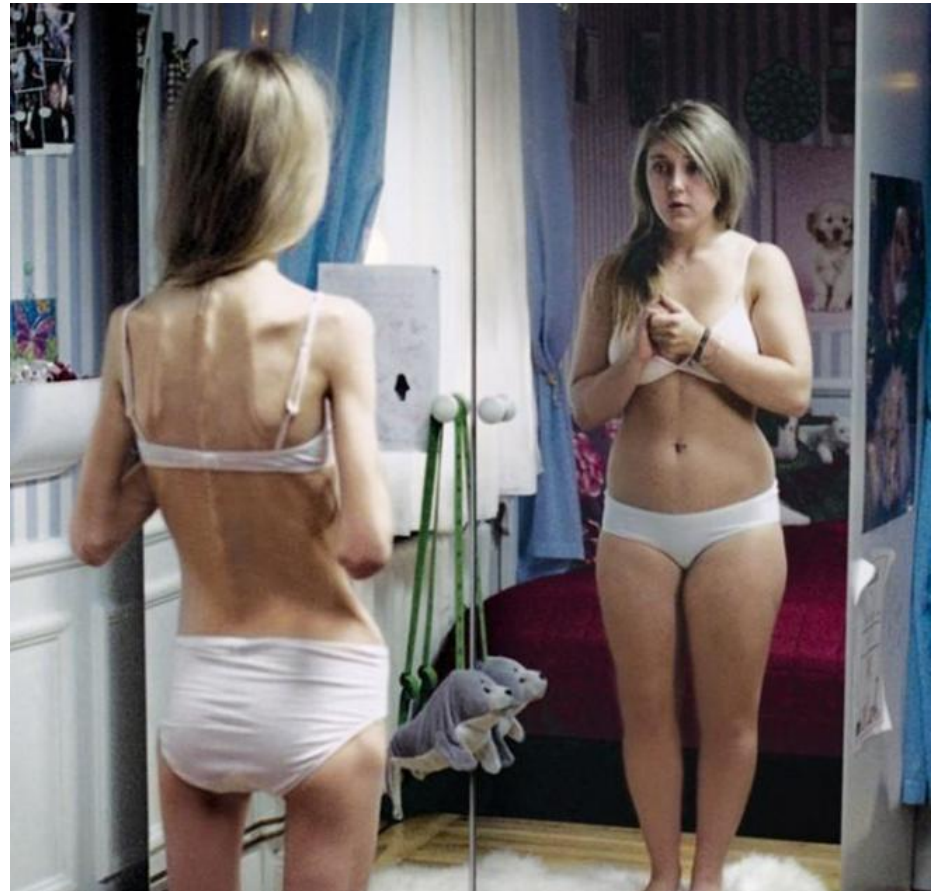
Avoiding Perceived Fatness

- “Thinspiration” vs. “Fear of Fat” Study (Dalley & Buunk, 2009)
 - **Weight Loss Dieting (WLD)**: primarily a manifestation of a desire to approach an idealized thin identity or a desire to avoid acquiring a stigmatized over-fat identity (Dalley & Buunk, 2009)

Message to health professionals: Be careful with the delivery of extremely negative messages about weight gain or obesity!

Identity Impairment

- Stein & Corte (2008)
- Fewer positive and greater negative self-schemas →
- Availability of a fat self- schema →
- Development of eating disordered behaviors



Freshman Vulnerability

More...

- Responsibility for personal needs (eating, sleeping, exercise, self-care, schooling, finances)
- Academic stress
- Need to develop new social/support networks
- Exposure/availability of alcohol & drugs
- Social pressure to fit in
- Reliance on peers
- Access to unlimited varieties/amounts of food (e.g. dorm buffet)

Less...

- Direct parental monitoring and support
- Access to organized sports
- Long-time, trusted peers

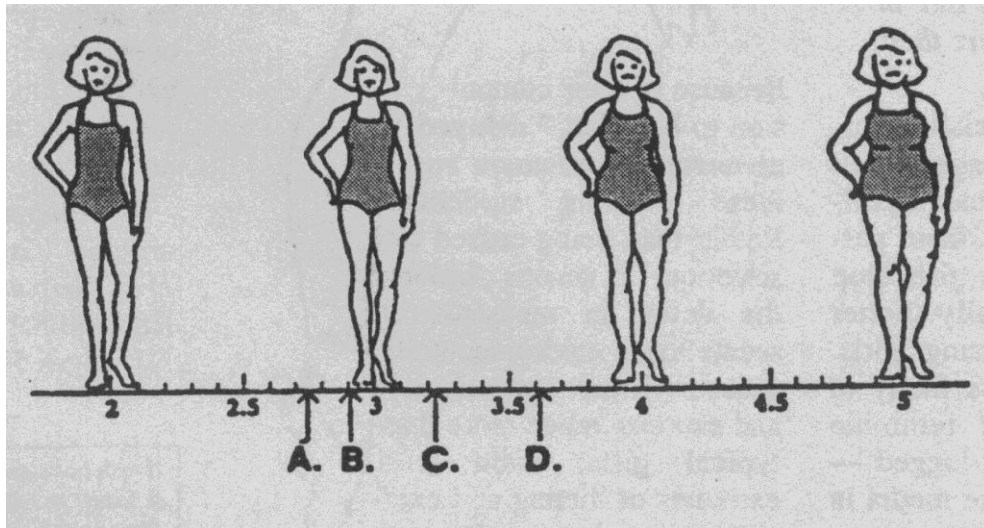


Social Comparison

- College freshman rely heavily on social comparison (SC) in developing their changing identity (Summerville & Roese, 2008).
- The transition to college typically activates a number of factors characteristic of those who typically engage in social comparison (Fitzsimmons-Craft, 2011):
 - ▣ High chronic activation of the self
 - ▣ Strong interest in being a part of a group
 - ▣ Uncertainty of the self

SC and Disordered Eating

- Relatively higher rates of SC in women with eating disorder symptoms.
- Negative effects of comparison are worse for women with body dissatisfaction.



- Pre-existing vulnerabilities linked to greater reliance on social comparison

(Fitzsimmons-Craft, 2011):

- ED symptoms
- Appearance as central to sense of self
- Appearance-contingent self-esteem
- High self-objectification
- High levels of body surveillance
- Lower body image

Impact of the “Freshman 15”

- Delinsky & Wilson (2008)
 - ▣ Nearly all 336 female freshman knew of the “Freshman 15” and 2/3 reported at least moderate concern about it.



Common responses to this concern may include:

- Food restriction
- Bingeing & Purging
- Extreme exercise

“Freshman 15” Concern is:

An indicator of...

- Weight & shape concerns
- Dietary restraint
- Self-esteem
- Eating concerns

Related to...

- Poor body image
- Categorizing self as overweight
- Thinking about weight gain
- Risk for disordered eating



Freshman weight gain culprits?

- A history of **Weight Loss Dieting and restricted eating** predict greater weight gain (Lowe et al., 2006).
- **Alcohol use** (Lloyd-Richardson et al., 2008).
- **Restricted eating X alcohol use**
 - ▣ In a highly restrained eater, situations of elevated alcohol consumption increase the reward value of highly palatable foods (Krahn et al., 1992)
 - ▣ Strong relationship between dieting and bingeing severity with frequency and intensity of alcohol abuse (Krahn et al., 2005).

Assessment

TESTING



**DO NOT
DISTURB**

Considerations



- Remember that self-report and interview measures might not be entirely accurate!
- Body image interventions might be especially important at schools with higher ratios of female students (Lindner, Hughes, & Fahy, 2008)
- Male partners' opinions of a woman's body may negatively impact the relationship as well as negatively impacting the woman's body image (Morrison, Doss, & Perez, 2009)
- Women significantly over-estimate degree of thinness male and female peers consider ideal (Kusch, 2002)

Assessment

SCREEN FOR...

- ▣ Internalization of thin ideals (Anschutz, Engels, & Van Strien, 2008)
- ▣ Amount of and reason for exercise (Cook & Hausenblas, 2011)
- ▣ Disordered eating habits
- ▣ Distorted self-image

COMMON SCREENERS:

- ▣ Structured interview/history (Huebner, Weitzman, Mountain, Nelson, Oakley, & Smith, 2006)
- ▣ Sociocultural Attitudes Towards Appearance Questionnaire-III (SATAQ-3): can be used to assess susceptibility to thin ideal
- ▣ Eating Disorders Examination Questionnaire (EDE-Q) (Luce, Crowther, & Pole, 2008)
- ▣ Satisfaction and Dissatisfaction with Body Parts Scale
- ▣ Body Esteem Scale

The Body Esteem Scale

(Franzoi & Shields, 1984)

Available free
on-line*

Helpful as a
screener

Male and female
scoring available

			Male	Female
1.	body scent	_____		SA
2.	appetite	_____	PC	WC
3.	nose	_____	PA	SA
4.	physical stamina	_____	PC	PC
5.	reflexes	_____	PC	PC
6.	lips	_____	PA	SA
7.	muscular strength	_____	UBS	PC
8.	waist	_____	PC	WC
9.	energy level	_____	PC	PC
10.	thighs	_____	PC	WC
11.	ears	_____	PA	SA
12.	biceps	_____	UBS	PC
13.	chin	_____	PA	SA
14.	body build	_____	UBS	WC
15.	physical coordination	_____	UBS, PC	PC
16.	buttocks	_____	PA	WC
17.	agility	_____	PC	PC
18.	width of shoulders	_____	UBS	
19.	arms	_____	UBS	
20.	chest or breasts	_____	UBS	SA

* = <http://www.yorku.ca/rokada/psyctest/bodest.pdf>

Self-Figure Drawing

Please take the next five minutes to draw a picture of yourself!

Assessment (cont'd.)

□ Self Figure drawings

■ (Guez, Lev-Wiesel, Valetsky, Kruszewski, & Pener, 2010, p. 405)

- Used to identify risk
- Can be group administered
- Especially useful in art therapy situations
- Different body parts are examined for different information about symptomology

Interpreting a self-figure drawing

- Some notes about interpretation
 - ▣ AN/BN more likely to have missing necks, overemphasized mouth, wider thighs,
 - ▣ OW/AN tend to omit breasts
 - ▣ NW are less likely to omit feet, having disconnected necks
 - ▣ BN drawings are larger than AN

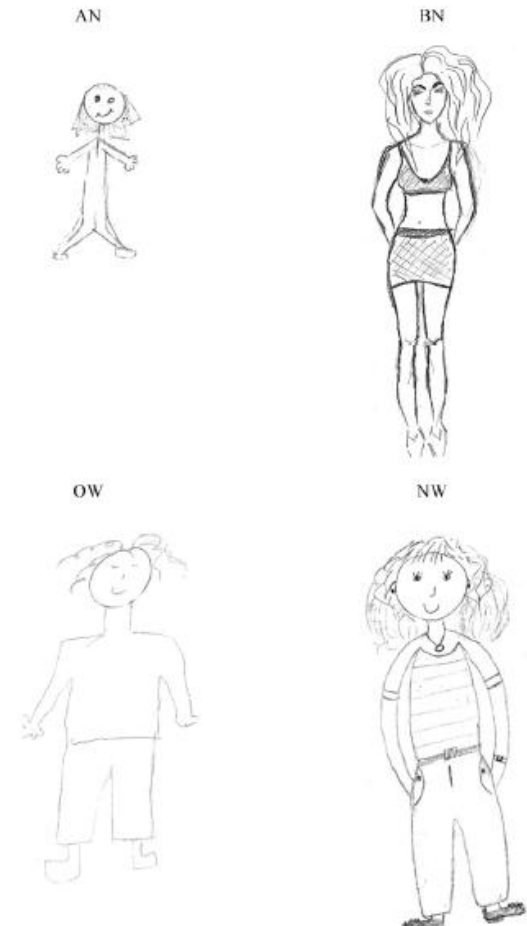


Fig. 1. Self drawing by anorectic patient (AN), bulimic patient (BN), overweight (OW) and normal weight (NW) woman.

Feet:

Missing



Disconnected



Neck:

Missing



Double



Disconnecting



Upper body disconnected from lower body



Thighs:

Widening



Sexual signs:

Breast



Genital



Body shape outline:

Doubled



Emphasis



Mouth:

Emphasis



Missing

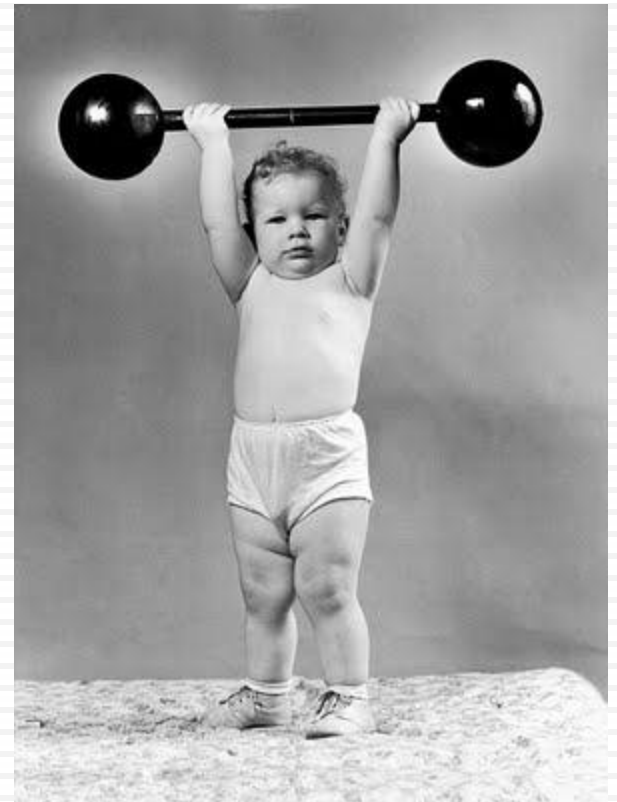


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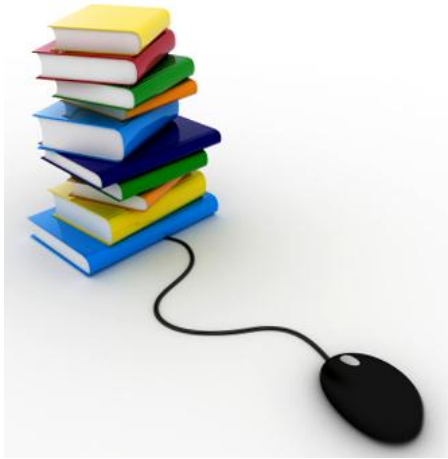


Interpreting a self-figure drawing (cont.'d)

Prevention and Intervention Using Small Resources



Internet-Based



- Prevention
 - On-line access to peer support, counselors, monitoring, and referrals regarding healthy eating and exercise (Bauer, Moessner, Wolf, Haug, & Kordy, 2009)

- Maintenance
 - On-Line psychoeducation about risks, recovery and relapse, and complications; peer support, consultations, feedback, facilitating scheduling of sessions (Gulec, Moessner, Mezei, Kohls, Tury, & Bauer, 2011)

- Benefits:
 - Low financial and time commitment
 - Wider dissemination
 - Anonymous participation is possible

Peer-Led Interventions



- Cognitive-dissonance interventions (Becker, Bull, Schaumberg, Cauble, & Franco, 2008)
 - Engaging in discussion and activities against the thin ideal led to reduced dieting, body dissatisfaction, and thin ideal internalization
 - Interactive, peer-led interventions allow students to role-play ways to dissuade friends from pursuing the thin ideal, to analyze the thin ideal, and engage in positive body image activities, including viewing themselves in a mirror while engaging in self-affirmation and processing the activity later
 - Even stronger positive outcomes for those serving as peer leaders (Becker, Bull, Smith, & Ciao, 2008; Perez, Becker, & Ramirez, 2010)
- Modified healthy weight interventions (Becker, Wilson, Williams, Kelly, McDaniel, & Elmquist, 2010)
 - Teaches balance of healthy exercise and caloric intake, healthy vs. unhealthy restriction, etc.
 - Led to reduced ED risk factors at outcome
- Benefits of peer-led:
 - Wider dissemination
 - Lower time commitment by counselors
 - High efficacy/effectiveness
 - Provides peer role models

Didactic Interventions

- Psychoeducational (Stice, Orjada, & Tristan, 2006)
 - Provide information about disordered eating, diagnoses, treatment, prevention, and risk factors
 - Incorporate examination of the thin-ideal
 - Results in reduced body dissatisfaction and dieting behavior

- Using peer educations/teaching assistants facilitates small-group discussion of eating/exercise concerns (Khan, Nasti, Evans, & Chapman-Novakofski, 2009)

- Providing pamphlets – information, screeners
 - Creating our own

Therapist-Led

- Benefits of Group Therapy
- Group Therapy (Stice, Rohde, Shaw, & Marti, 2011)
 - ▣ Healthy Weight program – increasing healthy choices and health-related behavior
 - ▣ Use motivational interviewing techniques – identifying and overcoming roadblocks, exploring benefits, relapse plans



Outreach Options

- Support around exercise



- Draw attention to healthy options! (Peterson, Duncan, Null, Roth, & Gill, 2010)
- Dining halls providing healthy and convenient meals
- The downsides of a buffet

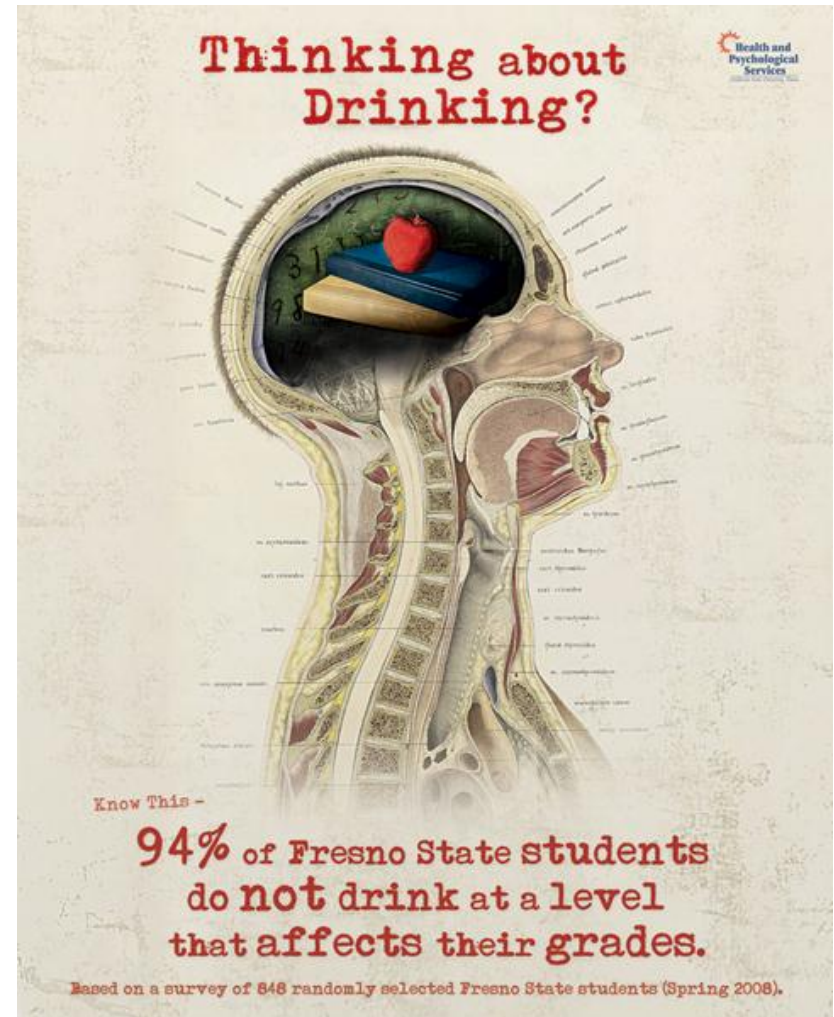
Bringing Home the Message

- Making pamphlets
- Running a focus group
- Coordinating with gym/dining hall
- Raising awareness around campus
 - ▣ Dispel myths
 - ▣ Teach social norms



Social Norms Campaign

- Campaigns that dispel common myths and share info about normative behavior on campus
 - ▣ Negative-focused campaigns are less effective
- Berkowitz (2003)
 - ▣ Success of social norms campaigns with drinking & other health issues
 - ▣ Women overestimate degree of thinness others perceive as ideal (Kusch, 2002)



Using Our Resources Today



RAISE
AWARENESS