Drive for Thinness and Fear of Fat Among College Women: Implications for Practice and Assessment

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College women are at particular risk for developing eating disorders and related eating and body image concerns. The purpose of this article is to explore how both drive for thinness and fear of fat may be addressed in counseling with college women. Characteristics of drive for thinness and fear of fat as they relate to the development of eating disorders are addressed, and implications for college counseling and assessment of these constructs are presented.

College women are at particular risk for developing eating disorders due to factors that include perceived social isolation, high anxiety, body dissatisfaction, general eating disturbances and dieting, and excessive exercise. As many as 61% of women in college report disordered eating behaviors, and 20% acknowledge some form of an eating disorder (Mazzeo, 1999). Many students without clinical eating disorders show behavioral characteristics, including chronic dieting, calorie restriction, bingeing and purging, diuretic or laxative use, and extreme exercise, of a disorder without the full constellation of psychological traits (Hesse-Biber, 1996). Many women engage in these behaviors in response to stress, discontent, or, most often, dissatisfaction with their weight and appearance. Cook-Cottone and Phelps (2003) discovered that social approval and confidence in one's social situation mitigate body dissatisfaction. Body dissatisfaction is itself among the strongest predictors in the development of eating disorders (Alexander, 1998; Cooley & Toray, 2001; Cook-Cottone & Phelps, 2003; Hesse-Biber, 1996; Maine, 2000).

High social demands, social contagion of binge eating, and the social desirability factor all contribute to more pathological scores on measures of disordered eating attitudes and behaviors for college women (Alexander, 1998). Factors not directly linked to eating also contribute to body dissatisfaction and eating disturbances. For example, pressures to date, alcohol and drug use, and lack of privacy have been cited as factors that place college women at increased risk for eating disorders and related eating and body image disturbances, as do reading fashion magazines and not doing very much cooking (Kashubeck, Marchand-Martella, Neal, & Larsen, 1997).

Women in sororities have reported significantly more eating-disordered attitudes and behaviors than average college women. Research has demonstrated

that they diet more than students who are not in sororities (Alexander, 1998; Martz, Graves, & Sturgis, 1997; Reeves & Johnson, 1992). Women in sororities are more likely to engage in disordered eating and have greater body image concerns, in part because they teach each other methods of bingeing and purging (Kashubeck et al., 1997). A survey of sorority women indicated that they are more likely to have fears of fat, dissatisfaction with their bodies, preoccupation with weight, and concerns with dieting (Schulken, Pinciaro, Sawyer, Jensen, & Hoban, 1997). Women in sororities tend to have more bulimic symptoms and to know more people who have binged and purged (Kashubeck et al., 1997).

Age and typically higher socioeconomic status have placed women who belong to sororities at higher risk for eating disorders. The perception by peers that women in sororities are concerned with appearance may contribute to greater risk because of the thinness ideal that has typically become a standard for this social group (Schulken et al., 1997). Much of the sorority woman's social and academic life centers around the sorority. Group standards of beauty, combined with a social and academic life governed by sorority affiliation, increase both conformity and, thus, actions to fit the thinness norm (Alexander, 1998; Hesse-Biber, 1996; Kashubeck et al., 1997).

Thinness and attractiveness are highly valued in the college culture. The emphasis on appearance may combine with pressures to succeed in all aspects of college life (i.e., academic and social achievement). Among the risk factors for college women to develop eating disorders are *drive for thinness* and *fear of fat*. Drive for thinness and fear of fat may represent important variables in how women in sororities conceptualize problems, perceive their bodies, approach eating and exercise, and communicate with others. These motivational factors may be responses to media and social pressures, internal dissatisfaction, and the pursuit of a body shape that seems to promise a better position in life. Drive for thinness and fear of fat are described in the psychology and counseling literature as primary factors contributing to eating disorders (e.g., Brumberg, 1988; Christiano & Mizes, 1997; Gilbert, 2000; Hesse-Biber, 1996; Levitt, 2003; Maine, 2000; Tylka & Subich, 1999; Whitaker & Davis, 1989). The terms are often used interchangeably to discuss the similar concepts they symbolize. Yet there may be reason to believe that drive for thinness and fear of fat represent slightly different constructs in the etiology of eating disorders.

Further investigation of drive for thinness and fear of fat as concepts may help to better understand how they relate to the development, maintenance, and treatment of eating disorders among college students. This article examines the related constructs of drive for thinness and fear of fat in the development and treatment of eating disorders among college women and present implications for prevention and counseling. A pilot study is described that used a preliminary instrument to measure these constructs as an example of how counselors may assess drive for thinness and fear of fat.

Descriptions of drive for thinness and fear of fat suggest that they may be explained as constructs to differentiate people with, or at risk for developing, eating disorders (Levitt, 2003). An overview of drive for thinness and fear of fat as discrete constructs is provided to better understand their manifestation.

Drive for Thinness

An excessive drive to be thin is acknowledged as a cardinal feature of eating disorders, particularly among women. Thinness is considered a chief attribute of female beauty, and being thin is perhaps one of the most desirable conditions in society (Brumberg, 1988). The pursuit of thinness serves several functions. Control of one's body and weight has been equated with an external indicator of control over one's life (Whitaker & Davis, 1989). Thinness may also be an expression of achievement—the ability to master an ideal that few are able to accomplish. The result may be attention from others, often in a manner that reinforces one's sexuality, and thus the pursuit of thinness is a pursuit of social desirability (Whitaker & Davis, 1989). A slender body is perceived to produce power, self-confidence, femininity, male attention and protection, and social and economic benefits (Hesse-Biber, 1996; Maine, 2000). Thinness is perceived as essential for happiness and is equated with health, restraint, self-control, and beauty (Gilbert, 2000; Hesse-Biber, 1996).

Drive for thinness is associated with increased levels of approval motivation. As eating-disorder symptomatology increases, so does the need for approval (Moulton, Moulton, & Roach, 1998). Many people are oriented to seek approval, holding a desire to create positive impressions in others, resulting in social support and protection (Johnston, 1996; Moulton et al., 1998). Thinness, or conformity to the standard of beauty in Western culture, may be perceived as a way to achieve social acceptance and approval. The perception is that thinness, and thereby beauty, is required for success and acceptance. Failure to achieve thinness can be equated with personal and social failure (Gilbert, 2000).

Social connectedness and belonging appear to be particularly important in college. The sorority, club, or residence hall may be the primary social, academic, and support network for a student. Approval and acceptance from such groups are critical components of students' existence. The added pressure to achieve and belong may exacerbate this drive for thinness, acceptance, and success. Many college women seek membership with a group of women who appeal to them, and in many cases such appeal is based on appearance. If the other members appear to be thin, beautiful, and socially successful, women entering the group may be seeking the same goal (Kashubeck et al., 1997; Schulken et al., 1997). Drive for thinness as a means of approval and acceptance may be a motivating force behind the development of eating disorders.

Fear of Fat

Just as messages are received about thinness, attitudes and fears about fat are formed and communicated. Body dissatisfaction, preoccupation with food and weight, a feeling of being fat, and a fear of becoming fat all increase, and self-esteem decreases, as eating pathology worsens (Tylka & Subich, 1999). In the United States, obesity is considered unattractive and perceived as a social malady (Brook & Tepper, 1997; Weiss, 1995). Overweight persons are depicted in a derogatory manner in the media to suggest that obesity results from physical, mental, and moral deficits (Abramson & Valence, 1991).

Problematic eating may be secondary to the motivation to avoid weight gain (Hetherington, 1993). Mild obesity in the absence of weight control results in social discrimination, isolation, and low self-esteem. The public perception of body fat is negative, viewed as unsightly and unhealthy (Gaesser, 1996). Women who are overweight are often viewed as weak, stupid, lazy, dirty, sloppy, mean, or ugly—all characteristic of an "anti-fat" prejudice (Whitaker & Davis, 1989). Avoidance of weight gain may thus be a means of avoiding disapproval from others (Moulton et al., 1998).

Many college women may believe that social success in college depends on appearance and acceptance; fear of fat can, therefore, be related to fears of exclusion. Some women use avoidance strategies, such as bingeing and purging or self-starvation, as a means of escaping negative emotions in stressful situations (Christiano & Mizes, 1997). Stigmatization of body fat interacts with fears of rejection from one's social group or aversion to the negative stereotype regarding fat at a particularly vulnerable period of life. Membership in social groups may seem tenuous at best, particularly during the initial stages of affiliation such as the pledge period in sororities. Women who are seeking to belong may have fears of doing or saying something wrong that might jeopardize their being accepted by a group of peers. Similarly, women may fear exclusion if they do not fit the accepted norm regarding appearance. Fears of becoming fat, given the social connotations, may reflect fears of exclusion or lack of acceptance by one's primary network of peers.

Drive for Thinness and Fear of Fat: Positive and Negative Reinforcement

The notions that thinness represents an ideal to which one strives and that fat is something derogatory to be avoided are consistent with the concepts of positive and negative reinforcement. There is a tendency to engage in activities and behaviors, such as attention, admiration, and perceived respect from others, that offer positive reinforcement (Higgins, 1997; Schultz & Schultz, 1994). Negative reinforcement, which includes being rewarded by avoiding an aversive consequence such as teasing, shaming, or discrimination, also motivates behavior (Dollard & Miller, 1950; Schultz & Schultz, 1994). College women may be driven by associated positive and negative reinforcement in their behaviors and attitudes, particularly as these actions and feelings relate to the risk of eating disorders.

Implications for College Counseling

If body image and eating disorder concerns consist of tendencies for both drive for thinness and fear of fat, it seems that both constructs must be addressed in treatment and prevention. College women, who have elsewhere been identified as a group at risk for developing eating disorders, may have characteristics of both drive for thinness and fear of fat as motivating and maintaining factors. Addressing both has several implications for counseling, including counselor language, motivational constructs, and problem-solving styles.

Language

Effective communication can ultimately lead to the success of counseling outcome. Students can generally sense that their counselors are listening and attempting to understand them when counselors demonstrate that they respect their worldview by using their language. Counselors should attend to both drive for thinness and fear of fat, and students should be given the opportunity to consider the relevance of these emotions to their personal experiences. The counselor can use the language students typically use to represent drive for thinness and fear of fat, thus contributing to the therapeutic alliance by communicating understanding of the student's perspective and world. For example, counselors can be attentive to students' use of words such as *fitting in, slimming down,* or *getting in shape* as representing potential motivations for drive for thinness and respond in similar language. They may also respond to fear of fat messages, such as "I hate my body," "I am afraid of gaining weight," or "my biggest fear is gaining weight," with a tactic that validates associated fears and avoidance. A collaborative understanding of clients' conceptualizations can be quite powerful in counseling. Counselors might be more intentional about addressing both drive for thinness and fear of fat to raise awareness of the issues that influence present concerns.

Appropriate language is just as essential in the counselor's prevention and outreach efforts on campus. College counseling center staff are often called on to speak with student groups and classes about eating disorders, including the risks, signs, and symptoms. When presenting programs on body image, disordered eating, and clinical eating disorders, counselors should give attention to using language that is inclusive of both constructs. Because counselors hope to reach as many people as possible in these outreach forums, they must be sure to provide material that is inclusive and accurately reflects the experiences of all the students who are present. Students are more likely to tune in to the speaker's discussion when they hear personally relevant information. Including both drive for thinness and fear of fat in the discussion increases the chances of reaching students who may be more affected by one construct or the other.

Motivation

Counseling may be further enhanced when drive for thinness and fear of fat are conceptualized as motivational components. Many interventions are suggested

in the literature and in practice to work with the issue of eating disorders (e.g., Cook-Cottone & Phelps, 2003; Gilbert, 2000). Few of these interventions take into account the specific motivations beyond familial, societal, or organic causes for developing an eating disorder in the first place. Often the choice of intervention is based on a broad understanding of cause: social pressures, response to trauma, family dysfunction, depression, and so forth. Attention to drive for thinness and fear of fat as underlying any or all of these causes can help the college counselor determine the most appropriate strategy for working with the individual student.

Counseling strategies that explore and work with a client's tendency to strive toward goals may be more effective in addressing drive for thinness motivations. Students who develop an eating disorder as a means to accomplish something in their lives may be operating with a stronger drive for thinness. The counselor's strategy may be informed by understanding this motivation. Discussion of goals, such as what the student hopes to achieve with the eating disorder, might be useful in counseling.

Conversely, individuals may develop eating disorders to avoid a feared element in their lives, represented by a fear of fat. Techniques such as systematic desensitization may address general avoidance mechanisms and help individuals face feared realities. Exploration of what might happen if an individual did gain weight or did not fit the standard for appearance might be useful strategies. Considering the societal implications for fat may be appropriate for individuals who relate to a fear and avoidance orientation.

Attention to drive for thinness and fear of fat as motivating factors may again be applied to prevention and outreach efforts. Programs must not only use appropriate language but also recognize that individuals develop eating disorders for different reasons. Drive for thinness and fear of fat are beyond what students generally learn about etiology and demographics of eating disorders. Programming should include these motivational forces, especially as they may be associated with onset and development of eating disorders.

Finally, the facilitation of programs must also be considered. Many college students are in a developmental period when they are highly influenced by peers. Involvement of students as presenters and peer facilitators may be a way to reach more students, particularly if the peer participants incorporate the language of different motivating forces. Martz et al. (1997) have outlined a peer-led prevention program with sororities. Selected leaders are trained to identify the symptoms of eating disorders, use listening and persuasive skills, promote healthy weight control, discourage dieting, and encourage health among peers. An enhancement to this program might include training these students to discuss both drive for thinness and fear of fat in order to reach more students, given the possible coexistence of the constructs.

Problem-Solving Styles

One means of attending to underlying motivations is to consider how students approach problems in their lives. Problem-solving styles are often used to determine the shape of counseling as the counselor attempts to create a better match between treatment and client types (Heppner & Baker, 1997). Drive for thinness and fear of fat may be associated with approach and avoidance

mechanisms in problem-solving style. Approach tendencies may be exemplified in a striving toward goals (e.g., thinness and acceptance). Avoidance of actions or conditions that might produce discrimination or alienation, such as weight gain or obesity, might also explain how and why one develops an eating disorder.

Problem-solving styles might also be consistent with how an individual deals with problems in other realms. For example, a student with an eating disorder who is striving for academic excellence so that she can get into medical school and pledging the same sorority her mother belonged to in order to achieve her mother's approval might be operating from an approach style of problem solving. She controls what she eats in the same way she controls her study habits. The woman who does not speak up about problems she sees in her residence hall because she is afraid that the other students on her floor will dislike her for causing tension exemplifies an avoidance style. Similarly, she may binge and purge in private to fill the emotional loneliness and isolation she feels in response to her fears of being disliked and not accepted and attempt to avoid weight gain for fear of what others will think of her. Although both women use an eating disorder to solve their problems, they have done so in ways that are consistent with how each of them deals with other challenges. Counseling can, therefore, be most effective if the counselor understands and works with their individual problem-solving styles.

Counselors may be able to more clearly communicate understanding of students' worldviews by addressing problem-solving style and underlying motivations for the symptomatology of eating disorders. This can also be an important element of group counseling, especially when members recognize how their own perspectives compare and contrast with the perspectives of others. Group experiences are empowering when members attend to their own tendencies in problem solving and listen to how people with similar tendencies successfully deal with concerns about body image and disordered eating.

Assessment of Drive for Thinness and Fear of Fat

The implications for addressing drive for thinness and fear of fat are substantial, yet a question remains about how to assess these constructs. Most measures of eating disorders do not specifically assess drive for thinness and fear of fat. The most closely related measure is the Drive for Thinness subscale of the Eating Disorder Inventory-2 (EDI-2; Garner, 1984). Yet even this subscale includes items that seem to address fear of fat as well as the drive for thinness. Validated measures to assess drive for thinness and fear of fat and their implications in clinical practice are needed.

I have made a preliminary attempt to develop an assessment tool for drive for thinness and fear of fat. The Body Image Attitudes and Behaviors Scale (BIABS) is a paper-and-pencil assessment that consists of 36 items addressing both drive for thinness and fear of fat and is intended to measure drive for thinness and fear of fat as separate subscales. The instrument was designed and used in a pilot study of 304 women at a large mid-Atlantic state university. The items on the instrument were derived from existing measures, including the EDI-2, as well as from my conceptualization of drive for thinness and fear of fat. Respondents rated statements

along a 4-point, Likert-type scale (1 = *strongly disagree* to 4 = *strongly agree*). Drive for thinness was defined as desire to be thin, attitudes about thinness, and attitudes and behaviors that indicate an approach to the goal of thinness. Items included "I wish that I could be thinner," "Being thin is very important to me," "My purpose for dieting and exercise is to get thinner," and "It is important for me to stay trim to be successful in my social group." Fear of fat was defined by concerns about gaining weight, attitudes toward fat and overweight, and behaviors and attitudes that indicate avoidance of gaining weight or becoming fat. Statements to assess this construct included "I am afraid of gaining weight"; "Fat people are unattractive, weak, and too lazy to exercise"; "I would rather be poor than fat"; and "If I changed my eating habits and became overweight, it would be disastrous."

An item analysis of the BIABS yielded a reliability coefficient of .93. The total mean score on the BIABS for the women who participated was 83.01 (SD = 15.74). Higher scores on the scale indicated a greater likelihood of disturbance in satisfaction with body image. Participants' mean scores fell less than one standard deviation below the median possible score of 90. Possible score range is 36 to 144, and the actual range was 41 to 127. The range of 86 and standard deviation of 15.74 establish a strong ability to reliably interpret the results of the instrument.

Refinement of the items and considerable further development of the subscales are clearly needed to establish the BIABS as a measure of drive for thinness and fear of fat. The BIABS is presented here as one example of how counselors might assess, or at least minimally consider, drive for thinness and fear of fat among college students who are entering counseling. A screening instrument like the BIABS may enable college counselors to more readily identify drive for thinness and fear of fat constructs for individual students.

Conclusion

Body image and disordered eating are issues that are presented in increasing numbers as counseling concerns on college campuses. Drive for thinness and fear of fat are prominent in body image and eating disturbances, and they are generally used cornerstones of assessment. Valid measures to separately assess drive for thinness and fear of fat as discrete constructs do not yet exist. College counselors nevertheless may look for these characteristics with students who may be at increased risk for eating-disordered attitudes and behaviors. Counselors should consider the constructs of drive for thinness and fear of fat, particularly regarding language, motivation, and problem-solving styles, when they are counseling students. Additional research is warranted to establish measures for assessing these constructs and to understand ways in which they affect counseling for college students who already have or who are at risk of developing eating disorders.

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