



Drive for leanness: Assessment and relationship to gender, gender role and objectification

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ABSTRACT

Three components of body image – drive for thinness (DT), drive for muscularity (DM), and drive for leanness (DL) – were assessed in 232 college students. A new measure of DL was developed. Data suggested that the new scale yielded valid and reliable scores. The relationships of gender, gender norm endorsement, and self-objectification to DT, DM, and DL were examined. The surveillance subscale of the OBC Scale was related to DL, DT, and DM in men and to DL and DT in women. Gender norm endorsement, specifically romantic relationships, moderated the relationship of surveillance to DT in women. Gender norm endorsement was directly related to DM and DT in men. DLS appeared to measure a distinct component of body image. Feminine gender role was only related to DT while masculine gender role was related to DL, DT, and DM, raising important questions about the gender differences in body image.

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Introduction

It is almost a truism in the body image field that men (and boys) are generally invested in muscularity while women (and girls) want to be thin (e.g., Ricciardelli, McCabe, Mussap, & Holt, *in press*; Thompson & Cafri, 2007; Wertheim, Paxton, & Blaney, *in press*). However, most men do not want to be bodybuilder-muscular and most women do not want to be anorexic-thin. Instead, both want to achieve a certain level of leanness, so men wish to be lean and muscular while women want to be thin and toned (e.g., Elliot et al., 2006; Ridgeway & Tylka, 2005). Whether this desire for leanness is conceptually similar in men and women is an open question. In addition, it is not known whether a “drive for leanness” is healthy or whether, like drive for thinness in particular, it is associated with pathological and dangerous outcomes.

“Drive for leanness” refers to a motivating interest in having relatively low body fat and toned, physically fit muscles. The desire for limited body fat is not the

equivalent of wanting to be thin. Furthermore, it is possible that the “drive for leanness” is not as heavily related to appearance as at least drive for thinness is. Like “drive for muscularity”, drive for leanness may, at least for some people, reflect an interest in a healthy body that functions well in sports and other physical activities. As with drive for muscularity, however, drive for leanness may sometimes result in problematic body change strategies.

Drive for leanness (DL), may be a component of drive for thinness (DT) or drive for muscularity (DM) or it may be a separate aspect of body image. If it is the latter, then it may have its own unique risk factors and developmental path. Furthermore, DL may exacerbate the negative effects of DT or DM or, if it represents a healthy attitude towards the body, it may reduce the negative effects of DT and DM. These and a myriad of other questions can only be effectively answered if there is a valid measure of DL. The first goal of the present research was to develop a valid and reliable measure of DL.

Study I

The first study was the preliminary development of the DLS. The goals of the study were to develop a DLS that

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demonstrated (a) internal consistency; (b) stability; and (c) distinctiveness from other body image measures, namely Eating Disorders Inventory-Drive for Thinness Subscale (EDI-DT; Garner, 2004) and Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000, 2002).

Method

Participants

A sample of 39 men and 46 women participated. All were college students, primarily first year and sophomore introductory psychology students who received course credit for their participation. The students ranged in age from 18 to 22 years; the sample was predominantly white.

Preliminary drive for leanness items

The authors and one other colleague who is an expert in the field of body image and eating disorders generated 18 items to assess drive for leanness. The items assessed attitudes rather than behaviors. They differ from those on the fear of fat scales (e.g., Crandall, 1994; Lewis, Cash, Jacobi, & Bubb-Lewis, 1997) in that they do not measure attitudes about fat per se or about fat people. All items were rated on a scale ranging from 1 = always to 6 = never. Items were summed to create a total score. A high score indicates higher drive for leanness.

Other measures

Drive for thinness. Drive for thinness was measured using the Drive for Thinness subscale of the Eating Disorder Inventory (EDI-DT; Garner, 2004). This is a well-validated, frequently used scale, currently in its third edition. Its seven items focus on the desire to be thin and the fear of even small (one pound) weight gains. In this study, we scored the scale using the entire six-item response scale (never to always) in order to maximize variability and calculated a mean item response (i.e., scores could range from 1 to 6). A higher score indicates a greater level of drive for thinness.

Drive for muscularity. Drive for muscularity was measured using the Drive for Muscularity Scale (DMS; McCreary & Sasse, 2000, 2002). The DMS represents one's perception that he/she is not muscular enough, and therefore must add muscle mass to the body. Items tap both attitudes and behaviors associated with muscularity. The scale is a 15 question self-report Likert scale designed for both men and women. A higher score on the DMS indicates a higher drive for muscularity. The DMS has been shown to have good internal consistency, face validity, convergent validity, discriminant validity, and test-retest stability with high school boys and adult men (Cafri & Thompson, 2004; McCreary & Sasse, 2000, 2002). The score is reported here as the mean item response (possible range of 1–6) with a higher score indicating greater drive for muscularity

Data analyses

Initially, a factor analysis was attempted to identify the consistency of the items. However, the KMO statistic

indicated inadequate sampling to perform a factor analysis. This is not surprising given the n which is relatively small for the number of DLS items. Therefore, we examined item-total correlations and Cronbach's alpha to identify a set of items that had internally consistent scores.

Pearson correlations were used to examine stability as well as discriminant validity. Discriminant validity was examined not only for the total sample but also within each gender. Gender differences in the three body image scales were examined using independent samples t -tests.

Results

The item-total correlations as well as the Cronbach's alpha suggested a 10-item scale (see Appendix A). Internal consistency was adequate for the scores of the entire sample (Cronbach's alpha = .77), for men's scores only (Cronbach's alpha = .83), and for women's scores only (Cronbach's alpha = .71).

As expected, DLS was significantly correlated with EDI-DT and DMS for the entire sample, $r = .41$, $p < .001$ and $r = .38$, $p = .001$, respectively. For women, DLS correlated with EDI-DT, $r = .53$, $p < .001$, and DMS, $r = .43$, $p = .003$. For men, DLS correlated with EDI-DT, $r = .41$, $p = .01$ and with DMS, $r = .53$, $p = .001$. Two week test-retest on a small sample ($n = 18$) was adequate, $r = .69$, $p = .002$.

As in previous research, women scored higher on EDI-DT, $t(81) = 7.41$, $p < .001$, $\eta^2 = .40$ while men scored higher on DMS, $t(81) = 4.90$, $p < .001$, $\eta^2 = .23$. There was no significant gender difference for DLS, $t(79) = .63$, $p = .528$, $\eta^2 = .005$.

Discussion

The results of this study suggest that the DLS has adequate psychometric properties within a modest size college sample. The DLS scores demonstrated adequate internal consistency for the total sample as well as within each gender. Similarly, moderate correlations were found between DLS and EDI-DT and DMS. This suggests that DLS may be a component of body image for both men and women that is distinguishable from drives for thinness and muscularity. Interestingly, there were no gender differences in DLS scores.

These encouraging results with the DLS led us to use it in a second study. In the second study, the properties of the DLS were further evaluated. In addition, the relationship of DLS, as well as DMS and EDI-DT, to gender role endorsement and self-objectification were evaluated.

Study II

Few psychological processes are more gendered than body image. Men and women differ in both content and degree of body dissatisfaction and body change behaviors. If there are indeed gender differences in body image concerns, then it is reasonable to expect that gender role commitment plays a part in body image. There is limited evidence that gender role, including the newer "super-woman" role, is related to body image and eating problems in girls and women (Murnen & Smolak, 1997; Smolak &

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