EMULATING THE THIN IDEAL:
THE IMPACT OF THE BEAUTY BACKLASH
ON WOMEN'S PERCEPTIONS OF CONTROL AND SELF-WORTH

by

ELIZABETH FRANCKA VOROBEJ, B.A. (Hon.) Soc., B.A. (Hon.) Psych.

A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirements for the degree of
Master of Arts
Department of Psychology

Carleton University
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submitted by
Elizabeth Francka Vorobej
in partial fulfillment of the requirements for the degree of Master of Arts

Thesis Supervisor

Chairman, Department of Psychology

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January, 1997
Abstract

The purpose of the present study was to contribute to an understanding of the extent to which variables reflecting the social construction of what is considered appropriate eating behavior and weight for women predict dietary restraint among nonoverweight women, and in turn how engaging in dietary restraint relates to their self-esteem. The hypotheses were tested within the context of a path analytic model. Among the findings of the study, the final path model suggested that being a feminist may somewhat buffer the extent to which perceived failure in emulating the thin ideal negatively affects self-esteem. Guilt strongly predicted dietary restraint, demonstrating that dieting has been construed as a moral issue. Weight-relevant perception of control was positively associated with both body-esteem and self-esteem, illustrating the influence of the Puritan ethic in Western society, for women in particular.
Acknowledgments

This paper is dedicated to the memory of the late Nicholas Spanos. Thank you Dr. Spanos for planting the seed from which my confidence in my scholarly ability eventually bloomed.

I am greatly indebted to Dr. Kim Matheson for volunteering to be my supervisor at a difficult time, when she was coping with the loss of a dear friend. Thank you also Kim for permitting me to explore my own interests and ideas in those of my academic endeavors which were completed under your supervision.

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Introduction

While the backlash against the feminist movement has taken many forms, it could always be best understood as an attempt to discredit the message of feminism by denigrating the messengers. From the “hysterical woman” to the “ugly feminist”, the image has always been one which has bred fear and contempt of the woman-identified woman, in an attempt to undermine any effort to collectively destabilize patriarchal hegemony. As more women have been seeking advancement in the public domain, they are now being made to feel that a woman’s body in its natural state is “second-rate, always in need of completion, of man-made ways to perfect it” (Wolf, 1991, p. 94). Thus, the current “beauty” backlash functions to undermine women’s sense of self-worth by constantly reminding women that if they want to be a “true success”, they must first measure up to our culture’s unrealistic standards of physical appearance. As Wolf (1991) argues, “The closer women come to power, the more physical self-consciousness and sacrifice are asked of them. “Beauty” becomes the condition for a woman to take the next step. You are now too rich. Therefore, you cannot be too thin.” (p. 28).

Apparent failure to exercise self-control and self-discipline in maintaining an acceptably thin physique can overshadow a woman’s accomplishments in any of a number of other areas, be it school or career, or even in terms of her family role. As Wolf (1991) argues, the current beauty backlash neutralizes women’s accomplishments by making adherence to cultural standards of physical appearance the primary mark of success. At the same time, by encouraging women to be constantly preoccupied with their weight and appearance, women’s attention is conveniently diverted from other more important matters.
As Victorian female piety served to divert female energies from rebellion\(^1\) similarly, the impact of the beauty backlash has rendered many women "politically castrate, with exactly enough energy to do [their] schoolwork, neatly and completely, and to run around the indoor track in eternal circles" (Wolf, 1991, p. 199).\(^2\) Thus according to Wolf (1991), if the beauty backlash succeeds, the end result is a docile female population that also finances a growing diet and beauty industry.

Striving for the thin ideal places direct limitations on women’s access to power. To begin with, women make 60 cents on the male dollar (Lips & Colwill, as cited in Foster and Matheson, 1995) and still spend a substantial amount of their income on beauty and diet-related expenses (Wolf, 1991). This places a strain on their already scarce economic resources. Secondly, dieting to lose weight among nonoverweight women has also been found to be associated with impaired cognitive performance (Green, Rogers, Eiliman & Gatenby, 1994) and other health risks (Brownell & Rodin, 1994a). By robbing women of their optimal functioning, dieting serves to maintain a system which attempts to "justify" women’s subordinate status in the workplace. Finally, by encouraging women to compete over their physical appearance rather than to embrace each other with all their differences, the beauty backlash serves to divide women, thus hindering the possibility of collective social and political action (Wolf, 1991).

\(^1\) See Wolf (1991), pp. 91-92 for a historical perspective on women’s submission to religious authority.

\(^2\) Wolf (1991) is referring here to women students specifically, but one could also choose to interpret this quote as a metaphor for women’s condition in Western society, in general.
Faced with an uphill battle of trying to achieve a standard of appearance which is unrealistic for most (Brownell, 1991a) and thereby almost always slightly beyond reach, all women are faced with the choice of continuing to struggle for success within the system or to choose an alternative ideological and personal-political standpoint in order to find a renewed sense of self-worth. By striving for success within the system, women continue to be “kept in their place”.

Women’s Pursuit of Thinness

Research suggests that rather than rejecting cultural standards of thinness, women often aspire to achieve the thin ideal. In Fallon and Rozin’s (1985) study of male and female undergraduate students’ desired body shapes, women overestimated their heaviness more than did men and chose an ideal figure from a series of nine silhouette drawings ranging from very thin to very heavy, that was significantly thinner than their current figure. Cohn and Adler (1992) replicated Fallon and Rozin’s (1985) study. In this study, subjects’ ratings of their current figure were strongly correlated with body mass. However, while only 6% of women described themselves as “very fat”, 24% indicated that they wanted to be a lot thinner. Also, none of the women indicated a desire to gain weight. Since women in both Fallon and Rozin’s (1985) study and Cohn and Adler’s (1992) study selected ideal figures that were extremely thin, this suggests that perhaps these women were not primarily driven by health concerns in their selection of an ideal figure. Indeed, Brownell (1991a) has argued that the thin ideal “goes beyond what many people can achieve with healthy and reasonable levels of dieting and exercise” (p. 4).
As in Fallon and Rozin's (1985) study, women in Cohn and Adler's (1992) study selected an ideal figure that was different than what they perceived to be most attractive to men, suggesting that neither are women primarily motivated by a desire to be considered sexually attractive when selecting their own ideal figures. Also, the silhouette that women selected as their female peers' ideal in Cohn and Adler's (1992) study was significantly thinner than both their own ideal and the figure they believed to be most attractive to men. However, subjects overestimated the extent to which men and their peers held a thin figure among women as ideal. Cohn and Adler (1992) concluded that women's overestimation of the desirability of thin figures could be attributed to an awareness of the social pressures on women to be thin.

That nonoverweight women's preoccupation with dieting is conducive to maintaining an imbalance of power between men and women is clear. However, it is unlikely that women are consciously attempting to contribute to their own demise when they accept cultural standards of thinness as their own. By attempting to emulate what they consider to be ideal, it is more likely that by dieting, women are attempting to enhance their self-image. If women are responding to social pressures to be thin, it would make sense that how others perceive them has the potential to influence how they feel about themselves. However, it appears as though the thin ideal is not necessarily perceived as the most attractive. Instead, it is possible that for women the thin body does indeed "[declare] to our fellows that we are engaged in attending to our selves and are therefore no threat to the status quo in the body politic" (Winkler, 1994a, p. 220). In turn, this would suggest that feminists should be less concerned with dieting in that they
should be more likely to challenge conceptions of what is considered appropriate
behaviour for women as defined in a patriarcal system. Their collective identification
with other women would suggest that they may be more sympathetic to women’s plight -
including women’s struggle with their weight - and thus less likely to perceive
themselves as overweight if they are not.

Moral Implications of Dieting Behaviour

Brownell (1991a) has argued that our culture values self-control, hard work and
delay of gratification - all of which can be considered inherent aspects of dieting. She
has suggested that dieting reflects these values and thus the thin body symbolizes
control. Jeffery, French and Schmid (1990) have also argued that failure to control
weight “[carries] a potential burden of social stigma in this culture” (p. 325). However,
this does not account for why striving for the thin ideal is so important for women in
particular, as opposed to men. In particular, weight concern has been found to be an
important dimension of body esteem for women only (Franzoi & Shields, 1984). The
differential importance is also reflected in the greater prevalence of dieting among
women relative to men. Estimates of the percentage of American women that are dieting
have ranged from 40% (Horm & Anderson, 1993; Serdula et al., 1993, as cited in
Brownell & Rodin, 1994a) to nearly 50% (Blair, 1991, as cited in Davis, Durbin,
Gurevich, Le Maire & Dionne, 1993), while only approximately 24% of men are dieting
at any one time (Horm & Anderson, 1993; Serdula et al., 1993, as cited in Brownell &
Rodin, 1994a).
Brownell (1991a) has done little to address the issue of how our culture’s moral standards may be played out differently for women versus men, and how this in turn may account for the discrepancy between the extent of women’s and men’s dieting practices. According to Wolf (1991), the current trend of women’s self-deprivation with respect to food is nothing new, but rather a continuation of a long-standing history in which women have always been expected to deny themselves even the most basic of pleasures. At one time, a woman’s sexual appetite was considered a subject of shame while today women’s oral appetites have become a subject of moral concern. In particular, beauty ads which aim at making women feel guilty about their weight construct eating into a moral issue (Wolf, 1991). Winkler (1994a) has pointed out the admonitory tone of editorials and articles in current popular women’s magazines, in which women are chastised and made to feel guilty for any slight deviation from the dominant culture’s standards of thinness. These articles are not playing so much on women’s insecurities about their attractiveness as they are on their perceived virtue.

The prevalence of dieting and its associated denial of pleasure illustrates the influence of the Puritan ethic in Western society (Winkler, 1994a). However, as Wolf (1991) has argued, there is a double standard that exists today in that men are given greater oral license in the same way that they have been given greater sexual license than women. Thus, the dissemination of dieting propaganda in our society reflects an ongoing tradition of the double standard in which women in a patriarchal society are taught to accept that the denial of pleasure associated with abiding by the Puritan ethic is in fact a moral virtue for women in particular. In turn, the extreme emphasis in Western
society on women achieving the thin ideal has resulted in dieting becoming one of the few socially accepted means for women to demonstrate their moral virtue. As long as cultural standards of thinness are so extreme, it is likely that dieting will remain a common experience for women who perceive themselves not just falling short of achieving their ideal weight, but falling short of meeting moral expectations regarding self-discipline and self-control. Sadly, because the thin ideal is often unattainable (Brownell, 1991a; Winkler, 1994a; Wolf, 1991), many women are set up to fail in their dieting efforts.

**Dieting and Women’s Psychological Well-being**

Although dieting has come to subsume many different patterns of behaviour, “normal dietary intake is thought to mean reduction in caloric intake for the purpose of weight loss” (Brownell & Rodin, 1994a, p. 781). Because dieting is so prevalent among women in Western society, it is important to explore its psychological consequences, especially for women who are not overweight, for whom there are no clearly established health benefits of dieting. Weight cycling, which refers to the phenomenon of repeatedly losing and regaining weight, is a common experience of dieters (Brownell & Rodin, 1994b). To the extent that weight fluctuation is associated with a woman’s perception of control over her weight, it may indirectly influence how a woman feels about herself. There is already evidence that unsuccessful dieting leads to feelings of inefficacy with

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^3 Wolf (1991) quotes the British economist Harriet Martineau who has argued that in the past, American middle-class women “pursue[d] religion as an occupation because they were constrained from exercising their full range of moral, intellectual and physical powers in other ways” (p. 92). Perhaps a similar situation exists today with respect to women’s dieting behaviour.
respect to weight control. In a study of the relative success of official and informal
weight reduction techniques among men and women, Blair, Booth, Lewis and
Wainwright (1989) measured subjects’ perceived self-efficacy with respect to how much
they believed they could lose weight and whether or not they could maintain any weight
loss. On average, subjects with high self-efficacy were significantly more successful
during their last episode of weight control. This suggests that a history of dieting
“failure” could lead to a feeling of inefficacy or lack of control with respect to weight
loss and maintaining a thin physique.

Women more than men appear to be particularly susceptible to feelings of
inefficacy as a result of previous unsuccessful weight control. Jeffery, French and
Schmid (1990), in their study of attributions for dieting failures among men and women
found a strong significant difference between men’s and women’s attributions for dieting
failure, in that men were more likely to consider their problems controllable. If women
in turn define their self-worth in part from an ability to successfully exercise self-control,
then the feelings of inefficacy resulting from unsuccessful weight control could have
negative implications for their self-esteem more generally.

In line with this, in a study of the interrelationships between weight
dissatisfaction, dietary restraint and self-esteem, Tiggemann (1994) discovered a
relationship between women’s subjective overweight and general self-esteem that was
entirely mediated by the subject’s dieting behaviour. It was predicted that actual
overweight would lead to body dissatisfaction which would lead to dieting, with failure
to obtain and maintain a target weight leading to feelings of loss of control and resulting
in lower self-esteem. The calculation of subjects' Body Mass Index (BMI)\(^4\) revealed that on average, women subjects in Tiggemann's (1994) study were within the normal weight range. However, Tiggemann (1994) found that subjective overweight was related to self-esteem such that the greater the degree of subjective overweight, the lower the self-esteem. Subsequent path analyses revealed that this relationship was entirely mediated by dieting behaviour, in that women who dieted more had lower self-esteem than did other women.

To assess the extent of dieting practices, Tiggemann (1994) used the Restraint Scale of Herman and Polivy (RS) (1980), which consists of two subscales (Concern with Dieting and Weight Fluctuation). Research has indicated that the RS may actually identify unsuccessful dieters, with failed dieters scoring high on both the Weight Fluctuation and Concern with Dieting subscales (Heatherton, Herman, Polivy, King & McGree, 1988). The theoretical basis for the Restraint Scale (Herman & Polivy, 1980) is the disinhibitory hypothesis of Herman and Polivy (1980), which suggests that the self-control of restrained eaters is disrupted by disinhibitors which include certain cognitions, alcohol and strong emotional states (Ruderman, 1986) although direct empirical support for the mechanisms that have been advanced to explain these findings is lacking (Ruderman, 1986; Wilson, 1993).

Although the mechanism which accounts for why weight cycling is a common experience among dieters is not known, Tiggemann's (1994) findings are important in

\(^{4}\) The Body Mass Index (BMI) is calculated as the ratio of weight to height squared, with weight measured in kilograms and height in meters. It is considered to give objective measures of degree of overweight (Tiggemann, 1994).
that they suggest that: a) objective measurements of overweight may be less important than subjective estimates in women's initiation of dieting behaviour, and b) unsuccessful weight control (as opposed to dieting alone) may reduce women's self-esteem levels.

Although Tiggemann (1994) did not test for the relationship between a perception of loss of control over weight and resultant declines in self-esteem, the hypothesized relationship makes sense, given that an internal locus of control has been found to be associated with higher self-esteem (Burns, 1979, as cited in Doganis, Theodorakis & Bagiatis, 1991; Kopp & Ruzicka, 1993). Women's perceptions of an inability to maintain any weight loss, resulting from previously experienced weight fluctuation, could perhaps explain the relationship between dietary restraint and self-esteem.
The Present Study

Research has clearly indicated that women are seeking to emulate the thin ideal. That women select ideal figures different from what they perceive to be attractive to men (e.g., Cohn & Adler, 1992; Fallon & Rozin, 1985) suggests that they are not primarily motivated by a desire to be considered attractive by men. Neither do cultural standards of thinness for women reflect current health standards (Brownell, 1991a). If, as suggested, the thin ideal primarily signifies self-control in Western society (Brownell, 1991a; Winkler, 1994a), then perhaps women who adopt cultural standards of thinness are in part defining their self-worth in terms of an ability to exercise self-control.

Historically, women have always been expected to exercise self-control over their natural appetites (Wolf, 1991) and as such, have been given the message that in their natural state, they are somehow second-rate to men. Perhaps now more than ever, the zeitgeist reflects a social context in which women are more likely than ever to accept the messages being sent to them from a patriarchal establishment. We currently live in a society that places great emphasis on self-control. As Winkler (1994b) has argued, contemporary medical problems may more than we customarily acknowledge, be related to issues of self-control. Eating disorders, addictions of all kinds, the tendency to label any number of practices as addiciting, the recent exercise mania, food fads, cosmetic surgery - all merge into practices of, or obsessions with self-control. (pp. 233-234).

Thus, the spirit of the times seems only to reinforce the cultural messages that encourage and foster women’s self-discipline and self-deprivation.
The present study involved an examination of the psychological mechanisms that are associated with dieting among women who are not in fact overweight, for whom dieting has no proven health benefits (Brownell & Rodin, 1994a). If a preoccupation with dieting among nonoverweight women is primarily an attempt to demonstrate self-control in order to receive social acceptance, then feminists should be less concerned with dieting than other women given their critical standpoint with respect to the status quo. It was predicted that because of a greater awareness of and rejection of the politics behind the current beauty backlash, women higher in feminist consciousness should be less influenced by cultural standards of thinness than other women in their selection of an ideal weight. Thus, among nonoverweight women they should be less likely to select an ideal weight thinner than their actual weight. Subjective perceptions that one is overweight were thought to reflect a woman’s self-abiding to cultural standards of thinness and adoption of personal responsibility for any failure to achieve this “ideal” weight.

Given that weight control has become a moral issue in Western society (Brownell, 1991a, and especially so for women (cf. Winkler, 1994a), it was predicted that a subjective perception of being overweight would in turn be related to feelings of guilt toward eating. It was predicted that guilt would be a likely response to subjective perceptions of overweight because of an awareness among women that the demonstration of self-restraint is a prerequisite for receiving moral approval in Western society. In other words, women were expected to attribute being “overweight” to their inability to exercise self-control. Thus, feelings of guilt were expected to mediate the relationship
between women’s subjective perceptions of being overweight and their levels of dietary restraint, with higher levels of guilt being associated with greater dietary restraint.

Because weight cycling is a common experience of dieters (Brownell & Rodin, 1994b), it was predicted that weight fluctuation should be found to increase with higher levels of dietary restraint. Self-efficacy, with respect to subjects’ perceived ability to maintain any weight loss, was measured in order to assess whether a history of weight fluctuation related to dieting, was in turn related to a perception of a weight-specific loss of control. However, rather than confounding dietary restraint with weight fluctuation, each was measured separately in order to determine if a history of weight fluctuation did in fact mediate the relationship between dietary restraint and women’s weight-relevant perception of control. Consistent with Tiggesmann (1994) it was also predicted that a perception of weight-relevant control would be related to self-esteem, in that subjects who experienced dieting failure, in terms of experiencing fluctuations in their weight, would in turn experience a perception of loss of control over their weight, resulting in lower levels of self-esteem. That a stronger belief in the ability to maintain any weight loss should be related to higher self-esteem makes sense, given that self-esteem has been found to be related to an internal locus of control (Burns, 1979, as cited in Doganis, Theodorakis & Bagiatis, 1991; Kopp & Ruzicka, 1995).

In a study of self-esteem and locus of control in adult female fitness program participants, Doganis, Theodorakis and Bagiatis (1991) assessed the relationship between self-esteem and an exercise-relevant measure of locus of control. They found a positive relationship between self-esteem and scores on the Internal Locus of Control
subscale of the Exercise Objectives Locus of Control (EOLOC) scale (McCready & Long, 1985, as cited in Doganis et al., 1991), and a negative relationship between self-esteem and scores on the External Locus of Control and Chance Locus of Control subscales of the EOLOC. This suggests that context-relevant scales assessing perceived control are useful in predicting self-esteem levels. Thus, it was also decided to use a context-relevant measure of body-esteeem, in order to determine if the expected positive association between a weight-relevant perception of control and self-esteem would be maintained once taking this dimension of body-esteeem into account. Specifically, it was predicted that the higher the weight-relevant perception of control, the higher the satisfaction with aspects of the body that are noticeably altered in appearance with changes in weight. Moreover, because a woman's feelings about her weight are thought to be closely tied to her feelings about her perceived extent of self-control, in that the thin body is thought to signify self-control (Brownell, 1991a; Winkler, 1994a), it was expected that women's satisfaction with their weight would in turn be positively associated with their self-esteem.

To summarize, the purpose of this study was to examine the relationships between nonoverweight women's feminist consciousness, subjective overweight, eating-related guilt, dietary restraint, weight fluctuation, weight-relevant perceived control, body-esteem (weight concern) and self-esteem. These hypotheses were tested by examining the interrelationships between the variables within a path analytic model. While past research has theorized about and examined the relationship between subjective overweight and dieting behaviour and how dieting in turn may affect women's
self-esteem, the current study examined the role of psychological mediators among these perceptions, behaviours and outcomes. In particular, it is inferred that dieting behaviour will only be adopted to the extent that the social context and the media has been successful in connecting women’s eating behaviour to their sense of moral concern. More specifically, it is suggested that nonoverweight women higher in feminist consciousness will be less likely than less feminist-identified women to perceive themselves as overweight. Dieting behaviour will be a function of the degree to which eating invokes a sense of guilt.

Further, the present study sought to test the hypothesis originally formulated by Tiggemann (1994), that women’s perceptions of their ability to control their weight would mediate the relationship between dieting failure (i.e., weight fluctuation) and self-esteem. Finally, by including body-esteem (weight concern) in the path analytic model, it also became possible to determine if the expected relationships with self-esteem were an artifact of subjects’ feelings about their weight. Also, if the expected relationship between body-esteem and self-esteem were to be found, this would suggest that the beauty backlash has succeeded in making weight a woman’s issue in our society (cf. Wolf, 1991).

Method

Participants and Procedure

The total sample included female undergraduate students (n = 165; Mean age = 23.4) from introductory psychology (n = 128), psychology of women (n = 25), and introduction to statistical methods (n = 12) courses at Carleton University, as well as off-
campus female volunteers (n = 12; mean age = 29.9). Subjects were recruited to participate in a study on “Eating practices and self-perceptions”, which was described as involving the completion of a questionnaire concerning eating practices and related attitudes, beliefs, perceptions, feelings and behaviour (see Appendix A). Most subjects were single (n = 135); 11.3% (n = 20) were cohabiting, 10.7% (n = 19) were married, and 1.1% (n = 2) were divorced. Approximately one-quarter of the sample (n = 48) indicated that they were members of some minority group. Of these subjects most considered themselves a minority on the basis of race or ethnicity: 8.5% of the total sample (n = 15) were African Canadian, 4.5% (n = 8) were Asian, 3.4% (n = 6) were East Indian, and 1.1% (n = 2) were Hispanic. Subjects were recruited from the three courses and off-campus in order to maximize the potential variability in both feminist self-identification and feminist action.

Subjects gave their written informed consent (see Appendix B) and completed a 45 minute questionnaire (see Appendix C). Subjects who received an experimental credit for their participation completed the questionnaires in small groups monitored on campus and upon completion of the questionnaire, were given a written debriefing regarding the purpose of the study (see Appendix D) and a contact sheet (see Appendix E) should they have had any concerns related to participating in the study. Those not receiving an experimental credit for their participation were permitted to take the questionnaire home to be completed and were given a written debriefing and contact sheet upon returning the questionnaire package.
Materials

Eating disordered behaviors and attitudes. The Eating Attitudes Test (EAT) was developed by Garner and Garfinkel (1979) as a clinical screening tool to assess attitudes and behaviors commonly found in people with anorexia nervosa, bulimia nervosa, or both (Siever, 1994). The EAT has also been useful in identifying eating disturbances in non-clinical samples (Garner, Olmsted, Bohr & Garfinkel, 1982). Its test-retest reliability has been reported to be .79 for a clinical sample and .94 for a sample of anorexics and normal subjects (Williamson, Barker, Bertman, & Gleave, 1995). The EAT has also been found to demonstrate criterion validity by discriminating bulimia nervosa subjects from normal subjects (Gross, Rosen, Leitenberg, & Willmuth, 1986). In the present study, the EAT-26 (Garner et al., 1982), a revised version of the EAT, was used to assess eating disordered behaviors and attitudes. In the development of the EAT-26, 14 items were eliminated from the original EAT that were thought to be redundant in that they did not increase the scale’s predictive power (Garner et al., 1982).

Subjects rated items such as “Avoid eating when I am hungry” and “Am preoccupied with a desire to be thinner” on a 6-point scale. Item responses were recoded as recommended by Garner et al. (1982), with the most symptomatic response receiving a score of 3, and the next most symptomatic responses receiving scores of 2 and 1 respectively. The three least symptomatic responses per item received a score of 0. A sum total of item responses was computed only for those cases with no missing item responses. Only two individuals did not respond to all of the EAT-26 items. In the present study, the presence of disturbed eating patterns was identified by a score above
the EAT-26 cut-off score of 20, as recommended by Garner et al. (1982). Incrism reliability in the present sample was high, with $\alpha = .91$.

**Objective weight measure.** Subjects were asked their height and weight in order to calculate the Quetelet's Body Mass Index (BMI), which is considered to give an objective measure of degree of overweight (Tiggemann, 1994). Women's self-reported weights and actual weights have been found to correlate above .90, although approximately one-third of women under-report their weight by more than 5 lb (Smith, Hohlstein & Atlas, 1992). Smith et al. (1992) argue though that self-reported weight is broadly accurate, and is sufficient for the purposes of large sample survey studies. However, subjects who participated in the study on campus were told that an accurate measure of their height and weight was preferred and that if they felt that they did not know their height and weight, they were permitted to use the weighing scale and height chart available in the laboratory where the study took place, if they freely chose to do so.

The BMI is calculated as the ratio of weight to height squared, with weight measured in kilograms and height in meters. Objective weight levels were determined using BMI cutoff points defined in the 1983 Metropolitan Life Insurance Company Tables (designed by Burton & Foster, 1985, as cited in Whitney, Hamilton & Rolfs, 1990). Subjects were classified as either underweight, in the acceptable weight range, or overweight on the basis of their BMI.

**Subjective weight measure.** To assess the extent to which subjects perceived themselves to be overweight, they were asked to indicate their ideal weight. As in Tiggemann's (1994) study, ideal weight was subtracted from actual weight, and the
difference was expressed as a percentage of actual weight. Positive scores reflected a perception of being overweight in that subjects perceived their actual weight to exceed their ideal weight with higher scores indicating greater proportional discrepancies between actual and ideal weight. A score of zero indicated that subjects' actual weight was equal to their ideal weight, while negative scores reflected a perception of being underweight, in that subjects' ideal weight was greater than their actual weight.

Current dieting status. In order to assess whether or not subjects were currently dieting and to differentiate those who were dieting for weight reasons from others, current dieting status was determined by asking subjects, "Are you currently dieting to lose weight? (i.e., Are you regulating the amount, frequency and/or type of food that you are eating, in order to lose weight?)" and "Are you currently dieting to maintain your present weight? (i.e., Are you regulating the amount, frequency and/or type of food that you are eating, in order to maintain your present weight?)". Dieting was explicitly defined for subjects given that dieting has come to subsume a variety of patterns of behaviour (Brownell & Rodin, 1994a). A new variable was created in which subjects who indicated that they were either dieting to maintain their weight or dieting to lose weight were coded as dieters. As the focus of the present study was on dieting for the purposes of weight regulation versus other types of "dieting" (e.g., healthy eaters), those who did not indicate that they were dieting for weight reasons were coded as nondieters.

Subjects were also asked to indicate their reasons for dieting. Subjects' responses were examined in order to develop a coding schema which reflected the most frequently listed reasons given in the present study. After an examination of the most frequently
listed responses, four coding categories of reasons for dieting were derived. Subjects' responses were coded by two raters in order to assess interrater reliability. Responses were coded as follows: "Cosmetic reasons" ($\tau = 1.00$), "Health/Fitness" ($\tau = .85$), "Self-esteem" ($\tau = 1.00$), and "Feel better (ambiguous)" ($\tau = .80$). If subjects indicated more than one reason, all reasons were coded.

A third newly developed item was used, "Are you dieting for other reasons than to lose weight or to maintain your present weight?" which allowed for the identification of those who considered themselves dieters but did not adhere to the definition of dieting provided in the questionnaire. By allowing these individuals the opportunity to self-identify as dieters and to indicate their reasons for dieting, it became possible to determine later on if any of these individuals should be excluded from the analyses because their item responses would not be consistent with a shared definition of dieting.

**Guilt.** The Revised Restraint Scale (RS) (Herman and Polivy, 1980), the TFEQ-R (Stunkard and Messick, 1985) and the Eating Attitudes Test (EAT-26) (Garner, Olmsted, Bohr, & Garfinkel, 1982) include questions that assess subjects' guilt regarding their failure to restrain their eating. The RS assesses this with the question, "Do you have feelings of guilt after overeating?", and the TFEQ-R assesses this with the question, "Do your feelings of guilt help you to control your food intake?". The EAT-26 assesses subjects' feelings of guilt with the question, "Feel extremely guilty after eating?". These three items were pulled out and looked at separately to assess subjects' feelings of guilt with respect to eating. One item was reverse coded and each item was transformed into a $z$-score in order to equalize variances between the three items and an average was then
computed. Average scores were computed only for cases where a minimum of two of the
three items were responded to. Higher scores reflected greater feelings of guilt related to
eating. Reliability of the three transformed items was high with $\alpha = .88$.

**Weight fluctuation.** Weight cycling refers to the phenomenon of repeatedly
losing and regaining weight, and as Brownell and Rodin (1994b) argue, “Because dieting
is so common and relapse is a likely outcome, it is logical to assume that weight cycling
is highly prevalent” (p. 1325). If the purpose of dieting is to restrain one’s eating
patterns in order to control one’s weight, it was thought in the present study that weight
fluctuation represented a reasonable definition of dieting failure in that it indicated that
any weight loss was not being maintained. In order to examine the extent of weight
fluctuation associated with dietary restraint, the Weight Fluctuation subscale (WF) of the
Revised Restraint Scale (RS) (Herman and Polivy, 1980) was used. Although the typical
dieter is characterized by both periods of restraint and disinhibition (Davis, Durmin,
Gurevich, LeMaire & Dionne, 1993; Ruderman, 1986), using the total RS score as a
measure of dieting failure would have meant confounding weight fluctuation with dietary
restraint.

Reliability has been found to be acceptable in the Weight Fluctuation subscale of
the RS with $\alpha = .69$ (Tiggemann, 1994). Although information about the test-retest
reliability of the WF itself is not available, the 2-year test-retest reliability for the RS is
high ($r = 0.74$) (French, Jeffery & Wing, 1994). The WF consists of 4 items that
subjects answer in a multiple choice format (e.g., “What is the maximum amount of
weight (in pounds) that you have ever lost within one month?” (0-4, 5-9, 10-14, 15-19,
What is your maximum weight gain within a week? (0-1.1.2, 2.1-3, 3.1-5.
5.1+), with high scores on the four items reflecting greater weight fluctuation. Average
scores of the Weight Fluctuation items were only computed for subjects who responded
to a minimum of three of the four items. Reliability in the present sample was high for
the WF (α = .79).

**Dietary restraint.** When deciding on a scale to measure dietary restraint, it was
important that the particular measure chosen did not confound dietary restraint with
weight fluctuation, as one of the purposes of the present study was to look at the unique
effects of these two variables on self-esteem. As the Revised Restraint Scale (RS)
(Herman & Polivy, 1980) measures both dietary restraint and weight fluctuation, it was
decided not to use this scale to measure dietary restraint. The cognitive restraint subscale
of the Three Factor Eating Questionnaire (TFEQ-R) (Stunkard and Messick, 1985) is
thought to identify successful dietary restraint (French, Jeffery, & Wing, 1994). In
particular, the TFEQ-R which assesses habitual behaviors related to the restriction of
dietary intake, has been found to be related to lower total calorie intake in women, while
the RS has been found to be unrelated to intake in women (French et al., 1994). The 1-
month test-retest reliability for the TFEQ-R is high (r = 0.98) (Stunkard & Messick,
1985). Thus subjects who score high on the TFEQ-R are considered to be exhibiting
successful restraint. However, as dieting is thought to occur in cycles, successful dietary
restraint does not preclude the possibility of previous weight fluctuation.

The TFEQ-R includes true/false questions (e.g., “I eat anything I want, anytime I
want.”) as well as questions in which subjects are asked to indicate their responses on a
Likert-type scale (e.g., “How conscious are you of what you are eating? (1 (not at all) to 4 (extremely)). All items were scored dichotomously (0,1) as suggested by those who developed the scale (Stunkard & Messick, 1985), in order to avoid the problem of multiple-response items contributing more than True-False items to scale variance. Items were recoded where necessary so that higher scores indicated greater restraint. The one guilt item of the TFEQ-R used to calculate a guilt score was not included in the computation of the average TFEQ-R score. The remaining 20 items were then averaged, with average scores computed only for subjects who responded to at least 16 of the 20 TFEQ-R items. Reliability in the present sample was high with $\alpha = .88$.

**Weight-relevant perceived control.** Tiggemann (1994) has argued that “failure to obtain and maintain a target weight may set up a cycle resulting in shame, feelings of loss of control, and resultant lower self-esteem” (p. 320). Subjects’ perceived self-efficacy or feelings of control, with respect to how much they believed they could maintain any weight loss was measured using an item from Blair, Booth, Lewis, and Wainwright (1989), designed for the same purpose. Subjects were asked to score from 0 (I don’t believe I could maintain any weight loss) to 10 (I believe I could maintain all of my weight loss).

**Self-esteem.** Self-esteem was measured using a 10-item index adapted by Bachmann and O’Malley (1977) from Rosenberg’s (1965) Self-esteem Scale. Subjects were asked to indicate on a 5-point Likert scale the extent to which they believe such statements as “I feel that I have a number of good qualities” are true for them. Items were coded from 1 (Strongly disagree) to 5 (Strongly agree) and where necessary, items
were reverse coded so that higher scores were indicative of higher self-esteem. As recommended by Bachmann and O'Malley (1977) a minimum of eight item responses were required for an average score of the items to be computed. Reliability on this scale has been found to be high (α = .88) (Tiggemann, 1994). Reliability in the present sample was high with α = .87.

**Body-esteem.** Weight-relevant body-esteem was measured using the 10-item Weight Concern factor of the Body Esteem Scale (BES) (Franzoi & Shields, 1984). The BES is a factorially derived measure of male and female body esteem in which respondents rate 35 individual body parts and functions on a 5-point Likert scale that ranges from 1 (Have strong negative feelings) to 5 (Have strong positive feelings) (Franzoi, 1994). The Weight Concern subscale is one of the three factors measuring female body esteem, and it measures women's attitudes toward body parts that can be physically altered through controlling food intake and body functions associated with food intake (e.g., appearance of stomach and appetite) (Franzoi & Herzog, 1986). An average score was computed for the 10 items with higher scores reflecting greater weight-related body-esteem. There were no missing responses to any of the items. Internal consistency for the Weight Concern subscale has been found to be high, with α = .87 (Franzoi & Shields, 1984). Three month test-retest reliability has also been found to be high, with γ = .87 (Franzoi, 1994). Reliability in the present sample was high with α = .92.

**Feminist identification and activism.** Feminist self-identification was measured using a method from Kelson, Kearney-Cooke and Lansky's (1990) study in which
subjects were asked to choose which statements best described them. In addition to the three items used in Kelson et al.'s (1990) study, two additional levels were included. Responses were coded as follows 1 (I am an active feminist); 2 (I am a feminist but I am not currently active in the Women's Movement); 3 (I identify with feminist goals but do not identify myself as a feminist)*; 4 (I am not a feminist); and 5 (I actively oppose feminist goals)*. Feminist consciousness was also measured in terms of feminist activism, in order to assess the extent of commitment to feminist ideology. When deciding on a measurement of commitment to feminist ideology, Fassinger's (1994) assessment of the scales that are currently available was considered. Fassinger (1994) argues that "...measures of liberal gender role ideologies may have lost much of their predictive power as such ideologies increasingly characterize the general population: scales are thus needed that tap the most explicitly pro-feminist attitudes of the ideological continuum" (p. 390).

It was thought that activism in the women's movement was evidence of a strong commitment to feminist ideology. Individual and group expression of collective action were measured using a 25-item scale developed by Foster and Matheson (1995). Subjects were asked to indicate with a check mark which of a list of 25 actions they have participated in during the last six months. The total number of actions engaged in was used as the overall score, which could range from 0 to 25. The interitem reliability for the scale has been found to be very high with $\alpha = .99$ (Foster, 1991). Reliability for the 25 items in the present sample was high with $\alpha = .86$.

*The newly developed items are identified with an asterisk.
An example of a scale item reflecting individual action is, “I have gone out of my way to collect information on women’s issues”, while, “I have participated in fundraisers, consciousness-raising events etc. that attempt to increase the overall status of women” is an example of a scale item reflecting participation in group action. The zero-order correlation between the reverse coded feminist identity scores and the total feminist activism scores was found to be moderately high, with \( r = .62, p < .001 \). An average of the two items was computed in order to produce a “feminist consciousness” score. Before computing the average however, each of the two items was transformed into z scores, so that one item would not contribute more variance to the average score than the other.

Results

Sample Refining

Subjects’ BMI (Body Mass Index) was computed in order to determine objective weight levels. The 1983 Metropolitan Life Insurance Company Tables (designed by Burton & Foster, 1985, as cited in Whitney, Hamilton & Rolfs, 1990) were used to define cutoff points between the respective weight levels. Only a minority of the subjects (n = 17) could be classified as overweight. Most subjects (n = 110) were in the acceptable weight range, while 27.7% (n = 49) of the sample were objectively underweight. Because the primary purpose of the study was to examine dieting behaviour and related self-perceptions among those who were not objectively overweight, subjects who could be classified as objectively overweight were excluded from further analyses. Another five subjects were excluded from further analyses as their
item responses suggested that their interpretation of the questions was not consistent with a shared definition of dieting among subjects in the present sample (e.g., two of them indicated that they were dieting to gain weight).

Originally it was decided to exclude from the analyses subjects who scored above the EAT-26 cutoff as it was thought that they would be nonrepresentative of the nonclinical population from which the sample was drawn. In order to determine if this was indeed the case, a MANOVA using unweighted means was conducted for the remaining sample, comparing subjects scoring below (n = 118) with those scoring above (n = 16)* the EAT-26 cutoff, with respect to their scores on key variables in the study. The multivariate effect was significant (Pillais = .37, F(8,125) = 9.28, p < .001). The univariate effects were significant for guilt F(1,132) = 32.93, p < .001; subjective overweight F(1,132) = 13.01, p < .001; dietary restraint F(1,132) = 56.19, p < .001; weight fluctuation F(1,132) = 16.03, p < .001; body esteem (weight concern) F(1,132) = 17.42, p < .001; and self-esteem F(1,132) = 13.24, p < .001. All of the above means were in the expected direction, with subjects who demonstrated disturbed eating-patterns exhibiting more guilt, greater subjective overweight, greater dietary restraint, greater weight fluctuation, lower body-esteem and lower self-esteem relative to the rest of the sample. The univariate effect for the weight-relevant perception of control was nonsignificant, F < 1, as was the univariate effect for BMI, F < 1. Because subjects who scored above the EAT-26 cutoff did appear to be nonrepresentative of the nonclinical population from which the sample was drawn in that their scores on most of the

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* n's for those scoring above and below the EAT-26 cutoff, respectively, take into account the listwise deletion of missing cases in the MANOVA.
dependent variables differed significantly in the expected directions, it was decided that these cases should be excluded from further analyses.

Finally, in order to maintain equal n's when conducting the path analysis, a filter variable was computed such that subjects who did not respond to all of the items measuring variables included in the path analysis were excluded from further analyses. The remaining sample consisted of 118 subjects. Only these subjects were used in all further analyses.

**Descriptive Statistics**

The average BMI of the final sample of subjects in the present study was within the acceptable weight range (M = 20.83, SD = 2.58) according to the 1983 Metropolitan Life Insurance Company Tables (designed by Burton & Foster, 1985, as cited in Whitney, Hamilton & Rolfes, 1990). Although none of the subjects included could be classified as objectively overweight, on average, subjects perceived their actual weight to be 4.3% above their ideal (SD = 7.19). Nonetheless, with regard to diet related behaviours, subjects in this sample were fairly moderate. In particular, subjects did not experience high levels of guilt related to eating (M = .08, SD = .90). Subjects' raw scores on the eating-related guilt items revealed that on average, they rarely “Felt extremely guilty after eating” (M = 2.05, SD = 1.09) or “Guilty after overeating” (M = 1.18, SD = .96), and that their feelings of guilt about overeating rarely “Helped them control their food intake” (M = 1.88, SD = .72). Subjects’ average scores on the TFEQ-R and the WF were roughly similar to average scores of past nonoverweight samples (cf.

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7 The eating-related guilt score is based on an average of three z-scores.
French, Jeffery, & Wing, 1994; Tiggesmann, 1994). As average scores on the TFEQ-R (Stunkard & Messick, 1985) can range from 0 to 1, neither did subjects demonstrate particularly high levels of dietary restraint (M = .33, SD = .25). Similarly, as average scores on the Weight Fluctuation subscale of the Revised Restraint Scale (1980) can range from 0 to 4, subjects demonstrated relatively low levels of weight fluctuation (M = 1.1, SD = .82). However, approximately 41% of subjects indicated that they were dieting for weight reasons (i.e., dieting to lose weight or to maintain weight), which reflects other estimates of women’s dieting in the population (e.g., Horn & Anderson, 1993; Serdula et al., 1993, as cited in Brownell & Rodin, 1994a). Of those who were dieting for weight reasons, 62.5% (n = 30) indicated that they were dieting to lose weight, while 37.5% (n = 18) indicated that they were dieting to maintain their weight. An ANOVA of dieting for weight reasons (yes/no) on dietary restraint confirmed that those who self-identified as dieters were also found to engage in higher levels of dietary restraint (M = .52, SD = .22) than those who did not identify themselves as dieters (M = .20, SD = .17), F(1,116) = 79.81, p < .001, η² = .41.

When asked to write out their reasons for dieting, some subjects reiterated more or less that they were dieting to lose weight or to maintain their weight. For example, among those dieting to lose weight, several responded that they felt that they were too big, or indicated that they wanted to lose a specified amount of weight, while among those dieting to maintain their weight, some responded that they were satisfied with their present weight. Among the other reasons given for dieting, the most frequently listed

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* The categories of reasons given for dieting are not mutually exclusive. Some subjects listed more than one reason for dieting and for each case, all reasons were recorded.
were “health/fitness reasons” (n = 18), followed by “concern with appearance” (n = 15) and “self-esteem” (n = 10).

Overall, subjects held moderately strong beliefs in their ability to maintain any weight loss (M = 7.06, SD = 2.01), which is not surprising considering that they also demonstrated moderately high weight-related body-esteem (M = 3.29, SD = .84) and high self-esteem (M = 4.21, SD = .64). Although self-esteem and body-esteem (weight concern) were correlated (r = .66, p < .001), a paired-samples t-test revealed that self-esteem was significantly higher than body-esteem (weight concern) in the sample (t(117) = -15.63, p < .001, which probably reflects “the dissatisfaction many women express about their own weight regardless of other self-satisfactions” (Franzoi & Shields, 1984, p. 177). Finally, subjects’ self-identification with feminism was moderately high (M = 2.97, SD = .75), while on average they participated in 4.78 feminist actions in the 6 months prior to completing the questionnaire.

Path Analysis

To assess the interrelationships among the variables, path analysis, which “entails the use of multiple regression in relation to explicitly formulated causal models” (Bryman & Cramer, 1994, p. 248) was used. In a recursive model, such as the one presented in this paper, the causal flow is unidirectional, in that a variable cannot be a cause and effect of another variable (Pedhazur, 1982). Path analysis involves the formulation of causal models on the basis of theoretical considerations (Pedhazur, 1982).

Subjects who indicated that they were dieting for “other reasons” were not considered dieters for the purposes of the present study, and thus their responses are not reflected in the reasons given for dieting.
However it cannot be used to establish causality, but can only lend support to a particular theory of the hypothesized relationship among the variables (Pedhazur, 1982).

Consistent with theoretical expectations, the model was set up as in Figure 1 to reflect the linear order of all direct and indirect paths. The initial model was fully recursive, in that each variable was predicted by all prior variables. All predictor variables were entered together on one step for each regression that was conducted, in order that the effects of all other predictive sources were removed to determine the direct effect of each of the predictor variables of interest. Table 1 presents the path coefficients for the full model.

With the exception of the nonsignificant result after regressing subjective overweight onto feminist consciousness $F < 1$, the associations among the variables up to weight-relevant perception of control were consistent with theoretical expectations (See Figure 2). Feminist consciousness did not directly affect any of the behaviours associated with dieting per se. This would suggest that feminists are not immune to the social pressures that create subjective perceptions of being overweight and ultimately lead to dietary restraint. However, a direct relationship was found between feminist consciousness and body-esteeem. Feminist consciousness was found to be positively associated with body-esteeem ($p_1 = .20, p < .01$) suggesting a more positive sense of weight-relevant body-esteeem for women higher in feminist consciousness than others, regardless of their dieting practices.

As predicted, subjective overweight was found to be positively associated with guilt ($p_2 = .45, p < .0001$), in that the greater the degree of subjective overweight, the more likely subjects were to experience guilt related to eating. Subjective overweight
Figure 1. Proposed path-analytic model: Influence of feminist consciousness, subjective overweight, eating-related guilt, dietary restraint, weight fluctuation, weight-relevant perception of control, and body-esteem (Weight Concern) on changes in self-esteem.
Table 1

Path Coefficients and Zero-order Correlations (Fully Recursive Model) for the Path from Feminist Consciousness through to Self-esteem

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Criterion 1</th>
<th>Criterion 2</th>
<th>Criterion 3</th>
<th>Criterion 4</th>
<th>Criterion 5</th>
<th>Criterion 6</th>
<th>Criterion 7</th>
<th>Criterion 8</th>
</tr>
</thead>
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<tr>
<td>1. Feminist consciousness</td>
<td>.06</td>
<td>−.01</td>
<td>.02</td>
<td>.03</td>
<td>.01</td>
<td>.20</td>
<td>−.02</td>
<td></td>
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<tr>
<td></td>
<td>(.06)</td>
<td>(.01)</td>
<td>(.04)</td>
<td>(.06)</td>
<td>(.00)</td>
<td>(.17)</td>
<td>(.11)</td>
<td></td>
</tr>
<tr>
<td>2. Subjective overweight</td>
<td>.45***</td>
<td>.07</td>
<td>.35***</td>
<td>−.02</td>
<td>−.20**</td>
<td>.22**</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(.45***</td>
<td>(.36***</td>
<td>(.52***</td>
<td>(−.12)</td>
<td>(−.46***</td>
<td>(−.12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Eating-related guilt</td>
<td>.63***</td>
<td>.09</td>
<td>−.12</td>
<td>−.28**</td>
<td>−.05</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.66***</td>
<td>(.48***</td>
<td>(−.10)</td>
<td>(−.49***</td>
<td>(−.26**)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Dietary restraint</td>
<td>.26***</td>
<td>.21</td>
<td>.02</td>
<td>.09</td>
<td></td>
<td></td>
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<td></td>
<td>(.54***</td>
<td>(.00)</td>
<td>(−.35***</td>
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<td>5. Weight fluctuation</td>
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<td>−.22**</td>
<td>−.03</td>
<td></td>
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<td></td>
<td>(−.19)</td>
<td>(−.49***</td>
<td>(−.26**)</td>
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<td>6. Weight-relevant perception of control</td>
<td>.28***</td>
<td>.19**</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>(.38**</td>
<td>(.44***</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Body-esteem</td>
<td>.68***</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(Weight Concern)</td>
<td>(.66***</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Self-esteem</td>
<td></td>
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<th></th>
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<th>$F$</th>
<th>$F$</th>
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<td>.000</td>
<td>.188</td>
<td>.432</td>
<td>.397</td>
<td>.016</td>
<td>.445</td>
<td>.482</td>
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Note. Correlation coefficients appear in brackets. $R^2$ and $F$ refer to adjusted $R^2$ and overall $F$, respectively, for the regressions carried out with the predictor and criterion variables in each column.

* $p < .05$; ** $p < .01$; *** $p < .001$; (n = 118).
Figure 2. Significant paths in the fully-recursive model: Influence of feminist consciousness and diet-related variables on changes in self-esteem.
was also directly negatively associated with body-esteem ($p = -.20, p < .05$). It makes sense that if a woman selects an ideal weight thinner than her actual weight, she would not be satisfied with her actual weight. Subjective overweight was also found to contribute directly in explaining a significant proportion of variance in weight fluctuation ($p = .35, p < .0001$) and self-esteem ($p = .22, p < .001$), but it was later decided to drop these paths from the model, for reasons to be discussed below.

When examining the impact of eating-related guilt on dietary restraint, again the results were in the expected direction, with guilt found to be strongly and positively associated with dietary restraint ($p = .63, p < .0001$). An examination of the zero-order correlations between the predictor and dependent variables (see Table 1) would seem to indicate that both subjective overweight ($r = .36$) and eating-related guilt ($r = .66$) were strongly related to dietary restraint. However, when guilt was entered as a predictor variable along with subjective overweight (and feminist consciousness), subjective overweight was found not to significantly contribute in explaining variance in dietary restraint ($\beta = .07, ns$), which indicated that eating-related guilt did indeed mediate the relationship between subjective overweight and dietary restraint, as predicted.

Eating-related guilt was also found to be negatively associated with body-esteem ($p = -.28, p < .01$). This is not entirely surprising given the operational definition of guilt. Although one of the eating-related guilt items assessed the extent to which subjects' feelings of guilt have helped them to control how much they eat, the other two questions assessed the extent of subjects' guilt in response to having already eaten. Specifically, subjects were asked, "Do you have feelings of guilt after overeating?" and
“Feel extremely guilty after eating?” Thus, if subjects had been experiencing guilt after eating, this would suggest that they had been eating more than they wanted to. As such, it is not surprising that this would have negatively influenced their satisfaction with their body and weight.

As predicted, dietary restraint was found to be positively associated with weight fluctuation ($r_b = .36$, $p < .001$). When weight-relevant perception of control (i.e., belief in the ability to maintain any weight loss) was regressed onto all prior variables, the overall regression equation was nonsignificant $F(5,112) = 1.39$, ns, although the path coefficient for weight fluctuation was marginally significant in the predicted direction ($\beta = -.24$, $p = .053$). Weight fluctuation was found to be negatively associated with body-esteem ($r_e = -.22$, $p < .05$). Given that subjects who engaged in higher levels of dietary restraint were also more likely to have experienced higher levels of weight fluctuation, it would make sense that they would in turn experience lower levels of weight satisfaction.

Although not the focus of the present study, it is noteworthy that all variables, except for dietary restraint, were found to have a direct impact on body-esteem $F(6,116) = 16.6$, $p < .0001$. As predicted, weight-relevant perception of control was found to be significantly and positively associated with body-esteem ($r_{10} = .28$, $p < .001$). Finally, as expected, subjects’ self-esteem was found to increase as a direct function of both body-esteem ($r_{11} = .68$, $p < .0001$) and weight-relevant perception of control ($r_{12} = .19$, $p < .01$). Clearly, the effect of all of the other variables on self-esteem were mediated by these two, and in particular by body-esteem.
Reduced Model

An inspection of Table 1 indicated that a number of nonsignificant relationships could profitably be removed from the model. Thus, in an attempt to provide a more parsimonious explanation of the intercorrelations among the variables, a reduced model was assessed, in which the nonsignificant paths were set to zero. Other paths were maintained or set to zero based on theoretical expectations. Table 2 presents the reduced model path coefficients.

It was decided to retain all of the direct paths with body-esteem given the significant and high proportion of variance explained in the overall regression equation. Also, body-esteem was consistently related to most of the variables in the path model, suggesting that this was likely a meaningful finding. It was decided to retain the path from weight fluctuation to weight-relevant perception of control, in spite of the nonsignificant overall regression equation in the fully recursive model, because of the marginally significant path coefficient in the fully recursive model and its theoretical importance in explaining the relationship between weight fluctuation and body-esteem and self-esteem, respectively. Indeed, in the reduced model, the path from weight fluctuation to weight-relevant perception of control became significant ($p_r = -.19, p < .05$) (see Figure 3). The path from subjective overweight to weight fluctuation was removed, as it did not make theoretical sense that a perception would be directly causally related to changes in weight. Had a variable measuring a relevant behaviour (e.g., dietary restraint) mediated the relationship between subjective overweight and weight fluctuation, then perhaps the relationship between the two would have made more sense, and such a path could have been retained. As Pedhazur (1982)
Table 2
Standardized Path Coefficients (Reduced Model)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Criterion</th>
<th>r</th>
<th>p</th>
<th>R²</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective overweight</td>
<td>Eating-related guilt</td>
<td>.45</td>
<td>.45</td>
<td>.195</td>
<td>5.42</td>
</tr>
<tr>
<td>Eating-related guilt</td>
<td>Dietary restraint</td>
<td>.66</td>
<td>.66</td>
<td>.436</td>
<td>9.57</td>
</tr>
<tr>
<td>Dietary restraint</td>
<td>Weight fluctuation</td>
<td>.54</td>
<td>.54</td>
<td>.289</td>
<td>6.97</td>
</tr>
<tr>
<td>Weight fluctuation</td>
<td>Weight-relevant perception of control</td>
<td>- .19</td>
<td>- .19</td>
<td>.027</td>
<td>-2.97</td>
</tr>
<tr>
<td>Feminist consciousness</td>
<td>Body-esteem (Weight Concern)</td>
<td>.17</td>
<td>.20</td>
<td>.041</td>
<td>2.94</td>
</tr>
<tr>
<td>Subjective overweight</td>
<td>Body-esteem (Weight Concern)</td>
<td>- .46</td>
<td>- .20</td>
<td>.028</td>
<td>-2.43</td>
</tr>
<tr>
<td>Eating-related guilt</td>
<td>Body-esteem (Weight Concern)</td>
<td>- .49</td>
<td>- .27</td>
<td>.052</td>
<td>-3.33</td>
</tr>
<tr>
<td>Weight fluctuation</td>
<td>Body-esteem (Weight Concern)</td>
<td>- .49</td>
<td>- .21</td>
<td>.030</td>
<td>-2.48</td>
</tr>
<tr>
<td>Weight-relevant perception of control</td>
<td>Body-esteem (Weight Concern)</td>
<td>.38</td>
<td>.29</td>
<td>.079</td>
<td>4.09</td>
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<tr>
<td>Weight-relevant perception of control</td>
<td>Self-esteem</td>
<td>.44</td>
<td>.22</td>
<td>.041</td>
<td>3.00</td>
</tr>
<tr>
<td>Body-esteem (Weight Concern)</td>
<td>Self-esteem</td>
<td>.66</td>
<td>.57</td>
<td>.283</td>
<td>7.85</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>.907</td>
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</tr>
</tbody>
</table>

Note. A series of hierarchical regressions were conducted for regression equations in which there was more than one predictor, in order to determine the increment in the proportion of variance explained in the dependent variable when the predictor variable of interest was entered into the equation after all other predictor variables had been entered together on a previous step.

* p < .05;  ** p < .01;  *** p < .001;  (n=118).
**Figure 3.** Significant paths in the reduced path-analytic model: Influence of feminist consciousness and diet-related variables on changes in self-esteem.
has argued.

... it will be recalled that when the sample size is relatively large, even
substantively meaningless regression coefficients may be found to be statistically
significant. Consequently, many researchers prefer to use a criterion of
meaningfulness for the deletion of paths even when their coefficients are
statistically significant (p. 617).

With the removal of the significant path from subjective overweight to weight
fluctuation, when weight fluctuation was regressed onto dietary restraint, there was an
increase in the path coefficient for dietary restraint to $(\beta = .54, p < .0001)$. Thus, it
appears as though a substantial part of the variance in weight fluctuation that was
explained by dietary restraint was shared with subjective overweight.

In the original fully recursive model, subjective overweight was also found to be
significantly associated with self-esteem in an unexpected direction $(\beta = .22, p < .01)$.
suggesting that women with greater subjective overweight have higher self-esteem. An
examination of the Beta-weights and zero-order correlations revealed that this result was
likely due to the presence of a suppressor variable in the regression equation, as the zero-
order correlation between subjective overweight and self-esteem was $r = -.12$. Thus, the
direct path from subjective overweight to self-esteem was also dropped.

With the exception of body-esteem, the final reduced model reflects the
theoretically based expectations of the pattern of relationships among the psychological
variables associated with dieting and women’s self-esteem. The removal of all
aforementioned paths did not result in a reduction of model fit ($M = 0.907; \chi^2 (17), ns$).
suggesting that the theoretically derived model did adequately account for the explained variance in the full model.

Discussion

The purpose of the present study was to contribute to an understanding of the extent to which variables reflecting the social construction of what is considered appropriate eating behaviour and weight for women predict dietary restraint among nonoverweight women, and in turn how engaging in dietary restraint relates to their self-esteem. The cultural pressures with regard to the extent of control that women are expected to exercise over their own appetites combined with the promulgation of messages in the media that guilt is an appropriate response to eating for women were expected to result in even nonoverweight women expressing dissatisfaction with their weight and experiencing “overeating” as a moral failure, ultimately resulting in dietary restraint. As restraint by definition involves self-control, it was important to explore the possibility that dieting indirectly contributed in explaining women’s sense of self-worth precisely because women were seeking social approval in a culture where moral standards dictate that self-control is a moral virtue (Brownell, 1991a), and demand it from women in particular (Wolf, 1991; Winkler, 1994a).

It was predicted that women higher in feminist consciousness should be less likely to select an ideal weight thinner than their current weight in the first place, because they should be more critical of cultural messages which promote an unrealistic and unhealthy standard of weight for women. The expected relationship between feminist consciousness and subjective overweight was not found, suggesting that feminists are not
completely immune to cultural messages that promote an extremely thin ideal weight for women. This finding may be an artifact of the sample in that the most adamant feminists who would possibly have demonstrated such immunity were not represented in the present study. Although by recruiting subjects from a psychology of women class, an attempt was made to recruit women who would be more likely than others to strongly identify with the feminist movement, the sample on the whole may still have been too moderate with respect to their identification with feminism to detect any changes in degree of subjective overweight as a function of feminist consciousness. Overall, subjects' level of identification with feminism corresponded closest to the statement "I identify with feminist goals but do not identify myself as a feminist", and less than five percent of the sample described themselves in the most committed terms. However, as Fassinger (1994) has argued, liberal gender role ideologies indeed characterize most of the population. This would suggest that even when the measures are available to tap the most explicitly profeminist and antifeminist attitudes of the ideological continuum, much effort is still needed at the recruitment stage to ensure that those at the most extreme ends of the ideological spectrum are represented in the research sample. While the extent of recruitment efforts may have restricted the range of feminist identity in the present study, given Fassinger's (1994) argument, the sample itself may be fairly representative of women more generally.

Although it was found that women higher in feminist consciousness were no more likely than others to enter the "cycle of dieting", the direct path from feminist consciousness to body-esteem suggests that whether or not those high in feminist
consciousness were drawn into this cycle in the first place. Feminists’ feelings about their weight were more positive than for the less feminist-identified women. That those higher in feminist consciousness felt more positive about their weight than other women, even after the other predictor variables were taken into account, indicates that the source of explanation for this lies outside the path analytic model. One plausible explanation is that although women higher in feminist consciousness were equally likely to diet as others, it may have been less important for them to achieve their ideal weight, which in turn may have accounted for their higher level of satisfaction with their weight. However, if it really was less important for them to achieve their ideal weight, they should have been less likely to diet in the first place, which was obviously not the case. As feminist consciousness did not significantly predict less dietary restraint. Another possibility is that those higher in feminist consciousness were more sympathetic to women’s plight - including their struggle with their weight - and thus were less self-critical when evaluating their satisfaction with their own weight. Thus, although not immune to social pressures to achieve the “ideal” weight, being a feminist may somewhat buffer the extent to which perceived failure in emulating the thin ideal negatively affects self-esteem. Clearly though, eating-related guilt was a strong motivator to engage in dietary restraint for feminists and nonfeminists alike.

That guilt was a strong predictor of dietary restraint once subjective overweight was taken into account, suggests that dieting among nonoverweight women may indeed be a response to social pressures which suggest that women must deny themselves the most basic of pleasures, and that they should feel personally responsible if they are
unable to achieve the extreme cultural standards of thinness for women. In other words, it was shown that a perception of actual weight exceeding ideal weight was not sufficient in itself to motivate women to diet but that the emotional reaction of guilt which followed such a perception predicted dietary restraint. Thus, perhaps advertisements and articles which define appropriate emotional responses to eating for women are more effective at motivating women to diet than are the images of the thin fashion model promulgated in the media. Consistent with this, in their study of contrast effects and self-evaluations of physical attractiveness among college women, Cash, Cash and Butters (1983) predicted that peer beauty would qualify as a more appropriate standard of comparison than professional beauty in subjects' self-evaluations. Their predictions were based on social comparison theory (Festinger, 1954; Zanna, Goethals & Hill, 1975, as cited in Cash et al., 1983) which posits that “people are more likely to compare themselves with others who are similar than with those who are dissimilar.” (p. 354). As predicted, subjects in Cash et al.’s (1983) study exposed to photographs of attractive individuals who were not identified as professional models gave significantly lower self-ratings of attractiveness than subjects exposed to the same stimuli in which the women were presented as professional advertising models. Likewise, women in the present study may perceive the thin ideal in the media to be unrealistic and may be motivated by other factors than seeking to emulate the appearance of the fashion model when deciding to engage in dietary restraint. That the emotional response of guilt was found to precede dietary restraint in the path analytic model suggests that associating eating with moral connotations may provide that alternative motivation.
Consistent with past research, dietary restraint was positively associated with a history of weight fluctuation. Given that “yo-yo dieting” is a common experience of dieters (Brownell & Rodin, 1994b) it is likely that this phenomenon accounts for the association between dietary restraint and weight fluctuation. As subjects in the present study on the whole did not demonstrate excessive levels of dietary restraint though, it makes sense that neither did they experience large fluctuations in their weight. High restraint scale scorers have been found to also report high rates of binge eating (Kirkley & Burge, 1989). In other words, the results of the present study would seem to indicate that on average, subjects did not go through cycles of extreme food deprivation leading eventually to binge eating, but may have simply gone on and off a diet that was moderate in its level of restraint in the first place. This is not surprising given that in the sample refinement women who exhibited disturbed eating patterns were excluded from further analyses. Had the overall dietary restraint in the present sample been more extreme, perhaps higher levels of weight fluctuation due to episodic binge eating would also have been found.

In the present study it was predicted that strength of belief in the ability to maintain any weight loss would vary negatively as a function of the amount of past weight fluctuation subjects had experienced. However, only a weak significant negative relationship was found between weight fluctuation and subjects' strength of belief in their ability to maintain any weight loss. The restricted range of responses to the weight fluctuation items may account for the weak correlation between these variables. However, it also appears as though the item used to measure weight-relevant perception
of control was not entirely reliable. Subjects were asked to score on a scale of 0 (I don’t believe I could maintain any weight loss) to 10 (I believe I could maintain all of my weight loss). Although the question was intended to measure the extent to which subjects believed that they had control over maintaining their weight, the wording of the question was such that it was based on the assumption that subjects would either have to lose weight in the first place, or had already experienced weight loss. Thus, anyone who had not experienced any weight loss at all, or who was not intending to, may have found the question somewhat puzzling. As such, the weak association found between weight fluctuation and weight-relevant perception of control may in part be a reflection of the poor wording of this item. In any case, the relationship that was found was in the expected direction. This would indicate that past experiences with weight fluctuation are indeed associated with a lower belief in the ability to maintain weight loss. Thus women who engage in more extreme levels of dietary restraint, and thereby experience more extreme fluctuations in their weight may be at greater risk than the women in the present study for experiencing perceptions of inefficacy with respect to their ability to control their weight.

It is likely that for the women in the present sample who were dieting, the sole purpose of doing so was to demonstrate self-control in order to gain social approval in a culture which places such importance on self-control for women in particular (Winkler, 1994a). That greater strength of belief in the ability to maintain any weight loss was found to predict both body-esteem and self-esteem in the present study lends support to this interpretation. By accepting personal responsibility and accountability for one’s
physical condition, even dieting for "health" reasons may derive from a need to gain
social approval. As Brownell (1991b) has argued, "...the burden of illness is joined by
the burden of guilt. If a person can do so much to improve health, bad health can be
perceived as a personal or moral failing." (p. 306)

Alternatively, it is possible that some women in the present study viewed dieting
as an empowering experience in that by "associating a more ample form with a view of
woman as 'wife and mother' "10 (Rodin, Silberstein and Striegel-Moore, 1984, p. 292)
they perceived dieting as involving a transcendence of traditional gender roles. As
Winkler (1994a) has also written, "the ideal female body may signal refusal of a 'purely
reproductive destiny' while simultaneously displaying obedience to the ideals delineated
by medical and consumer culture" (p. 220). In other words, if women in the present
study were accepting the former interpretation, perhaps dieting for them was a physical
manifestation of an attempt to transcend the traditional gender role of the woman
confined to the home "barefoot and pregnant". By rejecting a womanly body, perhaps
women believe that they are rejecting what it has traditionally meant to be a woman in
our culture. In this way, those women higher in feminist consciousness who dieted in the
present study would not have been acting in contradiction to their ideological beliefs.
This would not be inconsistent with the finding that weight-relevant perception of
control was found to be positively associated with body-esteem and self-esteem. In other
words, rather than being victimized by an imposed set of moral standards, perhaps for

10 In this quote, Rodin, Silberstein and Striegel-Moore (1994) are referring to results
from a study by Beck, Ward-Hull and McLean (1976) in which women who valued
nontraditional gender roles were found to also prefer a thinner female body.
some women self-control over their weight is a self-imposed standard which, if achieved, enhances how good they feel about themselves. This is not inconsistent with the liberal feminist stance of the sample either and hence, the lack of association of feminist consciousness with subjective overweight and dieting.

With respect to the direct paths found between most of the variables in the path analytic model and body-esteem, and the strong positive association between body-esteem and self-esteem, even though it is evident that perceptions of control are important in predicting women's self-esteem and that this is not simply an artifact of women's feelings about their weight, the beauty backlash has apparently succeeded in making weight a woman's issue in our society. While subjective perceptions of being overweight and eating-related guilt ultimately lead to attempts at self-restraint in eating, they also directly impact how a woman feels about her body. Further, the weight fluctuation which stems from engaging in dietary restraint directly results in a decline in women's weight relevant body-esteem. In turn, body-esteem is strongly and positively associated with women's self-esteem, suggesting that women's feelings about their weight are strongly tied to their overall sense of self-worth. In other words, women may very well be getting the message that their bodies are in fact "second-rate...always in need of completion, of man-made ways to [be perfected]" (Wolf, 1991, p. 94). To the extent that women remain uncritical of cultural messages which suggest that their bodies are inadequate and that they are personally responsible for living up to extreme standards of thinness, the potential exists for damaging effects to their feelings about their bodies and ultimately their self-esteem, more generally. Being a feminist may somewhat buffer
the extent to which perceived failure in emulating the thin ideal negatively affects self-esteem. This would lend support to the argument that perhaps feminists are indeed more critical of the cultural messages which promote an unhealthy standard of weight for women.

**Overall Implications**

Although the nonoverweight women in the present study demonstrated only moderate levels of dietary restraint, it is important to keep in mind that 9.0% of the original sample were nonoverweight women who had scores on the EAT-26 that were high enough to indicate the presence of disturbed eating patterns. Clearly, it is absurd that any nonoverweight women should be dieting to reduce their weight as there is no evidence that doing so would prevent health risk that would have increased otherwise (Brownell & Rodin, 1994a), and sadly some women restrain their eating practices to the extent that it could in fact be detrimental to their health. Although it is important to make the distinction between those who take dieting to the extreme and more moderate dieters when examining the relationship among these variables, all women could stand to benefit from becoming more critical of cultural messages which promote an unhealthy standard of weight for women.

That guilt was found to be a strong predictor of dietary restraint even among those who did not demonstrate disturbed eating patterns suggests that educational interventions are needed for all women that go beyond teaching women about the biological limits to body weight and shape (cf. Brownell, 1991a) and include a focus on deconstructing eating-related guilt advertising. Women in the present study appeared to
be engaging in dietary restraint in order to alleviate a negative emotional state (i.e., guilt), which was likely induced in the first place by exposure to advertising by a dieting and beauty industry that defines guilt as an appropriate response to eating. It is important that women become aware of the absurdity that guilt should be considered a natural response to a natural biological function such as eating.

Given the positive association found between dietary restraint and weight fluctuation, women dieters appear to be set up to fail. In turn, they experience declines in their strength of belief over the ability to control their weight. Considering that among "normal" weight women dieting has not been shown to prevent obesity (Brownell & Rodin, 1994a), the negative effects of dieting in terms of the eventual decline in both weight-relevant body-esteem and self-esteem would suggest that for nonoverweight women, dieting does indeed entail risks. Whether or not one accepts that the beauty backlash is a politically motivated response to the uprisings of the feminist movement, it is clear that the current dieting obsession among women is detrimental to women’s advancement in that it is detrimental to their psychological well-being. Finally, having demonstrated in the present study that a perception of control over the ability to maintain any weight loss was positively associated with both women’s body-esteem and their self-esteem, and that guilt was a strong predictor of dietary restraint, provides preliminary support that the Puritan ethic may be influential in how women judge themselves based on what they eat. It would appear as though self-restraint is indeed a valued trait among women.
With respect to the eating-related guilt that was found to precede dietary restraint in the present study, there is some recent evidence that dieters do not simply feel guilty about eating, but that they feel guilty about eating unhealthy foods in particular. In one study it was found that dieters felt that they had violated their diet if they had eaten certain types of food, rather than a certain number of calories (Knight & Boland, 1989, as cited in Stein & Nemeroff, 1995). Thus, Stein and Nemeroff (1995) have argued that eating these same foods is likely also to be a criterion for feeling guilty. In their study of whether eating specific types of food gives rise to moral judgments about eaters, male and female university students were given the profile of a nonexistent person and asked to rate the person on a list of bipolar trait dimensions. Each profile included information about the foods most commonly eaten by the person, as well as the person’s preferred activities, fitness level, height and weight. Whether a food was considered good or bad was determined in a pilot study, according to the health value and calorie content of the foods. Foods that were considered good were low-calorie and healthy foods such as salad and whole-wheat bread, while those foods considered bad included steak and doughnuts.

In spite of targets’ healthy weights and life styles, those who ate “good” foods were rated as more moral than targets who ate bad foods, although there were no moderator effects of the sex of target or rater, nor of rater’s dietary restraint status\(^{11}\) (high/low) on the morality effect (Stein & Nemeroff, 1995). Stein and Nemeroff (1995) concluded that their results strongly supported the hypothesis that people make moral

\(^{11}\) Dietary restraint status was measured for women only (Stein and Nemeroff, 1995).
judgments of others based on the foods they eat. A path analysis indicated that the
magic-contagion-based “You are what you eat” account, and the Puritan ethic account
were the strongest mediators of moral effects. Another interesting finding in Stein and
Nemeroff’s (1995) study was that all foods were rated as more healthy, wholesome and
nonfattening when they were eaten by male targets. This would suggest that different
“health” standards do in fact apply to women versus men. Females in their study also
rated the good foods as more healthy, nonfattening, and wholesome, and the bad foods as
less so, than did males, suggesting that females are more likely to accept these standards.

Conclusions and Future Recommendations

While Tiggesmann’s (1994) research theorized about and examined the
relationship between subjective overweight and dieting and how dieting in turn affects
women’s self-esteem, the present study further contributed to the research on dieting
among nonoverweight women in that it examined the role of psychological mediators
among these perceptions, behaviours and outcomes. In particular, the ability to exercise
control over their weight was equally as important to women higher in feminist
consciousness as it was to those lower in feminist consciousness in determining both
their body-esteem and ultimately their self-esteem. That guilt had a strong effect in
predicting dietary restraint suggests that perhaps even nonoverweight women are
responding to messages promulgated in the media that they should deny themselves the
simple pleasures of life, including the natural biological function of satisfying their
appetite for food. However, the present sample demonstrated low levels of eating-
related guilt, was moderate on the whole with respect to their dietary restraint,
demonstrated moderately high levels of weight-relevant perception of control and had high self-esteem. That on average, subjects demonstrated moderate levels of dietary restraint is not surprising considering that in the sample refinement, those who demonstrated disturbed eating patterns were excluded from further analyses.

It is important to keep in mind that this was a correlational study, and thus it was not possible to validate the hypothesized causal relations. However, this study has lent support to the argument that dieting behaviour will only be adopted to the extent that the social context and the media has been successful in connecting women’s eating behaviour to their sense of moral concern. In line with Wolf’s (1991) arguments, this would suggest that as women continue to remain self-focused on their weight, their attention is conveniently diverted from other more important matters, including a sense of moral concern over women’s plight in society. By targeting women’s sense of self-worth, the beauty backlash appears to have contributed in undermining women’s advancement not only through its detrimental effects on women’s psychological well-being, but by also focusing women’s energies inward as opposed to fostering a sense of collective identity and political responsibility among women. The significant direct paths between most of the variables in the path analytic model and body-esteem and the strong positive association found between body-esteem (weight concern) and self-esteem also suggested that the beauty backlash has been successful in making weight a women’s issue, even among nonoverweight women in Western society.

In conclusion, as the strength of any theory rests on its ability to endure in the face of competing theories, it would be important to explore the extent to which women
view dieting as an empowering experience. If some women in the present study viewed dieting as an empowering experience in that they perceived it as transcending traditional gender roles, this would not be inconsistent with the finding that weight-relevant perception of control was found to be positively associated with body-esteem and self-esteem. However, if one is to accept this interpretation, then it becomes necessary to question whether the guilt which was found to be strongly and positively associated with dietary restraint is indeed a genuine and deep-seated emotional response to eating.

Future studies should aim to further explore the exact nature of the guilt which was found to predict dietary restraint in the present study. It would also be important to determine in future studies the extent to which the path analytic model in the present study is generalizable to other groups of nonoverweight women, including the elderly and women who identify themselves as a member of a minority group on the basis of race or ethnicity. The sample in the present study, on average, consisted of young adults, most of whom did not identify themselves as a member of a minority group. Although it was suggested in the present study that being a feminist may somewhat buffer the extent to which nonoverweight women experience declines in their self-esteem as a function of their feelings about their weight, women at the most extreme ends of the feminist ideological continuum were underrepresented in the present study. Thus, in future studies of this kind, much more effort should be invested at the recruitment stage in order to ensure that the most antifeminist, profeminist and even those who are completely indifferent to feminist politics are represented in the sample, in order to better
assess the extent to which being a feminist does indeed buffer the impact of the beauty backlash on women in Western society.
References


APPENDIX A

Recruitment Notice for Introductory Psychology Students

PSYCHOLOGY 49.100

Experiment Title:  Eating practices and self-perceptions

Experimenter's Name & Room #: Elizabeth Voroboi, Room Looch A304

Experimenter's Phone No.: 520-2600 (extension 2683)

Location of Experiment:  To be announced

Experiment Number:  95-086

Faculty Advisor:  Dr. K. Matheson

BRIEF DESCRIPTION

I am looking for female introductory psychology students to participate in a study which involves filling out a questionnaire concerning eating practices and related attitudes, beliefs, self-perceptions, feelings and behaviour. The questionnaire takes approximately one (1) hour to complete. Participants will receive one (1) experimental credit for this study.

SUBJECTS WILL RECEIVE ___1___ CREDIT(S) FOR THIS EXPERIMENT.

YOU MUST:  KEEP A RECORD OF THE EXPERIMENTER'S NAME
             TITLE OF THE EXPERIMENT
             LOCATION AND TIME.
             IT IS YOUR RESPONSIBILITY TO KNOW WHERE AND WHEN THE
             EXPERIMENT IS HELD.

SIGN-UP SHEETS FOR THIS EXPERIMENT ARE UNDERNEATH. PLEASE
PROVIDE ALL INFORMATION REQUESTED.
APPENDIX B
Informed Consent Form

The purpose of an informed consent is to ensure that you understand the purpose of the study and the nature of your involvement. The informed consent has provided sufficient information such that you have the opportunity to determine whether you wish to participate in the study.

Present Study: Eating practices and self-perceptions

Research Personnel: The following people are involved in this research project and may be contacted at any time. Elizabeth Voroj (Principal Investigator, 520-2600, ext. 2603), Dr. K. Matheson (Faculty Advisor, 520-2600, ext. 7513). Should you have any ethical concerns about this study then please contact Dr. L. Paquet (Chair, Department of Psychology Ethics Committee, 520-2600, ext. 7563) or Dr. W. Jones (Chair, Department of Psychology, 520-2600, ext. 2648).

Purpose: The purpose of the present study is to examine the relationship between certain attitudes, beliefs, self-perceptions, feelings and eating practices (e.g. frequency of eating and amount of food intake, etc.) Behaviours that are thought to be related to certain types of eating practices will also be assessed.

Task Requirements: You will be asked to fill out a questionnaire regarding your eating practices and related attitudes, beliefs, feelings, self-perceptions and behaviour.

Duration and Locale: It should take approximately 1 hour to complete the questionnaire. (The exact location of the study has not yet been determined, but it will take place at the Carleton University campus.)

Potential Risk/Discomfort: This study may cause some anxiety because some of the items in the questionnaire package deal with behaviour and personal information that may be of a private nature. If you experience anxiety, you can withdraw from the study at any time.

Anonymity/Confidentiality: The data collected in this study are kept anonymous and confidential. Your name should not appear anywhere on the questionnaire. The consent forms are kept separate from your responses.

Right to Withdraw: Your participation in this study is entirely voluntary. At any point during the study, you have the right to not answer any questions or to withdraw without academic penalty.

________________________

Signatures

I have read the above description of the Eating Practices and Self-Perceptions study and understand the conditions of my participation. The data in the study may be used in research publications or for teaching purposes. My signature indicates that I agree to participate in the study, and this in no way constitutes a waiver of my rights.

Participant’s Name:________________________

Participant’s Signature:________________________

Researcher’s Name:________________________

Researcher’s Signature:________________________

Date:________________________
APPENDIX C

COMPLETE QUESTIONNAIRE PACKAGE
Section 1
(Demographics)

1. Age________

2. Please specify your religious affiliation_____________________________

3. Please check your appropriate marital status.
   Single _______  Married _______
   Cohabiting _______  Divorced _______
   Widowed _______  Other (specify)_____________________________

4. Are you a member of any minority group based on race, language, sexual orientation, physical or mental disability?
   (Please circle)
   Yes or No
   If yes, please name the group(s)_____________________________

5. Are you currently employed? Yes_______  No_________
   If Yes: part-time_____
   _______full-time_____
   Current occupation:_________________________________________
   Years in occupation:_________

6. Previous occupation (if relevant):_____________________________
   Years in previous occupation:_________
   Years since previous occupation:_________

7. What are your parents’ occupations?
   Mother’s occupation:_______________________________________
   Father’s occupation:_______________________________________

8. Spouse’s occupation (if relevant):_____________________________

9. Percentage of family income:
   _______% contributed by yourself
   _______% contributed by spouse
   _______% contributed by mother
   _______% contributed by father

10. What is your highest level of education achieved to date?
    grade (specify)________  university_____
    high school________
    college________
## Section II
(EAT-26)

Please place an (x) under the heading which best applies to each of the numbered statements. All of the results will be strictly confidential. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully. Thank you.

1. Am terrified about being overweight.
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never

2. Avoid eating when I am hungry.
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never

3. Find myself preoccupied with food.
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never

4. Have gone on eating binges where I feel that I may not be able to stop.
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never

5. Cut my food into small pieces.
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never

6. Aware of the calorie content of foods that I eat.
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never

7. Particularly avoid foods with a high carbohydrate content (e.g. bread, potatoes, rice, etc.).
   - Always
   - Very often
   - Often
   - Sometimes
   - Rarely
   - Never
8. Feel that others would prefer if I ate more.

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<th>Sometimes</th>
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9. Vomit after I have eaten.

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10. Feel extremely guilty after eating. (1 of the 3 Eating-related Guilt Items)

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11. Am preoccupied with a desire to be thinner.

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12. Think about burning up calories when I exercise.

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13. Other people think that I am too thin.

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14. Am preoccupied with the thought of having fat on my body.

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15. Take longer than others to eat my meals.

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<th>Sometimes</th>
<th>Rarely</th>
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16. Avoid foods with sugar in them.

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<th>Always</th>
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17.  Eat diet foods.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

18.  Feel that food controls my life.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

19.  Display self control around food.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

20.  Feel that others pressure me to eat.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

21.  Give too much time and thought to food.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

22.  Feel uncomfortable after eating sweets.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

23.  Engage in dieting behaviour.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

24.  Like my stomach to be empty.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )

25.  Enjoy trying new rich foods.
    Always  Very often  Often  Sometimes  Rarely  Never
    (  )  (  )  (  )  (  )  (  )
26. Have the impulse to vomit after meals.

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Section III
(Rotter’s (1966) Locus of Control Scale)
For each pair of statements, please circle the letter beside the statement which you most agree with.

1. a. Children get into trouble because their parents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people’s lives are partly due to bad luck.
   b. People’s misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don’t take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world.
   b. Unfortunately, an individual’s worth often passes unrecognized no matter how hard he/she tries.

5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don’t realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks one cannot be an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a. No matter how hard you try some people just don’t like you.
   b. People who can’t get others to like them don’t understand how to get along with others.

8. a. Heredity plays the major role in determining one’s personality.
   b. It is one’s experiences in life which determine what they’re like.

9. a. I have often found that what is going to happen will happen.
   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
    b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.
b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.
b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
b. By taking an active part in political and social affairs the people can control world events.

18. a. Most people don’t realize the extent to which their lives are controlled by accidental happenings.
b. There really is no such thing as “luck”.

19. a. One should always be willing to admit mistakes.
b. It is usually best to cover up one’s mistakes.

20. a. It is hard to know whether or not a person really likes you.
b. How many friends you have depends on how nice a person you are.

21. a. In the long run the bad things that happen to us are balanced by the good ones.
b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22. a. With enough effort we can wipe out political corruption.
   b. It is difficult for people to have much control over the things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
   b. There is a direct connection between how hard I study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.
   b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little or no influence over the things that happen to me.
   b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
   b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.
   b. Team sports are an excellent way to build character.

28. a. What happens to me is my own doing.
   b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a. Most of the time I can't understand why politicians behave the way they do.
   b. In the long run the people are responsible for bad government on a national as well as on a local level.
Section IV
(Dieting status)

1. Are you currently dieting to lose weight? (i.e. Are you regulating the amount, frequency and/or type of food that you are eating, in order to lose weight?)

   Yes_______    No_______

   If yes:
   a) Please specify your reasons for doing so__________________________

   b) How much weight are you trying to lose altogether? (Please indicate if your answer is in pounds or kilograms.)__________________________

2. If you are currently dieting to lose weight, have you been meeting your weight loss goals? Please check one.

   _______completely
   _______almost
   _______somewhat
   _______not at all

   If you have not been completely meeting your weight loss goals, how many more pounds or kilograms would you need to lose in order to meet your goals? (Please indicate if your answer is in pounds or kilograms.)__________________________

3. Are you currently dieting to maintain your present weight? (i.e. Are you regulating the amount, frequency and/or type of food that you are eating, in order to maintain your present weight?)

   Yes_______    No_______

   If yes, please specify your reasons for doing so__________________________

4. Are you currently dieting for reasons other than to lose weight or to maintain your present weight?

   Yes_______    No_______

   If yes, please specify your reasons for doing so__________________________
5. If you are currently dieting, how long have you been dieting for? (If you quit and returned to dieting please indicate how long in total you have been dieting for.)

6. If you are not currently dieting, have you dieted to lose weight or to maintain your weight in the last year? (i.e. Were you regulating the amount, frequency and/or type of food that you were eating, in order to lose weight or to maintain your weight in the last year?) Please check one.

    ____ Yes, I have dieted to lose weight in the last year.
    ____ Yes, I have dieted to maintain my weight in the last year.
    ____ No, I have neither dieted to lose weight nor to maintain my weight in the last year.

If you have dieted to lose weight in the last year:
   a) How much weight were you trying to lose altogether? (Please indicate if your answer is in pounds or kilograms.)

   b) Did you meet your weight loss goals? Please check one.
       ____ completely
       ____ almost
       ____ somewhat
       ____ not at all

   c) If you did not completely meet your weight loss goals, how many more pounds or kilograms would you have needed to lose in order to meet your goals? (Please indicate if your answer is in pounds or kilograms.)

7. If you are not currently dieting but have dieted to lose weight or to maintain your weight in the last year:
   a) Please specify your reasons for dieting.

   b) How long ago did you stop dieting?

   c) How long were you dieting for? (If you quit and returned to dieting, please indicate how long in total you were dieting.)

   d) Why did you stop dieting?
Section V
(Revised Restraint Scale of Herman and Polivy, 1980)
Please place an (x) under the heading which best applies to each of the numbered statements.

1. How often are you dieting?

Never  Rarely  Sometimes  Often  Always
(    )  (    )  (    )  (    )  (    )

2. What is the maximum amount of weight (in pounds) that you have ever lost within one month? (WF)

0-4  5-9  10-14  15-19  20+
(    )  (    )  (    )  (    )  (    )

3. What is your maximum weight gain within a week? (WF)

0-1  1.1-2  2.1-3  3.1-5  5.1+
(    )  (    )  (    )  (    )  (    )

4. In a typical week, how much does your weight fluctuate? (WF)

0-1  1.1-2  2.1-3  3.1-5  5.1+
(    )  (    )  (    )  (    )  (    )

5. Would a weight fluctuation of 5 lbs affect the way you live your life?

Not at all  Slightly  Moderately  Very much
(    )  (    )  (    )  (    )

6. Do you eat sensibly in front of others and splurge alone?

Never  Rarely  Often  Always
(    )  (    )  (    )  (    )

7. Do you give too much time and thought to food?

Never  Rarely  Often  Always
(    )  (    )  (    )  (    )
8. Do you have feelings of guilt after overeating? (1 of the 3 Eating-related Guilt Items)

Never ( ) Rarely ( ) Often ( ) Always ( )

9. How conscious are you of what you are eating?

Not at all ( ) Slightly ( ) Moderately ( ) Extremely ( )

10. How many pounds over your desired weight were you at your maximum weight? (WF)

0-1 ( ) 1-5 ( ) 6-10 ( ) 11-20 ( ) 21+ ( )

*Note (WF) stands for Weight Fluctuation subscale items.
Section VI
(TFEQ-R)
Part I

For each of the following statements, circle T if the statement is mostly true for you, or circle F if the statement is mostly false for you.

1. When I have eaten my quota of calories, I am usually good about not eating any more. T F
2. I deliberately take small helpings as a means of controlling my weight. T F
3. Life is too short to worry about dieting. T F
4. I have a pretty good idea of the number of calories in common food. T F
5. While on a diet, if I eat food that is not allowed, I consciously eat less for a period of time to make up for it. T F
6. I enjoy eating too much to spoil it by counting calories or watching my weight. T F
7. I often stop eating when I am not really full as a conscious means of limiting the amount I eat. T F
8. I consciously hold back at meals in order not to gain weight. T F
9. I eat anything I want, anytime I want. T F
10. I count calories as a conscious means of controlling my weight. T F
11. I do not eat some foods because they make me fat. T F
12. I pay a great deal of attention to changes in my figure. T F
Part II
(TFEQ-R continued)
Please answer the following questions by circling the number above the response that is appropriate to you.

13. How often are you dieting in a conscious effort to control your weight?
   1 rarely          2 sometimes          3 usually          4 always

14. Would a weight fluctuation of 5 lbs affect the way you live your life?
   1 not at all          2 slightly          3 moderately          4 very much

15. Do your feelings of guilt about overeating help you to control your food intake?
   (1 of the 3 Eating-related Guilt Items)
   1 never          2 rarely          3 often          4 always

16. How conscious are you of what you are eating?
   1 not at all          2 slightly          3 moderately          4 extremely

17. How frequently do you avoid 'stocking up' on tempting foods?
   1 almost never          2 seldom          3 usually          4 almost always

18. How likely are you to shop for low calorie foods?
   1 unlikely          2 slightly          3 moderately          4 very likely

19. How likely are you to consciously eat slowly in order to cut down on how much you eat?
   1 unlikely          2 slightly          3 moderately          4 very likely
20. How likely are you to consciously eat less than you want?

1 unlikely  2 slightly  3 moderately  4 very likely

21. On a scale of 0 to 5, where 0 means no restraint in eating (eating whatever you want, whenever you want it) and 5 means total restraint (constantly limiting food intake and never 'giving in'), what number would you give yourself?

0 eat whatever you want, whenever you want it

1 usually eat whatever you want, whenever you want it

2 often eat whatever you want, whenever you want it

3 often limit food intake, but often 'give in'

4 usually limit food intake, rarely 'give in'

5 constantly limiting food intake, never 'giving in'
Section VII
( Belief in ability to lose weight and maintain any weight loss)
For the following questions, please circle the number that indicates the extent to which you believe the statements are true for you.

1.  
   0  1  2  3  4  5  6  7  8  9  10
   I don't believe I could lose any weight.
   I believe I could lose as much weight as I wanted.

2.  
   0  1  2  3  4  5  6  7  8  9  10
   I don't believe I could maintain any weight loss.
   I believe I could maintain all of my weight loss.
Section VIII

1. Please indicate your current weight (in lb or kg) ______

2. Please indicate your current height. ______

3. What is your ideal weight? ______

4. Please circle the number below which indicates how important it is to you to achieve your ideal weight.

   0  1  2  3  4  5  6  7  8  9  10
   Not at all important

   Extremely important
Section IX
(Self-esteem)

Please circle the number that indicates the extent to which the following statements are true for you.

1. I feel that I am a person of worth, at least on an equal plane with others.

   -2  -1  0  1  2
   Strongly disagree Strongly agree

2. I feel that I have a number of good qualities.

   -2  -1  0  1  2
   Strongly disagree Strongly agree

3. I am able to do things as well as most other people.

   -2  -1  0  1  2
   Strongly disagree Strongly agree

4. I feel I do not have much to be proud of.

   -2  -1  0  1  2
   Strongly disagree Strongly agree

5. I take a positive attitude toward myself.

   -2  -1  0  1  2
   Strongly disagree Strongly agree

6. Sometimes I think I am no good at all.

   -2  -1  0  1  2
   Strongly disagree Strongly agree
7. I am a useful person to have around.

-2  -1  0  1  2
Strongly disagree
Strongly agree

8. I feel that I can’t do anything right.

-2  -1  0  1  2
Strongly disagree
Strongly agree

9. When I do a job, I do it well.

-2  -1  0  1  2
Strongly disagree
Strongly agree

10. I feel that my life is not very useful.

-2  -1  0  1  2
Strongly disagree
Strongly agree
Section X
(Body-esteem (weight concern))

Please circle the number which best indicates the feelings you have toward the following aspects of your body.

1. Your appetite

1  2  3  4  5
Have strong negative feelings

2. Your waist

1  2  3  4  5
Have strong negative feelings

3. Your thighs

1  2  3  4  5
Have strong negative feelings

4. Your body build

1  2  3  4  5
Have strong negative feelings

5. Your buttocks

1  2  3  4  5
Have strong negative feelings

6. Your hips

1  2  3  4  5
Have strong negative feelings
7. Your legs
1  2  3  4  5
Have strong
negative feelings
have strong
positive feelings

8. Your figure or physique
1  2  3  4  5
Have strong
negative feelings
have strong
positive feelings

9. The appearance of your stomach
1  2  3  4  5
Have strong
negative feelings
have strong
positive feelings

10. Your weight
1  2  3  4  5
Have strong
negative feelings
have strong
positive feelings
Section XI
(Feminist consciousness)

Which of the following statements best describes you (Check one):

_____ I am an active feminist
_____ I am a feminist but I am not currently active in the Women’s Movement.
_____ I identify with feminist goals but do not identify myself as a feminist.
_____ I am not a feminist.
_____ I actively oppose feminist goals.

Please indicate with a check mark which of the following actions you have participated in, in the last 6 months.

___ 1. I have gone out of my way to collect information on women’s issues.
___ 2. I don’t let anyone treat me differently because I’m a woman.
___ 3. If a man acts differently when I’m around because I’m a woman, I assure him that it is not necessary.
___ 4. I make a conscious attempt to use non-sexist language.
___ 5. I keep an eye on the views of my members of parliament regarding women’s issues.
___ 6. I have attended talks on women’s issues.
___ 7. I will correct other’s use of sexist language.
___ 8. I have discussed women’s issues with family or friends, stressing the need to enhance women’s position in society.
___ 9. I have signed a petition advocating the Women’s Movement’s position on a social issue (e.g., pro-choice, pay equity, affirmative action).
___10. I have distributed information on women’s issues around campus or work.
___11. I have lobbied my member of parliament regarding women’s issues.
___12. I have volunteered for groups aimed to help women such as Interval House.
___13. I have donated money to women’s organizations or events aimed at women’s issues.
___14. I have participated in discussion groups designed to discuss issues or solutions to problems that will benefit women in general.
___15. I have written letter to newspapers in instances where I believe it was necessary to speak on behalf of women in general.
___16. If, in a group of strangers (i.e., people who I haven’t known for long or well), a sexist comment is made, I will make a point of arguing against it.
___17. I am a member of an organization that deals with women’s issues.
___18. I have encouraged friends to collect information on women’s issues.
___19. I have encouraged friends to take classes oriented toward women’s issues.
___20. I have encouraged friends to join organizations that deal with women’s issues.
___21. I have participated in protests regarding women’s issues.
___22. I have organized events that deal with women’s issues.
___23. I have organized support groups for women (e.g., for those who are re-entering school, or the workforce, for single mothers, etc.)
___24. I have participated in fund-raisers, consciousness-raising events, etc., that attempt to increase the overall status of women.
___25. I have given lectures or talks on women’s issues.
Section XII
(Exercise)

1) How often do you walk? Please check one.
   ___ never
   ___ once a month or less
   ___ about twice a month
   ___ about once a week
   ___ twice a week
   ___ three times a week
   ___ more than three times a week
   ___ everyday

2) How many kilometres do you walk per week? ________________

3) About how much time do you spend walking when you take a typical walk?
   Please check one.
   ___ less than 1/2 an hour
   ___ between 1/2 an hour and an hour
   ___ about an hour
   ___ about 1 and a half hours
   ___ more than 1 and a half hours

4) How often do you do strenuous exercise such as running, basketball, aerobics, skiing, swimming, biking, and so on? (It is not necessary to indicate the type of exercise. Just indicate with a checkmark how often on average, you engage in strenuous exercise.)
   ___ never
   ___ once a month or less
   ___ about twice a month
   ___ about once a week
   ___ twice a week
   ___ three times a week
   ___ more than three times a week
   ___ everyday

5) Do you exercise in order to lose weight? Please check one.
   Yes__________  No__________

6) Do you exercise in order to maintain your present weight? Please check one.
   Yes__________  No__________
APPENDIX D

Debriefing

The purpose of the present study is to examine the relationship between dieting behaviour, feminist identification, perceptions of control, self-esteem and feelings of guilt in women. It is predicted that women who identify with feminist ideology will be less likely than nonfeminists to place importance on being thin because they will be more familiar with arguments that suggest that the emphasis that our culture places on extreme thinness in women can have detrimental effects on women. For example, even though women on average make less money than men, a lot of that money is being spent on diet products, registering in diet programs and other diet-related expenses. So, at the end of the day, women who are already making less money than men are left with even less after they spend it on diet-related and other “beauty”-related expenses. Also, women in our society are often encouraged to spend a lot of time being concerned about how they look and to compete with each other over their appearance, when their time might be better spent working together for an important social or political cause. (If you’re interested in reading about these types of arguments, take a look at Wolf’s (1991) book, The Beauty Myth.) Women who have not been exposed to or who do not accept these types of arguments may be more likely to accept the messages on T.V. and in magazines, etc., which suggest that a woman’s success should be measured primarily by how she looks, including how thin she is.

It is predicted in this study that nonfeminists will be more likely than feminists to go on diets if they are not overweight because they will be less likely to be critical of what the media portrays as appropriate behaviour and appearance for women (and that appearance should be important in the first place). It is also predicted that dieting failure will lead to feelings of being unable to control or maintain one’s weight and that this will lead to lower self-esteem. Finally, it is thought that because guilt is often associated with eating in the media, women who are not critical of these messages may be more likely to feel guilty if they go off their diets.

Some of the questions in this study asked you about behaviours and attitudes that have been associated with eating disorders (e.g. the impulse to self-induce vomiting after meals). It is important for you to realize that whether or not you have an eating disorder CANNOT be determined just on the basis of your answers to this questionnaire. However, if you suspect that you have an eating disorder, the contact sheet includes some numbers that you can call.

Also, please do not discuss the questionnaire you have just filled out or the purpose of this study as outlined in this debriefing paper with anyone who is taking Introductory Psychology, because if they decide to participate in this study and they know about the purpose of this study and/or the questions they will be asked, this might influence how they answer the questions. For example, they might answer in a way that they think they should as opposed to indicating how they really feel. If enough people don’t indicate how they really feel or behave, etc., this could make the results of this study inaccurate.

Thanks for your participation in this study!
APPENDIX E
Contact Sheet

Should you have any questions concerning the nature or purpose of the study, the following people may be contacted:

Elizabeth Vorobej (Principal Investigator, 520-2600, ext. 2683)
Dr. K. Matheson (Faculty Advisor, 520-2600, ext. 7513)

Should you have any ethical concerns about this study, then please contact Dr. L. Paquet (Chair, Department of Psychology Ethics Committee, 520-2600, ext. 7563) or Dr. W. Jones (Chair, Department of Psychology, 520-2600, ext. 2648).

If you wish to discuss any of your feelings or get further information related to eating disorders, the following are places and numbers where you can do this.

On Campus

Student Life Counseling Services 520-6600
Peer Counseling Centre 520-2600, ext. 2755

Off Campus

Eating Disorders Clinic 521-5098