

Male and Female Body Image and Dieting in the Context of Intimate Relationships

Alice D. Boyes and Garth J. O. Fletcher
University of Canterbury

Janet D. Latner
University of Hawaii at Manoa

The influence of family and peers on dieting and body image is well known, but, despite the centrality of romantic partnerships in the lives of adults, little research has investigated dieting and body image in the context of intimate relationships. This study investigated unhealthy dieting (e.g., skipping meals, vomiting), healthy dieting (e.g., reducing calories, reducing or eliminating snacks), and body satisfaction in intimate relationships in 57 predominantly unmarried couples, who were recruited in a college setting. The within-participant findings replicated prior research showing that women with higher self-esteem and lower depressive symptoms were more satisfied with their own bodies and dieted less. Controlling for body mass index and the relevant self-perceptions of each partner, the across-partner associations showed that men who had more depressive symptoms and were less satisfied with their relationships had female partners who dieted more and were less satisfied with their bodies. In contrast, men dieted more when their female partners had higher self-esteem and fewer depressive symptoms. These results suggest that psychological processes in intimate relationships are linked with dieting and body satisfaction but that these links are different for men and for women.

Keywords: relationship satisfaction, dieting, body image, self-esteem, eating disorders

One of the key motives why people (especially women) diet is presumably to increase their attractiveness in the eyes of potential or existing romantic partners (see Fletcher, 2002). Despite this point, as well as the potential clinical importance of studying dieting within interpersonal contexts, relatively little attention has been given to how dieting is linked to romantic relationships (Tantleff-Dunn & Gokee, 2004). Prior research has shown, however, that women who are in more satisfying relationships have higher body satisfaction (Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999) and engage in lower levels of unhealthy dieting (Markey, Markey, & Birch, 2001). The current research aimed to replicate these findings and to extend them in several important ways.

First, in contrast to previous studies, this study separately examined within-participant and across-partner associations between relationship satisfaction and body satisfaction/dieting in a sample of intimate couples. We predicted that women would be more satisfied with their bodies and would engage in lower levels of unhealthy dieting when either the women or their male partners were more satisfied with the

relationship. Causal associations running in both directions are plausible (Markey et al., 2001). For example, successful intimate relationships may provide women with a psychological buffer against societal pressures to attain a slim appearance, and women may attempt to increase their appeal to dissatisfied (or alternative) male partners by dieting. However, men may prefer relationships with women who are secure about their bodies, and high body dissatisfaction and obsessive dieting probably have costs in intimate relationships.

A second novel feature of this study was the investigation of associations between women's body satisfaction and dieting and their male partners' levels of self-esteem and depressive symptoms. We predicted that higher body satisfaction and lower unhealthy dieting in women would be independently related to higher self-esteem and to lower levels of depressive symptoms in both the women themselves (a well-replicated finding) and their male partners (a novel prediction). Again, bidirectional causal links are plausible. Men who have lower self-esteem (or higher depressive symptoms) are less likely to give their partners unconditional positive regard and support (Murray, 2005), which possibly would make their female partners more vulnerable to body dissatisfaction and to dieting. In addition, romantic relationships with men who are depressed or who have low self-esteem are likely to be a source of stress and negative affect, which women may cope with by resorting to unhealthy dieting. Body dissatisfaction and extreme dieting in women could also take a psychological toll on male partners, leading to more male depressive symptoms and to lower self-esteem.

Alice D. Boyes and Garth J. O. Fletcher, Department of Psychology, University of Canterbury, Christchurch, New Zealand; Janet D. Latner, Department of Psychology, University of Hawaii at Manoa.

Correspondence concerning this article should be addressed to Alice D. Boyes, c/o Garth J. O. Fletcher, Department of Psychology, University of Canterbury, Private Bag 4800, Christchurch, New Zealand. E-mail: aliceboyes@gmail.com

Because we expected that women would be more likely than men to develop body dissatisfaction and eating pathology as a function of negative emotional experiences, our primary focus in this study concerned female body image and dieting. However, we also examined the same research questions in relation to men's body image and dieting.¹

Method

Participants and Procedure

Participants were 57 couples (all male–female dyads) who were recruited through poster advertisements at the University of Canterbury, New Zealand (49.1% were dating, 50.9% were cohabiting or married; relationship length $M = 27.26$ months, $SD = 45.80$). Of the female participants, 3.5% were underweight (body mass index [BMI; kg/m^2] < 18.5), 73.7% were of normal weight (BMI = 18.5–24.9), 15.8% were overweight (BMI = 25–29.9), and 7% were obese (BMI ≥ 30). Of the male participants, 45.6% were of normal weight, 49.1% were overweight, and 5.3% were obese. The sample was predominately Caucasian (86% of men, 77.2% of women). Written consent was obtained prior to participation, and each person was paid NZ\$20 (US\$15.24). Men and women completed the questionnaires in separate rooms, and height and weight were measured at the end of the study. Participants were assured that their partners would not see their questionnaires or weight. This study was approved by the University of Canterbury Human Ethics Committee.

Measures

Independent variables. Relationship satisfaction was measured with the Perceived Relationship Quality Components Scale (Fletcher, Simpson, & Thomas, 2000). Self-esteem was measured with the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Depressive symptoms were measured with the Beck Depression Inventory (BDI–II; Beck, Steer, & Brown, 1996). All of these scales have established good internal reliability and predictive validity.

Dependent variables. Body satisfaction was measured with a single-item scale, “How satisfied are you with your body?”² Participants responded on a Likert scale ranging from 1 (*extremely dissatisfied*) to 9 (*extremely satisfied*). Dieting was assessed with the unhealthy dieting (e.g., skipping meals, vomiting) and healthy dieting (e.g., reducing calories, reducing or eliminating snacks) subscales of the Weight Control Behaviors Scale (French et al., 1995). Participants were asked to indicate how often in the last 12 months they had engaged in particular behaviors with the intention of losing weight, regardless of whether they had actually lost weight. Participants responded on Likert scales ranging from 1 (*Never*) to 9 (*All the Time*).

Data Analytic Strategy

A structural equation modeling (SEM) approach with observed variables was used. Although we have proposed

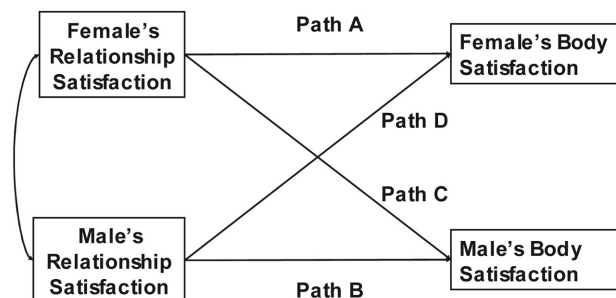


Figure 1. Example of within-participant and across-partner associations between relationship satisfaction and body satisfaction.

bidirectional associations between variables, SEM requires a causal model to be specified. In our analyses, relationship satisfaction, self-esteem, and depressive symptoms were entered as the independent variables, and body satisfaction and dieting were treated as the dependent variables (i.e., nine analyses in total).³ In each analysis, we controlled for shared variance in the independent variables (see Figure 1). We also tested sex differences between paths by first (separately) constraining as equal the male and the female within-participant paths and the across-partner paths and then using the Lagrange multiplier (LM) test to determine whether significant amounts of variance were explained if the constraints were released (Gonzalez & Griffin, 1999). A significant LM test indicates a sex difference. Because the LM test is a relatively conservative analysis and sex differences are of interest in this study, the unpooled paths are reported. However, the results of all LM tests are shown in Table 2.

Results

Table 1 shows descriptive statistics.⁴ The results of the core SEM analyses are shown in Table 2. Significant findings for within-participant associations are presented first. Men and women with higher self-esteem or lower depressive symptoms were more satisfied with their own bodies.

¹ We also assessed healthy (normative) dieting (French, Perry, Leon, & Fulkerson, 1995). However, we did not make any specific predictions concerning healthy dieting.

² Prior research has shown that single-item measures of body satisfaction are highly correlated with questionnaire versions (Heinberg & Thompson, 1995). We included the Body Satisfaction subscale from the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983) but reported the results from the single-item measure because the EDI items relate to parts of the body (e.g., waist, hips), which are more relevant to female than to male body image. However, this scale yielded results similar to those reported, and the measures had a correlation of .70 for women and .55 for men.

³ The zero-order correlations were very similar to the path coefficients obtained in the SEM analyses, which lends confidence to our modeling decisions.

⁴ One participant did not complete the BDI–II. This couple was excluded from related analyses.

Table 1
Means, Standard Deviations, and Internal Reliabilities for Major Variables and *t* Tests and Zero-Order Correlations Across Partners (*N* = 57 Couples)

Variable	Men			Women			<i>t</i>	<i>r</i>
	<i>M</i>	<i>SD</i>	α	<i>M</i>	<i>SD</i>	α		
Age (years, range = 17–57)	24.82	7.34		23.37	7.10		2.86	.85**
BMI (kg/m ²)	25.26	3.46		23.70	4.49		2.77**	.45**
Body satisfaction	5.77	1.50		5.43	1.94		1.09	-.05
Healthy dieting	3.33	2.19	.94	5.18	2.06	.93	4.37**	-.14
Unhealthy dieting	1.41	0.65	.57	1.66	0.93	.68	1.57	-.15
Relationship satisfaction	5.73	0.73	.90	6.02	0.65	.92	2.88**	.41**
Self-esteem	5.27	1.09	.88	5.19	1.17	.91	0.38	.01
Depressive symptoms	9.44	8.15	.92	8.64	7.54	.92	0.59	.12

Note. Body satisfaction was measured with a single-item measure (range: 1 = *extremely dissatisfied* to 9 = *extremely satisfied*). Healthy and unhealthy dieting were measured with the relevant subscales of the Weight Control Behaviors Scale (French, Perry, Leon, & Fulkerson, 1995). Relationship satisfaction was measured with the Perceived Relationship Quality Components Scale (Fletcher, Simpson, & Thomas, 2000). Self-esteem was measured with the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Relationship satisfaction and self-esteem were measured with 7-point Likert scales. Means are per item (i.e., range = 1 to 7 or 9), and higher scores represent higher levels of dieting, relationship satisfaction, self-esteem, and body satisfaction. Depressive symptoms were measured with the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996). By convention, BDI-II scores are shown as means for the total scale (i.e., range = 0 to 63) and higher scores reflect higher depressive symptoms. BMI = body mass index.

***p* < .01.

Women with higher self-esteem or lower depressive symptoms dieted less. Like women, men with higher depressive symptoms engaged in higher levels of unhealthy dieting. These findings were all as predicted. However, an unexpected finding was that men with higher self-esteem engaged in higher levels of healthy dieting. Another unexpected finding was that the SEM analyses showed that women who were more satisfied with their relationships engaged in higher levels of healthy dieting. However, the corresponding zero-order correlation, $r = .11$, was nonsignificant, which suggests that this finding should be treated with caution.

The critical (significant) across-partner associations were as follows. As predicted, men who were more satisfied with their relationships had female partners who were more satisfied with their bodies and who dieted less (both healthy and unhealthy dieting). Also as predicted, men who had higher depressive symptoms and lower self-esteem had female partners who were less satisfied with their bodies. Moreover, men with higher depressive symptoms had female partners who engaged in higher levels of unhealthy dieting. Unexpectedly, women who had higher self-esteem or lower depressive symptoms had male partners who engaged in higher levels of dieting.

We separately controlled for BMI, age, relationship status (dating vs. married or cohabiting), and relationship length in each of the SEM analyses described above (144 analyses in total, counting each path). This generally had little effect on the results. None of the nonsignificant findings became significant. Only 3 (out of 76) analyses of significant paths produced substantial reductions in the path coefficients,⁵ and 14 of the 19 significant paths were unaffected in all analyses concerning those paths. Full results for BMI are shown in Table 2. Full results for all analyses concerning variables controlled for are available from Alice D. Boyes.⁶

Discussion

The results from this study suggest that intimate relationships are linked in important ways with dieting and body image but that related psychological processes operate differently for men and for women (see Markey et al., 2001; Tantleff-Dunn & Thompson, 1995). The within-participant findings largely replicated prior research and in general were similar for men and for women. For example, men and women who had higher self-esteem and who were less depressed were more satisfied with their bodies, and higher levels of depressive symptoms were associated with higher levels of unhealthy dieting. However, the novel findings concerning the across-partner linkages revealed some intriguing sex differences, which we focus on here.

First, as predicted, women were less satisfied with their bodies and engaged in higher levels of unhealthy dieting when their male partners were more depressed (controlling for the effects of female depressive symptoms). Having male partners who are depressed may exacerbate

⁵ These analyses were (a) controlling for BMI for the men's self-esteem/women's body satisfaction link (reduction from .24* to .08 [asterisk indicates $p < .05$]); (b) controlling relationship length for the women's self-esteem/men's unhealthy dieting link (reduction from .30* to .20); and (c) controlling relationship length for the women's depressive symptoms/men's unhealthy dieting link (reduction from $-.25^*$ to $-.17$).

⁶ Prior research suggests that men's attempts to lose weight emphasize increasing exercise rather than changing eating behavior (Cafri et al., 2005). Therefore, we also analyzed the increasing exercise item (from the Weight Control Behaviors Scale) independently. The results were similar to those reported for the healthy dieting scale, and the correlations between the scale as a whole and the increasing exercise item were .82 for men and .76 for women.

Table 2
SEM Analyses: Path Coefficients, Path Coefficients Controlling for BMI (Shown in Parentheses), and Results of LM Tests

	Within-participant path				Across-partner path					
	Female		Male		LM test χ^2	Female		Male		LM test χ^2
	Path A		Path B			Path C		Path D		
Model 1 (IV = relationship satisfaction, DV = body satisfaction)	.14	(.08)	.23	(.24)	.01	-.20	(-.19)	.30*	(.29*)	6.26*
Model 2 (IV = relationship satisfaction, DV = unhealthy dieting)	.15	(.14)	.04	(.02)	.54	.17	(.15)	-.31*	(-.30*)	5.54*
Model 3 (IV = relationship satisfaction, DV = healthy dieting)	.29*	(.26*)	.06	(.04)	1.49	.10	(.08)	-.44*	(-.44*)	6.20*
Model 4 (IV = self-esteem, DV = body satisfaction)	.54*	(.58*)	.43*	(.43*)	1.46	-.18	(-.15)	.24*	(.08)	6.86*
Model 5 (IV = self-esteem, DV = unhealthy dieting)	-.45*	(-.46*)	-.08	(-.07)	6.22*	.30*	(.25*)	-.02	(.02)	2.06
Model 6 (IV = self-esteem, DV = healthy dieting)	-.26*	(-.25)	.26*	(.27*)	7.89*	.30*	(.23*)	-.08	(-.13)	4.28*
Model 7 (IV = depressive symptoms, DV = body satisfaction)	-.52*	(-.50*)	-.31*	(-.29*)	4.07*	.17	(.16)	-.28*	(-.21*)	7.38*
Model 8 (IV = depressive symptoms, DV = unhealthy dieting)	.34*	(.36*)	.35*	(.30*)	.59	-.25*	(-.24*)	.29*	(.37*)	8.84*
Model 9 (IV = depressive symptoms, DV = healthy dieting)	.11	(.13)	-.07	(-.17)	.88	-.23	(-.22)	-.01	(.05)	1.64

Note. $N = 57$ couples. Paths A, B, C, and D refer to the equivalent paths shown in Figure 1. Female across-partner paths are paths linking female ratings on the independent variable (IV) with male ratings on the dependent variable (DV). Male across-partner paths are paths linking male ratings on the IV with female ratings on the DV. Higher scores represent higher levels of relationship satisfaction, body satisfaction, dieting, self-esteem, and depressive symptoms. Path coefficients controlling for body mass index appear in parentheses. SEM = structural equation modeling; LM = Lagrange multiplier.
* $p < .05$.

the already negative effects of women's depressive symptoms on women's dieting, or unhealthy dieting in women may have deleterious effects on both women and their partners (perhaps as a function of the women's social or sexual withdrawal, excessive appearance-related reassurance seeking, or restrictive rules about family meals).

Second, in contrast to the findings for women, men engaged in higher levels of dieting when their female partners possessed higher self-esteem or lower depressive symptoms (controlling for male depressive symptoms/self-esteem). Perhaps male partners of women who have high mate value may be under pressure to maintain or improve their physical attractiveness in the eyes of their desirable female partners. Alternatively, women may receive a self-esteem boost when their partners try hard to increase their own attractiveness.

Third, and again in contrast to the men, women who dieted more and had more negative body image had partners who were less satisfied with their relationships (over and above female levels of relationship satisfaction). These results are consistent with research in the relationship domain suggesting that perceptions of attractiveness play a pivotal role in mate selection and intimate relationship contexts, especially for women (Fletcher, 2002). In contrast to prior research linking relationship dissatisfaction to female body dissatisfaction/unhealthy dieting, the results of this study clearly show that male relationship satisfaction is more influential than is female relationship satisfaction on female body image/dieting.

Limitations of this study include the relatively high rate of being overweight among men and the nature of the sample (college recruited, mainly unmarried, and somewhat limited in age range).⁷ Although the findings were generally robust, there were a few occasions in which the findings became nonsignificant after BMI, relationship length, relationship status, or age was controlled. Thus, the novel results from this study need to be replicated with other kinds of samples. Moreover, longitudinal research is needed to help tease out possible causal directions between dieting and relationship processes. However, the results of this study add to the growing evidence that issues associated with dieting and body image, often conceptualized in the clinical literature as problems operating at the intrapsychological level, also need to be understood in the wider context of intimate relationships.

⁷ Given that muscularity is central to male body image (Cafri et al., 2005), future research on couples should also measure regulation strategies for increasing muscularity.

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