



## Dietary restraint in college women: Fear of an imperfect fat self is stronger than hope of a perfect thin self

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### ABSTRACT

We predicted that the perceived likelihood of acquiring a hoped-for thin self would mediate perfectionistic strivings on dietary restraint, and that the perceived likelihood of acquiring a feared fat self would mediate perfectionistic concerns on dietary restraint. We also predicted that the mediation pathway from perfectionistic concerns to dietary restraint would have a greater impact than that from perfectionistic strivings. Participants were 222 female college students who reported their height and weight and completed measures of perfectionism, the likelihood of acquiring the feared fat and hoped-for thin selves, and dietary restraint. Statistical analyses revealed that the perceived likelihood of acquiring the feared fat self mediated both perfectionistic concerns and perfectionistic strivings on dietary restraint, and that the mediating pathway from perfectionistic concerns to dietary restraint was greater than that from perfectionistic strivings. Implications for future research and eating pathology interventions are discussed.

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### Introduction

Perfectionism has been implicated in the development and maintenance of female eating pathology (Stice, 2002). Yet, despite this, researchers have pointed to a lack of empirical studies addressing the nature of the mechanisms underpinning perfectionism's links to such pathology (Bardone-Cone et al., 2007). Given the association between eating pathology and frequent dietary restraint, we seek to address this issue by placing the relationship between perfectionism and dietary restraint within a possible selves framework (Ackard, Croll, & Kearney-Cooke, 2002; Markus & Nurius, 1986). More precisely, we examined the mediational role of a hoped-for thin self and a feared fat self in a population where eating disorders and unhealthy dietary restraint are both prevalent and increasing: young college women (Ackard et al., 2002; Cohen & Petrie, 2005; White, Reynolds-Malear, & Cordero, 2011).

Perfectionism is a multidimensional personality disposition characterized by a striving for flawlessness, excessive self-criticism, and the setting of extremely high standards (Frost, Marten, Lahart, & Rosenblatt, 1990; Hewitt & Flett, 1991; Stoeber & Otto, 2006). According to recent research perfectionism may also be usefully differentiated into an adaptive dimension, called *perfectionistic strivings*, and a maladaptive dimension, called *perfectionistic*

*concerns* (Stoeber & Otto, 2006). While there is considerable empirical support for the presence of these adaptive and maladaptive forms of perfectionism, it nevertheless appears that, in some contexts, perfectionistic strivings is associated with pathology (Frost et al., 1990). For example, patients with disordered eating symptomatology tend to score higher not only on measures of perfectionistic concerns but also on measures of perfectionistic strivings (Bardone-Cone et al., 2007; Sassaroli et al., 2008).

The finding that clinical levels of dietary restraint can be characterized by high scores on both perfectionistic strivings and perfectionistic concerns is consistent with the dual process model of perfectionism (Slade & Owens, 1998). Within this theoretical framework, those higher in perfectionistic strivings are motivated by positive reinforcement and a desire to be successful, while those higher in perfectionistic concerns are motivated by negative reinforcement and a fear of failure (Bergman, Nyland, & Burns, 2007; Slade & Owens, 1998). According to the dual process model, therefore, women higher in perfectionistic strivings should engage in dietary restraint in the hope of acquiring the culturally-ascribed rewards associated with a thin self. In contrast, women higher in perfectionistic concerns should engage in dietary restraint because they fear the culturally ascribed negative consequences of acquiring a fat or overweight self (Crandall & Martinez, 1996; Slade & Owens, 1998).

The dual process model also proposes that the self-concept is central to how perfectionistic strivings and perfectionistic concerns impact behaviour (Slade & Owens, 1998, 2008). With this in mind,

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we propose that possible selves, i.e., the future-oriented aspects of the self-concept that one hopes to become or fears to become, mediate the relationship between these two dimensions of perfectionism and dietary restraint (Markus & Nurius, 1986). Although hoped-for and feared possible selves are important mechanisms between thought and behaviour, their mediational role with regard to perfectionism and dietary restraint remains to be empirically confirmed (Markus & Nurius, 1986; Oyserman & James, 2011).

Possible selves influence behaviour by serving as reference standards against which the current self is compared (vanDellen & Hoyle, 2008). Building on a recent review by Oyserman and James (2011), as well as contemporary social comparison theory, the motivational impact of such a comparison should, in part, depend on an expectancy judgment about the likelihood of acquiring a possible self (Lockwood & Pinkus, 2007). Thus, with an increasing expectancy of acquiring either a hoped-for thin self or a feared fat self, the greater should be the motivation to engage in dietary restraint. However, assessments of expectancy, as well as the particular reference standard that is the focus of an expectancy assessment, may be influenced by personality disposition (Carver & Scheier, 1998). Accordingly, since perfectionistic strivings is associated with a focus on success and being optimistic about achieving success, and given that western culture equates thinness with success for women, we predicted that an expectancy judgment about the likelihood of acquiring a hoped-for thin self will mediate the impact of perfectionistic strivings on dieting restraint (Bergman et al., 2007; Evans, 2003; Slade & Owens, 1998). Conversely, because perfectionistic concerns is associated with a focus on anticipating and avoiding negative outcomes, and given that western culture stigmatizes fat bodies for women especially, we predicted that an expectancy judgment about the likelihood of acquiring a feared fat self will mediate the impact of perfectionistic concerns on dietary restraint (Crandall & Martinez, 1996; DiBartolo, Li, & Frost, 2008; Slade & Owens, 1998).

We also expected a negativity bias with regard to the mediating impact of the feared and hoped-for selves on dietary restraint. Specifically, we predicted that the mediating pathway from perfectionistic concerns will have a significantly greater impact on dietary restraint than the mediating pathway from perfectionistic strivings. Support for this prediction comes from research demonstrating the greater potency of negative information, and negative identities in particular, over positive information on human functioning (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Ogilvie, 1987). Additionally, and consistent with this body of research, Dalley and Buunk (2011) recently reported that the women most motivated to engage in dietary restraint were characterized by having a highly available feared fat self in memory, as well as perceiving a high degree of similarity to this future self.

Finally, we expected that the predicted mediating pathways from perfectionistic strivings and perfectionistic concerns, as well as the associated negativity bias, to occur when controlling for body mass index (BMI). We based this expectation on previous research demonstrating that perfectionism exerts its impact on eating pathology regardless of actual body weight (Joiner, Heatherton, Rudd, & Schmidt, 1997).

## Method

### Participants

Two hundred and twenty two female university students ranging in age from 17 to 30 ( $M_{age} = 22.12$  years,  $SD_{age} = 2.21$  years;  $M_{BMI} = 21.65$  kg/m<sup>2</sup>,  $SD_{BMI} = 2.64$  kg/m<sup>2</sup>) volunteered to participate in this study.

## Measures

**Possible self expectancy.** Participants read the following: "From time to time, we all think about the sort of body we could have in the future. Sometimes, what comes to mind is a feared (hoped-for) body that is fat/overweight (thin)." Expectancy was then operationalized in terms of perceived likelihood (Lockwood, 2002). Following Lockwood (2002), participants indicated the likelihood of acquiring their feared (hoped-for) body on a single item: "How likely is it that you will acquire this feared (hoped-for) body in the future?" and responded on a scale ranging from 1 (*not at all likely*) to 9 (*extremely likely*).

**Perfectionistic strivings and perfectionistic concerns.** The Almost Perfect Scale-Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001) was used to operationalize perfectionistic strivings and perfectionistic concerns. Specifically, the 12-item Discrepancy subscale was used to measure perfectionistic concerns (e.g., "I often feel frustrated because I can't meet my goals," "Doing my best never seems to be good enough"), and the 7-item Standards subscale was used to measure perfectionistic strivings (e.g., "I have high standards for my performance at work and school," "I try to do my best at everything I do"). The Order subscale of the APS-R was not used in this study. Responses were scored on a Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), and subscale items were summed. Slaney et al. (2001) have previously reported an internal reliability of  $\alpha = .85$  for the APS-R Standards subscale and  $\alpha = .92$  for the APS-R Discrepancy subscale among U.S. college students. In this study, a reliability analysis demonstrated Cronbach's alphas of .83 and .93 for the Standards and Discrepancy subscales, respectively.

**Dietary restraint.** The Dietary Intent Scale (DIS; Stice, 1998) was used to measure dietary restraint. The DIS assesses dietary restriction over the past six months using nine items describing concrete weight-loss or weight-maintenance behaviours (e.g., "I take small helpings in an effort to control my weight," "I skip meals in an effort to control my weight"). Responses were scored on a scale ranging from 1 (*never*) to 5 (*always*) and were summed. In Stice's sample of college women the scores on the DIS were found to be internally consistent ( $\alpha = .94$ ) and temporally reliable (1-month test-retest  $r = .92$ ); in the current study, Cronbach's alpha was .89.

**Body mass index.** Body mass index (BMI) was calculated for each participant using self-reported height and weight data. Bowman and DeLucia (1992) have previously shown that self-reported height and weight tends to vary by 1–3.5% from participants' actual height and weight.

### Procedure

After being approved by the local ethics committee, participants were recruited as part of a convenience sample taken at the central library of the University of Groningen. Participants were approached in the study area of the library and were informed as to the purpose of the study: the relationship between perfectionistic personality style and dieting behaviour. They then completed a paper and pencil questionnaire. Participants did not receive any monetary compensation. The sections concerning the feared and hoped-for selves were completed first. These sections were counterbalanced to prevent order effects. Participants then completed the DIS and the Standards and Discrepancy subscales of the APS-R. Following this, participants provided their age, height, and weight data. At the end of the study, participants were thanked and debriefed.

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