Outcome Expectancies in the False Hope Syndrome:  
Effects on Behavior and Cognition  

Michèle K. Boivin  

A thesis submitted in conformity with the requirements  
for the degree of Masters of Arts  
Graduate Department of Psychology  
University of Toronto  

© Copyright by Michèle K. Boivin, 2000
The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author’s permission.

L’auteur a accordé une licence non-exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L’auteur conserve la propriété du droit d’auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-54190-8
Outcome Expectancies in the False Hope Syndrome:

Effects on Behavior and Cognition

Masters of Arts, 2000

Michèle K. Boivin, Graduate Dept. of Psychology, University of Toronto

Abstract

Investigated the behavioral, cognitive, and affective consequences of positive outcome expectancies for thinness. Seventy-four female undergraduates were randomly assigned to read one of three articles portraying positive, negative, or no lifestyle consequences following weight-loss. Participants completed questionnaires measuring expectancies of rewards for thinness, and were offered enrollment in a lenient, moderate, or strict diet. An ostensibly unrelated study assessed other measures of interest. Results indicated that restrained eaters in the positive condition had more expectancies of rewards for thinness, and selected more stringent diets than did the other groups. Restrained eaters in the negative condition, and unrestrained eaters in the positive condition were significantly more hostile than those in other conditions. Finally, frequent vs. infrequent resolvers were more likely to diet. Findings were consistent with a cognitive dissonance interpretation and support the position that the weight-related cognitions, affect, and behavior of even chronic dieters are vulnerable to change through persuasion.
I would like to thank my supervisors, Drs. Janet Polivy and C. Peter Herman, for their guidance, advice, and constructive criticism at each stage in this research; the members of our eating lab for their insights and suggestions; our research assistants for their long hours in the lab and superb cookie-baking skills; and my husband, parents, family (you too, Chloe), and friends, for their support and love throughout this challenge.
Table of Contents

ABSTRACT ii

ACKNOWLEDGEMENTS iii

TABLE OF CONTENTS iv

LIST OF APPENDICES v

INTRODUCTION 1

METHOD 13

RESULTS 19

DISCUSSION 25

REFERENCES 29
List of Appendices

Appendix A - Positive article 33
Appendix B - Negative article 34
Appendix C - Neutral article 35
Appendix D - Rewards for thinness expectancies scale - self 36
Appendix E - Rewards for thinness expectancies scale - others 38
Appendix F - Comment form 40
Appendix G - Affect rating scale 41
Appendix H - Current Thoughts Questionnaire 42
Appendix I - Janis Fields Questionnaire 43
Appendix J - Resolutions Questionnaire 47
Appendix K - Restraint Addition scale 48
Appendix L - Lenient diet 50
Appendix M - Moderate diet 51
Appendix N - Strict diet 52
Outcome Expectancies in the False Hope Syndrome:

Effects on Behavior and Cognition

Hope, which guides purposive behavior towards goals, is an essential component in the incentive and motivation which drive all types of human enterprise. Without hope, it is difficult to imagine eagerness or ambition. Snyder (1994) defines hope as mental willpower (the determination and commitment that helps propel you towards a goal), plus waypower (the mental capacity we call on to find effective ways to reach our goals). He postulates that neither alone is sufficient for goal attainment. Armed with the will and the way, however, otherwise elusive aspirations may seem within our reach. Yet hope that is not based in reality “is particularly dangerous; it has enormous power to seduce us - but it is a harmful illusion. It…captivates our thoughts, but doesn’t deliver as promised” (Snyder, 1994, p. 3).

Polivy and Herman (in press) describe the effects of unrealistic hopes of self-change as the False Hope Syndrome: unrealistic expectations of change produce the principle outcomes of failure and disappointment. False Hope encompasses the belief that one can succeed at changing, and the expectation that altering some aspect of oneself will bring with it desirable rewards. Either (or in some cases, both) of these convictions may be erroneous. Nonetheless, it is these beliefs that compel individuals to embark on unrealistically ambitious self-change campaigns in which the odds of success are against them.

We can imagine such ill-fated endeavors for any number of behaviors: resolving to quit smoking, to stop drinking, or to get only straight ‘A’s’ in our courses. The present study will focus specifically on weight-related False Hope: the belief that thinness is
attainable and will bring with it happiness and success in other areas of one's life. This particular type of False Hope seems to be especially prevalent today; many people assume that everyone can achieve slenderness and should pursue that goal, despite findings that only 5% of all people who attempt weight loss are able to keep the weight off (Atkinson & Hubbard, 1994). The estimated 40 billion dollars U.S. spent every year on attempted weight loss (National Institute of Health, 1992) attests that individuals appear to have equated happiness with weight loss so thoroughly, that they are willing to dispense with large sums of money for the chance to realize that dream.

Prior to further discussion of the literature, and in order to explain the rationale behind the design and hypotheses associated with the current study, it is necessary to elucidate the nature of False Hope, and components of its etiology. We can conceptualize False Hope by drawing upon four fundamental psychological theories: Conditioning (see Skinner, 1953), Expectancy-Evaluation theory (see Rotter, 1954), Social Cognitive and Social Learning theories (see Bandura, 1986).

**Conditioning:** From a Skinnerian perspective, expecting secondary rewards for thinness is the equivalent of positive reinforcement for thinness. At the same time, expecting negative consequences from obesity is the equivalent of negative reinforcement for thinness. These two motivations may thus converge to lead to weight loss attempts such as dieting.

**Expectancy Evaluation Theory:** This theory postulates that within a given psychological situation, the likelihood that an individual will engage in a particular behavior is determined by reinforcement value, the inherent reward(s) associated with desired outcomes (for weight-related False Hope, this may include increased self esteem,
romantic success, etc.), and the individual’s expectancy that the reinforcer will actually be obtained (here, that thinness is attainable and that secondary rewards will surely follow). Expectancy is subjective rather than objective (Rotter & Hochreich, 1975), so it may or may not coincide with realistic probabilities. If either reinforcement value or expectancy is low, behavior is unlikely. Thus, it is difficult to imagine individuals striving to be thin through diet or exercise, without believing they could actually become thin by doing so, or that this change will somehow improve their lives.

In Rotter’s terms, False Hope is comprised of unrealistic expectancy and high reinforcement value, which do not in fact coincide with actual probability of outcomes, but which ultimately trigger behavior. Because the expectancy is unwarranted, this effort is likely to result in failure.

**Social Cognitive Theory:** According to Social Cognitive Theory, whether a person undertakes a task will depend on perceived self-efficacy, or an individual’s presumed capability to perform courses of action required to attain a desired outcome (Bandura, 1995). Perceived self-efficacy includes efficacy expectations (beliefs regarding one’s competence), and outcome expectations (one’s estimate that a given action will result in a particular outcome - parallel to Polivy’s hypothesized expectations of secondary rewards). Here again, it is postulated that optimal performance usually requires both.

Bandura (1995) states that efficacy expectations are important in both stages of the self-regulation of behavior (intention formation and action control), while outcome expectations exert more influence over intention formation. Otherwise stated, positive outcome expectancies are crucial to encourage the decision to change one’s behavior.
Thus, positive outcome expectancies related to thinness should exert considerable short-term influence in terms of embarking on self-change attempts such as dieting for weight-loss, while high efficacy expectations will come into play thereafter to govern the amount of effort expended to attain that goal, and persistence when faced with barriers. Studies have demonstrated efficacy and outcome expectancies to be important in the initiation and maintenance of behavior change in many realms, including nutrition and weight control (e.g., Clark, Abrams, Niaura, Eaton, & Rossi, 1991; Bernier & Avard, 1986, Chambliss & Murray, 1979; Slater, 1989; Thombs, D. L., Rosenberg, J. M., Mahoney, C. A., & Daniel, E. L., 1996; Hohlstein, L. A., Smith, G.T., & Atlas, J. G., 1998)

**Social Learning Theory:** Bandura’s Social Learning Theory adds a final component to the understanding of False Hope in that it informs us of the possible determinants of False Hope within any given individual. The theory postulates that much about what people know regarding how to navigate and interpret their social world is learned without direct instruction or planned training. Since vicarious consequences to a model capture the attention of an observer, they increase the likelihood that an observer will attend to and recall what a model does and (depending on whether these consequences are reinforcing or punishing) influence the likelihood of performance on the part of that observer. So, if people are presented with a model who is richly reinforced for being thin (by being popular, having many dates, being promoted, etc.), they will implicitly learn that thinness is rewarding.

In summary, from a Banduran perspective if an individual expects a whole range of positive consequences to follow from thinness or weight loss, it is likely that she will resolve to become thin or maintain thinness through measures such as dieting. On the
other hand, if an individual expects that nothing but misery will follow from thinness or weight loss, it becomes highly unlikely that weight loss will be attempted. One does not have to be heavy or thin to learn these expectancies; they permeate our cultural values and beliefs to such an extent that they may be learned through passive observation alone. Though it is not the only medium through which these cultural values are inculcated, the mass media is in large part responsible for perpetuating such expectancies.

The Media’s Influence

Throughout history, every society has imposed appearance ideals on its members. In the absence of mass communication, however, such messages would have been more remote or easier to avoid. With the advent of movies, television, and widespread availability of women’s magazines, the message has become more widely disseminated. With the help of haute couturiers, these agents have since provided us with the ever-changing (and ever more stringent) beauty ideals.

Evidence of the media’s involvement in the dissemination of the thinness ideal has been documented in the literature. Silverstein, Purdue, Peterson, and Kelly (1986), in a survey of the 10 most commonly read magazines geared to young women, found that these magazines contained 10.5 times more articles related to dieting and weight loss than did young men’s magazines. In an oft-cited study of the body measurements of Playboy centerfolds and Miss America contestants over a ten year period, Wiseman, Gray, Mosimann, and Ahrens (1992) found their body weight to be 13 to 19 percent below the normal weight for women in the same age group. And according to a 1985 study by Downs and Harrison, fully 69 percent of television advertising characters were classified as thin, whereas only 5 percent were classified as heavy. If nothing else, the
media appear to distort reality by perpetuating an image of a world where thin is normal rather than rare, and where obesity is virtually non-existent.

The current body ideal is probably the most elusive yet: “the ‘hybrid’ consists of shapely (but not too muscular) arms, large breasts, a flat stomach, small hips, and long, muscular legs” (Johnston, 1994, p. 36). This combination of a very feminine upper body and an almost masculine lower body would be almost impossible to achieve for most women without resorting to plastic surgery. Yet the photos on television and in magazines, with their accompanying ‘self-help’ articles and advice, seem to suggest that such a physique is accessible to everyone, given the proper effort (Hesse-Biber, 1996). In this way, mass media communication encourages high efficacy expectations, the first component of False Hope.

Beneath these overt beauty messages lie more subtle messages about who we are as individuals - that what we look like on the outside reflects our character, and determines to some extent our lot in life. Johnston states that ‘before and after’ features popular in women’s magazines today (which recount ‘real life success stories’ of weight loss), “speak not only to the physical changes of weight loss, but strongly suggest a drastic lifestyle improvement” (p. 9). In doing so, the media encourages expectations of positive rewards for thinness (or unrealistic outcome expectancies), the second component of False Hope.

Thus there is evidence that the media promotes both high efficacy and outcome expectancies. To postulate that the media plays an etiologic role in the False Hope Syndrome however, also requires evidence that such promotions are successful - in other words, evidence that the thinness ideal portrayed in the media is internalized by members
of our society, and affects attitudes towards ourselves and others. Although a true
experiment controlling for all possible extraneous variables would be impossible, there
exists quasi-experimental evidence that suggests this is the case. A 1992 study by Myers
and Biocca demonstrated that even short term (30 minute) exposure to media
programming made participants want to be thinner. Young children, who self-report high
levels of media consumption, tend to associate negative personality characteristics (e.g.,
‘mean’, ‘lazy’) with obesity (Lerner & Jovanovic, 1990). Numerous surveys show that
women would be willing to go to extreme lengths, even choosing bodily harm over
weight gain, to avoid becoming obese (e.g., Wooley & Wooley, 1984; Angier & Kolata,
1992), and that those who are obese view their bodies as loathsome, particularly because
of the hostility and contempt with which others treat them (Stunkard & Waden, 1992).
Even health care workers and nutritionists, who may be more inclined to be sympathetic
to the struggles faced by heavy people, have been found to be prejudiced against obesity
(e.g., Oberreider, 1995, Stunkard & Sorenson, 1993). Though these studies suggest that
media messages of thinness ideals affect expectancies, a causal role has yet to be
demonstrated.

To summarize, False Hope for weight loss involves erroneous efficacy
expectations (the belief that one can successfully achieve the thinness ideal), and
mistaken or exaggerated positive outcome expectations. The mass media contributes to
False Hope by exaggerating the accessibility and ease of achievement of a slender
physique, and by suggesting (either overtly or covertly), significant lifestyle
improvements as a result of such a physique. Evidence supporting the impact of the
society’s beauty ideal is seen in the degree to which thinness is prized and obesity
scorned. Yet few studies in the literature have attempted to address the clinical correlates or essential features of False Hope, let alone the effect of the False Hope Syndrome on behavior.

**Experimental evidence for the False Hope Syndrome**

In an unpublished study, Boland (personal communication, October 1997) used a 22-item scale designed to measure the extent to which an individual expects rewards secondary to thinness. High thinness expectancy scores were found to be positively correlated with body dissatisfaction, Eating Disorder Inventory subscales (Drive for thinness, Perfectionism, and Interoceptive awareness), Restraint Scores, and high current-versus-ideal body size discrepancy scores. Higher self-report judgments of weight were also positively correlated with thinness expectancy scores, such that the heavier you believe you are, the more rewards you expect will follow from slenderness.

In a clinical sample, Hohlstein (1993) found that compared to controls, bulimics had stronger expectations of both negative reinforcement from eating (e.g., to alleviate distress), and positive reinforcement for restricting food intake and having a slender physique (e.g., increased self-esteem). Anorectics had the same expectations of positive reinforcement from dieting but did not endorse beliefs of negative reinforcement from eating. Finally, high expectations for thinness were positively correlated with severity of eating disorder symptomatology.

Adverse consequences of weight-related False Hope were documented by Wooley and Garner (1991), and Parham (1990), who concluded that health professionals who encourage significant weight loss (raising ‘false hopes’ in obese individuals), merely
foster further psychological problems. Clients assumed blame for failure to lose weight, when in fact ineffective treatment programs simply failed to deliver on their promises.

**The Present Study**

The present study sought to fill a gap in the literature by demonstrating that False Hope can be manipulated experimentally, and that False Hope, together with Restraint, leads to behavior change (namely, the decision to embark on a diet in a laboratory situation). Restrained eating status was included as a subject variable because dieters are more likely to display False Hopes, a notion corroborated by Boland’s unpublished findings that thinness expectancy scores were significantly correlated with Restraint scores. A secondary goal was to identify some cognitive correlates of False Hope.

The present study focused solely on the second component of False Hope, outcome expectancies, which will henceforth be referred to as Rewards for Thinness (RFT) Expectancies. Ostensible magazine articles - resembling the aforementioned ‘before and after’ accounts of weight loss - describing positive, negative, and no consequences for weight loss were used to manipulate RFT expectancies.

Specifically, it was hypothesized that restrained eaters, who are chronically concerned with weight and shape, would have higher RFT expectancies for themselves than would unrestrained eaters. However, within-group variation was also hypothesized, whereby an interaction of restraint and the expectancy manipulation will produce differences within the restrained and unrestrained eaters groups. Restrained eaters exposed to the positive expectancy condition were expected to have the highest RFT expectancies. However, those in the negative expectancy condition were anticipated to have higher expectancies than those in the no expectancy condition, due to the cognitive
dissonance aroused by the negative expectancy article: since restrained eaters are already
invested in the idea of rewards for thinness, suggestions to the contrary may be
discounted, further polarizing positive expectancies. Among unrestrained eaters, those
exposed to the positive expectancy condition may have had marginally higher RFT
expectancies for themselves than those in the no- or negative-expectancy conditions, but
this effect was not anticipated to be as robust as that among restrained eaters.

A similar pattern was anticipated for restrained and unrestrained eaters when the
dependent measure was Rewards for Thinness for others, or people in general, though it
was possible that RFT for others as a whole would be significantly lower than RFT for
the self. A simple correlation was used to explore the degree of association of these two
measures, and results were expected to be significant.

It was hypothesized that the planned positive expectancy manipulation would
produce the most robust results among restrained eaters, who may be naturally inclined
to endorse beliefs regarding rewards for thinness. However, it was also hypothesized that
the manipulation would have some, albeit more subtle, effect(s) on unrestrained eaters.
Despite their lack of restraint, the positive expectancy article was expected to have some
persuasive appeal to them, since unrestrained eaters may be less invested in not
restricting their intake (i.e., be ambivalent towards weight control rather than militantly
anti-dieting), than restrained eaters are invested in restricting theirs. Among unrestrained
eaters, the negative- or no-expectancy articles may fit well with their existing beliefs,
thus producing low RFT scores.

A manipulation check embedded in an ostensible comment form on the magazine
article was expected to support data from the RFT expectancy scores. When participants
were asked to what extent weight loss would improve their lives, restrained eaters in the positive expectancy condition were expected to report the greatest anticipated improvement, followed by those in the negative, and then the no-expectancy condition. Unrestrained eaters’ estimates of life improvement due to weight loss were expected to increase linearly from the negative to the positive expectancy conditions.

Other questions on the comment form were included to test the association between outcome expectancies and efficacy expectancies. Outcome expectancies embedded in the articles were not hypothesized to affect participants’ estimates of the effort required for weight loss, how long weight loss would take, or the amount of weight they thought they could lose, thus supporting the notion that efficacy and outcome expectancies are independent.

The second set of hypotheses related to how these cognitive differences would affect participants’ subsequent decisions to embark on a lenient, moderate, or strict diet (offered to them by the first experimenter), or to chose not to diet. It was hypothesized that restrained eaters in the positive expectancy condition would be most likely to select a strict diet and least likely to chose not to diet, while unrestrained eaters in the no- and negative-expectancy conditions were expected to refrain from dieting altogether. Predictions for restrained eaters exposed to the no- and negative-expectancy condition, and for unrestrained eaters exposed to the positive expectancy condition, were more ambiguous. Cognitive Dissonance theory (see Festinger, 1957) would predict that participants would attempt to reconcile conflicting beliefs by either making their behavior conform to the information they have received, or by disregarding the information that does not fit with their existing cognitions, thus further polarizing their
beliefs. It seemed likely that restrained eaters would be more invested in restricting than unrestrained eaters would be in restricting, and thus that restrained eaters in the no- or negative-expectancy condition would still choose to diet. They were expected, however, to be more inclined to choose a more moderate regime over the strict diet when given the choice. More than one diet plan was offered to participants to allow for this possibility. For unrestrained eaters in the positive expectancy condition, choosing to diet would speak to the aforementioned powerful short-term effects of high outcome expectancies, while refraining from dieting would be testament to the trait-like stability of the distinction between restrained and unrestrained eaters.

A third set of hypotheses centered on the manipulation's effects on participants' subsequent moods. Since cognitive dissonance was predicted to occur when restrained eaters read the negative expectancy article, and when unrestrained eaters read the positive expectancy article, significantly more negative affect was anticipated to occur in these conditions.

Our final hypotheses involved participants' frequency of making resolutions, the success of those resolutions, and their feelings about resolving. The frequency with which participants reported making resolutions was expected to be an important mediating variable in their decision to diet, over and above any effects of the article or of their restraint status. Participants reporting more frequent attempts at self-change in general were anticipated to be more likely to embark on a diet offered to them by the experimenter. Consistent with Polivy and Herman's theory of the False Hope Syndrome, which states that "self-change resolutions such as dieting provide the resolver with at least an initial feeling of increased control and efficacy" (in press), it was predicted that
frequency of resolution would be associated with positive feelings, and negatively correlated with negative feelings at the inception of a resolution. Success was not expected to be related to frequency of resolving, given the aforementioned documentation on the failure rates of self-change attempts. From these data, we aimed to paint a clinical picture of the False Hopeful individual.

Method

Overview of Design

Participants took part in two ostensibly unrelated studies. In the first study participants were presented with one of the three magazine articles and asked to complete a comment form and two questionnaires (the expectancies questionnaires) about the topic addressed in their article. They were then offered enrollment in one of three diet programs. Once participants had made their decisions, they were told the study was completed; at this time they were asked whether they would be willing to participate in a second study for another researcher. This study assessed their affect and current thoughts, and engaged them in a cookie-rating task to assess their eating behavior. Finally, participants completed a questionnaire package including the restraint scale, the Janis Field questionnaire, resolutions questions, and the restraint addition scale. Participants were fully debriefed upon completion of the second study.

Participants

Female undergraduate students enrolled in Introductory Psychology at the University of Toronto at Mississauga were asked to participate in exchange for either course credit or ten dollars. Participants were treated in accordance with the “Ethical

Measures

**Magazine Articles.** Three one-page articles were written to reflect the ‘before and after’ experiences of a young woman who had recently lost a significant amount of weight (20 pounds). The subject of the article was intended to be demographically similar to participants (aged 22 and an undergraduate student), to enhance identification. Since the present study focused solely on the expectancy component of False Hope, we intentionally omitted any reference to which methods the subject of the article used to lose weight, or to the ease or speed with which this was accomplished. The **positive expectancy** article (see Appendix A) portrayed improved health, better academic performance, higher salary and better employment, increased romantic success, and more enjoyable and diversified leisure activities as a result of weight loss. Conversely, the **negative expectancy** article (see Appendix B) depicted deleterious health effects, negative scholastic and employment consequences, increased romantic dissatisfaction, and narrowing extra-curricular opportunities resulting from the weight loss. Finally, the **no expectancy** article (see Appendix C) portrayed a status quo following weight loss. The categories of health, academics, occupation, romance, and leisure were selected to reflect areas thought to be relevant to this cohort.

**Rewards for Thinness Expectancies - Self** (see Appendix D). Consists of 30 scored items (e.g., “I would be happier if I were thinner”). Participants are asked to rate the degree to which they endorse the statements, as they pertain to themselves, on a scale from 1 (Completely Disagree) to 9 (Completely Agree).
Rewards for Thinness Expectancies - Others (see Appendix E). Consists of 30 scored items (e.g., "Thin people are happier"). Participants are asked to rate the degree to which they endorse these statements, as they pertain to people in general, on the same 9-point scale. This scale was included to evaluate whether expectancies for oneself differ significantly from expectancies for other individuals.

Comment Form (See Appendix F) Consisted of 6 questions; participants rated the article’s effectiveness, how interesting they found it, its relevance to themselves, their likelihood of purchasing a magazine which contained such an article, efficacy expectancies, and how positive or negative the outlook of the article was.

Affect Rating Scale (See Appendix G), is a 66-item scored questionnaire to assess participants’ moods. Participants read statements (such as “I feel agreeable”), and are asked to select the number which best reflects the intensity of the feeling they have right now, on a scale from 1 (not at all) to 4 (very much so). Responses are categorized into 4 subscales: anxiety, depression, hostility, and joy.

Current Thoughts (See Appendix H), is a 20-item questionnaire designed to measure state self-esteem. Participants endorse statements (such as “I feel confident about my abilities”), on 5-point scales ranging from 1 (Not at all) to 5 (Extremely). Responses are categorized into 3 subscales: Appearance, Social, and Performance esteem.

Dietary Restraint. The Restraint Scale (Polivy, Herman, & Howard, 1988) consists of 10 scored items (e.g., “Do you give too much time and thought to food?”), and two unscored items (maximum past weight and reaction to breaking one’s diet). In the present study, Restraint was used as a subject variable. Individuals scoring 15 or higher
were classified as restrained eaters; those scoring 14 or lower were classified as unrestrained eaters.

**Trait Self Esteem.** The Janis Field Self Esteem Scale (Pliner, Chaiken, & Flett, 1990; see Appendix I) is a 29-item scale designed to measure one's enduring (as opposed to current) level of self esteem. Participants indicate the extent to which they endorse the questions on a 5-point scale.

**Resolutions.** (see Appendix J) consists of four items designed to measure the frequency, success, and associated emotions of resolutions made by participants to change something about themselves or their behavior. Questions use a 9- or 5-point response scale.

**Restraint, Rumination, and Exercise.** The Restraint Addition Scale (see Appendix K) consists of 28 scored items (e.g., “In a typical week, how often do you engage in physical exercise?”) designed to measure body dissatisfaction, rumination about weight and shape, and engagement in physical exercise. This scale was included to capture the sub-section of individuals who may try to lose weight through methods other than restriction of food intake; in addition to dieting, exercise may be an important method of weight loss for some individuals.

**Diet Enrollment.** Three diet plans were created to offer to participants (from which they could select one to enroll in, or decline to enroll in any). **Diet 1 (Lenient)** (see Appendix L) consists of a regime of 1600 calories per day, a reduction of 600 calories from the Recommended Dietary Allowance for women aged 19 to 50 (Committee on Dietary Allowances, 1989), designed to produce a weight loss of one-half pound to one pound every two weeks. **Diet 2 (Moderate)** (see Appendix M) consists of
1200 calories per day, which according to Whitney and Rolfes (1996) is the minimum caloric intake required to achieve nutritional adequacy, and will produce “a reasonable amount of weight loss” (p. 277) of one to two pounds per week (or 1% of total body weight per week, depending on starting weight). Diet 3 (Strict) (see Appendix N), consists of 800 calories per day, which Whitney and Rolfes classify as a “Very Low Kilocalorie Diet” (p. 318), and is roughly equivalent to the intake of a 6-month old infant (Committee on Dietary Allowances, 1989). This diet was designed to closely resemble the “crash diets” found in some women’s magazines. Based on its 1400 calorie per day reduction (and correcting for starvation response), participants were told to expect a weight loss ranging from three to five pounds per week on this diet.

Procedure

Participants were tested one at a time by the first author. The experiment was presented to the participant as a market research survey on the content quality of a popular women’s magazine. The participant was told that individuals in the present study were being asked to read one example from a sample of recent articles representing the major topics covered by the magazine, and to complete some questionnaires (the comment form and RFT expectancy scales). After signing a consent form, the participant received the expectancy manipulation (participants were randomly assigned to one of the three conditions: positive, negative, or no expectancy). The participant was given as long as she required to read the article and complete the forms, and was instructed to ring a bell to signal the researcher to return to the testing room, at which point the article package was collected. The participant was then offered free enrollment in a diet program being tested by the same company. She was told that, should she desire to
participate, the researcher would give her a package to take home containing sample meal plans for a 6 week period, which she was to use “at her discretion”. The experimenter stressed that participation in the diet program was voluntary, and that the participant may choose to enroll in any diet, or decline to enroll in any without penalty. The participant was presented with 3 sample meal plans representing the 3 diets, and left alone for a few moments to make her decision. The participant rang a bell to signal to the researcher that she had reached her decision. If the participant wished to enroll in a diet, the researcher explained that she would go get the materials and register the participant; if the participant declined to enroll, she was thanked and told that she had completed the study.

At this point in either case, the researcher explained that if the participant was willing, there was another researcher in the social psychology department who required extra participants for another study. If the participant agreed to take part in this ‘second’ study, a research assistant (ostensibly the second experimenter) explained to her that a local cookie company was testing 3 new cookie flavors and required taste ratings to know which one to ‘push’ in an upcoming marketing campaign. After signing a second consent form, the participant was given the Affect Rating Scale and the Current Thoughts questionnaire, “to control for your present feelings when analyzing your ratings”. Upon completion of these questionnaires, the participant was presented with 3 plates of chocolate chip, oatmeal raisin, and double chocolate chip cookies, accompanied by 3 taste rating forms and a glass of water. She was instructed to taste and rate the first cookie, take a sip of water, then repeat the process for the second and third cookies. She was also told to eat as many cookies as she wished following the taste ratings, so long as
she did not change her ratings. Each participant was given 10 minutes to complete the taste rating task. Unbeknownst to participants, the plates of cookies were weighed prior to and following consumption, to obtain a measure of the total grams of cookies eaten. Following the taste rating task, the participant was then given a package of questionnaires measuring the other constructs of interest to the present study (restraint, trait self-esteem, resolutions, and restraint addition). The participant was again instructed to take as long as she required to complete these measures, and to ring a bell to signal to the experimenter when she had finished.

Following completion of this final part of the experiment, the first researcher returned to the testing room, and participants were debriefed and probed for knowledge of the true intent of the study. None of the participants indicated knowledge of the purpose of the experiment.

Results

Two (restraint) by three (article condition) analyses of variance, t-tests, and correlations were used to evaluate the data. An alpha level of .05 was used for all statistical tests.

RFT Expectancies

As anticipated, restrained eaters scored higher on measures of expectancies of rewards for thinness for themselves (mean = 166) than did unrestrained eaters (mean = 108, \( t(72) = -5.29, p < .001 \)). A similar pattern occurred for expectancies for others (means = 149 and 127, respectively, \( t(72) = -2.21, p = .03 \)). Not surprisingly, chronic dieters have more positive expectations of thinness than do non-dieters.
There was also a marginally significant main effect for article condition on expectancies for oneself, $F(2, 74) = 2.392, p = .099$; participants in the positive expectancy condition scored significantly higher on the expectancy questionnaire (mean = 148) than did those in the neutral (mean = 125) or negative (mean = 120) conditions. Post Hoc (Tukey’s HSD) analyses revealed that the positive and negative conditions differed marginally from each other ($p = .07$), while neither differed significantly from the neutral condition. For expectancies for others, a similar pattern held but differences did not reach significance: participants in the negative expectancy condition scored lowest on the expectancy (other) questionnaire (mean = 124), while the average for those in the neutral condition was 136, and for those in the positive condition, 147. The interaction between restraint and article condition did not reach significance for expectancies either for self or for others ($F_{s}(2, 74) = 1.577; 1.227, ps = .214; .3$).

A two (restraint) by three (article) analysis of variance was conducted for ratings of the single post-experimental question measuring the extent to which weight loss would improve one’s life as a manipulation check for the effect of article condition. Results followed a similar pattern to those observed on the expectancies questionnaires. Restrained eaters had higher average estimates of life improvement due to weight loss than did unrestrained eaters ($3.98 \text{ vs. } 2.67, F(1, 74) = 17.25, p < .001$), and estimates of improvement increased from the negative (mean = 2.8) to the neutral (mean = 3.17) to the positive condition (mean = 3.6), although this main effect did not quite reach significance, $F(2, 74) = 2.1, p = .130$. There was no interaction between article condition and restraint ($F(2, 74) = .008, p = .992$).
Efficacy versus outcome expectancies

Significant or marginally significant main effects for restraint were found for estimates of effort required for weight loss, how long weight loss would take, and amount of weight one would expect to lose. Restrained eaters thought weight loss would be more difficult (mean = 8.1 vs. 6.5 on a 9-point scale, \( p < .001 \)), would take longer (mean = 105.4 days vs. 77.6 days, \( p = .07 \)), and expected to lose more weight than did unrestrained eaters (mean = 18.9 pounds vs. 9.3 pounds, \( p < .001 \)). However, the rate at which subjects expected to lose weight was faster among restrained subjects (18.9 pounds in 105.4 days for a rate of 1 pound every 5.5 days) than it was among unrestrained subjects (9.25 pounds in 77.6 days for a rate of 1 pound every 8.5 days). There was no main effect or interaction for article, supporting the notion that efficacy and outcome expectancies are independent.

Behavior

When the dependent variable was participants' decision to diet, there was a significant main effect for restraint, wherein unrestrained eaters were more likely to choose not to diet, while restrained eaters chose to diet more often (usually selecting lenient or moderate diets), \( F(1, 74) = 30.774, p < .001 \). However, this main effect was qualified by a marginally significant interaction between article and restraint (\( F(2, 74) = 2.659, p = .077 \)): restrained eaters in the negative and neutral conditions chose less stringent diets (lenient or moderate plans), while those in the positive condition chose more stringent diets (moderate or strict plans; in fact all participants who selected the strictest diet were restrained eaters in the positive expectancy condition).
A two (restraint) by three (article condition) ANOVA for total grams of cookies eaten did not yield significant main effects for restraint (F (1, 74) = .079, p = .78) or article condition (F (2, 74) = .342, p = .71), nor did it yield a significant interaction (F (2, 74) = 1.94, p = .152).

Affect

Results supported the hypothesis that the expectancy manipulation may arouse negative feelings differentially among restrained and unrestrained eaters. Two (restraint) by three (article) analyses of variance were conducted on the Affect Rating Scale subscales of anxiety, depression, hostility, and joy. A significant interaction of article and restraint emerged for hostility, (F (2, 74) = 3.003, p = .05), indicating that restrained eaters were significantly more hostile in the negative expectancy condition (mean = 39.2) than they were in the neutral (mean = 32.7) or positive conditions (mean = 32.5), while unrestrained eaters were significantly more hostile in the positive expectancy condition (mean = 34.7) than they were in the neutral (mean = 30.1) or negative conditions (mean = 30.4). There were no significant main effects or interactions for anxiety (F (2, 74) = .28, p = .75), depression (F (2, 74) = .07, p = .93), or joy (F (2, 74) = 1.9, p = .16).

Resolutions

Correlations were used to examine the association between the reported frequency of making resolutions, the success of those resolutions, and positive and negative feelings about resolving. Frequency was measured on a 9-point scale ranging from never to always. The success measure was an amalgam of estimates for one's usual success at achieving one's self-change goals, and the success of one's last resolution, both on 9-point scales. Positive feelings combined four ratings, each on 5-point scales
(from not at all to totally), for the extent to which the participant felt each emotion when they first began their last resolution: 'pleased with myself', 'enthusiastic', 'confident that I would succeed', and 'better about myself as if I had already changed'. Negative feelings combined three ratings for the same question: 'depressed', 'bad about myself for needing to change', and 'worried that I might fail'. Contrary to initial hypotheses, frequency was related neither to success nor to positive feelings, but was significantly associated with negative feelings ($r = .319, p = .01$). Success was significantly associated with positive feelings ($r = .480, p = .01$). Positive and negative feelings were negatively correlated ($r = -.529, p = .01$), suggesting most resolutions are not accompanied by ambivalence but rather by strong positive, or strong negative feelings.

When subjects were classified as frequent or infrequent resolvers using a median split of the frequency measure, a three way ANOVA using resolution status as a subject variable was possible. The two (restraint) by three (article category) by two (resolver category) analysis of variance yielded significant main effects for both restraint ($F (1, 74) = 16.06, p < .001$) and resolver category ($F (1, 74) = 7.6, p = .008$). Frequent resolvers were more likely to choose a stricter diet ($t (72) = -3.23, p < .01$), as were restrained eaters ($t (72) = -5.58, p < .001$). However, the original design of the experiment did not allow for grouping by resolver category; thus, the distribution of restrained eaters who were also frequent resolvers was disproportionate, rendering an interpretation of the aforementioned finding tenuous.

To better demonstrate the influence of resolver category, a regression using diet chosen as the dependent variable, and restraint, article condition, and resolver category as
the independent variables, was performed. Both restraint (\(p < .001\)) and resolver
category (\(p = .015\)), were found to account for a significant proportion of the variance.

**Associations between measures**

Correlations were performed to investigate the degree of association between
various measures in the study (including expectancy scores, resolutions scores, self-
esteem scores, and restraint addition scores), so that a clinical picture may begin to
emerge. Expectancies for oneself were correlated with expectancies for others (\(r = .686, 
p < .001\)), but these did not map directly onto one another (recall that restrained eaters'
expectancy scores were higher for themselves than they were for others, while those of
unrestrained eaters followed the opposite pattern). Both expectancies for oneself and for
others were negatively correlated with self-esteem (self: \(r = -.448, p < .001\); others: \(r = -.306, p = .008\)). The lower one's self-esteem, the more rewards one expects from
thinness. Expectancies were not associated with the frequency of making resolutions, but
were significantly correlated with negative feelings about resolutions (\(r = .332, p = .004, 
and \(r = .233, p = .046\), for self and others, respectively). Expectancies were negatively
correlated with the success of resolutions (\(r = -.312, p = .007\), and \(r = -.256, p = .027\) for
self and others), and with positive feelings about resolutions (\(r = -.366, p = .001, \) and \(r = -.334, p = .004\) for self and others). The more rewards expected from thinness, the more
trepidation one feels about embarking on self-change attempts. Expectancies for oneself
only were correlated with restraint addition scores (\(r = .659, p < .001\)); not surprisingly,
those who invest high hopes in thinness tend to be those who ruminate about exercise and
body shape and size.
Self esteem was negatively correlated with the frequency of making resolutions ($r = -0.268, p = .021$), and with negative feelings about resolutions ($r = -0.598, p < .001$), while it correlated positively with the success of resolutions ($r = 0.515, p < .001$), and with positive feelings about resolutions ($r = 0.533, p < .001$).

Discussion

Results generally supported hypotheses regarding expectancies, behavior, and mood. However, results were mixed with regards to resolutions; while results supported predictions regarding the importance of a history of frequent resolving in participants' decisions to embark on a new self-change attempt, they contradicted some hypotheses regarding the cognitive and affective responses to self-change postulated by the False Hope theory.

Not surprisingly, restrained eaters had higher RFT expectancies than did unrestrained eaters; chronic dieters are more likely to endorse beliefs of rewards for thinness. However, the article condition also affected participants' expectancies, such that those in the positive expectancy condition displayed higher RFT expectancies than those in the negative condition. Though the interaction was not significant, the pattern of scores suggested that restrained eaters may be more responsive to the positive argument, while unrestrained eaters may be more responsive to the negative argument. That is, we postulate that participants entered the experiment with extant beliefs about rewards for thinness (restrained eaters expecting many, and unrestrained eaters expecting few), and through a confirmation bias were more persuaded by arguments that corroborated those beliefs.
On the other hand, we believe that in situations where the argument contradicted these extant beliefs, dissonance was aroused. Differences in affect support this contention; restrained eaters in the negative argument condition, and unrestrained eaters in the positive argument condition, were significantly more hostile than participants in other conditions. It is postulated that this hostility resulted from the threat posed by the articles to participants' deep-seated beliefs.

Participants' dieting behavior also factored into our dissonance-centered exegesis. As anticipated, restrained participants in the positive article condition were the most likely to choose the moderate to strict diets, while those in the neutral or negative conditions chose the lenient to moderate diets more often. We hypothesize this to be indicative of a compromise between dissonance reduction and adherence to a stable pattern of behavior. That is, arguments for the detrimental effects of dieting (or for its null effects), which conflicted with dieters' entrenched beliefs, may have persuaded them to change their behavior to conform to the new information; at the same time, the trait-like stability of their dietary restraint may have prevented them from abandoning dieting altogether, resulting in their selection of a less stringent regime. Restrained eaters in the positive expectancy condition would encounter no such dissonance, allowing them to select more restrictive diet plans without triggering an internal struggle.

One area requiring further study is participants' history of resolution-making, what we have referred to as their 'resolution status'. Contrary to the False Hope theory's postulate that the inception of self-change brings with it feelings of increased optimism and excitement, we found that the more participants resolved to change, the worse they felt at the onset of their resolution. Only estimates of success for past resolutions were
associated with such positive feelings, and those who reported being most successful
tended to be those who resolved to change only infrequently. Thus, our frequent
resolvers did not fit the theoretical mold of the False-hopeful individual. However, it is
possible that this resulted from an experimental flaw; participants may not have been
able to recall accurately what they felt at a particular time in their self-change attempts,
or to distinguish between feelings at the beginning as opposed to during or after these
attempts. Indeed, Polivy & Herman (1999) found that for non-dieters, the immediate
effect of making a resolution was an improvement in mood which dissipated over time,
while dieters displayed a mixed response, feeling both depressed and yet more hopeful at
the start of self-change. However, there was no evidence of such ambivalence among
participants in our study. Further research on actually beginning a resolution is needed to
determine whether frequent resolvers are characterized by an initial surge in optimism
which gives way to more negative feelings, or whether they resemble participants in this
study, and embark on self-change attempts despite feelings of depression, worry, or fear
of failure.

One initial hypothesis regarding resolutions did however receive support.
Together with restraint, resolver category (frequent or infrequent) was found to be an
important predictor of participants' dieting behavior. Those participants who resolved to
change some aspect of themselves more frequently were also those who were more likely
to enlist in a diet in our study. We suggest that participants' resolver category may impart
unique information regarding patterns of behavior, and as such should be considered for
use as a subject variable in future studies of self-change or false hope.
Finally, results of correlations between measures may be used to begin to piece together a clinical picture of individuals with expectancies of rewards for thinness. Such individuals believe not only that they will profit from thinness, but also that others will incur secondary gains from being thin. They ruminate more about their weight and shape, and are more preoccupied with exercise. When they resolve to change something about themselves, they are not usually successful, and do not feel optimistic about their resolution. Rather, they tend to feel depressed, bad about themselves for needing to change, and worried that they might fail. Those with high thinness expectancies have lower self-esteem, which in turn is associated with making more frequent resolutions. Though such contentions require replication, they are intended to be preliminary observations upon which to base further exploration of expectancies and behavior in the False Hope syndrome.
References


Polivy, J. & Herman, C. P. (1999). The effects of resolving to diet on restrained
and unrestrained eaters: The "false hope syndrome". *International Journal of Eating
Disorders, 26* (4), 434-447.

of dieting. In M. Hersen & S. Bellack (eds.) *Dictionary of Behavioral Assessment

Rotter, J. B. (1954). *Social learning and clinical psychology.* Englewood Cliffs,
NJ: Prentice Hall.

Foresman and Co.

Silverstein, B., Purdue, L., Peterson, B. & Kelly, E. (1986). The role of the mass
media in promoting a thin standard of bodily attractiveness. *Women's Sex Roles, 14,*
519-532.


Slater, M. D. (1989). Social influences and cognitive control as predictors of self
efficacy and eating behavior. *Cognitive Therapy and Research, 13,* 231-245.

Snyder, C. R. (1994). *The psychology of hope: You can get there from here.*
New York: Free Press.


Appendix A - Positive article

Jennifer is a 22 year old undergraduate student attending a major Canadian University. Just a year ago, Jennifer was 20 pounds overweight and in a rut. She was tired and bored, and felt like her life was going nowhere.

Today, 20 pounds lighter, Jennifer feels like a changed woman. “I can’t believe how much energy I have now!”, she says, “not to mention the other things...”. Jennifer sheepishly confesses that she used to suffer painful bouts of constipation and bloating, which have all but disappeared since her weight loss. Experts agree that losing weight, which usually involves eating more healthful and high-fiber foods, is one of the best antidotes to this common problem. According to Dr. Nancy Johnston, director of the Women’s Health Services at Harvard University Medical School, “Improved bowel functioning is almost a given, since your system is getting more of the foods it needs to regularize itself”.

Jennifer’s persistent headaches and fatigue have also become a thing of the past. “Now when I wake up, I feel clear headed and ready to face the day. I’m even alert all the way through my classes, no matter how boring they are”. As a result of her increased stamina, Jennifer has gone from being an average student, to the top of her class, achieving straight A’s. “My parents can’t believe it! They have been helping me pay my tuition, but now they are so proud of me that they have offered to pick up the whole tab! Now I can concentrate fully on my schoolwork, and make the most of my education”.

Jennifer’s new image also gave her just the gumption she needed to apply for a higher paying position at the bank where she has worked part time as a finance clerk for the past four years. She was shocked to learn that, out of all four candidates, she had won the position! “My boss told me that he had noticed how enthusiastic and productive I had become lately, and that he needed someone with that kind of focus and potential on his team!”.

Jennifer’s school and work aren’t the only things that have been improving – her love life is on the upswing as well. “I met Jeff a few months ago at a party. He was smart, funny, and gorgeous – exactly the type of guy I would never have had the guts to approach before”. Their relationship is progressing steadily, and has become quite serious; recently, Jeff brought up the possibility of getting married. Dr. Cynthia Nolting, a psychologist who teaches at Jennifer’s university, isn’t surprised. “Study after study has shown that physical attractiveness, which is correlated with thinness, is the single best predictor of romantic success. Men report being attracted to women who take pride in their physique – which translates to being thin”.

She has even taken up a new hobby – as an aerobics instructor at the university’s gym, “something I never had the staying power for prior to my weight loss”, she admits. “The other girls in my class tell me I’m an inspiration. I never dreamed life could be this good. Losing weight was the best thing that ever happened to me!”.

33
Appendix B-Negative article

Jennifer is a 22 year old undergraduate student attending a major Canadian University. Just a year ago, Jennifer was 20 pounds overweight and in a rut. She was tired and bored, and felt like her life was going nowhere.

Today, 20 pounds lighter, Jennifer feels like a changed woman, though not necessarily for the better. “I can’t believe how little energy I have now”, she says, “not to mention the other things…”. Jennifer sheepishly admits that she has been suffering from painful bouts of constipation ever since she began to lose weight, and they have only been getting worse. Experts agree that constipation and bloating are among the most common complaints of women who lose significant amounts of weight. According to Dr. Nancy Johnston, director of Women’s Health Services at Harvard University Medical School, “Constipation is almost impossible to avoid. Because your system is getting so much less food than it is used to, the food that you do eat tends to remain in your intestines longer, since there is less momentum to keep it moving as it is supposed to”

Headaches and fatigue have also become a part of Jennifer’s everyday life. “It’s normal for me now to wake up with a pounding headache that stays with me all day, and I am always tired. I have fallen asleep in class twice in just the past three weeks”. As a result of her fatigue and other health problems, Jennifer often misses class, and has gone from being a straight A and B student, to getting C’s and even D’s. “My parents are helping me pay for my tuition, and they would be furious with me if they ever found out. I don’t want to screw up my education, but I just can’t concentrate on my schoolwork”.

Jennifer thought her new image would give her the edge she needed to apply for a higher paying position at the bank where she has worked part-time as a finance clerk for the past four years. She was shocked to learn that she had been passed up for the position, especially considering she was competing against only 4 other applicants. “My boss told me that he had noticed how inefficient and distracted I had become lately, and that he didn’t want a person who was so concerned about their appearance on his team”.

Jennifer’s school and work aren’t the only things that have suffered – her love life is going downhill as well. “I met Jeff a few months ago at a party. He was smart, funny, and gorgeous. I thought my svelte new figure was just the ticket to snag a guy like him. At first it was great, but then he began complaining about how much time I spent trying to stay thin; he said it was annoying and accused me of being shallow!” He recently broke it to Jennifer that he wanted to end their relationship. Dr. Cynthia Nolting, a psychologist who teaches at Jennifer’s university, isn’t surprised. “Study after study has shown that compatibility, and not physical appearance, is the single best predictor of romantic success. And men are increasingly intolerant of women who obsess about their appearance”.

Even her new hobbies have turned into disasters. Her weight loss had prompted her to become an aerobics instructor at her school’s gym, but she was too weak to make it to the end of her own classes. “I made a fool of myself in front of all those people! I never dreamed things could go so wrong. Losing weight has been a huge disappointment”.
Appendix C - Neutral article

Jennifer is a 22 year old undergraduate student attending a major Canadian university. Just a year ago, Jennifer was 20 pounds overweight and in a rut. She was tired and bored, and felt like her life was going nowhere. Today, 20 pounds lighter, Jennifer feels no different. “I can’t believe how little things have changed. I’m really no better or worse off than I was a year ago”.

“I had heard so many warnings about the health risks of dieting, as well as promises of improved health from weight loss, that I wasn’t quite sure what to expect. But nothing has happened one way or the other”. Experts agree that claims made about the consequences of weight loss are often exaggerated by proponents who wish to either discourage or promote such efforts. According to Dr. Nancy Johnston, director of Women’s Health Services at Harvard University Medical School, “Neither worsened nor improved health should be considered a given following weight loss; since there are so many other factors that influence your overall health, this one change should not alter your system dramatically”. In other words, chances are that if you are always tired, you will still be tired after losing weight. On the other hand, if you have always been very energetic, you probably don’t have to worry about weight loss sapping your energy.

A similar pattern has played out in other areas of Jennifer’s life. Always an average student, Jennifer still earns the B’s she has grown accustomed to. “I didn’t want my weight loss to compromise my grades, and thankfully, it hasn’t. Of course, it would have been nice if it had led to some improvement in my marks, which it also hasn’t”.

Jennifer has worked at a bank part time as a finance clerk for the past four years. “A lot of magazine articles would have you believe that once you have the ‘right’ image, all sorts of opportunities will open up to you. They make it seem like you can march right into your boss’s office, demand a raise, and expect to get it. Well, I asked my boss for a raise, and although he was very sympathetic to my request, he explained that it just wasn’t in the company’s business plan”.

Having the ‘right’ image hasn’t changed her love life, either. “I’m still dating as much as always, still waiting to find ‘Mr. Right’. I used to think that what you looked like was just about the only thing that mattered, but now I’m not so sure”. Dr. Cynthia Nolting, a psychologist who teaches at Jennifer’s university, isn’t surprised. “Study after study has found that compatibility, and not physical appearance, is the single best predictor of romantic success”.

“All in all, losing weight hasn’t really changed anything but the numbers on my scale”.

Appendix D: Rewards for Thinness Expectancies (Self) Scale

Please rate the degree to which you endorse the following statements for yourself on a scale from 1 to 9, where 1 corresponds to completely disagree, 5 corresponds to neither agree nor disagree, and 9 corresponds to completely agree. Please circle one.

1. Being thinner would give me more confidence in myself.
   
   1 2 3 4 5 6 7 8 9
   Completely Disagree Neither agree nor disagree Completely Agree

2. I would be less concerned about others’ opinions of me if I were thinner

3. I would be more successful if I were thinner

4. Others would perceive me as being more in control if I were thinner

5. I would be less popular if I were heavier

6. I would have more fun if I were thinner

7. Being thinner would make me healthier

8. Others would perceive me as more intelligent if I were thinner

9. I would be less ashamed of my body if I were thinner

10. Being thinner would make my other goals easier to achieve

11. If I were heavier I would be less respected by others

12. I would be more attractive if I were thinner

13. I would get a better job if I were thinner

14. Being thinner would improve my romantic life

15. I would be depressed if I were heavier

16. Being thinner would make me a better person

17. Others would perceive me as more feminine if I were thinner

18. I would feel more ashamed of myself if I were heavier

19. I would be happier if I were thinner
20. Being heavier would make me feel out of control

21. I would be less desirable if I were heavier

22. I would get better grades in school if I were thinner

23. Others would admire me more if I were thinner

24. I would be a better athlete if I were thinner

25. I would earn more money if I were thinner

26. I would feel better about myself if I were thinner

27. I would wear whatever I wanted if I were thinner

28. Others would perceive me as lazy if I were heavier

29. I would have more friends if I were thinner

30. If I were heavier, I would have more health problems

Gender: Male_____ Female_____

Age: _______
Appendix E: Rewards for Thinness Expectancies (Others) Scale

Please rate the degree to which you endorse the following statements for people in general on a scale from 1 to 9, where 1 corresponds to completely disagree, 5 corresponds to neither agree nor disagree, and 9 corresponds to completely agree. Please circle one.

1. Thin people have more self-confidence.

2. Thin people are less concerned about others’ opinions of them

3. Being thin makes you more successful

4. Others perceive thin people as being more in control

5. Heavier people are less popular

6. Thin people have more fun

7. Being thinner makes people healthier

8. Thin people are perceived as more intelligent by others

9. Thin people are less ashamed of their bodies

10. Thin people achieve their goals more easily

11. Heavier people are less respected by others

12. Thin people are more attractive

13. Being thin gets you better jobs

14. Thin people have better romantic lives

15. Heavier people are more depressed

16. Being thin makes you a better person

17. Thin people are perceived as more feminine by others

18. Heavier people are more ashamed of themselves
19. Thin people are happier
20. Being heavy shows lack of control
21. Heavier people are less desirable
22. Thin people get better grades in school
23. Thin people are admired more by others
24. Thin people are better athletes
25. Thin people earn more money
26. Being thin makes you feel better about yourself
27. Thin people wear whatever they want
28. Heavier people are perceived as lazy by others
29. Thin people have more friends
30. Heavier people have more health problems
Appendix F - Comment Form

1. How effective were the arguments presented in this article?

| Not at All Effective | Somewhat | Very Effective |

2. How interesting did you find this article?

| Not at All Interesting | Somewhat | Very Interesting |

3. How relevant was the topic of this article to your life?

| Not at All Relevant | Somewhat | Very Relevant |

4. How likely would you be to buy a magazine containing this type of article?

| Not at all Likely | Somewhat | Very Likely |

This article and others from the same magazine are meant to target a certain audience. We would like to know your opinions regarding the subject matter addressed in the article you read.

5. If you decided to lose weight,

- How many pounds would you expect to lose? _________
- How long (in days, weeks, or months), would you expect this to take? _________
- On a scale from 1 to 10, with 1 being almost no effort at all, and 10 being the most amount of effort you can imagine, how much effort do you think this weight loss would require? _________
- To what extent would achieving this weight loss improve your life?

| Not at All | Somewhat | Dramatically |

6. How positive or negative is the outlook of this article?

| Extremely Negative | Neutral | Extremely Positive |
Appendix G - Affect Rating Scale

Directions: This is a scale designed to allow people to describe the different complex moods they feel at times. Please read each statement below and circle the number which best reflects the intensity of the feeling you have right now, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

1 = Not at all 2 = Somewhat 3 = Moderately so 4 = Very much so

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
<th>Rating</th>
<th>Rating</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel afflicted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel agreeable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel amiable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel angry at others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel anxious</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel bitter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel blissful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel broken hearted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am calm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel comfortable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am content</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel contemptuous of others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel cooperative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel criticized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am delighted about others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel disagreeable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel destroyed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel disdainful towards others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel others are distasteful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel disgusted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel dreamy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel dull</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel at ease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel enraged</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am enthusiastic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel fine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel friendly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel furious</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel good-natured</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel ‘high strung’</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel interested in others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I feel happy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix H: Current Thoughts

This is a questionnaire designed to measure what you are thinking at this moment. There is, of course, no right answer for any statement. The best answer is what you feel is true of yourself at this moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you RIGHT NOW.

1 = Not at All
2 = A Little Bit
3 = Somewhat
4 = Very much
5 = Extremely

1. I feel confident about my abilities.
2. I am worried about whether I am regarded as a success or failure.
3. I feel satisfied with the way my body looks right now.
4. I feel frustrated or rattled about my performance.
5. I feel that I am having trouble understanding things that I read.
6. I feel that others respect and admire me.
7. I am dissatisfied with my weight.
8. I feel self-conscious.
9. I feel as smart as others.
10. I feel displeased with myself.
11. I feel good about myself.
12. I am pleased with my appearance right now.
13. I am worried about what other people think of me.
15. I feel inferior to others at this moment.
16. I feel unattractive.
17. I feel concerned about the impressions that I am making.
18. I feel that I have less scholastic ability right now than others.
19. I feel like I'm not doing well.
20. I am worried about looking foolish.
Appendix I: Janis Fields Questionnaire

This is a questionnaire designed to measure some of your attitudes. Of course, there is no right answer for any statement. The best answer is what you feel is true of yourself. Be sure to answer all the items even if you are not certain of which is the best answer.

1. How often do you feel inferior to most of the people you know?
   Very often  Fairly often  Sometimes  Once in a great while  Practically never

2. Do you ever think that you are a worthless individual?
   Very often  Fairly often  Sometimes  Once in a great while  Practically never

3. After you have dressed for the day, how pleased are you with your appearance?
   Very pleased  Fairly pleased  Slightly pleased  Not very pleased  Not at all pleased

4. How confident do you feel that some day the people you know will look up to you and respect you?
   Very confident  Fairly confident  Slightly  Not very confident  Not at all

5. Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?
   Very often  Fairly often  Sometimes  Once in a great while  Practically never

6. When you have to read an essay and understand it for a class assignment, how worried or concerned do you feel about it?
   Very much  Fairly much  Slightly  Not very much  Not at all

7. How often do you have the feeling that you are unattractive?
   Very often  Fairly often  Sometimes  Once in a great while  Practically never

8. How often do you feel that you dislike yourself?
   Very often  Fairly often  Sometimes  Once in a great while  Practically never

9. In general, how confident do you feel about your abilities?
   Very confident  Fairly confident  Slightly  Not very confident  Not at all
10. When you have to write an argument to convince your teacher who may disagree with your ideas, how worried or concerned do you feel about it?

Very much__ Fairly much__ Slightly__ Not very much__ Not at all__

11. How often are you dissatisfied with the way you look?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__

12. How much do you worry about how well you get along with other people?

Very much__ Fairly much__ Slightly__ Not very much__ Not at all__

13. How often do you worry about criticisms that might be made of your work by whoever is responsible for checking up on your work?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__

14. How often do you feel as attractive as most people you know?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__

15. Do you ever feel afraid or anxious when you are going into a room by yourself where other people have already gathered and are talking?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__

16. How often do you have trouble expressing your ideas when you try to put them into writing as an assignment?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__

17. How often do you feel self-conscious?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__

18. When you have to talk in front of a group of people your own age, how afraid or worried do you usually feel?

Very afraid__ Fairly afraid__ Slightly afraid__ Not very afraid__ Not at all afraid__

19. How often do you have trouble understanding things you read for class assignments?

Very often__ Fairly often__ Sometimes__ Once in a great while__ Practically never__
20. When you are trying to win in a game or sport and you know that other people are watching you, how rattled or flustered do you usually get?

Very rattled ___ Fairly rattled ___ Slightly rattled ___ Not very rattled ___ Not at all rattled ___

21. How much do you worry about your appearance?

Very much ___ Fairly much ___ Slightly ___ Not very much ___ Not at all ___

22. How much do you worry about whether other people will regard you as a success or a failure in your job or career?

Very much ___ Fairly much ___ Slightly ___ Not very much ___ Not at all ___

23. When in front of people, do you have trouble thinking of the right things to talk about?

Very often ___ Fairly often ___ Sometimes ___ Once in a great while ___ Practically never ___

24. When you have made an embarrassing mistake or have done something that makes you look foolish, how long do you usually keep on worrying about it?

Very long ___ Fairly long ___ Slightly long ___ Not very long ___ Not at all long ___

25. Do you find it hard to make small-talk when you meet new people?

Very often ___ Fairly often ___ Sometimes ___ Once in a great while ___ Practically never ___

26. How often do you worry whether other people like to be with you?

Very often ___ Fairly often ___ Sometimes ___ Once in a great while ___ Practically never ___

27. How often do you worry about your weight?

Very often ___ Fairly often ___ Sometimes ___ Once in a great while ___ Practically never ___

28. How often do you feel troubled by shyness?

Very often ___ Fairly often ___ Sometimes ___ Once in a great while ___ Practically never ___

29. How often do you imagine that you have less scholastic ability than your classmates?

Very often ___ Fairly often ___ Sometimes ___ Once in a great while ___ Practically never ___
30. When you are trying to convince other people who disagree with your ideas, how worried do you usually feel about the impression you are making?

Very worried___ Fairly worried___ Slightly___ Not very worried___ Not at all worried___

31. When you think about the possibility that some of your friends or acquaintances might not have a good opinion of you, how concerned or worried do you feel about it?

Very worried___ Fairly worried___ Slightly___ Not very worried___ Not at all worried___

32. When turning in a major assignment such as a term paper, how often do you feel you did an excellent job on it?

Very often___ Fairly often___ Sometimes___ Once in a great while___ Practically never___

33. How often do you feel worried or bothered about what other people think of you?

Very often___ Fairly often___ Sometimes___ Once in a great while___ Practically never___

34. How often do you feel that you are to blame for your mistakes?

Very often___ Fairly often___ Sometimes___ Once in a great while___ Practically never___

35. How often do you have the feeling that there is nothing you can do well?

Very often___ Fairly often___ Sometimes___ Once in a great while___ Practically never___
Appendix J: Resolutions Questionnaire

1. How frequently do you make a resolution to change something about yourself or your behavior?

Never  rarely  1 a year  2-4 a year  5-8 a year  9-10 a year  1 a month  1 a week  Always

2. In general, how successful are you when you try to change yourself or your behavior?

Not at all  Slightly  Moderately  Highly  Totally

3. Thinking back to your last resolution to change yourself, to what extent did you feel each of the following when you first made and began your resolution?

(1 = Not at all, 2 = Slightly, 3 = Moderately, 4 = Highly, 5 = Totally)

a) Pleased with myself

b) Depressed

c) Enthusiastic

d) Confident that I would succeed

e) Bad about myself for needing to change

f) Better about myself as if I had already changed

g) Worried that I might fail

4. How did this most recent resolution end?

<table>
<thead>
<tr>
<th>Total</th>
<th>Neither success nor failure</th>
<th>Complete Success</th>
</tr>
</thead>
</table>
Appendix K: Restraint Addition Scale

We would like to know how you feel about your appearance. Please read each question and circle the appropriate answer. Please answer all the questions.

1. How often do you weigh yourself?

Once a year 1-2 times/month 1-2 times/week 3-5 times/week Every day More than once a day

2. In a typical week, how often do you engage in physical exercise?

Never Less than once 1-2 times/week 3-6 times/week Every day More than once a day

3. How often do you feel that your shape compares favorably to other people’s?

Never Rarely Sometimes Usually Always

4. How often do you feel ashamed of your body shape?

5. If you feel you have overeaten, how often will you try to make up for it by increasing the amount you exercise?

6. How often do you wish that flabby areas of your body would just disappear?

7. How often do you avoid wearing clothes which make you feel particularly aware of the shape of your body?

8. If you miss a planned workout, how often will you attempt to make up for it the next day?

9. When you don’t feel like exercising, how often do you push yourself to exercise anyway?

10. How often do you avoid social occasions because you have felt bad about your shape?

11. How often do you feel guilty when you don’t exercise?

12. How often do you exercise even when there is a medical reason why you should not exercise?

13. To what extent are you worried that you are too flabby?

14. To what extent does seeing your image (e.g., in a mirror or photograph) make you feel good about your shape?
15. To what extent do you avoid situations where people could see your minimally clad body (e.g., in bathing suits, underwear, etc.)?

16. To what extent are you worried that you do, or might, weigh too much?

17. To what extent do you exercise to control your weight?

18. To what extent are you worried that you might become fat (or fatter)?

19. After you have exercised, to what extent do you feel that you can eat more?

20. To what extent would a weight increase of 5 pounds make you feel bad about yourself?

21. When you miss an exercise session, to what extent do you feel concerned about your body possibly getting out of shape?

22. To what extent do you think that your thighs, hips, or buttocks are too large?

23. If you miss your usual exercise, to what extent do you cut back the amount you eat for the rest of the day?

24. To what extent do you feel better about your shape or appearance after you exercise?

25. When you miss a scheduled exercise session, to what extent do you feel tense, irritable, or depressed?

26. To what extent do you exercise to improve your shape?

27. How likely are you to skip your exercise for the day if something comes up?

28. When evaluating yourself as a person, how important is your weight/shape?
Appendix L: Diet 1 – Lenient

Diet 1 (Lenient)

This diet consists of 1600 calories per day, a reduction of 600 calories per day from what the average woman eats. This program is designed to produce a weight loss of one-half to one pound every two weeks.

The following is an example of an average day’s meals on this diet:

**Breakfast:**
1 cup milk
1 cup shredded wheat cereal
1 small banana

**Lunch:**
Bagel with
1 tablespoon butter OR 2 tablespoons regular cream cheese
Salad with:
2 ounces grilled chicken or tuna
1 cup mixed greens
1 sliced tomato
½ cup sliced mushrooms
2 tablespoons regular salad dressing

**Snack:**
1 cup grapes

**Dinner:**
3 ounce skinless chicken breast
½ cup rice or plain pasta
½ cup steamed carrots

**Dessert:**
1 cup frozen yogurt OR regular yogurt

**Snack:**
6 cups air-popped popcorn with 2 tablespoons melted butter

**Unlimited:** Water, Tea, Coffee, and Diet Sodas
Appendix M: Diet 2 – Moderate

**Diet 2 (Moderate):**

This diet consists of 1200 calories per day, a reduction of 1000 calories per day from what the average woman eats. This program is designed to produce a weight loss of one to two pounds per week.

The following is an example of an average day’s meals on this diet:

**Breakfast:**
1 cup milk
1 cup shredded wheat
1 banana

**Lunch:**
Bagel with
1 tablespoon butter OR 2 tablespoons cream cheese
Salad with:
1 cup mixed greens
2 tablespoons regular dressing

**Snack:**
½ cup grapes

**Dinner:**
3 ounces skinless chicken breast
½ cup rice or plain pasta
½ cup steamed carrots

**Snack:**
4 crackers
sliver of low fat cheese

**Unlimited:** Water, Tea, Coffee, Diet Sodas
Appendix N: Diet 3 – Strict

**Diet 3 (Strict)**

This diet consists of 800 calories per day, a reduction of 1400 calories per day from what the average woman eats. This program is designed to produce a weight loss of three to five pounds per week.

The following is an example of an average day’s meals on this diet:

**Breakfast:**
- 1 cup milk
- 1 cup shredded wheat
- 1 banana

**Lunch:**
- Salad with
  - 1 cup mixed greens
  - 1 tablespoon regular dressing
  - 4 crackers

**Dinner:**
- 1 bowl of clear broth soup made with chicken pieces, rice, and carrots
- ½ cup grapes

Unlimited: Water, Tea, Coffee, Diet Sodas