THE IMPACT OF THE QUALITY OF HETEROSEXUAL AND HOMOSEXUAL ROMANTIC RELATIONSHIPS ON A WOMAN'S BODY DISSATISFACTION AND EATING PATTERNS

by

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Romantic relationships are one of the most important relationships a woman will develop in her life. Women can be socialized to be compliant within their relationships, and are reminded of how a thin body type is ideal. The implications of this socialization can affect the way a woman feels about her body. The current study included 207 women who ranged in age from 18-30, were in a relationship (neither married nor engaged) for 6 months or longer, and identified as either being attracted to the same or opposite sex. Results of the study indicated a significant effect of higher levels of body dissatisfaction between both negative relationship quality, and increased engagement in unhealthy dietary behaviours. In addition, self-silencing was found to be a significant mediator in the relationship between relationship quality and both body dissatisfaction and unhealthy dietary behaviours. Limitations of the study and directions for future research are discussed.
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“Be who you are and say what you feel, because those who mind don’t matter, and those who matter don’t mind,” – Dr. Seuss
# Table of Contents

Abstract ................................................................................................................................. ii

Acknowledgements .............................................................................................................. iii

List of Tables ........................................................................................................................ vii

The Impact of the Quality of Heterosexual and Homosexual Romantic Relationships on a Woman's Body Dissatisfaction and Eating Patterns .................................................. 1

Body Dissatisfaction and Sociocultural Influences .......................................................... 3

Body Dissatisfaction and Media Influences ....................................................................... 4

Body Dissatisfaction and Familial/Peer Influences ........................................................... 8

Body Dissatisfaction and Unhealthy Dietary Behaviours ................................................... 10

Body Dissatisfaction and Heterosexual and Homosexual Women .................................... 11

Romantic Relationships and Unhealthy Dietary Behaviours ............................................. 13

Romantic Relationships and Heterosexual and Homosexual Women .............................. 15

Summary ............................................................................................................................... 16

Hypotheses .......................................................................................................................... 17

Method ................................................................................................................................. 18

Design .................................................................................................................................. 18

Participants .......................................................................................................................... 18

Setting ................................................................................................................................. 19
Measures ...................................................................................................................... 19

The Weight Control Behaviour Scale ................................................................. 19

The Body Shape Questionnaire (BSQ-34) ...................................................... 19

The Perceived Relationship Quality (PRQC) ..................................................... 20

The Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ) ..... 20

The Silencing of the Self Scale (STSS) ................................................................. 21

Demographics Questionnaire .............................................................................. 21

Procedure ............................................................................................................... 21

Results .................................................................................................................. 22

Analysis for Hypothesis 1 .................................................................................. 22

Analysis for Hypothesis 2 .................................................................................. 23

Analysis for Hypothesis 3 .................................................................................. 23

Analysis for Hypothesis 4 .................................................................................. 23

Analysis for Hypothesis 5 .................................................................................. 24

Analysis for Hypothesis 6 and 7 ...................................................................... 24

Mediation for Unhealthy Dietary Behaviours ................................................ 25

Mediation for Level of Body Dissatisfaction .................................................. 26

Discussion ............................................................................................................ 27

Quality of a Romantic Relationship and Unhealthy Dietary Behaviours ........ 28
Romantic Relationships, Body Dissatisfaction, and Eating Patterns

Sexual Orientation and Relationships with Unhealthy Dietary Behaviours, Body Dissatisfaction and Quality of a Romantic Relationship ................................................................. 30

Body Dissatisfaction and Relationships with Unhealthy Dietary Behaviours, and Quality of a Romantic Relationship.......................................................................................... 32

Self-Silencing as a Mediator .............................................................................................................. 33

Internalization of Sociocultural Norms Towards Appearance as a Mediator .................. 34

Clinical Implications .......................................................................................................................... 35

Limitations and Future Directions ................................................................................................... 37

References ............................................................................................................................................ 41

Appendices ..................................................................................................................................... 49

Appendix A - Informed Consent ........................................................................................................ 50

Appendix B - The Body Shape Questionnaire (BSQ-34) .................................................................. 52

Appendix C - Unhealthy Weight Loss Method Factors Subscale of the Weight Behaviours Scale (UWLMFS) ........................................................................................................ 55

Appendix D - Perceived Relationship Quality Inventory (PRQC) ................................................. 56

Appendix E - Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ) ........... 58

Appendix F - Silencing the Self Scale (STSS) .................................................................................. 59

Appendix G- Demographics Questionnaire ..................................................................................... 61

Appendix H- Announcement for Recruiting ................................................................................... 62
List of Tables

Table 1 Multiple Mediator Analysis Examining Indirect Effects of the Quality of a Romantic Relationship on Unhealthy Dietary Behaviours Through Self-Silencing and Internalization of Sociocultural norms ........................................................................................................ 26

Table 2 Multiple Mediator Analysis Examining Indirect Effects of the Quality of a Romantic Relationship on the Level of Body Dissatisfaction Through Self-Silencing and Internalization of Sociocultural norms ........................................................................................................ 27
The Impact of the Quality of Heterosexual and Homosexual Romantic Relationships on a Woman’s Body Dissatisfaction and Eating Patterns

Body dissatisfaction refers to the negative evaluations an individual has towards aspects of their body including but not limited to weight, figure, stomach, and hips (Stice & Shaw, 2002). During the past few decades, the issue of body dissatisfaction amongst women has been of concern to the psychological community. The increased emphasis on this issue stems from the alarming percentage indicating that 40-50% of women within North American society will suffer from some form of body dissatisfaction within their lifetime (Ferguson, Winegard, & Winegard, 2011). A large portion of research conducted on body dissatisfaction and the factors that influence it have focused on the role of the media, and to a lesser degree the role of peers and the family (Ferguson, Winegard, & Winegard). Existing research on the role of peers and family on body dissatisfaction indicate that pressure from either source can increase body dissatisfaction for both men and women (Lawler, & Nixon, 2011; Murray, Byrne, & Reiger, 2011), with women showing higher levels of body dissatisfaction than men (Murray, Byrne, & Reiger). From these findings, one can reasonably extend the relationship between increased body dissatisfaction and pressure from the social community into another interpersonal setting – romantic relationships. Romantic relationships themselves are central to many people’s lives, and as such research on their positive and negative effects on individuals have been well noted (including but not limited to exercise, alcohol and drug use, psychological and emotional stability) (Dennis, 2006; Kiecolt-Glaser, & Netwon, 2001; Markey, Markey, & Gray, 2007). However little research has been done on the role of body dissatisfaction within the context of a romantic relationship (Boyes,
Fletcher, & Latner, 2007; Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999). Therefore research on the effects of romantic relationships on body image is needed.

To date research on unhealthy dietary behaviours has been limited within the field of romantic relationships, and little research has been done comparing the impact of these behaviours on heterosexual and homosexual romantic relationships (Boyes, Fletcher, & Latner, 2007). Unhealthy dietary behaviours consist of but are not limited to restricting food intake, fasting, skipping meals, vomiting, and purging for the purpose of losing weight (Stice & Shaw, 2004; Thøgersen-Ntoumani, Ntoumanis, & Nikitaras, 2010). From the existing research on the quality of romantic relationships and their relationship to unhealthy dietary behaviours, women in romantic relationships which are marked by insecurity (displayed by either partner) (Koskina, & Giovazolias, 2010), deceit (Worobey, 2002), and low levels of support from their partner (Juda, Campbell, & Crawford; 2004) were more likely to engage in unhealthy dietary behaviours. Limited research has been done to link unhealthy dietary behaviours to body dissatisfaction; however existing research has indicated that unhealthy dietary behaviours are positively correlated with body dissatisfaction within the context of a romantic relationship (Cash, Theriault, & Annis, 2004; Mckinley, 1999). As can be inferred, further exploration of this correlation is needed, specifically regarding the nature of the relationship.

A large portion of body dissatisfaction research is conducted on women, yet a small percentage of this research is done on lesbian women (Feldman & Meyer, 2007; Share & Mintz, 2002). Lesbian women, on average, tend to be more satisfied with their bodies in comparison to heterosexual women (Moore & Keel, 2003) and are more likely than heterosexual women to be accepting of different body sizes due to the lack of concern with attracting a male mate (Sanderson, Darley, & Messinger, 2002; Share, 2002). To date little research has been done to
compare homosexual and heterosexual romantic relationships (Forssell & Patterson, 2010; Kurdek, 2008) however, existing research indicates that homosexual women on average have higher levels of satisfaction within a romantic relationship than heterosexual relationships (Farr, Forssell & Patterson, 2010; Kurdek). The quality of the romantic relationships of both heterosexual and lesbian women needs to be further investigated and its relationship to body dissatisfaction and unhealthy dietary behaviours needs to be established.

Body Dissatisfaction and Sociocultural Influences

One out of every two women are dissatisfied with their bodies (Hendriks, 2002) and as such, research on body dissatisfaction and its potential mediators have been heavily researched within the psychological community (Bergeron, 1998; Esnaola, Rodríguez, & Goñi, 2010; Grogan, 2006; Westerberg-Jacobson, 2010). Accordingly so, a variety of influential factors have been researched in the development of body dissatisfaction within women.

A sociocultural perspective has been implicated as one of the strongest predictors of body dissatisfaction within women (Esnaola, Rodríguez, & Goñi, 2010; Grogan, 2006; Tiggemann & Miller, 2010; Westerberg-Jacobson, 2010). The sociocultural perspective indicates that based on the pressure to be thin, women will develop an internationalization of the thin-ideal and as such, will be more likely to engage in unhealthy dietary behaviours (Westerberg-Jacobson). If these patterns of unhealthy dietary behaviours continue, the risk of developing an eating disorder increases (Westerberg-Jacobson). The sociocultural perspective indicates that young girls are frequently bombarded with the idea that “thin is in”, and as such, encourage girls to develop a desire for an unrealistic level of thinness (Tiggemann & Miller). One of the most widely researched sociocultural mediators influencing young girls and women alike to develop an increased level of body dissatisfaction is the media. Encompassing television, films, music,
advertisements, billboards, magazines, the Internet and other “new media”, exposure to any of these mediums occurs on a daily basis (Guimera, Levine, Sanchez-Carracedo, & Faquet, 2010) so much so that after sleeping, the activity most children engage in is watching television (Guimera, Levine, Sanchez-Carracedo, & Faquet). With this rapid increase of media exposure, and its projected images of specific body types, women are now more than ever faced with the media consensus indicating their bodies are not desirable, and are not “thin enough” to be considered attractive and desired (Guimera, Levine, Sanchez-Carracedo, & Faquet; Vaughan & Fouts, 2003).

**Body Dissatisfaction and Media Influences**

Chief among the types of media outlets available to women, and arguably one of the more influential mediums in the media empire, fashion magazines routinely feature thin models with very little (if any) features of a more realistic body type (Harper & Tiggemann, 2008). These images are frequently used in advertisements in magazines and are often airbrushed into an unrealistic and unattainable body type (Derenne & Beresin, 2006). Studies investigating the effect of brief magazine exposure focusing exclusively on thin models found that women reported more body dissatisfaction in comparison to women being exposed to magazines focusing on average weight or plus-size models (Groesz et al., 2002). Adolescents have spent approximately $175 billion dollars on fashion magazine consumption increasing their exposure to these unrealistic body types, and research has indicated that even the slightest exposure to a fashion magazine can have a considerable effect on body dissatisfaction (Guimera, Levine, Sanchez-Carracedo, & Faquet, 2010).
Sexual objectification of women within fashion magazines (in addition to magazines in general) frequently influences body dissatisfaction within women (Harper & Tiggemann, 2008). In a study by Tiggemann and McGill (2004), viewing body parts of thin models in magazines increased body dissatisfaction within women in comparison to viewing the full body of thin models, indicating that the objectification of specific body parts has the potential to further increase body dissatisfaction in women than just the simple exposure of thin bodied models.

Fashion magazines, and magazines in general, frequently feature thin models and provide the reader with tips on how to lose weight to become attractive to the opposite sex (Guimera, Levine, Sanchez-Carracedo, & Faquet, 2010). In addition to these weight loss advertisements or articles, advertisements depicting both an attractive man and woman frequently feature the unrealistic thin woman being ogled by the attractive man (Harper & Tiggemann, 2008). As can be inferred, women reading these magazines are implicitly absorbing two messages: one indicating that their bodies are not ideal and the other indicating that their bodies are not thin enough to attract an attractive mate. Interestingly, despite what appears to be an exclusive focus on the drive towards a thinner body type to gain a mate, men have been shown to prefer women who do not typify the thin body ideal promoted in magazines and advertisements (Sanderson et al., 2002). Within the study, Sanderson et al. found that women frequently aspired to be a thinner body type than what was considered “attractive” by men sampled within the study. Thus, the “connection” magazines attempt to construe between unrealistic thinness and attractiveness to the opposite sex is contrasted with existing research on the topic (Sanderson et al.). These results have been echoed in studies with children as young as 5 indicating they would prefer a thinner body type in comparison to their actual body type (Westerberg-Jacobson, 2010).
Television viewing has quickly become an influential mediator in the increase of body dissatisfaction for women. Watching television has become an avid part of any individual’s – especially children and teens – life with the average teenager watching roughly 13 hours of television per week and the average adult watching roughly 21 hours of television per week (Statistics Canada, 2006). Portrayals of women on television are frequently thinner than the average women in any given population (Schooler & Trinh, 2011) often to the point where the women in question appears to be malnourished. Specifically, Eisend and Moller (2007) report that on average, 69.9% of women on televisions are viewed as thin in comparison to only 17.5% of men. Overweight women in the media are often negatively stereotyped as aggressive, sloppy, and are not given as predominant roles as thinner women (Robinson, Callister, & Jankoski, 2008). Thus, positive role models within the media are often thinner, and as such, women are frequently bombarded with the message that positive attributes will always be associated with a thinner figure whereas a heavier figure increases the chances of negative attributes. Attributing negative traits to overweight individuals can be found in children as young as 5 who reported a preference for slender over heavier friends (Ramsey & Langlois, 2002). The extent to which women view television has been associated with increased body dissatisfaction, but results have been mixed (Schooler & Trinh, 2011). In general, it has been reported that women are more likely to suffer from body dissatisfaction if the program were to highlight appearances and body images (Schooler & Trinh).

Within the media, celebrities are often viewed as having perfect bodies and are frequently positively reinforced by the media when they undergo extreme weight loss (Derenne & Beresin, 2006). The positive reinforcement occurs even when female celebrities return to their previous weight after giving birth (Derenne & Beresin). To the general female public, these celebrities are
praised for losing weight and are even more praised when losing weight after a pregnancy which generally does not leave many women with a size zero waist. As celebrities are often found in magazines, billboards, and television advertisements, women are constantly exposed to the idealized “perfect” body type. However, the extent to which women accurately view celebrities as their actual size varies on the degree of body dissatisfaction (King, Touyz, & Charles, 2000). Women showing more body satisfaction were more likely to view a thin celebrity as accurately thin whereas women with a great degree of body dissatisfaction saw thin celebrities as thinner than they actually were (King, Touyz, & Charles). Interestingly, regardless of the degree of body dissatisfaction, overweight celebrities were seen as larger than they actually were by both groups thus furthering the extent to which overweight individuals are viewed negatively within the context of body image.

The extent to which the media heavily influences body dissatisfaction has also been subject to certain criticism (Ferguson, Winegard, & Winegard, 2011). Due to exposure to the media in particular, research has shown the extent to which body dissatisfaction may occur or increase within a woman depends on the degree to which she has internalized the thin body ideal (King, Touyz, & Charles, 2000). If the woman is comfortable with her body type, than she will be relatively unaffected by thin figured women in the media. In contrast, women who are affected by thinner women are those who are already dissatisfied with their own bodies (Ferguson, Winegard, & Winegard). Ferguson, Winegard, and Winegard argue for a “ceiling effect” which postulates that whatever effects the media may have on body dissatisfaction has already occurred and thin models are now seen as normative, thus women are less likely to become affected or bothered by their presence.
Current research suggests that effect sizes of the influence of media on body dissatisfaction are small, and may fall short of achieving practical significance (Ferguson, Winegard, & Winegard, 2011). Thus, the media should be seen as one of the potential risk factors increasing body dissatisfaction.

*Body Dissatisfaction and Familial/Peer Influences*

Despite not being as heavily researched as the media, peer and family influences posit an effect on a woman’s body dissatisfaction (Ferguson, Winegard, & Winegard, 2011). Primarily, the influence of peers has been argued to be stronger to that of the media’s influence (Ferguson, Winegard, & Winegard). Peer influence on body dissatisfaction has been found to be stronger than the media’s portrayal of thin body types in children (Ferguson, Winegard, & Winegard). Peers influence body dissatisfaction in a woman including but not limited to the use of taunting appearances (Lawler & Nixon, 2011), assigning value and worth to appearances (Lawler & Nixon; Murray, Byrne, & Reiger, 2011), and social comparisons (Ferguson, Winegard, & Winegard). Peers, often in school settings, center their taunts on physical appearances, which have in turn been reported to be positively correlated with body dissatisfaction (Lawler & Nixon). Peer taunts about physical appearances imply that a sense of worth and appreciation is attached to how one looks (Lawler & Nixon; McCabe & Ricciardelli, 2005). This assignment of value and worth to appearances (or otherwise known as “appearance training”) occurs through peer conversations centering around appearances. Over time these conversations about appearances become self-reinforcing (Lawler & Nixon; McCabe & Ricciardelli).

Social comparison is another method in which peer pressure increases body dissatisfaction (Krones, Stice, Batres, & Orjada, 2005). The extent to which women compare themselves to thin
bodied peers and internalize the thin standard are more likely to increase their body dissatisfaction (Krones, Stice, Batres, & Orjada). Conversely, social comparisons with similar looking peers serve as a protective factor against body dissatisfaction (Krones, Stice, Batres, & Orjada). The current research on peer influence indicates that the more value placed on appearance either through conversations with friends or through criticism by fellow peers may potentially have a larger effect (at least during childhood through adolescence) than media influences (Ferguson, Winegard, & Winegard, 2011; McCabe & Ricciardelli, 2005).

Familial pressures, similar to peer pressure, also increase the likelihood that a woman will experience body dissatisfaction (McCabe & Ricciardelli, 2005). Specifically, research has found that women with mothers who suffer from an eating disorder, symptoms of an eating disorder, or experience some level of body dissatisfaction themselves are more likely to criticize or make comments on their daughter’s physical appearance (McCabe & Ricciardelli; Murray, Byrne, & Reiger, 2011). Conversely, it has been found that mothers who model positive eating behaviours and attitudes will transmit these values to their daughters, thus decreasing later body dissatisfaction (Byely et al., 2000). In addition, family environments perceived as chaotic, and unfriendly have been linked to increased body dissatisfaction in women (Byely et al.). A plausible explanation for this link would be that chaotic familial environments may foster more negative interactions between family members which would then increase the frequency the woman in question being criticized. As can be inferred, within the familial environment, modeling negative eating behaviours and attitudes relate to later body image issues (Murray, Byrne, & Reiger). Modeling however is more likely to occur for adolescent women than younger women (Byely et al.). A plausible explanation for the larger impact of modeling on adolescent women versus younger women may relate to the fact that during adolescence, women are more
likely to be overly concerned with body issues and as such, will look to other female models to imitate weight modification behaviours (Corning et al., 2010; Cousineau et al., 2010).

**Body Dissatisfaction and Unhealthy Dietary Behaviours**

Research suggests that increased body dissatisfaction leads to elevated levels of dieting in women (Stice & Shaw, 2002). Women with increased body dissatisfaction view dieting as a weight control method, and engage in unhealthy dietary behaviours including but not limited to vomiting, restrictive eating, caloric deprivation, and purging (Stice & Shaw; Keery, Van den Berg, Thompson, 2004; Thøgersen-Ntoumani, Ntoumanis, & Nikitaras, 2010). In a study by Mussap (2007), 143 women were given questionnaires measuring their body dissatisfaction, perceived stress and eating behaviours respectively. The study found that while stress led to unhealthy dietary behaviours such as dietary restraint, the strongest mediator between stress and unhealthy dietary behaviours was the degree of body dissatisfaction. The study indicates that body dissatisfaction has an influential role in the development of unhealthy dietary behaviours in women.

Negative affect has been suggested as a mediator between body dissatisfaction and unhealthy dietary behaviours (Stice & Shaw, 2002). A study by Stice (2001) found that a significant relationship between body dissatisfaction and the emergence of bulimic symptoms was non-existent when negative affect was controlled. Thus, body dissatisfaction on its own may not be as influential towards the development of unhealthy dietary behaviours unless negative affect is present. In another study by Womble et al. (2000), obese and overweight men and women were given questionnaires which measured their body dissatisfaction, negative affect (depression, self-esteem, and neuroticism), and dietary restraint. The study found that in women, increased body dissatisfaction was associated with both dietary restraint and negative affect.
Negative affect was also found to be associated with dietary restraint and binge eating in women, thus providing further support that negative affect may have an influential mediating role between body dissatisfaction and unhealthy dietary behaviours (in this study, dietary restraint and binge eating).

Research also suggests that women who are high in body dissatisfaction report lower levels of self-esteem (Grogan, 2010; Mellor et al., 2010). Age has been implicated in body dissatisfaction and self-esteem research in that older women who displayed high levels of body dissatisfaction were less likely to display lower levels of self-esteem in comparison to younger women with high levels of body dissatisfaction (Mellor et al.). There is still much debate regarding the direction of causality in that increased body dissatisfaction may lead to low self-esteem or that low self-esteem may lead to higher levels of body dissatisfaction (Grogan).

*Body Dissatisfaction and Heterosexual and Homosexual Women*

The appearance of body dissatisfaction within an individual stems predominantly from sociocultural influences including but not limited to advertisements, magazines, television, peers, and family (Ferguson, Winegard, & Winegard, 2011; Guimera, Levine, Sanchez-Carracedo, & Faquet, 2010; Harper & Tiggemann, 2008; Schooler & Trinh, 2011). Research by King, Touyz, and Charles (2000) and Ferguson, Winegard, and Winegard have argued that the extent to which a woman internalizes the sociocultural pressure to be thin will depend on the degree to which she subscribes to sociocultural pressure for thinness. Theories on the differences between heterosexual and homosexual women and their susceptibility to body dissatisfaction therefore consider the internalization of sociocultural pressures to be thin (Bergeron & Senn, 1998). These researchers argue that the subculture in which a woman resides in may influence the extent to which they internalize sociocultural pressures to be thin, thus increasing their body
dissatisfaction. While some subcultures may place pressure on women to become thin such as ballet and modeling (Derenne & Beresin, 2006; Garner & Garfinkel, 1985), other subcultures have been considered to decrease body dissatisfaction (Bergeron & Senn).

One of the subcultures argued to decrease or protect against body dissatisfaction is the homosexual women or lesbian subculture (Beren et al., 1997). The Objectification Theory has been proposed as an explanation as to why women in the homosexual community are less vulnerable to body dissatisfaction (Frederickson & Roberts, 1997; Morrison, Morrison, & Sager, 2004). At its core, the Objectification Theory indicates that being a woman in the present society results in the female body becoming objectified for the pleasure of men (Frederickson & Roberts). The theory continues to state that a woman’s value of worth is contingent on the extent to which she conforms to the cultural standard of attractiveness, and as sociocultural influences are more rampant than ever in today’s society, women are not likely to escape these pressures (Morrison, Morrison, & Sager). Women are therefore likely to internalize society’s objectification of their bodies. Since homosexual women are not interested in becoming attractive to men, they are less likely to adhere to sociocultural pressures for thinness (Morrison, Morrison, & Sager). The homosexual women subculture rejects the Western ideal of beauty (thin) and its overemphasis on physical appearance, and tends to accept a wider variety of female body types (Share & Mintz, 2002). As such, homosexual women are more likely to engage in dietary behaviours for health and wellness reasons instead of more aesthetic one’s (e.g. weight loss) (Morrison, Morrison, & Sager).

Indeed comparison to heterosexual women, homosexual women have been reported to being less dissatisfied with their bodies; however research has been mixed (Koff et al., 2010; Legenbauer et al., 2009; Morrison, Morrison, & Sager, 2004; Peplau et al., 2009). A study by
Koff et al. using global measures of body dissatisfaction indicated that both heterosexual and homosexual women were more alike in their satisfaction with various aspects of the body (e.g. body weight, waist-to-hip ratio, breast size) as well as with their own body size, especially when both samples viewed several “ideal” body types for women. In a meta-analysis by Morrison, Morrison, & Sager found that homosexual women were found to be slightly less dissatisfied with their bodies than heterosexual women. A plausible explanation for mixed findings on the topic of body dissatisfaction between both homosexual and heterosexual women stems from the fact that both heterosexual and homosexual women are continuously exposed to the sociocultural thin ideal, and because this ideal is viewed as the “dominant” ideal, homosexual women along with heterosexual women feel pressured to maintain this beauty standard (Peplau et al). Further research is needed to examine whether homosexual and heterosexual women show different rates of the internalization of thinness and the beauty ideal.

Romantic Relationships and Unhealthy Dietary Behaviours

The positive effects of romantic relationships on an individual’s health have been well noted within psychological research (Markey, Markey, & Gray, 2007). A romantic relationship between two individuals can lead to positive physiological functioning including increased cardiovascular, endocrine, and immune functioning (Markey, Markey, & Gray). Greater health in terms of pain and pain-related disability, rheumatoid arthritis, heart health, and other self-reported health statuses have been reported for married couples (Kiecolt-Glaser, & Newton, 2003). In addition to physiological health, psychological health in terms of increased levels of happiness and decreased levels of depression has generally been reported for married couples (Markey, Markey, & Gray). Psychological disorders including but not limited to depression, anxiety, and mood disorders have lower rates of occurrence within couples who are married in
comparison to single individuals (Braithwaite, Delevi, & Fincham, 2010). Risky behaviour associated with intoxication (e.g. driving while intoxicated, binge drinking) and numerous sexual partners were found to occur at lower rates in individuals within a romantic relationship in comparison to single individuals (Braithwaite, Delevi, & Fincham). The benefits of a romantic relationship are reported to be due to protection and selection efforts (Markey, Markey, & Gray). Individuals who are healthy are more likely than unhealthy individuals to maintain romantic relationships and as such, gain the positive benefits from a romantic relationship (Markey, Markey, & Gray).

As beneficial as romantic relationships may seem to be to an individual’s psychological and physical health, they may also lead to negative effects (Morrison, Doss, & Perez, 2009). Primarily, satisfaction in the relationship itself has been linked with body dissatisfaction; decreased satisfaction within a relationship has been reportedly associated with increased body dissatisfaction (Boyes, Fletcher, & Latner, 2010; Morrison, Doss, & Perez). However, research on this has been mixed as a study by Markey and Markey (2006) has shown no relationship between relationship quality and satisfaction with one’s body. Unhealthy dietary behaviours including vomiting and the use of diet pills have been found to be positively correlated with poor marriage quality (Markey, Markey, & Birch, 2001). The emergence of unhealthy dietary behaviours within a poor quality marriage has also been extended to romantic relationships, which are not defined by marriage (Sheets & Ajmere, 2005). Primarily, women who are concerned with appearing thin achieve this thin ideal by engaging in dietary behaviours such as increased exercise, decreased food consumption etc... (Boytes, Fletcher, & Latner). Even after obtaining a romantic partner, women are concerned that their partners will feel less attracted to them if they were to gain weight (Sheets & Ajmere). In a study by Sheets and Ajmere, a
partner’s comments regarding weight were not found to be associated with body dissatisfaction nor attempted weight loss; however, these comments were related to relationship satisfaction. A possible explanation for these results is that women whose partners conform to the sociocultural norms towards appearance may feel that their partner is shallow and unloving, thus causing them to be dissatisfied with their romantic relationships. Sheets and Ajmere postulate this may be the reason why body dissatisfaction is unaffected by a partner’s comment about weight. As indicated, research on the effects of a romantic partner’s comments regarding their partner’s weight has been mixed as studies by Bergstrom et al. (2004) have found that a woman’s perception of her partner’s satisfaction with her body influences unhealthy dietary behaviours and weight satisfaction, respectively. While the research on the effects of a partner’s comments on body dissatisfaction or engagement in unhealthy dietary behaviour is mixed, research has suggested that one’s romantic partner’s depression can increase body dissatisfaction and engagement in unhealthy dietary behaviours in the other partner (Boyes, Fletcher, & Latner, 2010).

Romantic Relationships and Heterosexual and Homosexual Women

Research on the comparison of relationship satisfaction for heterosexual and homosexual women is very limited and somewhat mixed (Kurdek, 2008). Research by Kurdek indicated that on average, homosexual women reported higher levels of relationship quality (which persisted over time) in comparison to heterosexual women. Proposed explanations for this finding relate to the level of expressiveness that women show within the context of a relationship and this increases their relationship quality (Kurdek). Women on average engage in emotionally expressive manners in resolving conflicts when they arise in a relationship, thus homosexual women relationships receive a double “dose” of this resolution solving and maintain more
satisfying relationships in comparison to the one sided “dose” in which heterosexual couples engage (Kurdek). Higher relationship satisfaction in homosexual women in comparison to heterosexual women has also been theorized to occur due to the fewer barriers homosexual women face when deciding to terminate a romantic relationship (Kurdek, 2006). Heterosexual women will be more likely to stay in a marriage due to the social, economic, religious, and financial barriers they would face after the relationships dissolution. In countries where same-sex marriage is not legalized, homosexual women would not face these same legal barriers thus the dissolution of a romantic relationship would be easier than the dissolution of their heterosexual counterparts (Kurdek). Frequency of sexual activity has been linked to relationship satisfaction, but current research has reported conflicting results regarding the frequency homosexual and heterosexual women have sex within a relationship (Farr, Forssell, & Patterson, 2010; Štulhofer, Gregurović, & Štulhofer, 2003).

**Summary**

Research on the quality of a romantic relationship and its effects on unhealthy dietary behaviours is limited (Boyes, Fletcher, & Latner, 2010; Morrison, Doss, & Perez, 2009), specifically in particular when applied to the homosexual women population (Feldman & Meyer, 2007; Share & Mintz, 2002). From the available research, the quality of one’s relationship and its effects on a woman’s vulnerability to developing unhealthy dietary behaviours is mixed; while some women develop disordered eating in response to a negative quality relationship, other women do not (Boyes, Fletcher, & Latner; Markey & Markey, 2006; Morrison, Doss, & Perez) Further research on this topic is needed (Kurdek, 2008).
Current Study

The current study investigated the quality of a romantic relationship and its effects on both heterosexual and homosexual women in terms of body dissatisfaction and engagement in unhealthy dietary behaviours. In addition, the internalization of sociocultural norms, and self-silencing within the context of a romantic relationship will also be discussed. Based on the existing research, the following hypotheses were tested.

H1: Women in higher quality romantic relationships will report fewer occurrences of unhealthy dietary behaviours than women in lower quality relationships.

H2: Sexual orientation will influence the number of unhealthy dietary behaviours that a woman engages in, in that homosexual women will report fewer occurrences of unhealthy dietary behaviours than heterosexual women.

H3: Sexual orientation will influence the level of body dissatisfaction, in that homosexual women will report higher levels of body dissatisfaction than heterosexual women.

H4: Sexual orientation will influence the quality of the romantic relationships, in that homosexual women will report higher quality relationships than heterosexual women.

H5: Women with high body dissatisfaction will report more occurrences of unhealthy dietary behaviours and being in negative quality romantic relationships more often than women with low body dissatisfaction.

H6: The strength of the relationship between the number of occurrences of unhealthy dietary behaviours, and the quality of a romantic relationship will be mediated by the level of self-silencing in a relationship and the internalization of sociocultural norms.
H7: The strength of the relationship between the level of body dissatisfaction, and the quality of a romantic relationship will be mediated by the level of self-silencing in a relationship and the internalization of sociocultural norms.

Method

Design

The current study used various statistical analyses including the Spearman Correlation Coefficients, independent samples t-Tests, and regression analyses. The independent variable was the quality of a romantic relationship; the dependent variables were the occurrences of unhealthy dietary behaviour, and body dissatisfaction. The moderating variable was sexual orientation and the mediating variables were the level of self-silencing in a romantic relationship and the internalization of sociocultural norms towards appearance.

Participants

The participants for this study included 207 women who ranged in age from 18-30 (Mean = 23.4, SD = 2.94). The selection criteria for this study included being in a relationship (neither married nor engaged) for 6 months or longer, and identifying as either being attracted to the same sex or opposite sex thus refining the original participant pool from 398 to 207 participants. Of the 207 participants, 62.46% identified as Caucasian, 10.21% identified as South Asian, 9.61% identified as East Asian, 3.90% identified as Hispanic, 3% as identified as Middle Eastern, 1.2% identified as African American, and 0.9% identified as Native American/Aboriginal/Inuit/Indigenous. Within the study, there were 146 participants who identified that they were attracted to the opposite sex, and 61 participants who identified that they were attracted to the same sex. Participants were recruited via advertisements on bulletin boards, social mediums including but not limited to community centers, pubs, coffee shops, and
announcements in University of Toronto classes. Participants were also recruited via social networking working websites including but not limited to Facebook, Twitter, and MySpace.

Setting

Participants who agreed to take part in the study were given a link to an online questionnaire that included an informed consent form, a demographics questionnaire and the scales used in the study described below.

Measures

*The Weight Control Behaviours Scale.* The Weight Control Behaviours Scale (French et al., 1995) is designed to assess an individual’s engagement in dietary behaviours. The unhealthy weight loss methods factor subscale consists of 8 questions. For the purpose of this study, each item on the unhealthy weight loss method factor subscale was rated on a 3-point Likert scale (Never Used This Strategy = 0 to Always Used This Strategy = 2). Frequency in the engagement in unhealthy dietary behaviours is operationalized as the total scale score on the unhealthy weight loss methods factor subscale (UWLMFS) of the WCBS (French, 1995). Values can range from 0-16. Higher scores on the UWLMFS indicate a higher frequency in the engagement in unhealthy dietary behaviours. The UWLMFS has high internal reliability (Cronbach’s Alpha = .81; French, 1995). Engagement in unhealthy dietary behaviours was operationalized as the total score on the Unhealthy Weight Loss Methods Factor subscale (UWLMFS) of the WCBS.

*The Body Shape Questionnaire (BSQ-34).* The Body Shape Questionnaire (Cooper et al., 1987) is designed to assess concerns about body shape. The scale consists of 34 items and is rated on a 6-point Likert scale (Never = 1 to Always = 6). Concerns about body shape have been operationalized as scores ranging from 1-204 on the BSQ-34 scale. Higher scores on the BSQ-34
indicate increased dissatisfaction with one’s body. It has shown to be high in convergent validity as it was positively correlated with the Body Dissatisfaction scale of the Eating Disorders Inventory Scale. Body dissatisfaction scale will be operationalized as the total score on the BSQ-34.

The Perceived Relationship Quality Inventory (PRQC). The Perceived Relationship Quality Inventory (Fletcher, 2000) is designed to assess perceived relationship quality. There are 6 subscales within the PRQC (Relationship Satisfaction, Commitment, Intimacy, Trust, Passion, and Love). For the purpose of this study, the PRQC was presented to the participant without the subscale headings in order to be aesthetically appeasing to the participants. There are 18 questions rated on a 7-point scale (Not At All = 1 to Extremely = 7). Scores range from 6-108 on the PRQC. Higher scores on the PRQC indicate a positive quality relationship. This scale demonstrates good reliability, and high in face validity (Fletcher, 2000); specifically, 6 items on the PRQC have been found to have high internal reliability (Cronbach Alpha = .88 and .85 in two separate studies; Fletcher et al., 2000). The quality of one’s romantic relationship was operationalized as the total score on the PRQC.

The Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ). The Sociocultural Attitudes Towards Appearance Questionnaire (Thompson et al., 2004) is designed to measure the internalization of sociocultural norms towards appearance. The SATAQ consists of 30 items, and is rated on 5-point Likert scale (Completely Disagree = 1 to Completely Agree = 5), and has demonstrated high convergent validity (highly correlated with the Eating Disorder Inventory; Garner, 1991). Scores range from 30-150 on the SATAQ. High scores on the SATAQ indicate a greater internalization of sociocultural norms towards appearance. Internalization of sociocultural norms towards appearance was operationalized as the total score on the SATAQ.
The Silencing of the Self Scale (STSS). The Silencing of the Self Scale (Jack, 1991) is designed to measure the extent to which an individual silences their thoughts and actions within the context of a romantic relationship. The STSS consists of 31 items, and is rated on a 5-point Likert scale (Strongly Disagree = 1 to Strongly Agree = 5); scores range from 31-155. The STSS is high in both internal reliability and test re-test reliability (Cronbach Alpha = .81 and = . 88 respectively; Cramer & Thoms, 2003). Internal validity was also found to be moderately high (rs from .50-.52) with the Beck Depression Inventory. High scores on the STSS indicate a greater self-silencing in romantic relationships. Self silencing in relationships will be operationalized as the total score on the STSS.

Demographics Questionnaire. The demographics questionnaire consists of four demographic items: age, ethnicity, sex, and sexual orientation. For the purpose of the study, participants were only given the option of selecting ‘attracted to the same sex’ or ‘attracted to the opposite sex’ as their sexual orientation identification.

Procedure

Participants were solicited via billboards, the University of Toronto listserv, and through announcements in classes. Participants were informed that the study was intended to assess their romantic relationships, and their eating behaviours. Only individuals between the ages of 18 and 30 were included in the current study in order to remain consistent with previous age samples used in other studies exploring romantic relationships, body dissatisfaction, and unhealthy dietary behaviours (Mussup, 2007; Locker, Heesacker, & Baker, 2012). The researcher provided a link to the study. Participants were then able to access the study on a computer at any time from any location. Once a participant clicked on the link, they were directed to an Informed Consent form (Appendix A) that provided them with information about the study, including the
risks involved in participating, the benefits they may encounter (adding to psychological literature) and a statement indicating that they were free to withdraw from the study at any time. If the participant agreed to these conditions, they were then directed to a demographic questionnaire which took approximately 30 seconds to complete.

Upon completing the demographic questionnaire, the participant then completed the WCBS, PRQC, and the BSQ-34. For presentation purposes, these scales were combined into one scale and presented in the order as they appeared on the original scales. After the participant had completed the scale, they were presented with a randomly generated reference number and were instructed to inform the researcher by e-mail that they had completed the study as well as what their reference number was. The participants’ e-mail serves as both their “ticket” in the draw and proof of completion.

Results

Analysis for Hypothesis 1

A Spearman correlation analysis was conducted to assess the relationship between the quality of romantic relationships and the occurrences of unhealthy dietary behaviours. It was hypothesized that women in higher quality romantic relationships would report fewer occurrences of unhealthy dietary behaviours than women in lower quality relationships. The result was not significant, \((r (205) = -0.067, p = .336)\), indicating there was no significant relationship between the quality of a woman’s romantic relationship and the occurrences of unhealthy dietary behaviours.
Analysis for Hypothesis 2

An independent-samples t-test was conducted to evaluate the hypothesis that sexual orientation would influence the number of unhealthy dietary behaviours that a woman engages in, in that homosexual women would report fewer occurrences of unhealthy dietary behaviours than heterosexual women. The test was not significant, ($t(108.01) = -0.903$, $p = 0.369$), indicating that there were no significant differences between those who were attracted to the same sex and those who were attracted to the opposite sex in terms of the number of occurrences of unhealthy dietary behaviours that a woman would engage in.

Analysis for Hypothesis 3

An independent-samples t-test was conducted to evaluate the hypothesis that sexual orientation would influence the level of body dissatisfaction, in that those women who identified as being attracted to the same sex would report higher levels of body dissatisfaction than those woman who identified as being attracted to the opposite sex. The test was not significant, ($t(92.59) = 0.456$, $p = 0.649$), indicating that there were no significant differences between those who were attracted to the same sex and those who were attracted to the opposite sex in terms of body dissatisfaction.

Analysis for Hypothesis 4

An independent-samples t-test was conducted to evaluate the hypothesis that sexual orientation will influence the quality of the romantic relationships, in that homosexual women will report higher quality relationships than heterosexual women. The test was not significant, ($t(122.92) = 0.766$, $p = 0.415$), indicating that sexual orientation had no effect on the quality of a woman’s romantic relationship.
Analysis for Hypothesis 5

Spearman correlational analyses were conducted to assess the relationships between body dissatisfaction and both romantic relationship quality and unhealthy dietary behaviours. It was hypothesized that women with higher body dissatisfaction would report more occurrences of unhealthy dietary behaviours and being in negative quality romantic relationships more often than women with low body dissatisfaction. The result was significant for the relationship between body dissatisfaction and romantic relationship quality, \((r \ (205) = -0.187, \ p < .01)\), indicating that women who reported higher levels of body dissatisfaction also reported being in more negative quality relationships than women with lower levels of body dissatisfaction.

The results were also significant for the relationship between body dissatisfaction and unhealthy dietary behaviours, \((r = 0.628 \ (p < .01))\), indicating that women who reported higher levels of body dissatisfaction also reported more occurrences of unhealthy dietary behaviours.

Analysis for Hypothesis 6 & 7

Multiple mediation analysis was used in order to assess the level of self-silencing and internalization of sociocultural norms towards appearance as mediators of the relationship between unhealthy dietary behaviours and the quality of romantic relationships. The method used in the multiple mediation analysis was outlined by Preacher and Hayes (2008) which assesses an independent variable’s indirect effects on a dependent variable through multiple mediators. The method used by Preacher and Hayes allows for the specific identification of the extent to which each mediator (level of self-silencing and internalization of sociocultural norms towards appearance) mediate the relationship between unhealthy dietary behaviours and the quality of romantic relationships. In addition, the model examines the strength of the indirect effects of each mediator thereby allowing a direct comparison of both mediators in order to
determine each mediator’s relative strength to one another in the context of the relationship between the independent and dependent variable.

The multiple mediation analysis performed in this study utilized a macro that was developed by Preacher and Hayes (2008) for SPSS. This macro controls for other mediators while computing the indirect (mediating) effects for each mediator in the model; in addition, the macro computes the indirect effect which is the total sum of the direct (from quality of romantic relationships to occurrences of unhealthy dietary behaviours) and indirect (from quality of romantic relationships to level of self-silencing to occurrences of unhealthy dietary behaviours; from quality of romantic relationships to internalization of sociocultural norms towards appearance to occurrences of unhealthy dietary behaviours) effects. The statistics included in this analysis are point estimates (beta coefficients), standard errors, and Z scores for the individual and total mediation effects. Due to the rarity of normality for total indirect effects, the bootstrapping method was utilized within the macro in order to ensure normality across multiple mediation models (normality across multiple mediation models is an assumption that must be met in order to utilize the Preacher and Hayes method). Bootstrapping was utilized which involves repeatedly sampling from a data set, estimating the indirect effects within each re-sampled data set. The data set was re-sampled 5000 times as recommended by Preacher & Hayes. 95% confidence intervals were included in the analysis for both computed direct and indirect effects.

Mediation for Unhealthy Dietary Behaviours. In examining the indirect effects of the quality of a romantic relationship on unhealthy dietary behavior, multiple mediation analyses were undertaken where the quality of the romantic relationship was treated as the independent variable, level of self-silencing and the internalization of sociocultural norms towards appearance
as the mediators, and the occurrences of unhealthy dietary behaviours was treated as the dependent variable. Results are detailed in Table 1. Self-silencing emerged as a significant mediator in the relationship between the quality of a romantic relationship and unhealthy dietary behaviours. The internalization of sociocultural norms towards appearance was not a significant mediator in the relationship between the quality of a romantic relationship and unhealthy dietary behaviours, only accounting for 2.55% of the variance in unhealthy dietary behaviours (adjusted \( R^2 = 0.255 \)).

Table 1

*Multiple Mediator Analyses Examining Indirect Effects of the Quality of a Romantic Relationship on Unhealthy Dietary Behaviours Through Self-Silencing and Internalization of Sociocultural Norms Towards Appearance*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Product of Coefficients</th>
<th>Bootstrapping 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Point estimate</td>
<td>SE</td>
</tr>
<tr>
<td>STSS</td>
<td>-0.4048*</td>
<td>0.1091</td>
</tr>
<tr>
<td>SATAQ</td>
<td>-0.1127</td>
<td>0.1312</td>
</tr>
</tbody>
</table>

Note: IV = Independent Variable, DV = Dependent Variable, PRQC = Quality of a Romantic Relationship, UBS = Unhealthy Dietary Behaviours, STSS = Self-Silencing, SATQ = Internalization of Sociocultural norms. *p < . 001

Mediation for Level of Body Dissatisfaction. In examining the indirect effects of the quality of a romantic relationship on the level of body dissatisfaction, multiple mediation analyses were undertaken where the quality of the romantic relationship was treated as the independent variable, level of self-silencing and the internalization of sociocultural norms towards appearance as the mediators, and the occurrences of unhealthy dietary behaviours was treated as the dependent variable. Results are detailed in Table 2. Self-silencing emerged as a
significant mediator in the relationship between the quality of a romantic relationship and the level of body dissatisfaction. The internalization of sociocultural norms towards appearance was not a significant mediator in the relationship between the quality of a romantic relationship and the level of body dissatisfaction, only accounting for 4.12% of the variance in unhealthy dietary behaviours (adjusted $R^2 = 0.0412$).

Table 2

*Multiple Mediator Analyses Examining Indirect Effects of the Quality of a Romantic Relationship on the Level of Body Dissatisfaction Through Self-Silencing and Internalization of Sociocultural Norms Towards Appearance*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Product of Coefficients</th>
<th>Bootstrapping 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>STSS</td>
<td>-0.0508*</td>
<td>0.0154 -3.2987 -0.0837 -0.0224</td>
</tr>
<tr>
<td>SATAQ</td>
<td>-0.0070</td>
<td>0.0262 .2671 -0.0480 -.0531</td>
</tr>
</tbody>
</table>

Note: IV = Independent Variable, DV = Dependent Variable, PRQC = Quality of a Romantic Relationship, BSQ = Level of Body Dissatisfaction, STSS = Self-Silencing, SATAQ = Internalization of Sociocultural Norms Towards Appearance. *p < .05

**Discussion**

The purpose of the current study involved an exploration of the relationship between multiple variables, and their mediators. Primarily, the study aimed to investigate: 1) the relationship between the quality of a woman's romantic relationship and body dissatisfaction; 2) the relationship between the quality of a woman's romantic relationship and the occurrences of unhealthy dietary behaviours; 3) to examine the role of self-silencing as a mediator in the relationships between the quality of a romantic relationship and both body dissatisfaction and the occurrences of unhealthy dietary behaviours and 4) to examine the role of the internalization of
sociocultural norms towards appearance as a mediator in the relationships between the quality of a romantic relationship and both body dissatisfaction and the occurrences of unhealthy dietary behaviours. The findings of the study are discussed here in further detail, and are presented in order of the analysis. In general, the overall results of the current study reveal that body dissatisfaction has a significant relationship with the quality of a romantic relationship and the occurrences of unhealthy dietary behaviour. In addition, there was additional support provided for the hypotheses with regards to the role of self-silencing in the relationship between both body dissatisfaction and occurrences of unhealthy dietary behaviour. Within the current study, the results reveal a lack of support for 1) the moderating role of sexual orientation on unhealthy dietary behaviour, body dissatisfaction, and quality of a romantic relationship; 2) the role of the internalization of sociocultural norms towards appearance in the relationship between the quality of a romantic relationship and both body dissatisfaction and the occurrences of unhealthy dietary behaviours and 3) the quality of a romantic relationship having a significant relationship with occurrences of unhealthy dietary behaviours. Limitations and directions for future research are also presented in this section.

Quality of a Romantic Relationship and Unhealthy Dietary Behaviours

Preliminary analysis involved identifying participants who perceived the quality of their romantic relationships as high or positive as indicated by the Perceived Relationship Quality Inventory (Fletcher, 2000). It was hypothesized that women who identified as having a higher quality romantic relationship would report fewer occurrences of unhealthy dietary behaviours than women who identified as having lower quality romantic relationships. As indicated by the
earlier analysis, it was found that there was no significant relationship between the quality of a woman’s romantic relationship and the occurrences of unhealthy dietary behaviours.

The results of the current study add to the previously mixed findings from other studies on the relationship between the quality of a romantic relationship and unhealthy dietary behaviours (Sheets & Ajmere, 2005; Boyes, Fletcher, & Latner, 2010). Sheets and Ajmere post a plausible explanation or the lack of a significant relationship between the quality of a romantic relationship and the engagement in unhealthy dietary behaviour as a woman's refusal to adhere to her partners’ sociocultural attitudes towards appearance, deeming it as 'shallow’. This devaluation of their partners’ standards of beauty may influence the level of dissatisfaction within the romantic relationship, but due to a resistance to subscribing to their partners beauty ideal, the likelihood of her wanting to engage in unhealthy dietary behavior decreases. This can be arguably the case for women attracted to the same sex, as they are generally less likely to subscribe to the cultural standard of attractiveness (i.e. being thin) than women attracted to the opposite sex thus decreasing the likelihood that these women would engage in unhealthy dietary behaviours even if they reported having lower quality romantic relationships (Frederickson & Roberts, 1997; Share & Mintz, 2002; Morrison, Morrison, & Sager, 2004). However, this explanation is in contrast with the results found in the current study as silencing of the self in the context of a romantic relationship was found to significantly mediate the relationship between the quality of a romantic relationship and engagement in unhealthy dietary behaviours. Thus, while the results add to the inconsistent findings on the relationship between the quality of a romantic relationship and unhealthy dietary behaviours, it is in line with the general findings of women who identify as being attracted to the same sex decreased likelihood of engaging in
unhealthy dietary behaviours due to their likely rejection of the beauty ideal (Morrison, Morrison, & Sager).

Sexual Orientation and Relationships with Unhealthy Dietary Behaviours, Body Dissatisfaction, and Quality of a Romantic Relationship

Preliminary analysis involved identifying participants who reported being attracted to the same or opposite sex as indicated by the demographics questionnaire. It was hypothesized that women who identified as being attracted to the same sex would report having fewer occurrences of unhealthy dietary behaviours, higher quality romantic relationships, and higher levels of body dissatisfaction than women who identified as being attracted to the opposite sex. As indicated by the earlier analysis, it was found that there was no significant relationship between a woman's sexual orientation and the occurrences of unhealthy dietary behaviour, quality of a romantic relationship, and level of body dissatisfaction.

The results of the current study indicating no significant relationship between sexual orientation and the quality of a romantic relationship is in contrast to the limited studies investigating this topic (Kurdek, 2006; Kurdek, 2008). A plausible explanation for this discrepancy can be attributed to the degree to which a woman is comfortable with her sexuality, and is publicly ‘out’ (Averett, Yoon, & Jenkins, 2012; Dziengel, 2012). Older women who identify as being attracted to the same sex are more likely to report being comfortable with their sexuality with fewer stressors (including but not limited to family, friends, and work) and fewer psychological issues (including but not limited to anxiety, and depression) than their younger counterparts (Dziengel). Due to the stressors associated with keeping one’s sexual preference private, the likelihood of maintaining a satisfying romantic relationship decreases (Clausell &
Roisman, 2009). Thus within the current study, the degree to which a woman was publicly ‘out’ was not assessed, and could be acting as a mediating variable thus decreasing the likelihood of women who identify as being attracted to the same sex as having more higher quality relationships in comparison to women who identify as being attracted to the opposite sex.

Another plausible explanation for these results would be due to the age of the sample used within the current study. Studies have found that younger women who identify as being attracted to the same sex are more likely to explore their sexuality, therefore maintain less stable romantic relationships than older women thus lowering the quality of their romantic relationships in comparison to their older counterparts. (Hegna & Larsen, 2007; Averett, Yoon, & Jenkins, 2012). As indicated earlier, sexual orientation did not have a significant relationship with body dissatisfaction and unhealthy dietary behaviours. These results are surprising given the literature on women who identify as being attracted to the same sex being less likely to subscribe to society ideal of thinness thereby being less likely to engage in unhealthy dietary behaviours to meet these norms. A practical reason for this discrepancy can be the size of the sample used within the study. The current study had utilized a smaller sample size due to the strict criteria needed to satisfy the conditions of the study (participants were required to be in a relationship for 6 months or longer, and not be engaged nor married); due to these strict criteria, 61 women who identified as being attracted to the same sex were included in the study. Thus, with studies by Kurdek (2006) and Kurdek (2008) achieving significant results with larger sample size, it can be deduced that with a similarly larger sample size within the current study, significant results may have been achieved.
Preliminary analysis involved identifying participants who indicated a high level of body dissatisfaction as indicated by The Body Shape Questionnaire (Cooper et al., 1987). It was hypothesized that women with higher body dissatisfaction would report more occurrences of unhealthy dietary behaviours and being in negative quality romantic relationships more often than women with low body dissatisfaction. As indicated by the earlier analysis, it was found that the results were significant for the relationship between body dissatisfaction and both quality of the romantic relationship and unhealthy dietary behaviours.

Consistent with previous findings in literature (Stice & Shaw, 2002; Mussap, 2007; Morrison, Doss, & Perez, 2009), it was found that women who had higher body dissatisfaction reported being in more negative quality relationships than women with lower levels of body dissatisfaction. Although the relationship is not causal, research has found that women who believe their partners endorse society’s ideal of thinness often report more dissatisfaction within their relationship, and greater body dissatisfaction (Bergstrom et al. 2004). Similarly, consistent with previous findings in literature (Keery, Van den Berg, Thompson, 2004; Mussap; Thøgersen-Ntoumani, Ntoumanis, & Nikitaras, 2010), it was found that women who had higher body dissatisfaction also reported more occurrences of unhealthy dietary behaviours. In a study by Mussap it was found that the relationship between stress and engagement in unhealthy dietary behaviours was mediated by level of body dissatisfaction thereby reinforcing the significant relationship between these two variables.
Self-Silencing as a Mediator

The sixth and seventh hypothesis involved examining self-silencing as a mediator of the relationship between the quality of a romantic relationship and both unhealthy dietary behaviours, and body dissatisfaction. The current findings partially supported the hypothesis. Specifically, self-silencing significantly mediated the relationship between the quality of a romantic relationship and the engagement in unhealthy dietary behaviours, and the quality of a romantic relationship and body dissatisfaction. This finding is also consistent with previous research (Frank & Thomas, 2003; Weschler et al., 2006) indicating that women who self-silenced also reported higher body dissatisfaction, and lower relationship quality.

One interpretation of this finding is the adherence to sociocultural pressures women feel to remain compliant, and to prioritize others' needs over their own. As such, if these women found that their partners adhered to the societal standard that women need to be thin, they would most likely engage in unhealthy dietary behaviours in order to meet that ideal. Of note however is that while these women may strive to meet their partners' expectations for their body type, they may still remain dissatisfied within the context of their romantic relationship. This plausible interpretation is consistent with research by Kurdek (2008) who found that women who were able express themselves freely by communicating their thoughts and feelings within the context of their romantic relationship were more likely to report a higher quality romantic relationship in comparison to women who silenced their inner thoughts. This finding is important for several reasons. Primarily, romantic relationships are natural relationships which form throughout a woman's life, and understanding the implications of one's silence within that relationship to the extent it can influence one's body dissatisfaction and engagement in unhealthy dietary behaviours is necessary. Due to the fact that women have been socialized to be compliant, and
encouraged to silence their fears and concerns (especially within a romantic relationship), it is foreseeable that women who subscribe to these roles will find like-minded partners who reinforce these stereotypes thus encouraging them to engage in unhealthy dietary behaviours in order to meet these expectations (Locker, Heesacker, & Baker, 2012; Schrick, et al., 2012). In addition, the finding is important as it provides novel information on the role self-silencing in a romantic relationship and its relationship with body dissatisfaction and engagement in unhealthy dietary behaviours.

*Internalization of Sociocultural Norms towards Appearance as a Mediator*

The sixth and seventh hypothesis also involved examining the internalization of sociocultural norms towards appearance as a mediator of the relationship between the quality of a romantic relationship and both unhealthy dietary behaviours and body dissatisfaction. The current findings did not support the hypothesis. The internalization of sociocultural norms towards appearance as a mediator between the quality of a romantic relationship and body dissatisfaction was not supported. This finding is consistent with the results found by Sheets and Ajmere (2005) in which internalization of sociocultural norms towards appearance was found to only influence the quality of the romantic relationship but found no effect on the level of body dissatisfaction. A plausible theoretical explanation of the findings of this study can be that women may be becoming more psychologically immune or "numb" towards the societal influences on body image, thus bolstering its effect on women's body dissatisfaction and consequently, their willingness to engage in unhealthy dietary behaviours. Thus, the current finding indicates that within the context of a romantic relationship, the internalization of
sociocultural norms does not appear to influence the relationship between the quality of a romantic relationship and body dissatisfaction.

In addition, the internalization of sociocultural norms towards appearance as a mediator between the quality of a romantic relationship and the engagement in unhealthy dietary behaviours was not supported. This finding is particularly surprising due to the literature postulating a relationship between the engagement in unhealthy dietary behaviours and the internalization of sociocultural norms towards appearance (Morrison, Morrison, & Sager, 2004). Thus, these findings possibly indicate there may be an additional influence mediating the relationship between the internalization of sociocultural norms towards appearance and the engagement in unhealthy dietary behaviours. In short, the current finding indicates that within the context of a romantic relationship, the internalization of sociocultural norms does not appear to influence the relationship between the quality of a romantic relationship and the engagement in unhealthy dietary behaviours.

Clinical Implications

With this discussion of the results in mind, it is worth exploring the clinical implications for the treatment of body image, and disordered eating habits. In addition, it is important to consider the implications for women seeking treatment for their romantic relationships.

As evidenced by the findings in the study, the relationship between negative quality romantic relationships and engagement in unhealthy dietary behaviours and level of body dissatisfaction is mediated by the silencing of the self in the context of a romantic relationship. An implication of this finding is concerned with the level a woman adheres to sociocultural pressures to remain compliant within the context of her romantic relationships. If women
subscribe to these sociocultural expectations of a woman's role in society, they may be more likely to feel dissatisfied with their bodies as a result and engage in unhealthy dietary behaviours. Thus, it is important for clinicians to investigate a woman’s beliefs about her role in society as there may be indications within that belief which guide her within her romantic relationship, and potentially lead her towards higher body dissatisfaction and disordered eating.

An important finding in the study is the lack of significance on the internalization of sociocultural norms towards appearance on a woman's body dissatisfaction and engaging in unhealthy dietary behaviours. Despite research indicating women are increasingly exposed to societal beauty ideals regarding the desired body shape for women which leads to body dissatisfaction and potentially unhealthy dietary behaviours (Grogan, 2006; Esnaola, Rodríguez, & Goñi, 2010; Tiggemann & Miller, 2010; Westerberg-Jacobson, 2010), it appeared to have no effect on these two variables within the context of the study. As self-silencing within the context of a romantic relationship was found to be a significant mediator in both hypotheses, it may indicate that while an internalization of sociocultural norms towards appearance may occur within today's generation of women, it is perhaps not until their romantic partners endorse such views at which point they are more likely to engage in unhealthy dietary behaviours and body dissatisfaction. This is due to their belief that silencing their needs while placing sole importance on their partners needs makes them the "good" or "perfect" partner thereby maintaining the romantic relationship (Locker, Heesacker, & Baker, 2012). This is an important finding for clinicians for the treatment of disordered eating as understanding a woman's role in her romantic relationship, and how she interprets her partners’ expectations of herself may enlighten clinicians on the reinforcements in her life which maintain her body dissatisfaction and engagement in unhealthy dietary behaviours.
Limitations and Future Directions

There are a few limitations to the present study mentioned here. Primarily, due to the correlational nature of the data, it makes it difficult to draw causal inferences from participants’ responses. A longitudinal design would allow for stronger inferences to be made. Second, given the fact that the questionnaire was completed entirely online and not in the researchers’ laboratory, we cannot be sure that participants were not influenced by other contextual factors (e.g. having a friend or partner sitting with them) while completing the questionnaires. Third, due to the sensitive nature of some questions asking about the quality of one’s romantic relationship (e.g. how much they loved their partner) and about the degree to which they engage in unhealthy dietary behaviours (e.g. using laxatives), we cannot be certain that participants may have had different biases in completing the questionnaires. These concerns are typical amongst research in this area, and are not easy to overcome. By promising the participant’s confidentiality by indicating their responses would not be linked to them individually in any way. In addition, by completing the questionnaire online, it allows the participants to respond with greater anonymity as they would not be meeting the researcher in question. By doing so, we could hope for more truthful responding.

Another limitation of the current study is the size of the sample; as indicated earlier, the sample size for the study was reduced significantly due to the strict criteria that each participant had to meet. Thus, with a small sample size, especially so when considering the sample size of women who identified as being attracted to the same sex is, the results of the study may have reached significance in a larger scale study. Recruiting participants who identified as being attracted to the same sex in both online (e.g. Facebook, Twitter) and offline (e.g. classrooms, posters) settings, being young (18-30), and also being in a relationship for 6 months or longer
(and not being married nor engaged) was difficult. Although recruitment took place within the community in addition to the university classrooms, a large proportion of the sample were college and university students therefore the results of the current study cannot be generalized beyond the characteristics of this sample.

The findings of the present study have highlighted future areas of research which could be investigated in the future. Primarily, the beliefs of the woman's partner about appearance standards should be explored and contrasted against their partners’ actual eating patterns and body image. As indicated by the current findings, it is worth exploring whether engaging in unhealthy dietary behaviours and having negative thoughts about one's body is related to a partner’s reinforcement of the sociocultural body ideal or if it is an unspoken expectation a woman has for her role in the relationship. As it has been indicated that women are often socialized to be compliant, and to appear "perfect", it is a possibility that a woman may believe her partner endorses this view but due to a fear of losing said partner, she may never discuss this matter. Thus, investigating self-silencing in a romantic relationship in addition to assessing the quality of the romantic relationship (from both partners) and engagement in unhealthy dietary behaviours could add to the current literature.

Future research should also consider including a broader age range due to current research indicating that older women who identify as being attracted to the same sex are less likely to deal with additional stressors in their lives that may influence the satisfaction in their relationships such as being out publicly (Dziengel, 2012). As participants were not asked whether or not they were out publicly, this factor may have influenced the results, and could have provided pertinent information as to what other stressors were influencing relationship satisfaction. In addition, while ethnicity was not formally assessed within the present study,
would be worth investigating how a woman’s ethnic background influences her relationship satisfaction, body dissatisfaction, and engagement in unhealthy dietary behaviour. Research has shown that women who identify from more members of Eastern cultural backgrounds face more barriers towards becoming publicly out (for instance, struggling to reconcile both their cultural and sexual identities), thus impacting the romantic relationships they have in their lives (Parks, Hughes, & Matthews, 2004).

The act of entering into a romantic relationship is one that is common to many women, regardless of sexual orientation. As indicated in the current study, the impact a romantic relationship can have on one’s eating patterns and thoughts about oneself is extremely important when considering both the physical and mental health of a woman in a society which is becoming more obsessed with an idealized, thin body type. The present study highlights these concerns, and sheds some light on how some aspects of a relationship (self-silencing) can influence a woman’s thoughts about herself and whether or not she would engage in potentially unhealthy dietary behaviour. In particular, this study has confirmed the findings of other studies indicating the role body dissatisfaction plays in the context of one’s romantic relationship and the engagement in unhealthy dietary behaviours. While some findings in the study were not consistent with previous research, the current findings present important health implications for women who are entering romantic relationships and how these relationships may influence their eating patterns and thoughts about their bodies.
References


Appendices
Appendix A - Informed Consent Agreement

Completed Electronically

Date:

The purpose of this study is to assess the quality of one’s romantic relationship and eating behaviours. This is part of the requirement for the MA program in Counselling Psychology at OISE. This thesis is supervised by Professor Niva Piran of the Adult Education & Counselling Psychology Department at OISE.

If you choose to participate, you will be required to answer two questionnaires; one asking for your age, sex, and sexual orientation and the other asking for your opinion on statements. Only individuals between the ages of 17-30 will be asked to participate in the study. The entire study should take around 20-30 minutes. Any information given is strictly confidential and anonymous. All of the answers and information that you provide will be kept confidential. Your name will not be associated with the collected data in any way. All of the data that are obtained will be stored under lock and key at the University of Toronto for a period of two years and will be destroyed after this time. Results from this study may be published in the future; however, individual data will not be presented (only group summary data will be reported). You can leave this study at any time without penalty. If you agree to participate, simply check ‘Yes’ and continue onto the next page.

If at any time you wish to withdraw from the study, you are free to do so and it will not affect your relationship with the researchers, UofT, or any other group associated with the project. If you choose to withdraw, all of the data that you provided will be destroyed.

No psychological harm should be encountered during the course of the study; however due to the nature of some questions within the study, some may find it uncomfortable. Furthermore, a benefit to participating in the study is that students will aid in expanding the psychological literature on eating behaviours and romantic relationships.
For further information regarding this study, please contact me, Ammaar Kidwai, at ammaar.kidwai@utoronto.ca or Dr. Niva Piran, at niva.piran@utoronto.ca.
Appendix B - The Body Shape Questionnaire (BSQ-34)

*Completed Electronically*

1. Has feeling bored made you feel bad about your shape?*
2. Have you been so worried about your shape that you have been feeling that you ought to diet?
3. Have you thought that your thighs, hips or bottom are too large for the rest of you?
4. Have you been afraid that you might become fat (or fatter)?
5. Have you worried about your flesh not being firm enough?
6. Has feeling full (e.g., after eating a large meal) made you feel fat?
7. Have you felt so bad about your shape that you have cried?
8. Have you avoided running because your flesh might wobble?
9. Has being with thin women made you feel self-conscious about your shape?
10. Have you worried about your thighs spreading out when sitting down?
11. Has eating even a small amount of food made you feel fat?
12. Have you noticed the shape of other women and felt that your own shape compared unfavourably?
13. Has thinking about your shape interfered with your ability to concentrate (e.g., while watching television, reading, listening to conversations)?
14. Has being naked, such as when taking a bath, made you feel fat?
15. Have you avoided wearing clothes which make you particularly aware of the shape of your body?
16. Have you imagined cutting off fleshy areas of your body?
17. Has eating sweets, cakes, or other high calorie food made you feel fat?
18. Have you not gone out to social occasions (e.g., parties) because you have felt bad about your shape?
19. Have you felt excessively large and rounded?
20. Have you felt ashamed of your body?
21. Has worry about your shape made you diet?
22. Have you felt happiest about your shape when your stomach has been empty (e.g., in the morning)?
23. Have you thought that you are the shape you are because you lack self-control?
24. Have you worried about other people seeing rolls of flesh around your waist or stomach?
25. Have you felt that it is not fair that other women are thinner than you?
26. Have you vomited in order to feel thinner?
27. When in company have you worried about taking up too much room (e.g., sitting on a sofa or a bus seat)?
28. Have you worried about your flesh being dimply?
29. Has seeing your reflection (e.g., in a mirror or shop window) made you feel bad about your shape?
30. Have you pinched areas of your body to see how much fat there is?
31. Have you avoided situations where people could see your body (e.g., communal changing rooms or swimming pools)?
32. Have you taken laxatives in order to feel thinner?
33. Have you been particularly self-conscious about your shape when in the company of other people?
34. Has worry about your shape made you feel you ought to exercise?
*Denotes word has been changed from “brood” to “feel bad” in order for the participants to understand the question.

Scale: Never = 1 to Always = 6
Appendix C - Unhealthy Weight Loss Method Factors Subscale of the Weight Control Behaviours Scale (UWLMFS)

Completed Electronically

1. Skip meals
2. Fasting
3. Diet pills
4. Vomiting
5. Appetite suppressants
6. Increase cigarettes smoked
7. Laxatives or enemas
8. Pills, liquids or anything used to increase flow of urine*

Scale: Never Use This Strategy = 0 to Always Use This Strategy = 2

* Has been changed from “diuretics” as some participants may not be familiar with the word.
Appendix D - Perceived Relationship Quality Inventory (PRQC)

Completed Electronically

Relationship Satisfaction

1. How satisfied are you with your relationship?
2. How content are you with your relationship?
3. How happy are you with your relationship?

Commitment

4. How committed are you to your relationship?
5. How dedicated are you to your relationship?
6. How devoted are you to your relationship?

Intimacy

7. How intimate is your relationship?
8. How close is your relationship?
9. How connected are you to your partner?

Trust

10. How much do you trust your partner?
11. How much can you count on your partner?
12. How dependable is your partner?

Passion

13. How passionate is your relationship?
14. How lustful is your relationship?
15. How sexually intense is your relationship?

Love
16. How much do you love your partner?

17. How much do you adore your partner?

18. How much do you cherish your partner?

*Subscale headings will be omitted when presenting the PRQC to participants.

Scale: Not At All = 1 to Extremely = 7
Appendix E - Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ)

Completed Electronically

1. Women who appear in TV shows and movies project the type of appearance that I see as my goal.
2. I believe that clothes look better than thin models.
3. Music videos that show thin women make me wish I was thin.
4. I do not wish to look like the models in the magazines.*
5. I tend to compare my body to people in magazines and on TV.
6. In our society, fat people are not regarded as unattractive.*
7. Photographs of thin women make me wish I were thin.
8. Attractiveness is very important if you want to get ahead in our culture.
9. It’s important for people to work hard on their figures/physiques if they want to succeed in today’s culture.
10. Most people do not believe that the thinner you are, the better you look.*
11. People think that the thinner you are, the better you look in clothes.
12. In today’s society, it’s not important to always look attractive.*
13. I wish I looked like a swimsuit model.
14. I often read magazines like Cosmopolitan, Vogue, and Glamour and compare my appearance to the models.

Scale: Completely Disagree = 1 to Completely Agree = 5

*Denotes items which will be reverse scored.
Appendix F - Silencing the Self Scale (STSS)

*Completed Electronically*

1. I think it is best to put myself first because no one else will look out for me.*

2. I don't speak my feelings in an intimate relationship when I know they will cause disagreement.

3. Caring means putting the other person's needs in front of my own.

4. Considering my needs to be as important as those of the people I love is selfish.

5. I find it is harder to be myself when I am in a close relationship than when I am on my own.

6. I tend to judge myself by how I think other people see me.

7. I feel dissatisfied with myself because I should be able to do all the things people are supposed to be able to do these days.

8. When my partner's needs and feelings conflict with my own, I always state mine clearly.*

9. In a close relationship, my responsibility is to make the other person happy.

10. Caring means choosing to do what the other person wants, even when I want to do something different.

11. In order to feel good about myself, I need to feel independent and self-sufficient.*

12. One of the worst things I can do is to be selfish.

13. I feel I have to act in a certain way to please my partner.

14. Instead of risking confrontations in close relationships, I would rather not rock the boat.

15. I speak my feelings with my partner, even when it leads to problems or disagreements.*

16. Often I look happy enough on the outside, but inwardly I feel angry and rebellious.

17. In order for my partner to love me, I cannot reveal certain things about myself to him/her.
18. When my partner's needs or opinions conflict with mine, rather than asserting my own point of view I usually end up agreeing with him/her.

19. When I am in a close relationship I lose my sense of who I am.

20. When it looks as though certain of my needs can't be met in a relationship, I usually realize that they weren't very important anyway.

21. My partner loves and appreciates me for who I am.*

22. Doing things just for myself is selfish.

23. When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions.

24. I rarely express my anger at those close to me.

25. I feel that my partner does not know my real self.

26. I think it's better to keep my feelings to myself when they do conflict with my partner's.

27. I often feel responsible for other people's feelings.

28. I find it hard to know what I think and feel because I spend a lot of time thinking about how other people are feeling.

29. In a close relationship I don't usually care what we do, as long as the other person is happy.

30. I try to bury my feelings when I think they will cause trouble in my close relationship(s).

31. I never seem to measure up to the standards I set for myself.

Scale: Strongly Disagree = 1 to Strongly Agree = 5

*Denotes items which will be reverse scored.
Appendix G - Demographics Questionnaire

Completed Electronically

1. How old are you?
   18  19  20  21  22  23  24  25  26  27  28  29  30

2. What is your sexual orientation?*
   Attracted to the same sex   Attracted to the opposite sex

3. How long have you been in your current romantic relationship?
   6 months – 12 months   13 months – 18 months   19 months – 24 months

4. Ethnic Background?
   Caucasian
   African American
   East Asian
   South Asian
   Native American/Indigenous/Aboriginal/Inuit
   Middle Eastern
   Hispanic

*For the purpose of the study, the only options given as possible choices for sexual orientation will be attracted to the same sex or attracted to the opposite sex.
Appendix H – Announcement for Recruiting

ATTENTION ALL UNDERGRADUATE STUDENTS

My name is Ammaar Kidwai and I am a graduate student at the University of Toronto OISE Campus. I am in the MA program in Counselling Psychology for Psychology Specialists, and would like just a moment of your time to talk to you about my research.

As part of my degree requirement, I am conducting a thesis which will center on the relationship between romantic relationships, dietary behaviours, and body satisfaction. The study I have created is completed entirely online, and is a simple questionnaire which shouldn’t take more than a half hour to finish. The only requirements for the study is that you’re between the ages of 18-30, are female, and are in a relationship for 6 months or longer. Unfortunately if you’re married or engaged, you cannot be a part of the study.

If you participate in my study, you will be entered into a draw to win one of several prizes:

- $100 gift card to Best Buy
- $50 gift card to Chapters
- $25 gift card to HMV
- Cineplex Night Out Package (includes two admission tickets, two drinks, and a popcorn)
- Single Movie Admission Tickets

If you would like to participate in the study, please click on the following link,

LINK
If you have any questions, comments, or concerns, please do not hesitate to e-mail me at ammaar.kidwai@utoronto.ca.

Thank you and I appreciate your time!

Sincerely,

Ammaar Kidwai