Body Dissatisfaction, Self-Focus, and Dieting Status Among Women

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This study examined body shape preferences, body dissatisfaction, and self-focus between dieters and nondieters. Dieters were found to be more dissatisfied with their bodies than were nondieters. Although dieters did not have more stringent standards for body shape than nondieters, there was a larger discrepancy between ideal and current shape for dieters owing to their greater body weights. Dieters were also found to be highly and negatively self-focused on the Exner Sentence Completion Task (J. E. Exner, 1973). Moreover, dieting status was correlated with public rather than private self-consciousness, suggesting that dieters are concerned with their public image. Taken together, these data suggest that some women may be motivated to diet in part because of intense self-focus about their current self-perception of being overweight.

Many researchers consider body dissatisfaction to be centrally important in the initiation and maintenance of dieting behavior (Fairburn & Garner, 1988; Rosen, 1992). There are a number of possible explanations for what determines satisfaction (or dissatisfaction) with body weight and shape, and therefore which factors might promote dieting among women. For example, it is possible that some individuals (i.e., dieters) have more extreme standards for physical appearance so that even normal body weights are viewed as unattractive. Alternatively, it is possible that dieters and nondieters have similar views of what constitutes an attractive or desirable body shape but that dieters are farther from their ideals because of actual excess weight. Finally, it is possible that dieters are more attentive or aware of their body shape than nondieters so that they are more likely to notice even small discrepancies between their current body weight and their ideal body weight. The purpose of this article is to examine aspects of body dissatisfaction that are related to chronic dieting.

Some evidence supports the view that women are dissatisfied with their bodies—and are there-

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1 One possibility that is not considered in the current study is that dieters might overestimate their body size. Such overestimation might predict dissatisfaction. However, recent reviews of the body estimation literature conclude that many women (and not just those with eating disorders) overestimate body size, limiting the usefulness of this construct as a predictor of dissatisfaction (see Cash & Brown, 1987; Garner, Garfinkel, & Bonato, 1987; Polivy, Herman, & Pliner, 1990). Moreover, the current methodology did not allow for an assessment of genuine body image distortion.
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(Herman & Polivy, 1988; Laessle, Tuschl, Waadt, & Pirke, 1989; Polivy & Herman, 1987; Ruderman & Grace, 1988). Specifically, bulimics and anorexics are more likely than dieters to show signs of serious psychopathology in addition to disordered eating (Polivy, 1989); therefore, it is unknown whether dieters will display the same sort of body image disturbances (such as extreme thinness expectations) as those with clinical eating disorders. Thus, one goal of this study was to examine the relation between chronic dieting and choice of ideal standards for body shape.

A second possibility is that many dieters are dissatisfied with their current shape because they are actually overweight. That is, the body shape viewed as ideal may be identical between dieters and nondieters, although dieters may have a larger current–ideal discrepancy because they actually weigh more. There is considerable evidence that chronic dieters (also called restrained eaters) are heavier than nondieters (see Heatherton, Herman, Polivy, King, & McGree, 1988). In fact, the average reported correlation between scores on the Restraint Scale and percentage overweight is around .38 (Heatherton et al., 1988). Moreover, Blanchard and Frost (1983) found that negative body image was associated with actual higher weights, and Striegel-Moore, McAvay, and Rodin (1986) found that percentage overweight was the best predictor of feeling fat. However, some data indicate that percentage overweight and body dissatisfaction are unrelated in that dissatisfaction occurs across all weight categories (Polivy, Herman, & Pliner, 1990). This study also examined the relation among body weight, body dissatisfaction, and chronic dieting behavior.

Finally, it is possible that chronic dieters are more dissatisfied with their bodies because they are more attentive to or focused on possible discrepancies between current and ideal standards. According to Higgin's (1987) self-discrepancy theory, negative affect arises from an awareness of a discrepancy between some ideal and current standing on an important dimension. Carver and Scheier (1981) proposed that such current–ideal discrepancies motivate attempts to reduce the discrepancy (in this case by dieting). This motivation may depend on a high state of self-focus; after all, one needs to focus on the discrepancy for it to have a motivational impact.

There is indirect evidence that chronic dieters are more highly self-focused than nondieters (see Heatherton & Baumeister, 1991). For example, the Restraint Scale (a measure of chronic dieting, Herman & Polivy, 1980) has been shown to correlate with public self-consciousness, as measured by the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975; see Blanchard & Frost, 1983). Other work has found the Restraint Scale to be correlated with the Narcissistic Personality Disorder Scale (Ashby, Lee, & Duke, 1979), again suggesting that restrained eating patterns are associated with preoccupation with self (Ruderman & Grace, 1987, 1988). Although these various findings indicate a propensity for dieters to be concerned about public image, they do not indicate whether dieters are more self-focused on a given occasion. Thus, the final goal of this study was to examine the relation among self-focus, body dissatisfaction, and dieting.

The purpose of this study was to examine how thinness expectations, body weight, and self-focus were related to body dissatisfaction. This study also examined the prediction of chronic dieting. Subjects were asked to complete a number of self-report questionnaires in addition to completing a version of the Fallon and Rozin (1985) Figure Rating Task and the Exner (1973) Sentence Completion Task. On the basis of the body dissatisfaction literature (Rosen, 1992), it was expected that dieters would be more dissatisfied with their bodies than nondieters. Moreover, this dissatisfaction was predicted to be due to actual overweight and heightened self-focus because Zellner et al. (1989) demonstrated that only those who reported signs of clinical eating disorders have extreme standards for thinness.

Method

Subjects

Subjects consisted of 70 female visitors to the Ontario Science Centre. Mean age of subjects was 21.6 years ($SD = 4.1$). On the basis of previous convention, 35 subjects scoring higher than 16 on the Restraint Scale (Herman & Polivy, 1980) were classified as chronic dieters (restrained eaters), whereas those 35 subjects scoring less than 16 were classified as nondieters (unrestrained).

2 In this article, I use the terms dieter, chronic dieter, and restrained eater interchangeably. In all cases I am referring to those individuals who chronically attempt to
Dieters were heavier ($M = 137.5$ lb [62.4 kg]; $SD = 19.4$) than nondieters ($M = 125.6$ lb [57.0 kg]; $SD = 17.3$), $t(68) = 2.72, p < .01$, although there were no differences in height or age ($ps > .10$).

**Procedure**

This study took place at the Ontario Science Centre, which is a museum of science and technology. Visitors represent a diverse population, although they are predominantly Canadian and American. One of the permanent exhibits at the Science Centre is an area where visitors can take part in a psychological study. Subjects were recruited by means of a large sign advertising a study that examined the relation between sentence completions and personality among women. When subjects volunteered, they signed an informed consent form and then were asked to complete the Exner Sentence Completion Task (Exner, 1973). Scheier and Carver (1977) demonstrated that the Exner task is a valid measure of self-focused attention. This task consists of 30 sentence stems that the subject is required to complete. Each response can be scored according to attentional focus: self-focus, external world, or neutral. The self-focus score “represents the response which clearly focuses on the self with little or no regard for the external world” (Exner, 1973, p. 440; “I am an ugly person.”). These responses can also be scored to indicate whether they are negative in content. The external-world focus represents responses that indicate a clear concern for other things or people (“I am in love with my wife.”). Neutral responses clearly are neither self nor other focused (“I am here.”). The Exner task was scored by two independent raters according to the criteria of Exner. Interrater agreement was high, with a mean percentage agreement of 92.3% ($SD = 5.6$). Scoring conflicts were resolved by discussion, with the primary experimenter serving as final judge. Both raters were unaware of each subject’s restraint status; one rater was unaware of the experimental hypothesis.

Subjects were then asked to complete a number of other measures that were supposedly being used to predict the manner in which people completed sentences. Subjects completed a short measure that was based on Fallon and Rozin’s (1985) Body Shape Preference Test (designed by and illustrated in Stunkard, Sorenson, & Schlusinger, 1980). This task requires subjects to choose which of nine body shapes best represents their current shape and their ideal shape. Possible scores on this version of the task ranged from 10 to 90, with 90 representing the largest possible size. In addition, subjects are asked to indicate the figure that best represents the majority of their own sex. Questions regarding the opposite sex were not included because this study used only female subjects. Subjects were asked also to rate how pleased they were with their figure and height on a scale from 10 to 90, with 10 meaning not at all pleased and 90 meaning very pleased. This measure was included to examine how dissatisfied subjects were with a discrepancy between their current and ideal figure. Subjects also completed the State Self-Esteem Scale (Heatherton & Polivy, 1991), which has three factors: Performance Self-Esteem, Social Self-Esteem, and Physical Appearance Self-Esteem. Only the physical appearance factor was used in the current study. Finally, subjects completed the Restraint Scale (Herman & Polivy, 1980) and the Self-Consciousness Scale (Fenigstein et al., 1975). The Self-Consciousness Scale has three components: Public Self-Consciousness, Private Self-Consciousness, and Social Anxiety.

The order in which subjects completed the questionnaires was deemed important because of possible priming effects. Therefore, all subjects completed the questionnaires in the following order: Exner Sentence Completion Task, Figure Rating Task, Self-Consciousness Scale, State Self-Esteem Scale, and Restraint Scale. Weight and height were self-reported on the figures task.

**Results**

As has been previously documented in the literature, chronic dieters (restrained eaters) were found to have greater body dissatisfaction than nondieters. For example, on the single item asking the extent of satisfaction with current shape, dieters were much less satisfied ($M = 46.4$, refrain their intake of food to lose weight. There is some controversy over the use of various dieter descriptions; those interested in this issue should consult Heatherton, Herman, Polivy, King, and McGree (1988) for a full discussion of these issues.
Body Dissatisfaction

The Fallon and Rozin (1985) figures task was used to examine whether body dissatisfaction was due to differences in choice of ideal body size or due to differences in current size. Overall, 75.7% of subjects reported an ideal that was smaller than their current rating, suggesting that the desire to be thinner is widespread. However, whereas 57.1% of unrestrained subjects chose an ideal thinner than their current figure, 94.3% of restrained subjects chose an ideal thinner than their current figure, suggesting that dieters are more likely than nondieters to desire a thinner figure, $\chi^2(1, N = 70) = 13.1, p < .005$.

Dieters viewed their current figure as being larger ($M = 39.2, SD = 11.2$) than did nondieters ($M = 31.6, SD = 12.5$), $t(68) = 2.67, p < .01$, although they did not differ in choice for ideal body shape ($M = 26.2, SD = 5.7$ for dieters vs. $M = 26.0, SD = 6.9$ for nondieters; $t < 1$). The discrepancy between current and ideal figure was significantly correlated with body mass index (BMI = weight/height$^2$), $r(68) = .67, p < .0001$, suggesting that subjects were probably accurate in their ratings of current figure. Again, dieters weighed more on average than did nondieters. Thus, it is possible that body dissatisfaction is more closely related to actual body size than to any difference in perceptions of the ideal body shape.

Self-Focus

Heatherton and Baumeister (1991) proposed that heightened self-focus contributes to body-image dissatisfaction among dieters. To test this hypothesis, dieters completed the Exner Sentence Completion Task, which measures spontaneous self-focus. Chronic dieters were more highly self-focused ($M = 15.9, SD = 3.3$) than were nondieters ($M = 11.7, SD = 3.4$), $t(68) = 5.31, p < .0001$. An examination of the self-focused responses showed that those of dieters were significantly more likely to be negative ($M = 2.63, SD = 2.6$) than those of nondieters ($M = 0.66, SD = 1.19$), $t(68) = 4.09, p < .0001$. Finally, responses were coded to assess whether any of the sentence stems contained references to body weight or shape. Not surprisingly, dieters were more likely to mention weight issues ($M = 1.2, SD = 2.2$) in their responses than were nondieters ($M = 0.2, SD = 0.5$), $t(68) = 2.66, p < .05$. Moreover, it appears that this self-focus was more concerned with the public (presentable self) than the private self: only the correlation between restraint and public self-consciousness was significant, $r(68) = .33, p < .01$; the correlation between private self-consciousness and restraint was not significant, $r(68) = .08, p > .10$.

Dieting Behavior

This study has demonstrated that dieters are more dissatisfied with their bodies than are nondieters and that this dissatisfaction is not due to differences in preferences for the ideal body shape. However, it is of interest to examine whether body weight or self-focused attention contribute to body dissatisfaction in predicting dieting behavior. A series of hierarchical regression analyses were conducted to examine whether other variables in this study increased the proportion of variance explained in restraint scores beyond the variance explained by dissatisfaction with body weight when considered alone. To provide a stable estimate of body dissatisfaction, I created an index by adding standard scores for the single-item satisfaction questionnaire, the discrepancy between ideal and current body shape, and the physical appearance factor of the State Self-Esteem Scale. The reliability for this index was .79, and it was more highly correlated with

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3 Overall, subjects reported a mean current figure rating of 35.4 ($SD = 12.4$) and a mean ideal figure rating of 26.1 ($SD = 6.2$). These values are very close to the results obtained by Fallon and Rozin (1985), which were 36.4 for current figure and 27.9 for the ideal figure. Note that Fallon and Rozin actually used a 9-point rather than a 90-point scale; therefore, the mean values have been multiplied by 10 to make the scale comparable between this study and that study.
dietary restraint than were any one of its components \( (r = - .52, \text{adjusted } R^2 = 27.2) \).

A hierarchical regression analysis was used to test whether BMI, highest weight ever, self-focus, negative self-focus, or aspects of self-consciousness added to body dissatisfaction in predicting scores on the Restraint Scale. This analysis revealed that only self-focus on the Exner (1973) task (change in adjusted \( R^2 = 17.4\% \)) and public self-consciousness (change in adjusted \( R^2 = 2.6\% \)) added significantly to body dissatisfaction in the prediction of restraint scores. The final model of body dissatisfaction, self-focus, and public self-consciousness explained 46.2\% of the variance in restraint scores, \( F(3, 66) = 20.73, p < .0001 \). The same pattern of results occurred when BMI was forced into the equation. That is, body dissatisfaction, Exner self-focus, and public self-consciousness all added significantly to BMI in predicting restraint scores, and the adjusted \( R^2 \) value (45.6\%) was lower than that for the model with only the three variables.\(^4\)

**Discussion**

The results of this study are consistent with past evidence showing that chronic dieters are more dissatisfied with their bodies than are nondieters (see Rosen, 1992). In addition, however, this study found that body dissatisfaction was related to having a larger body size and to self-preoccupation, which suggests that the relation between body dissatisfaction and the motivation to diet probably involves multiple psychological processes.

Dieters report having larger figures than they would like to have, although they do not appear to differ from nondieters in their perceptions of the ideal body shape; therefore, dieters may be more unhappy with their bodies because they are heavier than nondieters rather than because they have more extreme thinness standards. This is supported by the finding that the discrepancy between current and ideal body shape was significantly correlated with BMI and by the data showing that dieters weighed more than nondieters, which suggests that the figure task ratings were relatively accurate. It is important to note, however, that because these data are correlational it is impossible to know the direction of the relation between discrepancy from ideal standards and body dissatisfaction. It is possible that dissatisfied respondents might have reported exaggerated body weights or that satisfied respondents might have believed their weight to be lower than was true. Although correlations between self-reported body weight and actual body weight tend to be quite high, a review of this literature indicated that obese individuals are more likely to underreport their body weights (Cameron & Evers, 1990). Thus, it is possible that the heavier restrained subjects were more likely to underreport body weight. In any case, chronic dieters appear to be dissatisfied with their bodies partially because they are heavier than they would like to be.

This study also found that dieting behavior was significantly related to heightened self-focus as evidenced by dieters having significantly higher scores on the Exner (1973) measure of self-focus. Chronic dieters completed significantly more sentence stems with self-focused statements and were more likely to be negative in these self-statements than were nondieters. In fact, self-focus on the Exner Sentence Completion Task was more highly correlated with restraint scores than was BMI or body dissatisfaction. The self-focus of dieters is apparently related more to their public image than to their private image. This study replicated previous findings (Blanchard & Frost, 1983) of a significant relation between restraint and public self-consciousness but not between restraint and private self-consciousness. Thus, chronic dieters are particularly attentive to how they appear to others, and they appear to be generally unhappy with this appearance. This is supported by Striegel-Moore, McAvay, and Rodin's (1986) finding that one reason women feel fat is because they constantly compare

\[^{4}\] Some readers might be interested in an examination of the subfactors of the Restraint Scale: Concern for Dieting (CD) and Weight Fluctuations (WF). The main predictors of WF were negative self-focus on the Exner (1973) task and largest weight ever, which together explained 17.0\% of the variance; forcing BMI, Exner self-focus, or body dissatisfaction did not improve the explanation of WF. The best predictor of CD was Exner self-focus, which explained 15.2\% of the variance; forcing BMI or body dissatisfaction into the model did not improve the explanation of CD. This can be viewed as supporting the assertions of Heatherton et al. (1988) that researchers should use total scores on the Restraint Scale rather than CD or WF scores.
themselves with other women; such comparisons require constant self-monitoring.

Taken as a whole, these results suggest the possibility that those individuals who focus or dwell on their larger than ideal body shape may be especially motivated to diet. High levels of aversive self-awareness or self-focus may enhance feelings of unattractiveness and incompetence so that some individuals try harder to be successful at dieting. Again, given the correlational nature of these data, further research is necessary before we can make definitive conclusions about the role of self-focus in body dissatisfaction and about the motivation to diet. The current data simply indicate that women who are dissatisfied with their bodies are highly and negatively self-focused and endorse items indicating that they are chronic dieters. However, this pattern does support a recent proposition that aversive self-awareness is an important determinant of binge eating, which is common among chronic dieters (Heatherton & Baumeister, 1991). Similarly, these results agree with clinical observations that individuals with eating-related difficulties often engage in behaviors that indicate heightened self-focus, such as constantly inspecting themselves in mirrors or seeking feedback about their appearance (Rosen, 1992).

This research has highlighted some aspects of body dissatisfaction among women that might promote chronic dieting behaviors. However, there are many other factors that remain to be examined. The developmental forces that lead to body dissatisfaction are just beginning to be understood (Collins, 1991; Lerner & Jovanovic, 1990), and the influence (or existence) of body-image distortion remains controversial (see Polivy et al., 1990). Hence, more research that examines developmental, cultural, and familial factors on body dissatisfaction and dieting behavior is needed. Moreover, this study did not include men and therefore it is not clear whether the results of this study could be generalized to all dieters or whether it is only women who show these specific patterns of body dissatisfaction. Similarly, the role of heightened self-focus in the maintenance and disruption of dietary restraint requires additional empirical study.

In summary, the results of this study indicate that chronic dieting behavior among women is related to self-focus on the discrepancy between current—larger than desired—body shape and ideal body shape. Although dieters do not differ from nondieters in their choice of the ideal figure, dieters are heavier than nondieters and therefore must diet to achieve their ideal. Continual self-focus on the discrepancy between current and ideal body shape may eventually produce aversive feelings of self-dislike, which may eventually lead to even lower self-esteem and increased likelihood of dietary failure (Heatherton & Polivy, 1992; Polivy, Heatherton, & Herman, 1988). Conversely, therapy aimed at reducing body dissatisfaction might increase overall self-esteem and diminish the motivation to diet (Rosen, Cado, Silberg, Srebnik, & Wendt, 1990). Thus, in the absence of serious health risks to being moderately overweight, both clinical and public education efforts might emphasize the importance of self-acceptance in order to promote psychological and physiological well-being (Brownell, 1991).

References


