

BODY IMAGE AND DISORDERED EATING IN ROMANTIC RELATIONSHIPS

A Thesis

by

KRISTEN PAULINE RAHBAR

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

December 2006

Major Subject: Psychology

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## ABSTRACT

Body Image and Disordered Eating in Romantic Relationships. (December 2006)

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Eating, weight, and shape concerns (EWS) are prevalent among college women, and women with EWS concerns tend to experience difficulties in the domain of interpersonal functioning. For a young woman, romantic relationships represent one of the most important aspects of her interpersonal world; thus, an exploration of the romantic relationships of women with EWS concerns may potentially impact the risk assessment, prevention, and treatment of these women. This study used a longitudinal design to examine the relations between EWS concerns and romantic relationships in 88 college women and their heterosexual partners. Participants completed questionnaires at two time points spaced approximately two months apart. Results revealed that women's relationship outcomes did not predict changes in their EWS concerns over the subsequent two months, but relationship negative events for men predicted a worsening of women's EWS concerns. This finding contradicts the common hypothesis that the influence between women's EWS concerns and romantic relationship outcomes is bi-directional. Men's desired change in their partners' bodies predicted women's EWS concerns cross-sectionally and longitudinally; however, once controlling for Body Mass Index, most results were no longer significant. Thus, it seems that a woman's actual body weight may be driving both her partner's satisfaction with her body and her own EWS concerns. Results for analyses

determining whether women's EWS concerns predicted subsequent changes in relationship outcomes indicated that women's body image during physical intimacy was the only EWS variable that significantly or marginally predicted a worsening of all relationship outcomes for both men and women. This finding provides further support for previous research suggesting that women's body image problems may lead to avoidance or uneasiness with physical intimacy, which in turn may impact relationship functioning. Finally, men's desired change in their partner's bodies predicted only men's own relationship outcomes cross-sectionally, and only women's relationship outcomes longitudinally. Overall, this study highlights the importance of longitudinal research and of assessing both partners when exploring the relations between women's EWS concerns and romantic relationship outcomes.

## DEDICATION

To my parents and my Andrew –  
this would not have been possible without your love and encouragement

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## INTRODUCTION

Eating, weight and shape concerns are prevalent among college women (Drewnowski, Yee, Kurth, & Krahn, 1994; Raudenbush & Zellner, 1997; Schwitzer, Rodriguez, Thomas, & Salimi, 2001), with estimates of body image problems or disordered eating pathology ranging from 10% to 29% (Drewnowski et al.; 1994; Heatherton, Nichols, Mahamedi, & Keel, 1995). Body image has been defined as “a complex construct concerning individuals’ perceptions of and attitudes about their own bodies, especially their physical appearance” (Cash, Theriault, & Annis, 2004, p. 89). Body image is a multidimensional construct that incorporates cognitions, beliefs, and emotions about one’s looks (Cash & Pruzinsky, 2002; Weller & Dziegielewski, 2004). For example, a woman with poor body image is likely to experience thoughts that her body is larger than it is in reality, beliefs that her self-worth is dependent on her body size, or feelings of shame about her body weight. Eating disorder concerns have been defined as eating behaviors (such as bingeing, purging, or strict dieting) and attitudes (such as a preoccupation with eating, weight and shape, or a desire to be exceptionally thin) that are present at unhealthy levels, despite falling short of the clinical requirements for the diagnosis of an eating disorder (Niemeier, 2003). Although body image concerns and disordered eating attitudes and behaviors are treated as separate constructs in the literature, results concerning these

constructs often overlap. Some authors have combined the two constructs, and have used the phrase “eating, weight, and shape” (EWS) concerns to represent the larger construct of body image and disordered eating attitudes and behaviors.

Clinical eating disorders are associated with many physical health problems, as well as psychological disturbances such as depressive symptoms, obsessive-compulsive features, substance abuse or dependence, and personality disorders (American Psychiatric Association, 2000). Some researchers have described eating disorders as one of the most common yet serious psychological disorders (Stice, 2001); indeed, eating disorders are associated with some of the highest rates of hospitalization and suicide attempts of any psychological disorder (Newman et al., 1996). However, eating, weight, and shape concerns need not occur at the level of a clinical disorder such as anorexia nervosa or bulimia nervosa to cause significant distress in a woman’s life. Even at levels below those required for a clinically diagnosed eating disorder, such attitudes and behaviors predict poorer psychological adjustment, including depression, anxiety, substance abuse, and dissatisfaction with life (Cash et al., 2004; McKinley, 1999; Niemeier, 2003).

#### *Interpersonal Factors*

Women with eating, weight, and shape concerns tend to struggle in more than one domain of functioning (Niemeier, 2003), including interpersonal functioning. Prior research has linked bulimia to interpersonal problems (Pyle, Mitchell, & Ekert, 1981) and low levels of social adjustment (Johnson & Berndt, 1983; Norman & Herzog, 1984). Subclinical bingeing and purging has also been shown to relate to general social maladjustment (Herzog, Norman, Rigotti, & PePOSE, 1986), and body image concerns have

been shown to relate to less effective interpersonal problem-solving (Holt & Espelage, 2002).

Among young heterosexual women, the connection between interpersonal problems and eating, weight, and shape concerns may be especially salient in relationships with men, because women's desire to form romantic relationships increases during this phase of life (Bergstrom, Neighbors, & Lewis, 2004; Worobey, 2002) and becomes central to women's identity; indeed, Erikson (1959) stated that establishing intimacy is one of the important developmental tasks of young adulthood. Thus, exploration of the relation between romantic relationships and women's EWS concerns may provide important information about young women with such concerns. Understanding more about the romantic relationships of women with EWS concerns may potentially impact the risk assessment, prevention, and treatment of these women. Despite the importance of this topic, relatively little research has explored the connection between romantic relationships and EWS concerns in college women. However, the small body of existing research suggests that romantic relationships and eating and body concerns are related; this research is reviewed below.

#### *Romantic Relationship Factors*

At a broad level, romantic relationship satisfaction has been linked to a variety of body image and disordered eating outcomes. Among community women in marital or committed dating relationships, relationship satisfaction was related to body satisfaction when controlling for weight, self-esteem, and age (Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999). Similarly, poor marital quality predicted wives' unhealthy dieting

behaviors, such as taking diet pills and vomiting, above and beyond wives' weight concern, depression, and self-esteem (Markey, Markey, & Birch, 2001). Among younger women, lower satisfaction and greater distance within romantic relationships, as well as uncertainty about these relationships, were all associated with eating weight, and shape concerns (Evans & Wertheim, 1998). Taken together, these studies suggest that romantic relationships may have an important impact on body image and eating pathology.

At present, there is a dearth of research exploring the direction of effect between eating, weight and shape concerns and romantic relationship functioning. Researchers have hypothesized that the influence between EWS concerns and romantic relationships is bi-directional; in other words, these authors have suggested that romantic relationships impact a woman's EWS concerns, and EWS concerns also influence romantic relationships (Cash et al., 2004; Friedman et al., 1999; Pole, Crowther, & Schell, 2004). One longitudinal study of college women partially addressed this question by demonstrating that subclinical bulimic symptomatology was associated with lower satisfaction in relationships with men (including both friendships and dating relationships) and that bulimic symptoms at Time 1 were negatively correlated with satisfaction in relationships with men seven months and 19 months later (Thelen, Farmer, Mann, & Pruitt, 1990). However, the small sample size and lack of analyses predicting change in relationship satisfaction from earlier EWS values present important limitations to this study (Thelen et al., 1990).

#### *Potential Impact of Romantic Relationships on EWS Concerns*

The influence of romantic relationships on eating, weight, and shape concerns, as with other mental and physical health problems, could potentially be protective or

exacerbating (Pole et al., 2004). The possibility that romantic relationships may be a protective factor, either by preventing at-risk women from developing EWS concerns or alleviating concerns that already exist, has been supported by recent research. When college women were asked an open-ended question about how their romantic relationships had influenced their body image, 61% of college women reported that their relationships had improved their body esteem, largely because men's acceptance of their girlfriends' bodies helped these women to feel more accepting towards their own bodies (Ambwani & Strauss, in press). Furthermore, in an experimental study, the relation between exposure to thin ideals, body dissatisfaction, and disordered eating was moderated by social support, further suggesting that healthy and supportive romantic relationships might help to "buffer" women from EWS concerns (Stice, Spangler, & Agras, 2001).

Other research suggests that romantic relationships may exacerbate EWS outcomes. In a study of married women with clinical eating disorders, 69% of patients with postmarital onset reported that marital distress, separation, or divorce had triggered their disorder (Kiriike, Nagata, Matsunaga, Tobitan, & Nishiura, 1998). However, this study's methodology must temper interpretation of these results; the study was based on a retrospective exploration of case records, and these records included a mixture of information from patients themselves, their parents, and their spouses.

One possible mechanism through which romantic relationships might influence women's eating and weight outcomes is social feedback; specifically, negative feedback from partners about women's bodies could potentially harm women's body image or alter their eating attitudes. One specific aspect of feedback – men's satisfaction with his

partner's body – seems to have particularly important implications for the association between relationship functioning and women's eating, weight and shape concerns. Multiple lines of research have demonstrated that a woman's perception of her partner's satisfaction with her body is related to her eating, weight and shape concerns. For example, a woman's perception of her partner's satisfaction with her body has been shown to correlate with her unhealthy eating attitudes and behaviors (Bergstrom et al., 2004) and weight dissatisfaction (Miller, 2001), and to predict low body esteem, controlling for BMI, in both college women and their middle-aged mothers (McKinley, 1999). The latter finding was replicated in another study of married women, in which wives' reports of their husbands' dissatisfaction with their bodies predicted women's body dissatisfaction, after controlling for their body weight (Pole et al., 2004). Another study demonstrated that the discrepancy between a woman's rating of her own body and her perception of her partner's ideal female body accounted for "almost all" of the variance in her EWS concerns (Tantleff-Dunn & Thompson, 1995, p. 589). In this study, which was rare in that it assessed both male and female partners, the discrepancy between a woman's report of her body and her perception of her partner's ideal female body predicted more aspects of a woman's eating, weight and shape concerns than did the discrepancy between her report of her body and her partner's actual rating of her body (Tantleff-Dunn & Thompson, 1995). However, because a woman's perception of her partner's ideal is likely confounded with her own views of her body (as discussed below), it is not surprising that her perception of her partner's report was a better predictor than his actual report. This study, although

important, neglects to address the impact male partners' ideals may have on women's EWS concerns. Furthermore, women's actual body size was not taken into account in this study.

When men are dissatisfied with their female partner's bodies, they may criticize their partner's body, which may further impact women's eating, weight, and shape concerns. Indeed, young women's reports of weight-related criticism from romantic partners have been shown to relate to their degree of focus on appearance and their levels of body shame (Befort et al., 2001). Notably, the base rate of weight-related comments from men to their partners (as reported by women) is low, and it seems that only about half of the weight-related comments women receive from male partners are critical in nature (Befort et al., 2001; McKinley, 1999; Murray et al., 1995; Sheets & Ajmere, 2005). However, when young women, both with and without eating disorders, were asked whether members of the opposite sex had any influence on their bodies, the most frequent response for both healthy and unhealthy women was that body-related criticism from men influenced their feelings about their weight (Murray, Touyz, & Beaumont, 1995).

When discussing the relation between partner criticism and body image, however, it is essential to note that women with eating, weight and shape concerns are likely to perceive body disapproval from others, whether or not such disapproval exists. Women with EWS concerns may actually seek out information that is consistent with their negative body image; indeed, women with bulimic symptoms and poor body image tend to be especially interested in negative feedback about their appearance (Joiner, 1999). Additionally, even healthy women consistently think that men prefer thinner women than men actually prefer, and this error in perception has been demonstrated across generations



and in multiple western cultures, including the U.S. (Bergstrom et al., 2004). Furthermore, this misperception is not only limited to general beliefs but applies to individuals' romantic relationships as well; women consistently believe their male partners desire them to be thinner than their partners actually want them to be (Markey, Markey, & Birch, 2004; Tantleff-Dunn & Thompson, 1995), and tend to underestimate their partner's satisfaction with their bodies (Markey et al., 2004; Miller, 2001). Interestingly, these perception errors may be more salient among Caucasian women; in one of the few studies comparing these constructs in women of different ethnicities, Caucasian women reported the lowest perceived partner satisfaction with their bodies, despite the fact that their Caucasian partners actually had the highest satisfaction rating (Miller, 2001). Given the tendency in young women to misperceive men's satisfaction with their bodies, it seems surprising that relatively little research has investigated the relations between men's actual satisfaction with their partner's bodies and women's EWS concerns.

#### *Potential Impact of EWS Concerns on Romantic Relationships*

A woman's eating, weight, and shape concerns have also been hypothesized to impact relationship outcomes (Cash et al., 2004; Friedman et al., 1999; Pole et al., 2004). One of the ways that women's EWS concerns may affect relationship satisfaction is through intimacy problems. Women with eating and body concerns tend to have more emotional distance in their relationships, and in some cases may even be afraid of becoming emotionally close to their romantic partners. Both emotional intimacy and openness have been found to be lacking in marriages in which the wife has an eating disorder when comparing them with matched normal controls (Van den Broucke,

Vandereycken, & Vertommen, 1995). Furthermore, research with young women has demonstrated that both body image concerns (Cash et al., 2004) and bulimia (Pruitt, Kappius, & Gorman, 1992) are associated with a fear of intimacy in romantic relationships.

Another way that EWS concerns may impact romantic relationships is through the domain of sexual intimacy. For some women with EWS concerns, discussing sex is difficult; for example, women with high levels of bulimic concerns were less willing to disclose information to their partners about sexual topics, but not daily topics, than were women with low levels of bulimic concerns (Evans & Wertheim, 2002). Sexual functioning also seems to suffer; women with clinical eating disorders have been shown to have poor sexual functioning and satisfaction when compared to a normal sample (Rothschild, Fagan, Woodall, & Anderson, 1991). There is evidence for this relation at subclinical levels as well; body image concerns specific to physical intimacy with a partner predicted women's sexual experience and avoidance of sexual activity, even after controlling for weight, body image, general sexual anxiety, and psychological well-being (Wiederman, 2000). Indeed, in response to an open-ended question about how body image influenced their romantic relationships, one in five college women said that their body image problems made them hesitant to engage in sexual activity (Ambwani & Strauss, in press). In sum, disordered eating and body image problems, especially body image specific to physical intimacy, may be related to problems in the sexual relationship, and this in turn may impact global relationship satisfaction for both partners.

In addition, men's satisfaction with their partners' bodies likely affects women's relationship outcomes. Women want to be with men who find them attractive; and if a

woman perceives that her partner is dissatisfied with her body, this may negatively impact her relationship satisfaction. Sheets and Ajmere (2005) found that women whose partners told them to lose weight reported lower relationship satisfaction than women whose partners had not made such comments, suggesting that partner criticism may be related to a woman's evaluation of her romantic relationship (Sheets & Ajmere, 2005). There are at least two potential explanations for this result. First, a woman may perceive a partner's desire for her to be thinner as an indication that her partner's feelings for her are insincere. Alternatively, when a woman's partner is dissatisfied with her body, she may react by reducing the importance she places on the relationship in order to protect herself from the impact of her partner's criticism (Sheets & Ajmere, 2005).

Men's satisfaction with their partners' bodies may have an impact on men's own romantic relationships outcomes as well. Attractiveness is important to both men and women, and attractiveness has become increasingly more important to both genders over the years (Buss, Shackelford, Kirkpatrick, & Larsen, 2001). Additionally, during the formation of a romantic relationship, women's appearance may be especially important (Feingold, 1990). Taken together, these studies suggest that women's attractiveness matters to men in romantic relationships. Furthermore, men are much more likely than women to have turned down a potential date because of their dissatisfaction with the person's weight (Harris, Harris, & Bochner, 1982), suggesting that for men, a woman's weight and her attractiveness are linked. Since the attractiveness of a woman's body seems important to men in the process of mate selection and relationship formation, it follows that a man's satisfaction with his partner's body will also be important to his relationship

outcomes once the relationship is established. This hypothesis will be explored in the present study.

#### *Limitations of Previous Research and Remaining Questions*

*Direction of Influence.* Perhaps the most important limitation in previous research is that it has been almost exclusively cross-sectional; thus, the direction of influence between EWS concerns and romantic relationships remains unclear. Despite the hypotheses in the literature that the influence is bi-directional (Cash et al., 2004; Friedman et al., 1999; Pole et al., 2004), there is only one longitudinal study capable of addressing this question. The only longitudinal study in existence did demonstrate an association between a woman's baseline bulimic symptoms and her relationship satisfaction seven and 19 months later, but the study's lack of predictive analyses prevent it from providing any further information (Thelen et al., 1990).

Furthermore, the literature has not yet addressed the possibility that women's EWS concerns impact romantic relationship outcomes for both women and men. However, intimacy difficulties and sexual avoidance, which are common in women with eating and body concerns, have the potential to negatively influence relationship outcomes for both women and their partners.

The temporal association between romantic relationship outcomes and women's EWS concerns has important implications for identifying potential causal relations between the two constructs. Specifically, if research reveals that relationship factors predict eating, weight and shape concerns, but not vice versa, this finding would support the conclusion that romantic relationships do affect EWS outcomes. Although causality cannot be

determined from these results alone, a longitudinal study design would provide a foundation for future studies of causality.

*Assessing Only the Female Partner.* Although previous research has begun to elucidate the associations between EWS concerns and romantic relationship outcomes, much of the research has assessed only the female partner. In any research involving romantic relationships, assessment of only one partner is less than ideal, because assessing both partners allows for a more thorough understanding of the relationship. Moreover, given the previous research demonstrating the perceptual errors women make in terms of their partners' satisfaction with their bodies (Markey et al., 2004; Miller, 2001; Tantleff-Dunn & Thompson, 1995), the assessment of both partners becomes essential.

Furthermore, although previous research has explored male partners' perceptions of female partners' bodies, we know very little about influences of EWS concerns on men's perceptions of romantic relationships. Men's happiness in the relationship is important not only in its own right, but also in terms of how it might impact a woman with EWS concerns. As discussed above, romantic relationships likely have the potential to positively or negatively affect a woman's EWS concerns. Therefore, men who are happier in their relationships may provide more positive feedback or support and less criticism to their partners than men who are not happy in their relationships.

Finally, by including men in the study, one can assess whether a man's satisfaction with his partner's body impacts his own and his partner's romantic relationship outcomes. For example, do men who are more satisfied with their partner's bodies report higher relationship satisfaction and fewer negative relationship events than men who are

dissatisfied with their partners' bodies? And might men's desired change in their partner's bodies also affect women's relationship satisfaction?

### *Hypotheses*

Overall, the small body of research on the romantic relationships of women with eating, weight, and shape concerns suggests multiple ways in which the two constructs might influence each other. A longitudinal study that assesses both male and female partners in the heterosexual relationships of women with such concerns can provide answers to some of the remaining questions.

*Hypothesis 1.* First, I explored whether relationship factors at Time 1 would predict a woman's eating, weight and shape outcomes two months later, when controlling for these eating and body image concerns at Time 1. Although previous studies have linked relationship quality with disordered eating and body esteem cross-sectionally (Befort et al., 2001; Markey et al., 2001; Weller & Dziegielewski, 2004), a longitudinal design can facilitate a better understanding of the direction of influence between these constructs.

Specifically, I expected that women's and men's reports of relationship satisfaction would predict improved EWS outcomes two months later, and that women's and men's reports of relationship negative events would predict poorer EWS outcomes two months later, controlling for the baseline value of women's EWS concerns.

*Hypothesis 1a.* I explored whether men's satisfaction with their partners' bodies influenced women's eating, weight, and shape outcomes both cross-sectionally and longitudinally. In contrast to previous research, which has mostly explored women's *perceptions* of their partners' approval in relation to their body image and eating outcomes,

this study instead explored whether men's *actual* satisfaction with partner's body predicted women's EWS outcomes.

I expected that men's satisfaction with their partners' bodies at Time 1 would predict better EWS outcomes for women both cross-sectionally and two months later, controlling for women's EWS concerns at Time 1.

*Hypothesis 2.* I investigated the opposite direction of influence by determining whether a woman's EWS concerns could predict changes in both her and her partner's relationship satisfaction two months later. This hypothesis was the first step in determining whether the relation between these constructs is bi-directional, as has been hypothesized by multiple researchers.

Specifically, I expected that women's body image and disordered eating at Time 1 would predict both men's and women's relationship satisfaction and relationship negative events two months later (controlling for relationship satisfaction at Time 1), with greater eating disorder or body image pathology predicting lower relationship satisfaction and more relationship negative events.

*Hypothesis 2a.* I explored whether men's satisfaction with their partners' bodies predicted both men's and women's relationship satisfaction cross-sectionally and longitudinally.

I anticipated that men's satisfaction with their partners' bodies at Time 1 would predict higher relationship satisfaction and less frequent relationship negative events for both men and women, cross-sectionally and two months later, when controlling for individual relationship functioning at Time 1.

## METHOD

### *Participants*

Eighty-eight heterosexual couples (176 individuals) participated in the present study at a large southern university. Relationship duration ranged from two to 62.5 months in duration, with a mean length of 18.39 months ( $SD = 14.08$ ). Five couples (5.7%) were in long-distance relationships. Relationship satisfaction for women ranged from 19 to 45 on the QMI, with a mean of 39.90 ( $SD = 5.33$ ), and relationship satisfaction for men ranged from 21 to 45, with a mean of 39.95 ( $SD = 4.87$ ), indicating that partners were on average very satisfied with their relationships. At the beginning of the study, participants ranged in age from 18-22 years for women ( $M = 18.65$ ,  $SD = 0.88$ ) and 18-25 for men ( $M = 19.38$ ,  $SD = 1.49$ ). Among the women, 83.5% described themselves as Caucasian, 11.8% Hispanic or Latina, and 4.7% mixed ethnicity. For the men, 84.3% identified themselves as Caucasian, 9.6% as Hispanic or Latino, 4.8% as mixed/other ethnicity, and 1.2% as Black or African American. Each participant's Body Mass Index (BMI) was calculated based on reported height and weight; women's BMI at Time 1 ranged from 14.26 to 30.89, with a mean BMI of 21.79 ( $SD = 2.85$ ). Men's BMI at Time 1 ranged from 17.81 to 35.73, with a mean BMI of 25.06 ( $SD = 3.91$ ).

### *Procedure*

Following procedures approved by the university's IRB, both partners completed questionnaire packets at the beginning of the study and again approximately two months later. For their participation, female participants received experiment credit for their general psychology course once they completed the second assessment session. If a male



participant was also in a general psychology class, he received research credit for his participation; male participants not taking general psychology had their names entered in a drawing for a \$100 cash prize. Male and female partners in a relationship completed all assessments simultaneously and independently during supervised experiment sessions.

Of the 88 couples that participated at Time 1, 74 couples participated in the second time point. Ten of the 14 couples that did not participate at Time 2 had terminated their relationships before Time 2; however, all ten female partners from these couples completed assessments at Time 2. Women in relationships terminating before Time 2 completed the second half of the experiment by filling out packets with relationship questionnaires removed and the Relationship Dissolution Questionnaire (RDQ; Rahbar & Doss, 2005) added. Men who were in terminated relationships did not participate in Time 2. The four couples for which neither partner participated in Time 2 represent a 4.5% attrition rate.

### *Measures*

As part of a larger assessment battery, the following questionnaires were administered; except where noted, both men and women responded to the questionnaire at both time points.

*Demographics Questionnaire.* This form asked students their year in school, age, ethnicity, and height and weight (to determine Body Mass Index). In addition, participants were asked where they and their partners lived currently and where they lived two months ago. These questions allowed a determination of whether participants' relationships were long-distance. Participants completed this questionnaire at Time 1 only.

*Quality of Marriage Index* (QMI, adapted for dating relationships; Norton, 1983).

The QMI is a 7-item assessment of global relationship quality. Although originally developed for a married population, the QMI has previously been used in dating populations (Beach, Whitaker, Jones, & Tesser, 2001). In a recent study, this measure demonstrated high internal consistency, with alpha coefficient values of .95 for men and .96 for women (Paleari, Regalia, & Fincham, 2005). The internal consistency for this sample was also high, with Cronbach alphas of .88 for men and .92 for women.

*Negative Life Events Questionnaire* (NLEQ; Saxe & Abramson, 1987). The NLEQ assesses negative events in multiple arenas of life functioning; for this study, only the Boyfriend/Girlfriend/Spouse subscale was utilized. This measure instructs participants to indicate how often the events described have happened to them in the past eight weeks, with answer choices ranging from “never” to “always”. The NLEQ was designed for use with a college population, and has been found to be reliable (Saxe & Abramson, 1987) and valid (Joiner & Walker, 2002). Sample items include “Criticized by boyfriend/girlfriend/spouse,” “Boyfriend/girlfriend/spouse withdrew affection from you,” and “Fight or disagreement with girlfriend/boyfriend/spouse.” Internal consistency for this sample was .86 for men and .85 for women.

*Relationship Dissolution Questionnaire* (RDQ; Rahbar & Doss, 2005). This measure assesses various aspects of the termination of romantic relationships, including cause for and mutuality of the break-up. This questionnaire was included only for women who were no longer dating their partners by the time of the second assessment.

*Body Figures Rating Scale* (Stunkard, Sorenson, & Schlusinger, 1983). These scales illustrate seven male and seven female adult figures that range in body size from emaciated to obese, with a one to seven rating below the row of figures. Participants indicated their answers to six questions by marking their choice onto the scales. These questions were based on items developed by Markey et al. (2004), and were as follows: (1) Which figure do you think looks most like you? (2) Which figure would you like to look like? (3) Which figure do you think *your partner thinks* you look like? (4) Which figure do you think *your partner would like* you to look like? (5) Which figure do you think looks most like your partner? (6) Which figure would you like your partner to look like? Whether referring to one's own or partner's body, satisfaction will be operationalized as the discrepancy between ideal and actual ratings. Test-retest reliability for these scales in previous studies was .87 for males and .80 for females (Thompson & Altabe, 1991).

*Body Esteem Scale* (BES; Franzoi & Shields, 1984). The BES is a multidimensional measure of body esteem, which for women includes Weight Concern, Sexual Attractiveness, and Physical Condition. In previous studies, all three subscales demonstrated good internal consistency (Weight Concern = .87, Sexual Attractiveness = .78, Physical Condition = .82) and convergent and discriminant validity, with the Weight Concern subscale in particular distinguishing healthy women from those with a diagnosed eating disorder. For this sample, Cronbach alpha was .90 for Weight Concern, .82 for Sexual Attractiveness, and .84 for Physical Condition. Higher scores indicate higher esteem.

*Eating Disorder Inventory* (EDI; Garner, 1991; Garner, Olmstead, & Polivy, 1983). Only women completed the EDI, which is a multidimensional measure of eating disorder behaviors and attitudes. The EDI has eight subscales, but only three of these were utilized in the current study: Drive for Thinness, Bulimia, and Body Dissatisfaction. In previous studies, these scales have demonstrated acceptable internal consistency, with alphas of .85, .83, and .91, (Garner et al., 1983). The three subscales had good internal consistency for this sample, with Cronbach alphas of .90 for Drive for Thinness, .83 for Bulimia, and .90 for Body Dissatisfaction.

*Body Image Self-Consciousness Scale* (BISC; Wiederman, 2000). Women also completed this 15-item questionnaire assessing women's body image concerns during sexual intimacy with a partner. Specifically, the BISC measures women's fear of appearing too large or fat during intimate interactions. The instructions for the measure, which ask participants to "indicate how often you agree with each statement or how often you think it would be true for you" makes the scale appropriate for women regardless of whether they have any sexual experience. Because of the sensitive nature of the questions, participants were instructed to skip this questionnaire if the questions made them uncomfortable; approximately 16% of participants chose to do so. In previous studies, the internal consistency of the BISC was high, with an alpha of .94 and test-retest reliability of .92. For this sample, Cronbach's alpha was also .92.

## RESULTS

### *Data Screening*

The data were first assessed for normality and other assumptions of multiple regression; this assessment revealed that two measures produced non-normal distributions. Specifically, the Quality of Marriage Index (QMI; Norton, 1983) and the Body Figures Rating Scale (BFRS; Stunkard et al., 1983) were not normally distributed, so transformations were applied in order to normalize the distributions<sup>1</sup>. Additionally, missing data were encountered in the sample due to the 10 couples who terminated their relationships between Time 1 and Time 2, resulting in relationship outcome data Missing Not At Random. For the women (n=7) who reported on the Relationship Dissolution Questionnaire that: (a) relationship distress was the cause of the break-up and (b) the decision was mutual or more the woman's decision, relationship values at Time 2 were estimated. Specifically, for these couples, a value that was three standard deviations either below or above (whichever direction implied relationship distress) the Time 2 mean for each participant's gender was substituted. Data were not substituted for the three couples not meeting these criteria, resulting in these six individuals being omitted from analyses. It was felt that this approach resulted in the most accurate estimate of changes in relationship satisfaction; in contrast, list-wise deletion of these couples would have limited results only to couples that remained intact.

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<sup>1</sup> For the QMI, the transformations resulting in the most normal distribution involved first reversing, then taking the log 10 of the distribution. Transformed data were subsequently reversed to retain the meaning of higher QMI scores representing higher levels of relationship satisfaction. For the BFRS, the transformation producing the best distribution was the log 10.

### *Descriptive Analyses*

The means and standard deviations for relationship satisfaction (QMI), relationship negative events (NLEQ), body esteem (BES), eating disorder attitudes and behaviors (EDI), and body image for physical intimacy (BISC) are presented in Table 1. Table 1 also indicates whether these variables changed significantly from Time 1 to Time 2. Notably, there was a significant decrease in relationship satisfaction and a significant increase in relationship negative events from Time 1 to Time 2, for both men and women. Women's and men's mean BMI also increased from Time 1 to Time 2. Interestingly, despite the significant increase in women's BMI between time points, there was significant positive change in three of the women's EWS measures: BES Sexual Attractiveness, EDI Bulimia, and Body Image Self-Consciousness all improved (Table 1).

The means and standard deviations for the QMI and BES were similar to values in the normative samples. For the EDI, descriptive values are similar to norms demonstrated in samples of college women for the Bulimia subscale (Perez & Joiner, 2003) and the Body Dissatisfaction subscale (Perez, Voelz, Pettit, & Joiner, 2002); however, the mean and standard deviation for the Drive for Thinness subscale are slightly lower than those found in a previous sample of college women, in which the mean was 24.37 ( $SD = 10.59$ ) (Urland & Ito, 2005). The descriptive values for the BISC also reveal that women in the current sample were somewhat healthier than previous samples; women in the current sample had lower levels of body image self-consciousness for physical intimacy than the women in the normative sample, in which the mean was 25.17 (Wiederman, 2000).

Cross-sectional correlations between women's relationship functioning and women's eating, weight and shape concerns revealed that as a whole, these constructs generally were not associated in the current sample. Specifically, the only significant correlations with relationship satisfaction were BES Sexual Attraction ( $r = .25, p < .05$ ) and body image during physical intimacy ( $r = -.33, p < .01$ ). For relationship negative events, the same body image constructs were the only significant correlations: BES Sexual Attraction ( $r = -.27, p < .05$ ) and body image during physical intimacy ( $r = .24, p < .05$ ).

In a replication of previous research, it was determined that women in this sample were less satisfied with their own bodies than their partners were with the women's bodies; women desired significantly more change in their bodies ( $M = 0.22, SD = 0.02$ ) than men desired in women's bodies ( $M = 0.08, SD = 0.01; t(84) = -7.83, p < .001$ ). Women also predicted that men's ideal female body was thinner ( $M = 3.10, SD = 0.79$ ) than the men's ideal female body actually was ( $M = 3.30, SD = 0.66$ ); and this difference was significant ( $t(84) = -2.36, p < .05$ ), thus replicating previous research (Markey et al., 2004; Miller, 2001; Tantleff-Dunn & Thompson, 1995). Also, the women chose an ideal body ( $M = 2.90, SD = 0.61$ ) that was thinner than women's perception of the ideal their partners wanted ( $M = 3.10, SD = 0.79; t(84) = -3.49, p \leq .001$ ) and thinner than the actual ideal their partners reported ( $M = 3.30, SD = 0.66; t(84) = -5.43, p < .001$ ).

*Hypothesis 1: Relationship Functioning Will Predict Women's Subsequent EWS Concerns*

It was expected that men's and women's relationship functioning at Time 1 would predict women's subsequent eating, weight, and shape (EWS) constructs at Time 2. The relationship constructs explored included relationship satisfaction (QMI) and relationship

negative events (NLEQ). The EWS constructs included various aspects of body image: the Body Esteem Scale (BES) Sexual Attraction subscale, BES Weight Satisfaction, BES Physical Condition, the Eating Disorders Inventory-2 (EDI) Body Dissatisfaction subscale, and the Body Image Self-Consciousness Scale (BISC), which measures body image specific to physical intimacy. The EWS constructs also included two measures of disordered eating attitudes and behaviors: the EDI Drive for Thinness and EDI Bulimia subscales. Separate equations were used for each relationship construct and each EWS construct.

Equation 1 was utilized to determine whether women's and men's relationship constructs predicted changes in women's EWS outcomes two months later. All variables in the equation were entered simultaneously<sup>2</sup>.

$$\begin{aligned} \text{Female EWS Construct}_{\text{Time } 2} = & \beta_0 + \beta_1(\text{Female EW Construct}_{\text{Time } 1}) \\ & + \beta_2(\text{Female Relationship Construct}_{\text{Time } 1}) \\ & + \beta_3(\text{Male Relationship Construct}_{\text{Time } 1}) \end{aligned} \quad (1)$$

Results from Equation 1 revealed that neither women's relationship satisfaction nor women's relationship negative events predicted any EWS concerns two months later when controlling for women's baseline EWS construct (Table 2). Men's relationship satisfaction also did not predict changes in any EWS concerns for women. However, men's relationship negative events at Time 1 significantly predicted women's EDI Drive for

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<sup>2</sup> Because men's and women's relationship constructs tended to be correlated, I first conducted regressions using only women's baseline relationship value and women's EWS value as predictors. These analyses were not significant for relationship satisfaction or relationship negative events for any of the EWS constructs, indicating that women's relationship functioning did not significantly predict her EWS outcomes over and above her baseline EWS value, even when men's values were not included as predictors. Thus, men's and women's Time 1 relationship constructs were entered simultaneously to explore whether men's relationship constructs predicted women's EWS outcomes over and above women's relationship constructs.



Thinness at Time 2 (Table 2), with a higher frequency of men's relationship negative events predicting an increase in women's drive for thinness two months later. There were also similar trends for men's relationship negative events predicting women's EDI Bulimia and BES Physical Condition, in which men's more frequent relationship negative events predicted women's increased bulimic attitudes and behaviors and lower body esteem for physical fitness, respectively.

In order to determine whether the association between romantic relationship quality and women's EWS outcomes differed based on the duration of the relationship, I expanded Equation 1 to include relationship duration as well as the interaction between relationship duration and relationship constructs. In all cases, predictors were centered before creating the interaction terms; centered predictors and the resulting interaction terms were entered in Equation 2:

$$\begin{aligned}
 \text{Female EWS Construct}_{\text{Time 2}} = & \beta_0 + \beta_1(\text{Female EWS Construct}_{\text{Time 1}}) & (2) \\
 & + \beta_2(\text{Relationship Length}) \\
 & + \beta_3(\text{Female Relationship Construct}_{\text{Time 1}}) \\
 & + \beta_4(\text{Male Relationship Construct}_{\text{Time 1}}) \\
 & + \beta_5(\text{Relationship Length}_{\text{Time 1}} \times \text{Female} \\
 & \quad \text{Relationship Construct}_{\text{Time 1}}) \\
 & + \beta_6(\text{Relationship Length}_{\text{Time 1}} \times \text{Male} \\
 & \quad \text{Relationship Construct}_{\text{Time 1}})
 \end{aligned}$$

Results from Equation 2 indicated that none of the interactions between women's relationship satisfaction and relationship duration were significant. However, there was a non-significant trend for the interaction of women's relationship satisfaction and relationship length predicting BES Sexual Attraction ( $B = 0.23$ ,  $\beta = .14$ ,  $t(78) = 1.93$ ,  $p < .10$ ), such that the relation between relationship satisfaction and changes in Sexual Attraction was marginally stronger for longer-term relationships. For relationship negative events, there was one significant interaction: women's relationship negative events predicted changes in EDI Body Dissatisfaction more strongly in relationships of longer duration ( $B = 0.02$ ,  $\beta = .18$ ,  $t(78) = -2.01$ ,  $p < .05$ ). None of the interactions between men's relationship functioning and women's EWS concerns were significant.

*Hypothesis 1a: Men's Desired Change in Women's Bodies Will Predict Women's EWS Concerns*

*Cross-sectional relations.* Since Hypothesis 1a has not been previously explored in the literature, the first aim was to investigate whether a man's desired change with his girlfriend's body could predict women's EWS concerns cross-sectionally<sup>3</sup>. Linear regressions were fit to the data using Equation 3 in order to explore this question:

$$\text{Female EWS Construct}_{\text{Time 1}} = \beta_0 + \beta_1(\text{Male Desired Change in Partner's Body}_{\text{Time 1}}) \quad (3)$$

Men's desired change in partners' bodies significantly predicted all but one of the women's EWS constructs cross-sectionally, such that the more change a man desired in his

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<sup>3</sup> It was unclear from previous research whether a man's desire for his partner to be heavier would have the same impact on the relationship as a man's desire for his partner to be thinner. Analyses revealed that a man's desire for change in his partner's body was related to relationship satisfaction in the same direction regardless of whether he wanted his partner to be thinner or heavier. Therefore, men's desired change in his partner's body was operationalized as the absolute value of the discrepancy between his report of how his girlfriend's body looked currently and how he would ideally like it to look.

partner's body, the worse her EWS concerns (Table 3). Although men's satisfaction with his partner's body did not significantly predict women's BES Sexual Attraction, there was a non-significant trend for this relation in expected directions (Table 3).

However, in interpreting these results, it is important to consider the possibility that women's EWS concerns and men's desired change in their partners' bodies may be related because of women's actual body size (i.e., either too thin or too heavy) rather than the impact of the man's desired change on his partner. Therefore, consistent with previous studies (Freidman et al., 1998; McKinley, 1999), women's BMI at Time 1 was entered as a control variable in Equation 3. After controlling for women's BMI, men's satisfaction with partner's body significantly predicted only women's BES Sexual Attraction (Table 3); no other predictions were significant.

*Longitudinal relations.* The same question was next explored longitudinally. Specifically, Equation 4 was used to determine whether men's satisfaction with their partners' bodies could predict changes in women's EWS concerns in the subsequent two months:

$$\text{Female EWS Construct}_{\text{Time 2}} = \beta_0 + \beta_1(\text{Female EWS Construct}_{\text{Time 1}}) + \beta_2(\text{Male desired change in Partner's Body}_{\text{Time 1}}) \quad (4)$$

Longitudinally, men's satisfaction with partner's body significantly predicted changes in women's EDI Drive for Thinness and EDI bulimia two months later (Table 3). Specifically, the larger a man's desired change in his partner's body, the greater the amount of change in her drive for thinness and bulimic attitudes and behaviors. However, when

women's Time 1 BMI was added to the equation, only the prediction for EDI Drive for Thinness remained significant (Table 3).

*Hypothesis 2: Women's EWS Concerns Will Predict Subsequent Relationship Functioning*

In the next analyses, Equations 5 and 6 were fit to the data to determine whether women's EWS concerns at Time 1 could predict men's and women's relationship functioning two months later, controlling for relationship functioning at Time 1:

$$\begin{aligned} \text{Female Relationship Construct}_{\text{Time 2}} = & \beta_0 + \beta_1(\text{Female Relationship Construct}_{\text{Time 1}}) & (5) \\ & + \beta_2(\text{Female EWS Construct}_{\text{Time 1}}) \end{aligned}$$

$$\begin{aligned} \text{Male Relationship Construct}_{\text{Time 2}} = & \beta_0 + \beta_1(\text{Male Relationship Construct}_{\text{Time 1}}) & (6) \\ & + \beta_2(\text{Female EWS Construct}_{\text{Time 1}}) \end{aligned}$$

The same constructs described for Hypothesis 1 were used for these analyses. The EWS constructs, as well as male and female relationship constructs, were explored in different equations. All variables were entered into the equation simultaneously.

Results indicated that the only EWS construct to significantly predict changes in women's relationship outcomes was body image self-consciousness during physical intimacy with a partner (the BISC). Specifically, higher levels of body image problems for physical intimacy at Time 1 predicted increases in relationship negative events in the following two months (Table 4). In addition, women's higher levels of body image problems during physical intimacy and lower levels of BES Weight Satisfaction both marginally predicted decreased relationship satisfaction two months later (Table 4).

Two women's EWS constructs significantly predicted changes in men's relationship negative events in the subsequent two months: EDI Drive for Thinness and

EDI Bulimia (Table 4). Higher levels of women's drive for thinness and bulimic attitudes at Time 1 both predicted increases in men's relationship negative events. There was also a non-significant trend for women's body image problems during physical intimacy predicting decreases in relationship satisfaction and increases in relationship negative events for men (Table 4).

In order to determine whether the relation between women's EWS outcomes and romantic relationship outcomes differed based on the duration of the relationship, I used a model including relationship length, as well as the interaction between relationship length and relationship constructs:

$$\begin{aligned} \text{Female Relationship Construct}_{\text{Time 2}} = & \beta_0 + \beta_1(\text{Female Relationship Construct}_{\text{Time 1}}) & (7) \\ & + \beta_2(\text{Relationship Length}) \\ & + \beta_3(\text{Female EWS Construct}_{\text{Time 1}}) \\ & + \beta_4(\text{Relationship Length X Female} \\ & \text{EWS Construct}_{\text{Time 1}}) \end{aligned}$$

$$\begin{aligned} \text{Male Relationship Construct}_{\text{Time 2}} = & \beta_0 + \beta_1(\text{Male Relationship Construct}_{\text{Time 1}}) & (8) \\ & + \beta_2(\text{Relationship Length}) \\ & + \beta_3(\text{Female EWS Construct}_{\text{Time 1}}) \\ & + \beta_4(\text{Relationship Length X Female} \\ & \text{EWS Construct}_{\text{Time 1}}) \end{aligned}$$

Analyses revealed none of the interactions between relationship length and women's EWS constructs were significant in predicting men's or women's relationship satisfaction or relationship negative events.

*Hypothesis 2a: Men's Desired Change in Women's Bodies Will Predict Both Partners' Relationship Functioning*

*Cross-sectional relations.* Since Hypothesis 3 also has not been previously explored, I first investigated whether a man's desired change in his girlfriend's body could predict either partner's relationship functioning cross-sectionally. To examine this question, linear regressions were fit to the data using Equations 9 and 10:

$$\begin{aligned} \text{Male Relationship Construct}_{\text{Time 1}} = & \beta_0 & (9) \\ & + \beta_1(\text{Male Desired Change in Partner's Body}_{\text{Time 1}}) \end{aligned}$$

$$\begin{aligned} \text{Female Relationship Construct}_{\text{Time 1}} = & \beta_0 & (10) \\ & + \beta_1(\text{Male Desired Change in Partner's Body}_{\text{Time 1}}) \end{aligned}$$

Results indicated that men's desired change in partner's body significantly predicted his own relationship satisfaction and his report of relationship negative events cross-sectionally (Table 5). Specifically, a larger discrepancy between a man's rating of his partner's actual versus ideal body predicted lower relationship satisfaction and more frequent relationship negative events for him. However, a man's satisfaction with his partner's body did not predict his partner's relationship satisfaction or her report of relationship negative events cross-sectionally (Table 5). When women's BMI was added into the equation, the pattern of significant results remained the same.

*Longitudinal relations.* Subsequently, men's desired change in their partners' bodies was used as a predictor of both partners' relationship functioning two months later, controlling for Time 1 relationship functioning. Specifically, Equations 11 and 12 were fit to the data:

$$\text{Male Relationship Construct}_{\text{Time 2}} = \beta_0 + \beta_1(\text{Male Relationship Construct}_{\text{Time 1}}) + \beta_2(\text{Male Desired Change in Partner's Body}_{\text{Time 1}}) \quad (11)$$

$$\text{Female Relationship Construct}_{\text{Time 2}} = \beta_0 + \beta_1(\text{Female Relationship Construct}_{\text{Time 1}}) + \beta_2(\text{Male Desired Change in Partner's Body}_{\text{Time 1}}) \quad (12)$$

In contrast to the cross-sectional results, men's Time 1 desired change in partner's body did not predict changes in his relationship satisfaction or relationship negative events (Table 5). However, men's satisfaction with partner's body did significantly predict changes in women's relationship satisfaction; the larger the desired change a man would like in his partner's body, the more her relationship satisfaction decreased in the following two months (Table 5). Men's desired change in their partners' bodies did not predict changes in women's relationship negative events (Table 5). When controlling for women's baseline BMI, the patterns of significance remained the same except that men's desired change marginally predicted decreases in his relationship satisfaction (Table 5).

Furthermore, the relation between men's desired change in their partners' bodies predicting changes in women's relationship satisfaction remained significant even when a woman's baseline satisfaction with her own body was added into the equation ( $B = 0.79$ ,  $\beta = .18$ ,  $t(80) = 2.10$ ,  $p < .05$ ). The direction of this prediction again revealed that the more change a man desired in his partner's body at Time 1, the greater the decreases in her relationship satisfaction, even when controlling for her baseline relationship satisfaction and her desired change in her own body.

## DISCUSSION AND CONCLUSIONS

This study used a longitudinal design to further explore the relations between women's EWS concerns and romantic relationship functioning. Specifically, this study focused on four potential relations. First, I explored whether relationship functioning can predict changes in women's EWS concerns. The relation between men's desired change in their partners' bodies and women's EWS concerns was also examined, both cross-sectionally and longitudinally. In addition to predicting women's EWS concerns, it was important to investigate the ability of EWS concerns to predict changes in relationship functioning. Specifically, I explored whether women's EWS concerns can predict changes in relationship functioning in order to determine whether these relations are bi-directional. Finally, I looked at the relations between men's desired change in their partners' bodies and romantic relationship functioning.

When interpreting the results of this study, it warrants mentioning that women's EWS concerns did not correlate cross-sectionally with women's relationship functioning in this sample. This result is notable because previous research has consistently demonstrated similar associations (Evans & Wertheim, 1998; Friedman et al., 1999; Markey et al., 2001). Possible explanations for this unexpected finding are discussed below.

### *Relationship Functioning Predicting Women's Eating, Weight, and Shape Concerns*

Contrary to predictions, women's relationship satisfaction and relationship negative events did not predict changes in their EWS concerns. Men's relationship satisfaction also did not predict changes in women's EWS concerns; however, men's relationship negative events did significantly predict changes in women's drive for thinness and marginally



predicted changes in women's bulimic attitudes and behaviors and body esteem for physical fitness. For all three of these relations, men's reports of more frequent relationship negative events predicted deteriorations in women's EWS outcomes during the following two months.

The results indicating that a woman's relationship functioning did not predict her EWS concerns two months later were unexpected, because previous literature has consistently hypothesized that these relations exist longitudinally (Murray et al., 1995; Pole et al., 2003). If the present results are replicated in future studies, and a woman's relationship functioning does not impact her EWS concerns over time, these results will require researchers in this area to re-consider the popular hypothesis that the influence of these constructs is bi-directional (Cash et al., 2004; Friedman et al., 1999; Pole et al., 2004). Perhaps a woman's relationship functioning and her EWS concerns are related cross-sectionally only because they both tap into the same global construct – women's overall life satisfaction. If this were true, then after controlling for the level of either relationship functioning or EWS concerns at Time 1, one would not expect to see changes in the construct over time. However, this interpretation is tempered by the fact that, in the present study, these constructs were not significantly related at Time 1. An additional alternative explanation for these null results is a range restriction problem; couples in this sample were generally very happy, and for the most part women had low levels of EWS concerns.

Although men's relationship functioning did not predict all EWS concerns for their partners, the men's results were more consistent with study expectations than were the predictions for women. Notably, in this sample, men's relationship functioning was more

likely to predict women's EWS concerns than was women's own relationship functioning. This result highlights the possibility that men's relationship satisfaction may indeed be an important factor in determining the direction of women's EWS concerns over time. In addition, it reveals the importance of obtaining both women's and men's relationship variables when exploring the connections between romantic relationships and EWS concerns.

Because researchers have hypothesized that relationship duration moderates the relation between relationship functioning and women's EWS concerns (Markey et al, 2004; McKinley, 1999), I explored relationship duration as a potential moderator for the relations between these variables. Results indicated that that the vast majority of interactions with relationship duration were not significant for these predictions, suggesting that the failure of relationship factors to predict subsequent changes in women's EWS concerns is generally consistent across dating relationships of varying length. However, for a few analyses, relationship duration did moderate the effects of relationship functioning on EWS concerns. Specifically, results revealed a significant interaction with relationship duration for the relation between women's relationship negative events and women's body dissatisfaction, with longer-term relationships having stronger relations between these constructs. Additionally, there was a trend indicating that the relation between women's relationship satisfaction and women's body esteem for sexual attractiveness was marginally stronger in longer-term relationships. There were no significant interactions between relationship duration and a man's relationship constructs in predicting his partner's eating, weight and shape concerns.

If these results were to hold in other studies, they suggest that relationship duration may not be a crucial variable in understanding the association between women's relationship functioning and EWS concerns. However, an important consideration when interpreting these results is that about 78% of the couples in this sample were in relationships of at least six months' duration; thus, the interaction analyses largely capture differences between medium- and long-term dating relationships and likely do not reflect relations within newly-formed relationships. In addition, there was very little power for the interaction equations, so the results do not necessarily suggest that length does not moderate these relations.

*Men's Desired Change in Women's Bodies Predicting Women's Eating, Weight, and Shape Concerns*

One possibility for the general lack of significant relations between global relationship functioning and EWS concerns is that specific partner constructs or characteristics, rather than global relationship constructs, have an impact on women's EWS concerns. One such construct is male partners' satisfaction with, or desired change in, their female partners' bodies. Indeed, in the present study, men's desired change in their partners' bodies cross-sectionally predicted all but one of the women's eating, weight and shape concerns assessed in the study. Specifically, men's desired change predicted women's body esteem for weight, body esteem for physical fitness, drive for thinness, bulimic attitudes and behaviors, body dissatisfaction, and body image during physical intimacy. There was also a non-significant trend for men's desired change to predict women's body esteem for sexual attractiveness. For all constructs, a larger desired change

predicted more severe levels of EWS concerns for women. However, once controlling for women's Body Mass Index, men's desired change significantly predicted only women's body esteem for sexual attractiveness; all other predictions became non-significant. These results, rather than providing support for some type of romantic relationship influence, suggest that a woman's actual body weight may be driving both her partner's satisfaction with her body and her own eating, weight and shape concerns cross-sectionally.

Longitudinally, men's desired change in their partners' bodies predicted changes in women's drive for thinness and bulimic attitudes and behaviors, with larger desired change predicting increases in these disordered eating symptoms over time. Furthermore, after controlling for women's baseline Body Mass Index, desired change still significantly predicted drive for thinness, but not bulimic symptoms. Therefore, in contrast to cross-sectional results, the longitudinal results suggest the possibility that some type of relationship mechanism may be driving at least the relation between a man's satisfaction with his partner's body and her desire to be thin.

#### *Women's Eating, Weight, and Shape Concerns Predicting Relationship Functioning*

Given the suggestion of a bi-directional influence between EWS concerns and relationship functioning in previous literature, I also explored whether women's EWS concerns can predict changes in both partners' relationship outcomes. Results indicated that body image problems during physical intimacy significantly predicted an increase in the frequency of relationship negative events and marginally predicted a decrease in relationship satisfaction for women two months later. Women's body esteem for weight also marginally predicted changes in relationship satisfaction for women, with higher body

esteem predicting an increase in relationship satisfaction over the next two months. For men's relationship outcomes, women's drive for thinness and bulimic attitudes and behaviors both predicted an increase in the frequency of relationship negative events for men. In addition, women's body image problems during physical intimacy marginally predicted decreased relationship satisfaction and an increase in relationship negative events for men.

Although results for these predictions are scattered, they do provide modest evidence for the possibility that women's EWS concerns have an impact on their romantic relationships. Interestingly, body image during physical intimacy was the only construct to significantly or marginally predict all relationship outcomes for both women and men. This result suggests a potential explanation for previous literature demonstrating that EWS concerns are related to problems with sexual intimacy (Evans & Wertheim, 2002; Rothschild, et al., 1991; Wiederman, 2000); as suggested by Ambwani & Strauss (in press), women's body image problems may lead to avoidance or uneasiness with physical intimacy. Women may desire physical intimacy with their partners, but may either avoid such intimacy or be uneasy when physically intimate because of their insecurity about the way their bodies will look. Arguably, this avoidance of or discomfort during physical intimacy might affect women's relationship functioning. For men, regardless of whether they know the cause of their partners' actions, their partners' avoidance or discomfort with physical intimacy may influence men's assessment of the relationship.

The exploration of relationship length as a moderator of these associations indicated that the relation between women's EWS constructs and changes in men's or women's

relationship functioning did not differ based on relationship duration. If these results were replicated in future studies, it would suggest that relationship functioning continues to have an effect on women's EWS concerns throughout the course of the dating relationship. Again, because of the low power to test this hypothesis, the possibility of moderation cannot be disconfirmed by these results.

#### *Men's Desired Change in Women's Bodies Predicting Relationship Functioning*

As before, I also explored whether a specific partner characteristic – men's desired change in their partners' bodies – would predict both partners' relationship functioning. Men's desired change in their partner's bodies did not predict women's relationship functioning cross-sectionally. However, consistent with predictions, a man's desired change in his partner's body did significantly predict his own relationship functioning cross-sectionally, with a larger desired change predicting lower relationship satisfaction and more frequent negative events. After controlling for women's baseline Body Mass Index, the same pattern of significance and non-significance remained. Therefore, it seems that cross-sectionally, a man's satisfaction with his partner's body is only important for his own relationship functioning and not his partner's. These results suggest that the impact of men's satisfaction with his partner's body may be on an individual rather than relationship level.

Longitudinally, men's desired change in their partners' bodies did not predict changes in men's relationship satisfaction or negative events. However, men's desired change significantly predicted changes in women's relationship satisfaction two months later, with a larger desired change predicting larger decreases in relationship satisfaction for

women. Men's desired change did not predict relationship negative events for either partner. Overall, the same pattern of results held whether or not women's Body Mass Index was entered as a control variable. However, when controlling for women's Body Mass Index, men's desired change became marginally predictive of changes in his relationship satisfaction.

Interestingly, men's desired change in partner's body predicted only his own relationship satisfaction cross-sectionally, and only his partner's relationship satisfaction longitudinally. These results suggest some type of relationship mechanism; perhaps men convey their satisfaction (or dissatisfaction) with their partner's bodies through weight-related criticism, and this in turn impacts women's relationship satisfaction over time. Alternately, this relation could be driven primarily by relationship satisfaction; perhaps men's relationship satisfaction impacts both their reports of desired change in their partners' bodies at baseline and their partners' relationship happiness two months later. Regardless of which interpretation explains these results, the findings highlight the importance of longitudinal studies, since the relations between these constructs over time appears to differ from the relations revealed at a single time point.

#### *Study Limitations*

Although this study expands on the existing literature in a number of ways, it also has important limitations that should be noted. First, the small sample size restricts the study's power to examine the questions at hand. The sample also represents a specific and largely homogeneous group of young individuals; specifically, the sample studied was a group of young individuals attending college (and particularly the first year in college).

Finally, the participants were primarily Caucasian, limiting the generalizability of the results. However, it should be noted that the present study is not notably different from previous studies on this topic in terms of demographics; therefore, these variables cannot explain any differences between the present results and previously-published findings.

In addition, the study design, in which Time 1 and Time 2 were only two months apart, limits the longitudinal analyses. This limitation is especially problematic because the majority of couples in the sample had already been together for six months or longer at the beginning of the study. Perhaps important changes in romantic relationship functioning cannot be expected to occur in such a short time period in relationships lasting six months or longer. However, there was a significant decrease in relationship satisfaction between time points for both men and women, as well as a significant increase in Body Mass Index for both partners. These changes would seem to suggest that, if these two variables were indeed related over time, the timeframe of the study could potentially capture such a relation. Because of limitations of sample size, relationship duration, and length of follow-ups, these questions should be explored in future studies.

### *Conclusions*

Overall, the statistically significant and non-significant results of the present study have important implications. Results indicated that women's relationship functioning does not predict changes in women's EWS outcomes, but that better relationship functioning for men can predict improved EWS outcomes for women two months later. If the present results were to hold, the non-significant predictions for women's relationship functioning and her EWS concerns would provide evidence against the hypothesis often seen in the



literature that these constructs, which have been demonstrated to relate cross-sectionally, are also related longitudinally. On the other hand, the results indicating that men's relationship functioning can predict women's EWS outcomes longitudinally indicates that future research should assess both partners. Furthermore, the ability of men's relationship functioning to impact changes in women's subsequent EWS concerns suggests that interventions for these concerns could potentially involve women's romantic partners.

The exploration of more specific partner constructs revealed that cross-sectional predictions of a woman's EWS concerns from her partner's desired change in her body appear to be driven by a woman's actual weight rather than any influence from the male partner; however, a man's desired change in his partner's body predicted increases in her drive for thinness over time, even after controlling for her weight. Thus, a man's satisfaction with his partner's body appears to have potential implications for the development of her EWS concerns over time.

There was partial support for the idea that women's EWS concerns would predict women's and men's relationship outcomes two months later; in particular, body image concerns during physical intimacy predicted or marginally predicted both aspects of both partners' relationship functioning. The importance of women's body image during physical intimacy in these predictions suggests that physical intimacy might indeed be a mechanism through which these outcomes occur. Additionally, because a man's desired change in his partner's body predicted his own relationship satisfaction cross-sectionally and his partner's relationship satisfaction longitudinally, a man's perceptions of his partner's body may have important implications for the field of romantic relationships.

Indeed, these results highlight the dearth of existing literature on the relation between satisfaction with partner's body and relationship satisfaction and point to the importance of a further exploration of partner body size as it relates to partner attraction and relationship functioning.

Building from the results demonstrating that men's desired change in their partners' bodies significantly predict women's relationship functioning longitudinally, further research should explore potential mechanisms of that relation. Specifically, constructs such as partner criticism of the woman's body (assessed in both partners, along with a measure of social desirability for men to control for reporting bias), emotional intimacy, sexual functioning, and relationship social support can provide more information about the ways in which women's eating, weight and shape concerns are related to their romantic relationships.

Once more information about the mechanisms of these relations is obtained, research can pursue possible applications of this knowledge. For example, women who have EWS concerns may benefit from a simple intervention in which these women learn how satisfied their partners actually are with the women's bodies and that their ideal female figure is not as thin as the women perceive it to be. Given the literature demonstrating the potential for feedback to influence women's EWS concerns (Ambwani & Strauss, in press; Befort et al., 2001; Murray, Touyz, & Beaumont, 1995) such an intervention might be helpful in mitigating women's EWS concerns. Partner-assisted interventions, in which a woman's partner would work with her in therapy towards alleviating her EWS concerns, may be another potential direction as well. As a whole, the romantic relationships of

women with eating, weight, and shape concerns represents a potentially important yet understudied area with wide-reaching implications.

## REFERENCES

- Ambwani, S., & Strauss, J. (in press). Love thyself before loving others? A qualitative and quantitative analysis of gender differences in body image and romantic love. *Sex Roles*.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed., text revision). Washington, DC: Author.
- Beach, S. R. H., Whitaker, D. J., Jones, D. J., & Tesser, A. (2001). When does performance feedback prompt complementarity in romantic relationships? *Personal Relationships*, 8, 231-248.
- Befort, C., Kurpius, S. E. R., Hull-Blanks, E., Nicpon, M. F., Huser, L., & Sollenberger, S. (2001). Body image, self-esteem, and weight-related criticism from romantic partners. *Journal of College Student Development*, 42, 407-419.
- Bergstrom, R. L., Neighbors, C., & Lewis, M. A. (2004). Do men find “bony” women attractive?: Consequences of misperceiving opposite sex perceptions of attractive body image. *Body Image*, 1, 183-191.
- Buss, D. M., Shackelford, T. K., Kirkpatrick, L. E., & Larsen, R. J. (2001). A half century of mate preferences: The cultural evolution of values. *Journal of Marriage and Family*, 63, 491-503.
- Cash, T. F., & Pruzinsky, T. P. (Eds.). (2002). *Body image: A handbook of theory, research, and clinical practice*. New York: Guilford Press.

- Cash, T. F., Theriault, J., & Annis, N. M. (2004). Body image in an interpersonal context: Adult attachment, fear of intimacy, and social anxiety. *Journal of Social and Clinical Psychology, 23*, 89-103.
- Drewnowski, A., Yee, D. K., Kurth, C. L., & Krahn, D. D. (1994). Eating pathology and DSM-III-R bulimia nervosa: A continuum of behavior. *American Journal of Psychiatry, 151*, 1217-1219.
- Erikson, E. (1959). Growth and crises of the healthy personality [Monograph No. 1]. *Psychological Issues, 1*, 50-100.
- Evans, L., & Wertheim, E. H. (1998). Intimacy patterns and relationship satisfaction of women with eating problems and the mediating effects of depression, trait anxiety and social anxiety. *Journal of Psychosomatic Research, 44*, 355-365.
- Evans, L., & Wertheim, E. H. (2002). An examination of willingness to self-disclose in women with bulimic symptoms considering the context of disclosure and negative affect levels. *Eating Disorders, 31*, 344-348.
- Feingold, A. (1990). Gender differences in effects of physical attractiveness on romantic attraction: A comparison across five research paradigms. *Journal of Personality and Social Psychology, 59*, 981-993.
- Franzoi, S. L., Shields, S. A. (1984). The body esteem scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment, 48*, 173-178.

- Friedman, M. A., Dixon, A. E., Brownell, K. D., Whisman, M. A., & Wilfley, D. E. (1999). Marital status, marital satisfaction, and body image dissatisfaction. *International Journal of Eating Disorders*, 26, 81-85.
- Garner, D. M. (1991). *Eating Disorder Inventory-2 professional manual*. Odessa, Florida: Psychological Assessment Resources, Inc.
- Garner, D. M., Olmstead, M. P., & Polivy, J. (1983). Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. *International Journal of Eating Disorders*, 2, 15-34.
- Harris, M. B., Harris, R. J., & Bochner, S. (1982). Fat, four-eyed, and female: Stereotypes of obesity, glasses, and gender. *Journal of Applied Social Psychology*, 12, 503-516.
- Heatherton, T. F., Nichols, P., Mahamedi, F., & Keel, P. (1995). Body weight, dieting, and eating disorder symptoms among college students, 1982 to 1992. *American Journal of Psychiatry*, 152, 1623-1629.
- Herzog, D. B., Norman, D. K., Rigotti, N. A., & PePOSE, M. (1986). Frequency of bulimic behaviors and associated social maladjustment in female graduate students. *Journal of Psychiatry Research*, 20, 355-361.
- Holt, M. K., & Espelage, D. L. (2002). Problem-solving skills and relationship attributes among women with eating disorders. *Journal of Counseling and Development*, 80, 346-354.
- Johnson, C. L., & Berndt, D. J. (1983). Preliminary investigation of bulimia and life adjustment. *American Journal of Psychiatry*, 140, 774-777.

Joiner, T. E. (1999). Self-verification and bulimic symptoms: Do bulimic women play a role in perpetuating their own dissatisfaction and symptoms? *International Journal of Eating Disorders*, 26, 145-151.

Joiner, T. E., & Walker, R. L. (2002). Construct validity of a measure of acculturative stress in African Americans. *Psychological Assessment*, 14, 462-466.

Kiriike, N., Nagata, T., Matsunaga, H., Tobitan, W., & Nishiura, T. (1998). Single and married patients with eating disorders. *Psychiatry and Clinical Neurosciences*, 52(Suppl.), 306-308.

Markey, C. N., Markey, P. M., & Birch, L. L. (2001). Interpersonal predictors of dieting practices among married couples. *Journal of Family Psychology*, 15, 464-475.

Markey, C. N., Markey, P. M., & Birch, L. L. (2004). Understanding women's body satisfaction: The role of husbands. *Sex Roles*, 51, 209-216.

McKinley, N. M. (1999). Women and objectified body consciousness: Mothers' and daughters' body experience in cultural, developmental, and familial context. *Developmental Psychology*, 35, 760-769.

Miller, D. J. (2001). Weight satisfaction among black and white couples: The role of perceptions. *Eating Disorders*, 9, 41-47.

Murray, S. H., Touyz, S. W., & Beumont, P. J. (1995). The influence of personal relationships on women's eating behavior and body satisfaction. *Eating Disorders*, 3, 243-252.

Newman, D. L., Moffitt, T. E., Caspi, A., Magdol, L., Silva, P. A., & Stanton, W. R. (1996). Psychiatric disorder in a birth cohort of young adults: Prevalence,

- comorbidity, clinical significance, and new case incidence from ages 11 to 21. *Journal of Consulting and Clinical Psychology*, 64, 552-562.
- Niemeier, H. M. (2003). Clinical implications of disordered eating attitudes and behaviors in college women. Unpublished doctoral dissertation, University of Colorado, Boulder.
- Norman, D. K., & Herzog, D. B. (1984). Persistent social maladjustment in bulimia: A one-year follow-up. *American Journal of Psychiatry*, 141, 444-446.
- Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. *Journal of Marriage and the Family*, 45, 141-151.
- Paleari, F. G., Regalia, C., & Fincham, F. (2005). Marital quality, forgiveness, empathy, and rumination: A longitudinal analysis. *Personality and Social Psychology Bulletin*, 31, 368-378.
- Perez, M., & Joiner, T. E. (2003). Body image dissatisfaction and disordered eating in black and white women. *International Journal of Eating Disorders*, 33, 342-350.
- Perez, M., Voelz, Z. R., Pettit, J. W., & Joiner, T. E. (2002). The role of acculturative stress and body dissatisfaction in predicting bulimic symptomatology among ethnic groups. *International Journal of Eating Disorders*, 31, 442-454.
- Pole, M., Crowther, J. H., & Schell, J. (2004). Body dissatisfaction in married women: The role of spousal influence and marital communication patterns. *Body image*, 1, 267-278.
- Pruitt, J. A., Kappius, R. E., & Gorman, P. W. (1992). Bulimia and fear of intimacy. *Journal of Clinical Psychology*, 48, 472-476.



- Pyle, R. L., Mitchell, J. E., & Ekert, E. D. (1981). Bulimia: A report of 34 cases. *Journal of Clinical Psychiatry*, 42, 60-64.
- Raciti, M., & Hendrick, S. S. (1992). Relationships between eating disorder characteristics and love and sex attitudes. *Sex Roles*, 27, 553-564.
- Rahbar, K. P., & Doss, B. D. (2005). The Relationship Dissolution Questionnaire. Unpublished manuscript.
- Raudenbush, B., & Zellner, D. (1997). Nobody's satisfied: Effects of abnormal eating behaviors and actual and perceived weight status on body image satisfaction in males and females. *Journal of Social and Clinical Psychology*, 16, 95-110.
- Rothschild, B. S., Fagan, P. J., Woodall, C., & Andersen, A. E. (1991). Sexual functioning of female eating-disordered patients. *International Journal of Eating Disorders*, 10, 389-394.
- Saxe, L. L., & Abramson, L. Y. (1987). The Negative Life Events Questionnaire: Reliability and validity. Unpublished manuscript. (Personal collection).
- Schwitzer, A. M., Rodriguez, L. E., Thomas, C., & Salimi, L. (2001). The eating disorders NOS diagnostic profile among college women. *Journal of American College Health*, 49, 157-166.
- Sheets, V., & Ajmere, K. (2005). Are romantic partners a source of college students' weight concern? *Eating Behaviors*, 6, 1-9.
- Stice, E. (2001). Risk factors for eating pathology: recent advances and future directions. In R. H. Striegel-Moore & L. Smolak (Eds.), *Eating disorders: Innovative directions*

- in research and practice (pp.9-29). Washington, DC: American Psychological Association.
- Stice, E., Spangler, D., & Agras, N. S. (2001). Exposure to media-portrayed thin-ideal images adversely affects vulnerable girls: A longitudinal experiment. *Journal of Social and Clinical Psychology, 20*, 270-288.
- Stunkard, A. J., Sorenson, T. I., & Schlusinger, F. (1983). Use of the Danish Adoption Register for the study of obesity and thinness. In S. Kety, L. P. Rowland, R. L. Sidman, & S. W. Matthysse (Eds.), *The genetics of neurological and psychiatric disorders* (pp. 115-120). New York: Raven Press.
- Tantleff-Dunn, S., & Thompson, J. K. (1995). Romantic partners and body image disturbance: further evidence for the role of perceived-actual disparities. *Sex Roles, 33*, 589-605.
- Thelen, M. H., Farmer, J., Mann, L. M., & Pruitt, J. (1990). Bulimia and interpersonal relationships: A longitudinal study. *Journal of Counseling Psychology, 37*, 85-90.
- Thompson, J. K. & Altabe, M. N. (1991). Psychometric qualities of the Figure Rating Scale. *International Journal of Eating Disorders, 10*, 615-619.
- Urland, G. R., & Ito, T. A. (2005). Have your cake and hate it, too: ambivalent food attitudes are associated with dietary restraint. *Basic and Applied Social Psychology, 27*(4), 353-360.
- Van den Broucke, S., & Vandereycken, W. (1988). Anorexia and bulimia nervosa in married patients: A review. *Comprehensive Psychiatry, 29*, 165-173.

- Van den Broucke, S., Vandereycken, W., & Vertommen, H. (1994). Psychological distress in husbands of eating disorder patients. *American Journal of Orthopsychiatry*, 64, 270-279.
- Van den Broucke, S., Vandereycken, W., & Vertommen, H. (1995). Marital intimacy in patients with an eating disorder: A controlled self-report study. *British Journal of Clinical Psychology*, 34, 67-78.
- Wiederman, M. W. (2000). Women's body image self-consciousness during physical intimacy with a partner. *The Journal of Sex Research*, 37, 60-68.
- Weller, J. E., & Dziegielewski, S. F. (2004). The relationship between romantic partner support styles and body image disturbance. *Journal of Human Behavior in the Social Environment*, 10, 71-92.
- Worobey, J. (2002). Interpersonal versus intrafamilial predictors of maladaptive eating attitudes in young women. *Social Behavior and Personality*, 30, 423-434.

## APPENDIX A

Table 1. Descriptives for Relationship Functioning and Eating, Weight, and Shape Concern Variables

Measures	Time 1 <i>M</i>	Time 1 <i>SD</i>	Time 2 <i>M</i>	Time 2 <i>SD</i>
Quality of Marriage Index				
Women	39.90	5.33	38.37*	8.02
Men	39.95	4.87	37.84**	7.89
Negative Relationship Events				
Women	24.06	5.98	26.99*	9.61
Men	25.13	6.84	26.66*	8.43
Women's Body Esteem Scale				
Weight Satisfaction	30.24	9.28	31.14	10.08
Sexual Attractiveness	46.82	7.45	48.36*	8.07
Physical Condition	32.12	6.36	32.11	6.63
Women's Eating Disorder Inventory				
Drive for Thinness	21.69	8.51	20.28	8.94
Bulimia	13.82	5.55	12.37**	4.41
Body Dissatisfaction	30.11	10.07	29.61	10.11
Women's Body Image Self-Consciousness	19.73	13.94	16.66*	13.80

Note. \* Indicates significant change from Time 1 to Time 2,  $p < .05$ . \*\*  $p < .01$ .

Table 2. Relationship Functioning Predicting Women's EWS Concerns Longitudinally

Time 2 EWS Construct	QMI				NLEQ			
	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>
Women								
BES								
Sexual Attraction	1.69	.08	1.66	80	.08	.06	.11	80
Weight Satisfaction	.13	.005	1.65	80	.08	.05	.11	80
Physical Condition	.99	.06	1.44	80	.09	.08	.09	80
EDI								
Drive for Thinness	-.09	-.004	1.66	80	-.17	-.11	.11	80
Bulimia	-.94	-.08	.98	80	.005	.007	.06	80
Body Dissatisfaction	-1.19	-.05	1.76	80	.05	.03	.10	80
Body Image: Intimacy	1.23	.04	2.66	67	-.15	-.08	.16	67
Men								
BES								
Sexual Attraction	-1.01	-.05	1.55	80	.04	.03	.10	80
Weight Satisfaction	1.45	.06	1.59	80	-.13	-.08	.10	80
Physical Condition	1.50	.09	1.37	80	-.16 <sup>+</sup>	-.15	.09	80
EDI								
Drive for Thinness	-1.29	-.06	1.59	80	.22*	.16	.10	80
Bulimia	-.23	-.02	.93	80	.10 <sup>+</sup>	.15	.06	80
Body Dissatisfaction	-.10	-.004	1.69	80	-.01	-.01	.11	80
Body Image: Intimacy	-1.14	-.03	2.49	67	.15	.07	.16	67

Note. The *df* for the BISC are lower than other measures because 13 women chose not to respond to the questionnaire due to the sensitive nature of the questions. \*  $p < .05$ . <sup>+</sup>  $p < .10$ .

Table 3. Men's Desired Change in Partner's Body Predicting Women's EWS Concerns

EWS Concerns	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>
	Time 1				Time 2			
Without Controlling for BMI								
BES								
Sexual Attraction	-12.96 <sup>+</sup>	-.20	6.94	84	1.31	.02	5.16	80
Weight	-24.82**	-.31	8.40	84	-.32	-.004	5.34	80
Physical Condition	-13.90*	-.25	5.85	84	-3.91	-.07	4.60	80
EDI								
Thinness	18.14*	.25	7.85	84	11.90*	.15	5.05	80
Bulimia	10.70*	.22	5.14	84	6.51*	.17	3.00	80
Dissatisfaction	25.87*	.30	9.14	84	1.61	.02	5.63	80
BISC	33.93*	.29	12.91	78	6.81	.06	8.12	67
Controlling for BMI								
BES								
Sexual Attraction	-19.16*	-.30	7.68	84	.61	.009	5.83	80
Weight	-7.28	-.09	8.44	84	1.35	.02	5.67	80
Physical Condition	-11.06	-.20	6.56	84	-2.28	-.04	5.04	80
EDI								
Thinness	1.63	.02	7.88	84	13.73*	.18	5.45	80
Bulimia	5.57	.12	5.67	84	5.32	.14	3.26	80
Dissatisfaction	6.14	.07	9.12	84	-2.09	-.02	5.91	80
BISC	24.00	.20	14.24	78	5.38	.05	8.90	67

Note. \*  $p < .05$ . \*\*  $p < .01$ . <sup>+</sup>  $p < .10$ .

Table 4. Women's EWS Concerns Predicting Both Partners' Relationship Functioning Longitudinally

T2 Rel.	Women				Men			
	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>
	BES Sexual Attraction							
QMI	.01	.12	.01	80	.01	.14	.01	78
NLEQ	-.18	-.14	.14	80	.003	.002	.12	79
	BES Weight Satisfaction							
QMI	.01 <sup>+</sup>	.15	.01	80	.003	.05	.01	78
NLEQ	-.12	-.12	.11	80	-.06	-.07	.09	79
	BES Physical Condition							
QMI	.01	.08	.01	80	.002	.03	.01	78
NLEQ	-.12	-.07	.17	80	.10	.07	.15	79
	EDI Thinness							
QMI	-.01	-.10	.01	80	-.01	-.08	.01	78
NLEQ	.19	.16	.12	80	.23*	.23	.10	79
	EDI Bulimia							
QMI	-.01	-.07	.01	80	-.01	-.09	.01	78
NLEQ	.27	.15	.18	80	.32*	.20	.15	79
	EDI Body Dissatisfaction							
QMI	-.003	-.07	.004	80	-.001	-.02	.01	78
NLEQ	.02	.02	.10	80	.03	.03	.09	79
	BISC							
QMI	-.01 <sup>+</sup>	-.16	.003	75	-.006 <sup>+</sup>	-.17	.004	73
NLEQ	.17*	.23	.08	75	.13 <sup>+</sup>	.20	.07	74

Note. \*  $p < .05$ . <sup>+</sup>  $p < .10$ .

Table 5. Men's Desired Change in Partner's Body Predicting Relationship Functioning

Relationship	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>	<i>B</i>	$\beta$	<i>SE B</i>	<i>df</i>
	Time 1				Time 2			
	Without Controlling for BMI							
Women								
QMI	-.10	-.03	.37	84	-.86*	-.20	.36	80
NLEQ	4.80	.09	5.67	84	12.41	.15	8.52	80
Men								
QMI	-.98*	-.27	.38	84	-.53	-.12	.41	78
NLEQ	21.53**	.36	6.06	84	-.14	-.002	7.85	79
	Controlling for BMI							
Women								
QMI	.24	.07	.42	84	-1.24*	-.29	.38	80
NLEQ	6.11	.12	6.38	84	19.70	.24	9.29	80
Men								
QMI	-1.22*	-.34	.42	84	-.88 <sup>+</sup>	-.45	.20	78
NLEQ	22.14*	.37	6.83	84	1.29	.02	8.72	79

Note. \*  $p < .05$ . \*\*  $p < .01$ . <sup>+</sup>  $p < .10$ .



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