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Research report

Who diets? Most people and especially when they worry about food

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ABSTRACT

Dieting is generally not effective in establishing weight loss and research has focused on documenting these negative consequences of dieting. Much less is known about why people diet. The present study employed a large and representative community sample to determine the demographic and psychological correlates of dieting and to examine the hypothesis that food concerns are associated with considering oneself a dieter. Participants from a community sample ($n = 1113$) completed an internet survey on dieting (restraint scale of the DEBQ) and its demographic and psychological correlates, with a specific focus on food concerns. In addition, they completed a 7-day snack diary to determine their food intake. According to sex-specific norm scores, 63.2% of the men and 62.7% of the women qualified as a dieter, defined as having elevated scores on the DEBQ restraint scale. Women and older people more often reported to diet, as did people with higher weights. In line with our hypothesis, food concerns (weight concerns and concerns about the diet–health link) were most strongly associated with dieting. Considering oneself as a dieter was weakly related to actual snack consumption whereas food concerns were unrelated to the consumption of snacks. Considering oneself as a dieter in terms of endorsing items on a restraint scale is an expression of food concerns that is virtually unaccompanied by changes in food intake. These findings suggest a reinterpretation of the dieting concept in terms of a strategy for coping with food concerns which need consideration in future research.

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Introduction

Dieting is generally defined as 'the intentional and sustained restriction of caloric intake for the purpose of weight loss or weight maintenance' (Herman & Mack, 1975). While there is evidence that in some cases dieting leads to successful attempts at weight loss (e.g., Wadden, Foster, & Letizia, 1994), the majority of studies show that dieting is often ineffective in the long term (Heatherton, Mahemedi, Striepe, Field, & McGree, 1997; Mann et al., 2007) and may even lead to maladaptive eating patterns such as binge eating or eating pathology (Stice, Presnell, Groesz, & Shaw, 2005). As a result, dieting has become a controversial construct (Lowe & Timko, 2004; Polivy & Herman, 1992). While debate tends to focus on what the concept of dieting entails and why it produces negative effects on eating behavior, much less is known about why people engage in practices that most of the time are not to their benefit.

It has been suggested that the maladaptive consequences of dieting directly result from attempts to 'counter regulate' the restriction of food intake (Polivy & Herman, 1992). However, recent findings suggest that the absence of weight loss that is generally observed in dieters is not necessarily the result of counter-regulating previous restriction. In fact, there is now increasing evidence that dieting as assessed by dietary scales is not associated with actual restriction of food intake, as demonstrated by objective behavioral and biological measures in both laboratory and naturalistic settings (Stice, Cooper, Schoeller, Tappe, & Lowe, 2007). Rather than counter-regulating previous restriction dieters appear not to regulate their food intake at all. This leads to new questions about the concept of dieting: if dieting is not a valid measure of actual restriction, what does it mean when people endorse items on a dieting scale? We propose that the self-proclaimed status of being a dieter may be an expression of concerns about one's food intake rather than a self-reported description of restricted food consumption.

A series of recent studies gives credit to this novel view of dieting. For example, it has been demonstrated that while dieters do not eat less than nonrestrained eaters they experience food-related guilt that is unrelated to their actual consumption (De Witt Huberts, Evers, & De Ridder, 2013). This finding suggests that dieting is an expression of a troubled relationship with eating and food rather than the intention to eat less. This notion is supported by the observation that in societies with a strong emphasis on weight management, such as modern food-replete environments (Hill & Peters, 1998), attitudes to food and eating are more negative than in societies that do not assign high value to weight, body shape, and appearance. Such concerns about body weight, calories and the proper diet to achieve or maintain a desired weight seem to result in more stress and less pleasure in eating (Rozin, Fischler, Imada, Sarubin, & Wrzesniewski, 1999). To illustrate, in a large study among 2200 American under-

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graduates it was shown that a substantial proportion of female students reported to have major concerns about eating with respect to both weight and health and associated food with worry rather than pleasure (Rozin, Bauer, & Catanese, 2003). It thus seems that food concerns – concerns about the perceived impact of food and eating on weight, health, and appearance – are a prevalent phenomenon in Western countries (Adriaanse, De Ridder, & Evers, 2011; Rozin et al., 1999; Steptoe & Wardle, 1992). However, so far it has not been investigated whether food concerns are associated with dieting and specifically, whether this association applies to a community sample.

Most studies on dieting have been conducted in selective samples of females, mostly young female students with normal weight. The relatively rare studies on dieting in community samples estimate that about 13–44% of men and about 25–65% of women diet (Andreyeva, Long, Henderson, & Grode, 2010; Weiss, Galuska, Khan, & Serdula, 2006). These widely varying prevalence rates may result from time of study as there is an increasing trend in dieting over the past decade (Andreyeva et al., 2010) but also from the one item questions that are typically used to assess dieting in these epidemiological studies (e.g., 'During the past 12 months, have you tried to lose weight?'; Weiss et al., 2006). The only consistent finding so far is that women are more likely to diet than men (e.g., Andreyeva et al., 2010) and for appearance related reasons rather than health reasons (Pollard, Steptoe, & Wardle, 1998).

In view of the observed high prevalence of dieting that generally does not lead to maintained weight loss (Mann et al., 2007) and acknowledging the fact that the concept of dieting is poorly understood (Lowe & Timko, 2004), it is important to know what reasons people hold to engage in dieting practices. The present study seeks to provide an answer to this question by examining the demographic and psychological correlates of dieting in a large and representative community sample, highlighting the role of food concerns. We hypothesize that in view of recent observations that people may feel overwhelmed by the obesogenic environment (Lowe et al., 2009) food concerns are strongly associated with calling oneself a dieter irrespective of one's actual eating behavior or weight status.

Method

Participants

This study draws on data of the Longitudinal Internet Studies for Social Sciences panel of CentERdata, a true probability sample of 8000 individuals drawn from the population register by Statistics Netherlands (De Vos, 2010): 2021 panel members were randomly selected and invited to participate in the study comprising a questionnaire and a 1-week snack diary and 1383 members (68.4%) completed the study, defined as filling out at least 4 days of the snack diary (see Measures for details). The snack diary was included to determine the actual caloric intake of participants and verify participants' self-reported dieting score. A series of analyses of variance (ANOVAs) indicated that participants who did not complete at least four entries of the diary scored significantly higher on intention to eat healthily and lower on restraint eating (p's $< .05$). They were also less frequently married, younger, and had a lower education compared with participants who completed the four required entries of the diary. The magnitude of these differences was small (all $p\eta^2$'s $\leq .01$).

Of these 1383 participants, 43 participants included meals in the diary and 48 participants had extreme scores > 3 *SD* on (un)healthy snack intake; and were subsequently excluded from all analyses. Participants with a BMI below 18.5 ($n = 19$) or a BMI higher than 40 ($n = 16$) were also excluded because these extremely low or high weights may indicate eating pathology (WHO, 2003). In addition, people older than 70 years ($n = 147$) were excluded because BMI scores are not reliable for this age group (Netherlands Nutrition Centre, 2010). This resulted in a final sample of 1113 participants (44.6% male) with an average age of 48.10 years (*SD* = 14.67) and a mean BMI of 25.39 (*SD* = 3.96). Running the analyses including older participants and participants with extremely low or high body weights yielded similar results. For reasons of clarity of interpretation, we report the results of the more homogeneous sample.

About half of the participants (52.6%) reported normal weights (BMI 18.5–25), 34.1% reported to be overweight (BMI 25–30) and 13.4% reported to be obese (BMI 30–40). These figures are in line with recent data on weight status in the Dutch population (RIVM [Netherlands Institute for Public Health and the Environment], 2013). Regarding education level, 34.4% of the participants reported a low level (elementary school or lower general secondary education), 32.9% had completed a middle level of education (intermediate vocational education or higher general secondary education), and 32.8% held a diploma in higher education (higher vocational education or university). Most participants were married (58%); 29.6% had never been married, and 12.4% was a widow(er) or divorced. The majority of participants (56.3%) was employed; the others (43.7%) were students, homemakers or retired, or were involved in job searching.

Procedure

Participants who agreed to participate, filled out questionnaires online, which were part of a larger survey on eating behavior (data from this study that are unrelated to dieting have been reported elsewhere; Verhoeven, Adriaanse, Evers, & De Ridder, 2012). One month after administering the questionnaires, participants were requested to keep an online snack diary for 7 days.

Measures

Demographic variables

Data on gender, age, weight, height, education level, marital status, and employment status were provided by CentERdata. Weight and height were used to compute BMI (weight/height × height).

Restraint eating

The Restraint Eating Scale (10 items, e.g., "Do you keep track of how much you eat"; Cronbach's $\alpha = .92$) from the Dutch Eating Behavior Questionnaire (Van Strien, Frijters, Bergers, & Defares, 1986) was used to assess dieting as the main dependent variable. Items were rated on 5-point scales ranging from 1 (never) to 5 (always). We use norm scores to report on the dieting status of the sample. All other analyses employed the continuous scale.

Purchase of diet book

To corroborate whether participants had made an attempt to diet, we employed the purchase of a dieting book in the past 12 months (yes or no) as an additional measure of dieting.

Intention

The intention to eat more healthily was measured by two items ('I want to/plan to eat more healthily'; $r = .79$, $P < .001$), on 5-point scales from 1 (totally disagree) to 5 (totally agree).

Power of food

Participants filled out the Power of Food Scale (Lowe et al., 2009) to assess their sensitivity to today's food-abundant environment with 15 items (e.g., 'If I see or smell a food I like, I get a powerful urge to have some'; Cronbach's $\alpha = .89$). Participants rated their answers on 5-point scales from 1 (totally disagree) to 5 (totally agree).

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