Romantic Relationships and Eating Regulation

An Investigation of Partners' Attempts to Control Each Others' Eating Behaviors

CHARLOTTE N. MARKEY
Rutgers University, USA

JESSICA N. GOMEL
University of California Fullerton, USA

PATRICK M. MARKEY
Villanova University, USA

ACKNOWLEDGEMENTS. This research was supported by an award to the first author from Rutgers University. The authors would like to thank the many research assistants who contributed to this study, particularly, Jeanine Caso, Sara DiMascio, Heather Fishman, Constance Gladney, Alexann Masiko-Meyer, Laura Tayloe, Michele Trivelli, and Jacqueline Siracuse.

COMPETING INTERESTS: None declared.

ADDRESS. Correspondence should be directed to:
CHARLOTTE N. MARKEY, Department of Psychology, Rutgers University, 311 North 5th Street, Camden, NJ 08102, USA. [email: chmarkey@camden.rutgers.edu]

JHP

Journal of Health Psychology

Los Angeles, London, New Delhi
and Singapore
www.sagepublications.com
Vol 13(3) 422–432
DOI: 10.1177/1359105307088145

Abstract

The current study examines eating regulation in the context of romantic relationships. One hundred and four heterosexual couples provided information about their weight, satisfaction with their partners' bodies, weight concerns, healthy dieting behaviors, and attempts to regulate their partners' eating behaviors. Results indicated that women were more likely to monitor their partners' eating behaviors than were men. Both men and women who attempted to regulate their partners' eating behaviors tended to have relatively heavy partners and tended to be dissatisfied with their partners' bodies. However, only women's attempts to regulate men's eating behaviors were associated with men's weight concerns and healthy dieting behaviors.

Keywords

- *dieting*
- *eating behaviours*
- *eating regulation*
- *obesity*
- *romantic relationships*

INDIVIDUALS often turn to their doctors, books, and even celebrities for advice about how to eat well and maintain a slender figure. However, the efficacy of most well-known approaches to weight-management remains unclear, with few eating and weight loss 'plans' providing scientific support for their success (Polivy & Herman, 2002; Stice, Cameron, Killen, Hayward, & Taylor, 1999; Trottier, Polivy, & Herman, 2005). Indeed, long-term healthy weight-management remains elusive for most Americans; obesity rates doubled between 1980 and 2000 and approximately 60 percent of the adult population is currently either overweight or obese (National Center for Health Statistics, 2006).

Clearly, many adults would benefit from support in their efforts to achieve their weight-management goals. Perhaps, instead of looking to Dr. Atkins or Dr. Phil for such support, individuals might be wise to rely on members of their own social networks. In particular, romantic partners are likely to contribute to many adults' mealtime experiences and have the potential to encourage (or, for that matter, discourage) healthy eating (Markey, Markey, & Birch, 2001; Schafer, Keith, & Schafer, 2000). With this in mind, the current study examines the role that romantic partners may play in regulating each others' eating behaviors and the correlates of romantic partners' efforts to influence each others' eating in terms of weight status, body satisfaction, weight concerns, and healthy dieting behaviors. For the current study, 'healthy dieting' refers to healthful eating behaviors that are employed with the goal of weight loss (e.g. filling up on fruits and vegetables or eliminating snack foods that are high in calories and low in nutritional value).

Although past research contributes very little to our understanding of romantic partners' influences on eating behaviors, research consistently suggests the important role that romantic partners play in influencing each others' health in a variety of domains (Berkman & Syme, 1979; Burman & Margolin, 1992; House, Landis, & Umberson, 1988; House, Robbins, & Metzner, 1982; Kiecolt-Glaser & Newton, 2001). House and colleagues (1988) have even suggested that an absence of significant social relationships may be as detrimental to health as is smoking, high blood pressure, and obesity. Individuals in committed romantic relationships (usually operationalized as marriage) self-report having better overall health, have been found to experience less pain and pain-related disability, are less likely to have problems with substance abuse, experience better cardiovascular functioning, are less likely to be depressed, and live longer than their peers who are not in committed relationships (Fu & Goldman, 1996; Gove, Hughes, & Style, 1983; Horwitz, White, & Howell-White, 1996; Kiecolt-Glaser & Newton, 2001; Robles & Kiecolt-Glaser, 2003; Tucker, Friedman, Wingard, & Schwartz, 1996; Wickrama, Lorenz, Conger, & Elder, 1997).

Many reasons have been offered for the positive effects of romantic relationships on health (e.g. Markey, Markey, Schneider, & Brownlee, 2005; Robles & Kiecolt-Glaser, 2003; Seeman & Syme, 1987), including individuals' tendency to encourage their partners' participation in positive health behaviors. For example, in one study, individuals in committed relationships were found to be more likely to exercise and eat breakfast and less likely to smoke or drink heavily than those who were not in committed relationships (Joung, Stonks, van de Mheern, & Mackenback, 1995). In particular, research suggests that women tend to assume a caretaker role in relationships and may encourage positive health behaviors among their significant others (Lewis, Butterfield, Darbes, & Johnston-Brooks, 2004; Umberson, 1992). This may explain, in part, why romantic relationships tend to have greater health-enhancing effects for men than women (Ross, Mirowsky, & Goldsteen, 1990).

Although little research has focused on romantic partners' influence in the domain of eating, relevant research examining parents' influences on their children's eating behaviors suggests that positive approaches to encouraging healthy eating are important. Child-feeding practices that include the provision of healthy food choices (i.e. some *monitoring* of children's eating) and that allow children to have some control in their eating decisions have been found to foster self-control in eating and are related to children's maintenance of a healthy weight status (Birch & Fisher, 1998). However, negative influence tactics (i.e. rigid and controlling approaches to child feeding including *pressure* to eat or avoid eating certain foods) have been found to impede the development of self-control of food intake by focusing children on external cues instead of focusing them on their own hunger and satiety (e.g. Carper, Fisher, & Birch, 2000). Birch and colleagues (e.g. Birch, Fisher, & Davison, 2003; Birch et al., 2001; Carper et al., 2000) have further found that parental *restriction* of food intake is associated with overeating in the presence of palatable foods.

Thus, although parents' attempts to regulate (i.e. monitor, pressure, and restrict) their children's eating behaviors may be well intentioned, they do not always have the desired effect of encouraging healthy eating behaviors. The question at hand for the present study is whether or not young adults attempt to influence their romantic partners' eating behaviors, and if so, whether the use of certain eating regulation strategies (e.g. restriction) is associated with healthy eating behaviors.

Aims

Our first aim of this study is to assess the extent to which men and women attempt to regulate their significant others' eating behaviors and to determine if there are gender differences in these attempts. We hypothesize that the majority of both men and women will attempt to regulate their partners' eating behaviors at least some of the time. However, consistent with literature indicating that women are more concerned about weight-related issues (Rodin, Silberstein, & Striegel-Moore, 1989), are more likely to be involved in meal preparation in family contexts, and have been found to exert more social control in attempting to shape their partners' health than men do (Lewis et al., 2004), it is expected that women's attempts to regulate men's eating behaviors will be greater than men's attempts to regulate women's eating behaviors.

Our second aim is to determine if men's and women's attempts to regulate their significant others' eating behaviors are associated with their significant others' weight status and the extent to which they are satisfied with their significant others' bodies. These analyses may contribute to our understanding of two potential reasons why men and women might regulate their partners' eating: because their partners are overweight and/or because they are unsatisfied with their partners' bodies. It is expected that men's and women's attempts to regulate their significant others' eating behaviors will be positively correlated with their significant others' weight status and negatively correlated with their satisfaction with their significant others' bodies. Further, analyses that examine the set of eating regulation behaviors together as predictors of men's and women's partners' weight status and their satisfaction with their partners' bodies (using set-wise regression analyses) are expected to yield results consistent with the correlational analyses.

Our third aim is to examine potential associations between men's and women's regulation of their significant others' eating behaviors and their significant others' weight concerns and healthy dieting behaviors. Because participants' weight status is likely to be significantly related to their weight concerns and healthy dieting behaviors, participants' weight status will be statistically controlled in these analyses. It is hypothesized that both correlational analyses (examining the eating regulatory behaviors separately) and set-wise regression analyses (looking at the set of eating regulation behaviors) will reveal that men's and women's attempts to regulate their significant others' eating behaviors will predict their significant others' weight concerns and healthy dieting behaviors, even after controlling for weight status. Although these data are cross-sectional, these analyses may contribute to our understanding of the possible effects of a partner's food regulation on individuals' concerns about their weight and their attempts to reduce their weight status.

Method

Participants

One hundred and four heterosexual couples participated in the present study as part of a larger study examining associations between romantic relationships and health. Demographic information for the sample is listed in Table 1. This sample was predominantly European-American, in their mid-20s, and had low to moderate socioeconomic status while having relatively high educational attainment. In order to be eligible to participate in this study, all couples were required to have maintained exclusive, monogamous relationships for at least one year. Eligibility criteria also mandated that couples did not have children together. Forty percent of couples reported that they were dating and not cohabitating, 34 percent reported that they were cohabitating (living with each other), and 26 percent reported that they were married; couples had been romantically involved for 3.88 years on average.

Measures

Eating regulation Participants' attempts to regulate their romantic partners' eating behaviors were assessed using a revised version of three subscales (*monitoring*, *pressure*, and *restriction*) from the Child Feeding Questionnaire (CFQ; Birch et al., 2001). This measure was originally designed to

Table 1. Demographic information about participants

	Women	*Men*
Mean age	23.70	25.68
Ethnicity		
Euro-American	70%	76%
African American	9%	10%
Asian	7%	7%
Hispanic	8%	7%
Other	6%	–
Yearly income		
Under $20,000	70%	54%
$20,000–$49,999	23%	29%
$50,000–$75,000	7%	14%
Over $75,000	–	3%
Education		
Less than high school	2%	5%
Completed high school	14%	14%
Some college	43%	46%
Completed college	17%	16%
Attended graduate school	24%	19%

Note: $N = 104$

Table 2. Correlations among eating regulation scales

	Monitoring	*Pressure*	*Restriction*
Monitoring	**.05**	.02	.58**
Pressure	.20*	**.05**	.01
Restriction	.59**	.33**	**–.01**

Notes: Correlations above the diagonal are relations among the scales for women; correlations below the diagonal are relations among the scales for men. Bolded values indicate correlations between romantic partners' scores on the scales
d.f. = 102, * $p < .05$, ** $p < .01$

assess parents' control of child feeding with questions such as, 'I have to be sure my child does not eat too much of her favorite foods'. For the current study, this measure was revised to indicate that participants were rating the extent to which they attempted to regulate their partners' eating behaviors. The monitoring subscale contains three items assessing how much individuals track their partners' eating, including, 'How much do you keep track of the sweets that your partner eats?'; Cronbach's alphas for this subscale were .95 for women and .96 for men. The pressure subscale assessed individuals' attempts to influence their partners to eat enough/more, and contains three items including, 'If I did not guide or regulate my partners' eating then he/she would eat much less than he/she should'; Cronbach's alphas for this subscale were .75 for both men and women. A fourth item from the original CFQ pressure subscale, 'My child should always eat all of the food on his/her plate', was eliminated from the analyses because it was deemed not appropriate for an adult sample. The restriction subscale assessed the extent to which individuals regulate or restrict their partners' access to foods, and contains eight items including, 'If I did not guide or regulate my partner's eating, he/she would eat too many junk foods'; Cronbach's alphas for this subscale were .88 for women and .90 for men. Participants responded to all items using a five-point Likert scale and subscale scores were created by summing all items for each subscale. Table 2 presents the relations between these three subscales for men and women.

Satisfaction with romantic partners' bodies

The Contour Drawing Rating Scale (CDRS; Thompson & Gray, 1995) was used to assess participants' satisfaction with their significant others' bodies. This measure consists of nine figures that range from very underweight (a score of 1) to very overweight (a score of 9). Women were shown the version of this measure containing male figures and men were shown the version of this measure containing female figures. All participants were asked to select the figures that represent: (1) what they think their romantic partner currently looks like; and (2) what they would like their romantic partner to look like. The two scores provided by participants were used to calculate a discrepancy score indicating the extent to which they were dissatisfied with their significant others' bodies. For these assessments, a score of 0 indicates that participants were satisfied with their significant others' bodies, a negative score indicates they desired them to be thinner, and a positive score indicates they desired them to be heavier. Participants completed this measure in a separate room from their romantic partners. In previous research, the test–retest reliability for this measure was 0.79 (Thompson & Gray, 1995).

Weight status In this study, weight status was operationalized using Body Mass Index scores (BMI; (weight(kg)/height^2(m)). Based on the

recommendations of Lohman, Roche, and Martorell (1988), three height and weight measurements were collected for each participant by a trained research assistant. Participants' average weight and height were used to calculate their BMIs. In this sample, women's average BMI was 24.27 (SD = 5.58, range = 17.45–48.59) and men's average BMI was 27.46 (SD = 5.96, range = 18.79–49.66). The percent of men in this sample who were overweight (65%) or obese (25%) is consistent with national statistics on the prevalence of overweight and obesity. However, the percent of women who were overweight (31%) or obese (10%) was lower than the percent typically reported for women (criteria for overweight and obesity are determined in accordance with standards set by the Centers for Disease Control and Prevention (CDC), 2005; Mokdad et al., 2003).

Weight concerns Weight concerns were assessed using a slightly amended version (see Davison, Markey, & Birch, 2000) of the Weight Concerns Scale (Killen et al., 1994). Together, the five items in this measure assessed fear of weight gain, worry about weight and body shape, the importance of weight, diet history, and perceived fatness. Cronbach's alphas for this scale were .82 for women and .77 for men.

Healthy dieting behaviors Participation in dieting behaviors was assessed using the healthy dieting behavior subscale of the Weight Control Behavior Scale (WCBS; French, Perry, Leon, & Fulkerson, 1995). The WCBS healthy dieting subscale is a 12-item measure of various weight loss behaviors. For each weight loss behavior (e.g. 'eat more fruit and vegetables' and 'eliminate snacking'), participants were asked to indicate how often they had used each strategy in the past year to try to lose weight. Each dieting strategy was rated on a Likert scale ranging from 0 to 2; '0' indicates they had never used the strategy, '1' indicates that they had sometimes used the strategy, and '2' indicates they had always used the strategy. Participants' responses were summed across items. Cronbach's alphas for this scale were .87 for women and .88 for men.

Procedure

Participants were recruited from a northeastern university campus and the surrounding area using fliers and newspaper advertisements. In addition, participants were asked to identify other romantic couples that may be eligible for this study. These couples were then contacted via telephone to determine whether or not they were interested in participating in the study (i.e. a 'snowball sampling' technique was used). Participating partners were placed in separate rooms in the researchers' laboratory while they completed the measures used in this study among a variety of other measures that assessed health and relationship constructs. Couples were compensated with $50.00, except for a minority (14%) of the participants who were students and preferred to be compensated with two hours of research credit for their Introductory Psychology course.

Table 3. Men's and women's participation in monitoring, pressuring, and restricting behaviors

	Women	*Men*	
	Mean scores (SD)		*t-test*
Monitor	5.92 (2.89)	4.99 (2.96)	2.36*
Pressure	5.09 (2.90)	5.45 (2.96)	.92
Restriction	12.70 (6.61)	11.76 (5.69)	1.08
	% Reporting engaging in behavior at some point		*Chi-square*
Monitor	62	45	6.27*
Pressure	78	75	.24
Restriction	56	45	2.33

Note: * $p < .05$

Table 4. Correlations among men's and women's attempts to regulate their partners' eating behaviors and body satisfaction, weight status, weight concerns, and healthy dieting behaviors

	Eating Regulation Scale									
	Monitoring			*Pressure*			*Restriction*			
Scale	*Women*	*Men*	*ZPF*	*Women*	*Men*	*ZPF*	*Women*	*Men*	*ZPF*	
Satisfaction with partners' body	−.36**	−.33**	−.21	.20**	.13	.50	−.35**	−.21**	−1.01	
Partners' BMI	.28**	.20*	.58	−.15	−.09	−.43	.35**	.24*	.78	
Partners' dieting	.41**	.37**	.28	−.07	−.07	.00	.40**	.37**	.22	
Partners' weight concerns	.37**	.27**	.71	−.07	.03	−.71	.37**	.20*	1.21	

Notes: The Z-transformed Pearson-Filson statistic (ZPF) is given as a test to determine whether or not there is a significant difference between women's and men's correlations.
$N = 105$ for both men and women
* $p < .05$, ** $p < .01$

Results

The first aim of this study was to examine the extent to which men and women attempted to regulate their partners' eating behaviors and to determine if there were any gender differences in these behaviors. Table 3 presents the men's and women's average monitoring, pressuring, and restricting scores. As seen in this table, men and women did not exert different levels of pressure on ($t(103) = .92$, $p > .05$ $d = .18$), or restriction of ($t(103) = 1.08$, $p > .05$, $d = .21$) their partners' eating behaviors, but women monitored their partners' diets more than men ($t(103) = 2.36$, $p < .05$, $d = .46$). Another way to examine these data is to consider the percent of men and women who reported ever monitoring, pressuring, or restricting their partners' eating behaviors (i.e. reported using an eating regulation tactic at least 'some of the time'). As seen in Table 3, about the same proportion of men and women reported pressuring their partners to eat at some point ($\chi^2(1) = .24$, $p > .05$, $\Phi = .03$). Similarly, about an equal proportion of women and men reported restricting their partners' eating ($\chi^2(1) = 2.33$, $p > .05$, $\Phi = .10$). However, women were more likely to monitor their partners' eating behaviors than were men ($\chi^2(1) = 6.27$, $p < .05$, $\Phi = .18$). Overall, these analyses are somewhat consistent with our hypothesis that the majority of men and women would attempt (at least some of the time) to regulate their partners' eating behaviors, but that women would be more likely to do so.

The second aim of this study was to examine potential reasons why men and women might regulate their partners' eating behaviors. Specifically, we examined whether or not men's and women's attempts to regulate their partners' eating behaviors were associated with their partners' weight status (i.e. BMI) and the extent to which they were satisfied with their partners' bodies. As seen in Table 4, correlation analyses indicated that individuals who restricted and monitored their partners' eating behaviors had partners with relatively high BMIs. Further, women who monitored or restricted their partners' eating, or pressured their partners to eat more, were relatively unsatisfied with their partners' bodies. Similarly, men who monitored and restricted their partners' eating behaviors were relatively unsatisfied with their partners' bodies. We next examined whether or not any of these correlations were different for men and women. Because participants were romantic couples, the correlations

Table 5. Partial correlations among men's and women's attempts to regulate their partners' eating behaviors and body satisfaction and weight status

	Women's eating regulation			*Men's eating regulation*		
	Monitoring	*Pressure*	*Restriction*	*Monitoring*	*Pressure*	*Restriction*
Satisfaction with partners' body	(–.29**)	(.16)	(–.20*)	(–.25*)	(.12)	(–.25*)
Partners' BMI	[.10]	[–.03]	[.13]	[.18]	[–.08]	[.13]

Note: Partial correlations in parenthesis are controlling for partners' BMI; partial correlation in brackets are controlling for satisfaction with partners' body
* $p < .05$; ** $p < .01$

Table 6. Set-wise regression analyses examining the importance of men's eating regulation

Set	*IVs added*	*R*	R^2	ΔR^2	*F*	*d.f.*
Women's BMI						
Men's eating regulation	Men's monitoring, pressuring, and restriction	.34	.11	–	4.23**	3,100
Men's satisfaction with their partners' bodies						
Men's eating regulation	Men's monitoring, pressuring, and restriction	.42	.17	–	6.90**	3,100
Women's healthy dieting						
BMI	Women's BMI	.12	.02	–	1.46	1,102
Men's eating regulation	Men's monitoring, pressuring, and restriction	.16	.03	.01	.74	3,99
Women's weight concerns						
BMI	Women's BMI	.28	.08	–	9.08**	1,102
Men's eating regulation	Men's monitoring, pressuring, and restriction	.38	.15	.07	2.20	3,99

Note: ** $p < .01$

of women and men are related, but nonoverlapping. Therefore, the Z-transformed Pearson-Filson statistic (ZPF) was used to determine the significance of these differences (Raghunathan, Rosenthal, & Rubin, 1996, p. 179, Equation 3). As seen in this table, none of the correlations were significantly different for women and men. Finally, partial correlations were computed to examine the unique predictive power of participants' satisfaction with their partners' bodies and their partners' actual BMI. As seen in Table 5, even when BMI was controlled, men and women's satisfaction with their partners' bodies predicted the extent to which they monitored and restricted their partners' eating behaviors. In other words, regardless of a partner's actual weight status, men and women who were unsatisfied with their partners' bodies attempted to regulate their partners' eating behaviors.

Next, in order to more comprehensively determine the predictive value of romantic partners' pressuring, monitoring, and restricting as a set (i.e. romantic partners' eating regulation), set-wise regression analyses were conducted for each gender. These analyses examined whether or not the set of eating regulation subscales predicted men's and women's partners' BMIs and their satisfaction with their partners' bodies. Consistent with our second hypothesis, having one's eating behaviors regulated by a romantic partner was positively associated with both women's (see Table 6) and men's BMIs (see Table 7). Additionally, as hypothesized, having one's eating behaviors regulated by a romantic partner was

Table 7. Set-wise regression analyses examining the importance of women's eating regulation

Set	*IVs added*	*R*	R^2	ΔR^2	*F*	*d.f.*
Men's BMI						
Women's eating regulation	Women's monitoring, pressuring, and restriction	.39	.13	–	6.03**	3,100
Women's satisfaction with their partners' bodies						
Women's eating regulation	Women's monitoring, pressuring, and restriction	.44	.19	–	7.74**	3,100
Men's healthy dieting						
BMI	Men's BMI	.45	.20	–	24.89**	1,102
Women's eating regulation	Women's monitoring, pressuring, and restriction	.54	.30	.10	4.40**	3,99
Men's weight concerns						
BMI	Men's BMI	.53	.28	–	41.20**	1,102
Women's eating regulation	Women's monitoring, pressuring, and restriction	.60	.36	.09	3.01*	3,99

Note: * $p < .05$; ** $p < .01$

negatively associated with how satisfied both women (see Table 6) and men (see Table 7) were with their romantic partners' bodies.

Our third aim was to examine relations between individuals' attempts to regulate their partners' eating behaviors and their partners' concerns about their weight and healthy dieting behaviors. As seen in Table 4, men's and women's efforts to monitor and restrict their partners' diets were positively associated with their partners' concerns about their weight. Further, women's efforts to monitor and restrict their partners' diets were positively associated with their partners' healthy dieting behaviors. However, women's healthy dieting behaviors were unrelated to their significant others' monitoring, pressuring, and restriction of their eating behaviors.

In order to determine if, as a set, romantic partners' pressuring, monitoring, and restricting (i.e. romantic partners' eating regulation) predicted their partners' healthy dieting behaviors and weight concerns beyond the variance explained by BMI, hierarchical set-wise regression analyses were conducted for each gender. As seen in Table 7, women's attempts to regulate their partners' eating behaviors were associated with their partners' (i.e. men's) weight concerns and healthy dieting behaviors beyond the variance explained by men's BMI. However, men's attempts to regulate women's eating behaviors failed to predict women's weight concerns or healthy dieting behaviors when BMI was taken into account (see Table 6). Thus, our third hypothesis was supported for men, but was not supported for women.

Discussion

This study examined the extent to which men and women attempted to regulate their significant others' eating behaviors and whether these attempts were related to their partners' weight status, their satisfaction with their partners' bodies, their partners' weight concerns and healthy dieting behaviors. Results demonstrated that romantic partners (especially women) do in fact attempt to, and may even succeed in exerting control over their partners' eating behaviors. This suggests that romantic relationships may be a useful context in which to foster healthier eating habits among individuals.

Consistent with our first hypothesis, we found that a large percentage of both men and women did attempt to regulate their partners' eating behaviors, but that women were more likely to monitor their partners' eating. This finding is consistent with previous literature demonstrating gender differences in the roles that individuals play in the maintenance of good health (Lewis et al., 2004; Umberson, 1992). Perhaps women in this study were monitoring their partners' eating behaviors with the intention of helping their partners to eat healthily and maintain a healthy weight status. This explanation is consis-

tent with findings indicating that women are more likely to be the 'caretakers' of health in relationships (Courtenay, 2000; Markey et al., 2005), and the present study extends these findings to the realm of eating behaviors.

Consistent with our second hypothesis, we found that men's and women's attempts to regulate their significant others' eating behaviors were associated with their significant others' weight status and the extent to which they were satisfied with their significant others' bodies. Men and women who were unsatisfied with their partners' bodies and whose partners were relatively heavy were more likely to attempt to regulate their behaviors. These attempts may originate out of concern for their partners' health and/or may be due to displeasure with their partners' physical appearance. Additional research is needed to determine if individuals' own body satisfaction (how satisfied they are with their own bodies) plays a role in whether or not they are apt to experience eating regulation or whether or not they regulate their partners' eating behaviors. For now, the present study identifies two possible goals underlying individuals' attempts to regulate their partners' eating: health improvement and increased attractiveness. Future research should determine whether the motivations behind regulatory behaviors matter for the sustainability of healthy eating behaviors, given that both being healthy and looking good can result from eating well.

Our third hypothesis was partially supported in that women's attempts to regulate their male partners' eating predicted men's weight concerns and healthy dieting behaviors, even after controlling for men's weight status. However, men's attempts to regulate their partners' eating behaviors were not associated with women's weight concerns and healthy dieting behaviors when women's BMIs were taken into account. Although not expected, this finding is consistent with some previous research suggesting that romantic partners' encouragement may be more effective in facilitating changes in health behaviors for men rather than women (Lewis et al., 2004). This research leaves us to speculate about why men's attempts to regulate their significant others' eating behaviors were not associated with their significant others' healthy dieting behaviors. It may be that in the current cultural climate, dieting and self-monitoring is so much a part of women's daily experiences, regardless of their body size (see Rodin et al., 1989), that their partners' attempts to regulate their eating behaviors may not be salient. Alternatively, men may have concerns about how women would respond to regulatory behaviors and/or women may not respond well to men's attempts to regulate their eating behaviors, thus discouraging these regulatory behaviors.

It is important to note that the dieting behaviors assessed in the current study focused on healthy eating behaviors, such as eating more fruits and vegetables and eating fewer snack foods. That women's attempts to regulate their significant others' eating were associated with positive health outcomes in the current study differs from past research suggesting potential detrimental effects of parents' regulation of their children's eating (e.g. Birch et al., 2001, 2003; Carper et al., 2000). It may be that control factors play a different role during early adulthood or that regulatory behaviors have a different meaning in romantic relationships compared to parent–child relationships. It also may be that the monitoring and restriction reported by the women in the current study are illustrative of tactics that reflect structural changes in the environment (i.e. not having snack foods available to eat) or doing the targeted behavior with one's partner (i.e. if there are no snacks available, neither partner can eat them), both of which have been cited as being effective methods of fostering health behavior change (Lewis et al., 2004; Tucker & Mueller, 2000). While these data are correlational, they do suggest that women's control efforts may have a positive effect on their partners' eating behaviors.

Limitations and implications

The data presented here are cross-sectional; future studies should investigate these issues longitudinally or in the context of clinical weight intervention studies to determine any causal relations between eating regulation and subsequent eating behaviors among romantic partners. Although our analytic strategy indicates a 'predictor' and 'outcome' in many of our analyses, it is possible that the direction of influence implied by these analyses is not accurate. Additionally, all of the behavioral data were self-reported. Although we did examine data from different sources (e.g. one partner's reported regulatory behaviors and the other partner's eating behaviors), future studies should incorporate additional, objective measures of regulatory and eating behaviors across time. Further, there is some evidence that romantic partners influence one another with respect to physical activity (Joung et al., 1995), which is

complementary to eating behaviors when considering weight-related health issues. Future research that examines partners' influences on eating behaviors in combination with physical activity (i.e. both energy intake and expenditure) will contribute to a more complex understanding of the role that romantic partners play in one another's weight management and health. Finally, although this sample was diverse, it was not a representative sample in terms of both BMI and ethnicity. As mentioned in the method section, the women in this sample were less likely to be overweight and obese than are women in the general US population; although BMI was statistically controlled for in relevant analyses, it has yet to be determined whether or not these results will replicate among couples comprised of heavier females. Further, given that previous research has shown both similarities and differences among ethnic groups with respect to obesity rates and health behaviors (National Center for Health Statistics, 2004; Ogden, Flegal, Carroll, & Johnson, 2002), future studies should incorporate ethnically representative samples as well as conduct within group investigations.

In spite of these limitations, this research is novel in its attempt to examine eating regulation in the context of romantic relationships. Our findings suggest that romantic partners do attempt to regulate their significant others' eating behaviors, and that these regulatory behaviors may have far reaching consequences in terms of individuals' abilities to eat well and maintain a healthy weight. Given that rates of obesity and its associated health consequences are alarmingly high among adults, it is clear that a growing proportion of people could use help in modifying their eating behaviors as part of a better health maintenance regimen. Romantic partners may be an untapped resource in the design and implementation of education and intervention efforts that address the development of better individual eating habits.

References

Berkman, L. F., & Syme, S. L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology, 109*, 186–204.

Birch, L. L., & Fisher, J. O. (1998). Development of eating behaviors among children and adolescents. *Pediatrics, 101*, 539–549.

Birch, L. L., Fisher, J. O., & Davison, K. K. (2003). Learning to overeat: Maternal use of restrictive feeding practices promotes girls' eating in the absence of hunger. *American Journal of Clinical Nutrition, 78*, 215–220.

Birch, L. L., Fisher, J. O., Grimm-Thomas, K., Markey, C. N., Sawyer, R., & Johnson, S. L. (2001). Confirmatory factor analysis of the Child Feeding Questionnaire: A measure of parental attitudes, beliefs, and practices about child feeding and obesity proneness. *Appetite, 36*, 201–210.

Burman, B., & Margolin, G. (1992). Analysis of the associations between marital relationships and health problems: An interactional perspective. *Psychological Bulletin, 112*, 39–63.

Carper, J. L., Fisher, J. O., & Birch, L. L. (2000). Young girls' emerging dietary restraint and disinhibition are related to parent control in child feeding. *Appetite, 35*, 121–129.

Centers for Disease Control and Prevention (CDC). (2005). *Behavioral risk factor surveillance system: Weight classifications based on BMI*. http://apps.nccd.cdc.gov/brfss/ (accessed 20 February 2004).

Courtenay, W. H. (2000). Engendering health: A social constructionist examination of men's health beliefs and behaviors. *Psychology of Men and Masculinity, 1*, 4–15.

Davison, K. K., Markey, C. N., & Birch, L. L. (2000). Etiology of body dissatisfaction and weight concerns among 5-year-old girls. *Appetite, 35*, 143–151.

French, S. A., Perry, C. L., Leon, G. R., & Fulkerson, J. A. (1995). Dieting behaviors and weight change history in female adolescents. *Health Psychology, 14*, 548–555.

Fu, H., & Goldman, N. (1996). Incorporating health into models of marriage choice: Demographic and sociological perspectives. *Journal of Marriage and the Family, 58*(3), 740–758.

Gove, W. R., Hughes, M., & Style, C. B. (1983). Does marriage have positive effects on the psychological well-being of the individual? *Journal of Health and Social Behavior, 24*, 122–131.

Horwitz, A. V., White, H. R., & Howell-White, S. (1996). Becoming married and mental health: A longitudinal study of a cohort of young adults. *Journal of Marriage and the Family, 58*, 895–907.

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science, 241*, 540–545.

House, J. S., Robbins, C., & Metzner, H. L. (1982). The association of social relationships and activities with mortality: Prospective evidence from the Tecumseh community health study. *American Journal of Epidemiology, 116*, 123–140.

Joung, I. M. A., Stronks, K., van de Mheem, H., & Mackenback, J. P. (1995). Health behaviors explain part of the difference in self-reported health associated with partner/martial status in the Netherlands. *Journal of Epidemiology and Community Health, 49*(5), 482–488.

Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin, 127*, 472–503.

Killen, J. D., Taylor, C. B., Hayward, C., Wilson, D. M., Simmonds, B., Robinson, T. N. et al. (1994). Pursuit of thinness and onset of eating disorder symptoms in a community sample of adolescent girls: A three year prospective analysis. *International Journal of Eating Disorders, 16*(3), 227–238.

Lewis, M. A., Butterfield, R. M., Darbes, L. A., & Johnston-Brooks, C. (2004). The conceptualization and assessment of health-related social control. *Journal of Social and Personal Relationships, 21*, 669–687.

Lohman, T. G., Roche, A. F., & Martorell, M. (1988). *Anthropometric standardization reference manual*. Champaign, IL: Human Kinetics.

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., Schneider, C., & Brownlee, S. (2005). Marital status and health beliefs: Different relations for men and women. *Sex Roles: A Journal of Research, 53*, 443–451.

Mokdad, A. H., Ford, E. S., Bowman, B. A., Dietz, W. H., Vinicor, F., Bales, V. S., & Marks, J. S. (2003). Prevalence of obesity, diabetes, and obesity-related health risk factors, 2001. *Journal of the American Medical Association, 289*, 76–79.

National Center for Health Statistics. (2004). *Health, United States, 2004 with chartbook on trends in the health of Americans*. Hyattsville, MD: US Government Printing Office.

National Center for Health Statistics. (2006). *Prevalence of overweight and obesity among adults: United States, 2003–2004*, 13 June. http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese03_04/overwght_adult_03.htm (accessed 15 June 2006).

Ogden, C. L., Flegal, K. M., Carroll, M. D., & Johnson, C. L. (2002). Prevalence and trends in overweight among US children and adolescents, 1999–2000. *Journal of the American Medical Association, 288*(14), 1728–1732.

Polivy, J., & Herman, C. P. (2002). If at first you don't succeed: False hopes of self-change. *American Psychologist, 57*, 677–689.

Raghunathan, T. E., Rosenthal, R., & Rubin, D. R. (1996). Comparing correlated but nonoverlapping correlations. *Psychological Methods, 1*, 178–183.

Robles, T. F., & Kiecolt-Glaser, J. K. (2003). The physiology of marriage: Pathways to health. *Physiology and Behavior, 79*(3), 409–416.

Rodin, J., Silberstein, L., & Striegel-Moore, R. (1989). Women and weight: A normative discontent. *Nebraska Symposium on Motivation, 32*, 267–307.

Ross, C. E., Mirowsky, J., & Goldsteen, K. (1990). The impact of the family on health: The decade in review. *Journal of Marriage and the Family, 52*, 1059–1078.

Schafer, R. B., Keith, P. M., & Schafer, E. (2000). Marital stress, psychological distress, and healthful dietary behavior: A longitudinal analysis. *Journal of Applied Social Psychology, 20*(8), 1639–1656.

Seeman, T. E., & Syme, S. L. (1987). Social networks and coronary artery disease: A comparison of the structure and function of social relations as a predictors of disease. *Psychosomatic Medicine, 49*, 341–354.

Stice, E., Cameron, R. P., Killen, J. D., Hayward, C., & Taylor, C. B. (1999). Naturalistic weight-reduction efforts prospectively predict growth in relative weight and onset of obesity among female adolescents. *Journal of Consulting & Clinical Psychology, 67*, 967–974.

Thompson, M. A., & Gray, J. J. (1995). Development and validation of a new body image assessment scale. *Journal of Personality Assessment, 64*, 258–269.

Trottier, K., Polivy, J., & Herman, C. P. (2005). Effects of exposure to unrealistic promises about dieting: Are unrealistic expectations about dieting inspirational? *International Journal of Eating Disorders, 37*, 142–149.

Tucker, J. S., Friedman, H. S., Wingard, D. L., & Schwartz, J. E. (1996). Marital history at midlife as a predictor of longevity: Alternative explanations to the protective effect of marriage. *Health Psychology, 15*, 94–101.

Tucker, J. S., & Mueller, J. S. (2000). Spouse's social control of health behaviors: Use and effectiveness of specific strategies. *Personality and Social Psychology Bulletin, 26*, 1120–1130.

Umberson, D. (1992). Gender, martial status, and the social control of health behavior. *Social Science and Medicine, 34*, 907–917.

Wickrama, K. A. S., Lorenz, F. O., Conger, R. D., & Elder, G. H. (1997). Marital quality and physical illness: A latent growth curve analysis. *Journal of Marriage and the Family, 59*, 143–155.

Author biographies

CHARLOTTE MARKEY is an assistant professor of psychology at Rutgers University. Her research focuses on social and personality influences on health, particularly factors influencing body image.

JESSICA N. GOMEL is an assistant professor of Child & Adolescent Studies at California State University Fullerton. Her research interests focus on health socialization processes.

PATRICK MARKEY is an assistant professor of psychology at Villanova University. His research focuses on how behavioral tendencies develop and are expressed within social relationships.