THE 95%:

WHY WOMEN EMBRACE DIETS THAT DON'T WORK

by

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Abstract

Dieting and diet products in the United States comprise a booming $40 billion industry, yet 95% of dieters regain their lost weight within 1-5 years. While dieting is pervasive across genders, ethnicities, cultures and social classes, it is especially concentrated among women. Why, then, do women diet so persistently despite their repeated lack of success? The literature offers three factors: The strong motivation of the thin ideal and the desire to avoid the stigma the overweight face; the diet industry's marketing ploys, which play up the consumer's past failures as due to the faulty premises of other diets; and the psychology of false hope, which explains that the initial success of self-change resolutions (then followed by plateau and eventual return to the original behavior) gives the dieter motivation to start anew, as she attributes failure to her own lack of willpower rather than factors outside her control. To lend nuance to the factors presented in the literature, qualitative interviews were conducted with seven women who had dieted multiple times without long-term success. The study found that while women had all attempted commercial diets, they were far less swayed by the diet industry's advertising than by personal pressures to conform to the thin ideal, especially when these were present in childhood. The psychology of false hope was also an important driver of repeated dieting, as well as a factor not represented in the literature: the social force of dieting and the common suggestion to diet with friends. Because those who became aware of their self-image and began dieting at a young age went on far more total diets across their lifetime, the study makes a case for parental education to instill strong self-worth in children in order to avoid lifelong struggles with body image and the dangerous weight cycling associated with chronic dieting.

Chapter One: Introduction

Introduction

Americans spend over $40 billion annually on dieting and dieting products (Bijlefeld & Zoumbaris, 2003). To experience American culture is to know this instinctively: the phenomenon is evident in a Yoplait yogurt commercial that promises the pleasure of a rich dessert for 100 affordable calories; in the growing number of restaurants that volunteer nutrition information on their menus; even in fast food chains' startlingly paradoxical attempts to ride out the craze with options such as Hardees' lettuce-wrapped Low-Carb Thickburger. As with any other tremendously successful industry, dieting has woven itself into the fabric of American society.

What makes dieting's hold on American culture so astonishing is that 95% of dieters will return to their original weight within one to five years (Bijlefeld & Zoumbaris, 2003). Were any other product this consistently ineffective at what it claims to do, it would be removed from shelves. This statistic also speaks to the futility of dieting as a supposed remedy for the obesity epidemic plaguing American society today. In addition to the near-totality of dieters who regain their lost weight, the weight cycling that frequently accompanies dieting has been associated with very serious health risks and even death (Lissner et al., 1991). Even "healthy" diets can lead to disordered eating patterns and even full-blown eating disorders (Patton, Selzer, Coffey, Carlin & Wolfe, 1999; Bijlefeld & Zoumbaris, 2003). Dieting should thus not be seen as a remedy for the obesity epidemic, but rather as an enabler of it and a danger in itself.

But the case against dieting is a difficult sell in a society so enamored with the method. Americans' relationship with dieting is tied into a complex historical ideal of the feminine figure, media propagation of thinness, and uniquely American values of self-control, diligence, and delayed gratification. A slim figure in American society is equated with possessing the effort required to achieve and maintain it (Brownell, 1991). Conversely, the overweight face a strong stigma. Cultural stereotypes paint them as lazy, unhealthy, and sexually unattractive, encountering prejudice in the job market and in social interactions. Moreover, the rigidity of expectations to meet the ideal weight results in shame for even slight departure from the norm (Stinson, 2001).

In addition to the stigma that the overweight face and the degree to which thinness is glorified in American society, the diet industry itself also deserves credit for its success, cleverly capitalizing on American women's resulting desire to achieve the thin ideal. But in doing so, it faces an intriguing dilemma: to continue making profits, the industry depends on the short-term nature of weight loss. Were every diet to work as advertised, enabling its followers to quickly lose weight and maintain weight loss permanently, dieters would need only buy diet products for a short time and the industry would be left with a host of satisfied advocates but no consumers (Germov & Williams, 1996). Instead, diet books are founded on the premise that most diets fail. They acknowledge dieters' past failures, attributing the disappointments to the premise that other diets they have tried were based on misconceptions (Kolata, 2007).

In addition to the American ideal of feminine thinness and the diet industry’s marketing strategy, the personal psychology of dieting contributes to dieters’ resilience in the face of failure. Dieting is not unique among self-improvement resolutions to inspire

frequent renewed attempts despite past letdown. In fact, Norcross et al. (1989) found that among all health-related resolutions, unsuccessful attempts at changing one's behavior do not decrease the likelihood of planning future self-improvement. This phenomenon flies in the face of one of the most fundamental psychological theories of learning: that a behavior never followed by a reward will eventually cease. But Polivy & Herman (2002) note that the repeated process of attempting to reform an undesirable behavior, relapsing into the original pattern, and trying again has been observed in smokers, gamblers, and alcoholics as well as dieters and others, and has been termed "false hope syndrome." These hopeful self-improvers attribute their failure to a factor within their control, such as a lack of motivation or insufficient commitment. They recall the initial success of their past attempt—ten pounds lost; a month without a cigarette—and are inspired to try again.

The paradox of the American diet industry's success demands explanation, and the cultural emphasis on thinness, the industry's marketing strategy, and the psychology of false hope each help to illuminate the puzzle. But the literature is largely contained to several types of studies. There are a number of quantitative studies addressing women's attitude toward their weight and body image as well as women's dieting patterns (Garner 1997, Wardle & Griffith 2001, Runfola et al. 2012). Additionally, there are several analyses of the dieting epidemic that draw heavily on personal experience or participant observation (Stinson 2001, Fraser 1997), as is traditional in feminist scholarship (Stinson 2001). Cordell and Ronai (1999) conducted ten life history interviews with overweight women, but focused their analysis on how the women's identity was shaped and influenced by their weight, rather than exploring their diet patterns and struggles with weight loss. There are no notable studies to date that gather qualitative data from women

about their experiences with chronic dieting. My research seeks to fill this gap. I conducted interviews with women who have dieted repeatedly without long-term success in hopes that these firsthand, personal accounts will shed light on and lend nuance to the theories in the literature.

The effects of the three factors listed above on dieters' resilience will be discussed in detail in Chapter 2. But to appreciate the possible answer to why women diet, one must first understand the scope of the problem. Whom does this phenomenon affect, how, and to what extent? In the remainder of the chapter, I will describe the magnitude and nature of the industry's influence on American society and across the globe. I first address the demographics of dieting, including race, social class, and culture. I next expound on the dangers of dieting and why it should be considered an epidemic. Then, I discuss dieting in the context of today's obesity epidemic, and argue that it should not be seen as a solution to this problem. I conclude by addressing in more depth my research and its aims.

The Demographics of Dieting

I have chosen to focus my research exclusively on women. Dieting has become increasingly popular among men, especially since the rebirth of the low-carbohydrate diet allowed men to dig into a steak while still abiding by diet rules, but the desire to control one's weight applies disproportionally to women in the developed world today (Bentley, 2004; Germov & Williams, 1996). Garner's (1997) body image survey of nearly 3,500 women and 548 men found that although more men fall into the medical definition of overweight (a Body Mass Index above 25 kg/m^2), more women modify their food intake in order to lose weight due to dissatisfaction with their physical appearance. Furthermore,

67% of women over 30 reported being unhappy with their weight as compared to 52% of men. And while only 3% of these dissatisfied women wanted to gain weight, 22% of men felt they weighed too little. Women were also consistently more likely than men to exercise to lose weight, as well as to resort to extreme measures to lose weight, such as diet pills, laxatives, and purging (Garner, 1997). While the $40 billion industry certainly does not contain its base to half the population, these statistics strongly imply that women are more devoted consumers than men. Much of this disproportion stems from society's idealization of feminine thinness, which will be discussed more thoroughly in Chapter 2.

Dieting also varies by race. Stinson (2001) observes that the thin ideal driving so many American women to diet is not universal. African Americans, for instance, have a more flexible and accepting standard of feminine beauty than Caucasians. In a 1994 study of 404 black and white women over age 66, black women were less than half as likely to diet, nearly three times as likely to consider themselves attractive, and more than twice as likely to feel satisfied with their weight as the white women in the study (Stevens, Kumanyika & Keil). Similar findings were reported in a 1995 study of college-age women, despite the fact that African American women in the study had significantly higher body mass index on average (Akan & Grilo). This disparity owes itself to several factors. For one, both groups at least partially base their self-image on what they believe men of their race prefer in women. African American women believe that men of their race desire larger women, and thus feel more attractive at a larger size. White women, however, believe that white men are only satisfied with very thin women, and feel that they must achieve this standard. African American women are also generally "protected" from conforming to the Western standard because many identify primarily with their own

subculture rather than the dominant culture. This attitude, of course, varies among African American women, with those more closely tied to the dominant culture being more susceptible to pressures to be thin (Molloy & Herzberger, 1998) and some research suggesting that upper-class black women face similar rates of body dissatisfaction as white women (Caldwell, Brownell & Wilfley, 1997). This applies to other minorities as well, especially those groups whose standard of beauty does not emphasize a slim feminine figure. However, ethnic differences in weight satisfaction appear to be fading as ethnic minorities achieve higher levels of education and more complete acculturation (Stinson, 2001).

Social class is also tied to dieting, independently of racial factors. In a study of nearly 2700 British adults, Wardle and Griffith (2001) found that men and women with higher socioeconomic status were more likely to perceive themselves as overweight, despite the fact that actual levels of overweight were higher among the lower classes. The upper-class also monitored their weight more closely and were more likely to attempt weight loss. Over half of normal weight women in the highest socioeconomic group claimed to be "watching their weight," as compared to only 44% of normal weight women in the lowest socioeconomic group. This overall pattern was clearer among women than men. In a similar study, Germov, Williams, and Young (2011) found that while obese women across social classes expressed the same near-universal desire to lose weight, women with a healthy BMI were more likely to want to lose weight if they had higher socioeconomic status. Upper-class women were also more likely to use weight control practices, though women of low socioeconomic status were more likely to resort to potentially harmful means of dieting such as laxatives or diuretics. Furthermore,

dieting has been found to be more common among higher-class adolescents (Drewenski, Kurth & Krahn, 1994).

Several hypotheses exist for the relationship between social class and diet practices. Some theorize that thinner women are generally more socially mobile, achieving more financial and educational success and exhibiting a greater tendency to marry upward (Wardle & Griffith, 2001). People with lower socioeconomic status are also less able to afford costly weight control programs, explaining both their lack of use of these practices and/or their tendency to resort to more harmful techniques. Notably, in a 2011 study of over 11,000 women aged 47-52 examining whether weight gain over a 2-year period differed by social class, Germov et al. (2011) found that controlling for education did not change the results. This dispels the notion that education might be a confounding variable in the relationship between weight and social class, establishing that overweight is not due to lack of nutritional knowledge among the less educated lower-class.

Although many aspects of dieting, including self-restraint, persistence, and individualism, align with American values, the chronic dieting epidemic is by no means contained to the United States. Weight Watchers, for example, services 100 million people in 30 countries (Gentry, 2010). Statistics around the globe suggest a similar trend. In Ireland, which supports a Weight Watchers membership of 100,000, a poll conducted by the Dublin Institute of Technology found that 45% of Irish teens were currently dieting as of 2001 (Clarke, 2001). According to a *Reader's Digest* survey of 16,000 people in 16 countries examining global dieting and obesity patterns, Finland has the highest rates of dieting, with 83% of citizens having dieted to lose weight (compared to

72% of Americans). In China, 37% of the population reported using diet pills, compared to 30% of Brazilians, 25% of Russians, and 19% of Americans. In India, nearly half of men surveyed reported wishing their spouse would lose weight (Kita, 2010). Talukdar's (2008) qualitative study of dieting and fasting among women in urban India suggested that these wishes did not go unnoticed, as many of the women she interviewed cited reducing or eliminating rice, a dietary staple, from their diet, citing an attempt to avoid carbohydrates and also a cultural belief that rice weighs the body down. Perhaps most striking, 23% of Russian men and 18% of women admitted to smoking cigarettes in attempt to lose weight (Kita, 2010). The dieting trend, extending even to dangerous weight loss practices, is prolific around the globe.

Japanese women face especially intense pressure to be thin. In Japan, the slimmest industrialized nation, women tend to be highly critical of one another and often compare themselves to other women, especially with regards to weight. This is especially pronounced among young women, who are now four times more likely to be thin than overweight (as compared to only twice as likely 25 years ago). This standard has manifested in dangerous trends, including lowering birth rates among babies born to that generation of women. While Japanese adult men and children of both genders are gaining weight steadily, in concert with the rest of the world, women ages 20-59 have lost weight since 1984. Women report wanting to be thin not only to satisfy Japanese men's desire for petite partners, but also because of the cultural trend of comparing themselves to other women. Body distortion is such in Japan that many middle-aged women interviewed whose BMI were at the very low end of normal cited viewing themselves as fat (Harden, 2010).

In another case study, the United Kingdom faces nearly the same rates of obesity, dieting, and body dissatisfaction as Americans do. According to the most recent National Health Service report, 68% of women and 58% of men in England are overweight or obese, and these rates are projected to rise significantly in the coming decades. High rates of dieting parallel these numbers: a 2004 survey by analysts Mintel found that 37% of women in the UK were dieting "most of the time" (BBC News, 2004). These numbers would surely be even higher were they to include periodic or occasional dieters. While this would seem to come about in order to combat rising obesity rates, the analysts note that more and more Britons are dieting in order to improve their appearance rather than their health. As a token of how this practice may even be antithetical to health, the survey found that 18% of women frequently skip meals in order to lose weight (BBC News, 2004). Capitalizing on the trend, the diet industry in the UK is booming. A recent television ad run by Weight Watchers in the UK cost £15 million (approximately $25 million), estimated to be the most costly ad ever shown in the UK (Smithers 2012).

Body image in the United Kingdom, like the United States, demonstrates negative influence from societal pressures to be thin. In a 2002 survey of English adolescents, 75% of female respondents reported wanting to be thinner, compared to only 42% of boys (Furnham, Badmin & Sneade, 2002). Scottish Member of Parliament Jo Swinson conducted a government inquiry on body image. Her report found evidence of widespread body dissatisfaction among British women: incidence of eating disorders has doubled in the last 15 years, and 90% of adult British women cited experiencing body image anxiety (Wiseman, 2012).

Thus, while the American dieting phenomenon is undoubtedly widespread, it does not begin to encompass the worldwide epidemic. A variety of weight loss practices, as well as female body dissatisfaction, are rampant around the globe. Within the US, however, dieting is not evenly distributed across demographics. Those supplying the industry's profits are largely women, concentrated among whites and the upper-class. But these trends are changing, with more men and minorities beginning to diet in greater numbers. Having established the scope of the trend and the populations among whom it is most prevalent, the question remains: Why is dieting an 'epidemic' to be concerned with in a society with staggering rates of obesity? Aside from being a futile investment, what is the problem with millions of Americans dieting?

The Health Effects of Dieting

Chronic dieting and weight cycling can have serious physical and psychological consequences. In a Framingham, Massachusetts study that followed 5,127 men and women over 32 years, Lissner et al. (1991) found that the significant fluctuation in body weight which often results from chronic dieting was associated with higher levels of death from all causes and higher levels of death from coronary heart disease, especially among the group aged 30-44. The researchers noted that because the risks associated with weight cycling (the result of repeated dieting and weight regain) were similar to those associated with obesity, the potential benefits of dieting to lose weight may not be worth the risk. This is especially true of the great number of female dieters who are of normal weight or those who are overweight but not obese (defined as having a BMI of 25-30) (Garner, 1997). According to Dor, Ferguson, Langwith and Tan's 2010 research report, health risks for those who were overweight were relatively negligible. A 40-year-old

overweight white man was expected to live only 0.2 years (about 2.4 months) less than a 40-year-old white man of normal weight, while an obese man of the same demographic was expected to live a full 6 years less. The financial costs that obese women face due to healthcare and lost wages are more than nine times higher than those for overweight women, with costs increasing exponentially as individuals became more obese. Notably, the average overweight (as opposed to obese) person spends about $346 extra annually in medical costs (Dor, Ferguson, Langwith & Tan, 2010;), while the average dieter spends $500 annually on dieting products (Stinson, 2001). Financially and medically, for those who are not obese, dieting may be an unwise and even dangerous decision.

Though seemingly paradoxical, dieting itself may incur medical costs as well. Low-calorie diets may lead to a depletion of vitamins and minerals, resulting in muscle cramps and dehydration. Reduced sodium, calcium, and potassium levels may also occur, leading to possible myocardial dysfunction. Very-low-calorie diets have been shown to suppress the sympathetic nervous system, leading to impaired respiration and low blood pressure (Beedoe et al., 1991). Dieting to theoretically lose weight and avoid the adverse health effects of obesity can have its own negative health effects when not appropriately monitored—yet another unfortunate catch-22 for struggling dieters.

Dieting may also bring about psychological consequences, the most common of which are anorexia nervosa and bulimia (Brownell, 1991). While the distinction between "healthy" diets that encourage gradual weight loss in a pragmatic way and dangerous and ineffective fad diets seems to be important, what nearly all diets have in common is that they establish rigidity and self-denial surrounding eating patterns. This restrictive mentality and deprivation can often progress to full-blown eating disorders and binge

eating (Walsh & Devlin, 1998). A three-year Australian study of 1,947 adolescents found that females who dieted severely were 18 times more likely than their non-dieting peers to develop an eating disorder, and those who dieted moderately were five times more likely to develop an eating disorder (Patton, Selzer, Coffey, Carlin & Wolfe, 1999). Thirty percent of "normal" dieters will develop obsessive weight control practices or full-blown eating disorders (Bijlefeld & Zoumbaris, 2003). Also, because the outcome of most dieting attempts is a failure to lose weight, dieters must find some explanation for the cause of the disappointment. In the face of a failed attempt, dieters generally conclude that they simply did not try hard enough. Because diets generally induce weight loss at the beginning of the process, when followers are most motivated, it is easy for dieters to assume their lack of weight loss occurred because their adherence slacked after the initial stage (Kolata, 2007). While this reasoning may act as a protective mechanism to allow for hope for future diets, it also reinforces the dieter's self-image as a failure, perhaps further reducing already poor self-esteem that may have inspired dieting in the first place.

While the detrimental effects of dieting are considerable, expressing concern for the prevalence of chronic dieting without acknowledging the concurrent obesity epidemic and the relationship between them may be irresponsible. One may logically ask whether it is reasonable to condemn dieting when so many Americans—a number growing by the day—truly do need to lose weight for health reasons.

Dieting and the Obesity Epidemic

More than a third of the United States population is obese, and if the current trend continues, half are projected to be obese by 2030. Black women, the demographic most

adversely affected by the trend, are expected to reach 96% rate of overweight (including overweight, defined as BMI greater than 25, and obese, defined as BMI greater than 30) by this time (Flegal, Carroll, Ogden & Johnson, 2002).. Other developed countries are experiencing similar increases in obesity rates, and less developed countries have also demonstrated a rise in obesity as they grow wealthier (Popkin, 2009). A number of factors have been offered as contributing to this development, including more sedentary work conditions, technological advances, the increased popularity of eating out rather than at home, and lower rates of tobacco use. However, conclusive data determining a causal relationship between these factors and increased rates of obesity are lacking (Flegal, Carroll, Ogden & Johnson, 2002).

This epidemic is of tremendous societal concern. A recent study estimated that obesity related costs accounted for 9.1% of total healthcare expenses in the United States in 1998 (Wang, Beydoun, Liang, Caballero, & Kumanyika, 2008). The costs to the individual are nearly $5,000 annually for women and $2,600 for men (Dor, Ferguson, Langwith & Tan, 2010). In a 2005 study, Ricci and Chee found that the annual cost in lost productivity due to obese workers missing work for health reasons was $7.84 billion. But the considerable financial burden is far overshadowed by the cost to human life: according to Surgeon General Richard Carmona, “one out of every eight deaths in the United States is caused by an illness directly related to overweight and obesity” (statement to the U.S. House of Representatives, 2003).

So what can be objectionable about dieting, a process that promises to combat such a pernicious trend? The current prevalence of obesity and its panoply of associated health risks is the primary reason for public health recommendations advising weight

loss: according to medical standards, 64% of Americans *do* need to lose weight (Bacon et al., 2005). But public health campaigns with blanket messages such as "control your weight" or "eat less fat" intended to target the obese may exacerbate the dieting epidemic (Germov, 1996). And while dieting may seem like an antidote to the country's alarming obesity rates, the fact remains that 95% of dieters regain their lost weight. Thus, the millions of fruitlessly dieting women with distorted body images fueled by cultural pressures to be thin comes into conflict with the greater millions of obese Americans for whom health risks do necessitate weight loss. How, then, can public health campaigns reconcile these conflicting issues? What can be done to ensure that women maintain a healthy body size without coming to resent their natural figures and adopting pathological eating practices?

Summary: Where do we go from here?

By gathering a clearer picture of dieters' attitudes toward their weight loss and body image, this study aims to shed light on these questions. I will first examine the existing theories on why women diet. These include the American ideal of feminine thinness and stigma against the overweight, the history of the diet industry and its marketing strategies, and the psychology of dieting and false hope. Then, I will conduct open-ended interviews with women who have a history of dieting with no significant long-term weight loss, attempting to detect patterns in their thought processes as they take on diet after diet to no avail. The interviews will also explore these women's perceived pressures to be thin, as well as their susceptibility to the ploys of the diet industry. I will compare qualitative data from these interviews with existing theory, examining how real women are affected by the media and the industry in shaping their

own self-image. In understanding the average female dieter's relationship with her weight, I hope to provide a lens through which to critique this distorted self-image and eventually curb the epidemic of low self-esteem that plagues women everywhere.

Chapter Two: Literature Review

Introduction

To resolve the perplexing question of why the American diet industry is so successful despite so consistently failing to live up to its claims, three integral factors that contribute to women's persistence in dieting must be understood. The ideal of American thinness began around the turn of the century and is today woven inextricably into society and the media. This lofty standard gives women such incentive to avoid the stigma of the overweight and to achieve the success equated with a slim figure that they are willing to diet regardless of the feeble odds in their favor. The psychology of false hope—discussed in the literature in the context of many addictive and habitual behaviors as well as dieting—also plays a part in resurrecting women's enthusiasm for a diet on each fresh attempt, past failures notwithstanding. And finally, the diet industry itself deserves credit for its ingenious marketing strategy, managing to earn a devoted following with a product whose continued profitability depends on its inefficacy.

The existing literature is largely based on historical and sociological research about perceptions of female beauty (Ogden, 2010; Fraser, 1997), reviews of diet industry marketing that examine the tactics used to entice consumers (Demianchuk, 2006), and quantitative studies researching the psychology of dieting and women's attitudes towards their bodies (Garner, 1997). This chapter reviews the existing literature, which paints a clear illustration of the thin ideal over time, the diet industry's marketing, and the psychology of dieting. But much can yet be gained from understanding how the very women spending $40 billion on diet products annually are influenced by the thin ideal,

how they respond to dieting advertisements, and what their attitudes are upon beginning a new diet. In the following chapters, I will analyze the results of seven interviews with women who have a history of ultimately unsuccessful dieting, working my findings into the existing theories to develop a clearer picture of the mysterious allure of the diet industry.

The American Ideal of Thinness

The American ideal of feminine slenderness did not emerge from a vacuum. Rather, it must be viewed in the context of countless other beauty standards for women stretching as far back as written history. Across cultures, nearly every part of a woman's body has at one time been manipulated, mutilated, or considered too large or too small (Ogden, 2010). Today's fixation on thinness is part of an overarching historical theme of dissatisfaction with the female form. It has manifested in widely varying practices across the world. Chinese foot-binding, a thousand-year tradition that only began to phase out in the early 20th century, involved breaking the bones of a young girl's foot to reshape them into a "lotus hook", with the big toe jutting out and the rest of the foot tightly curled under—then considered by men a feature so appealing that a woman with unbound feet was deemed unfit for marriage. The practice, in addition to being very painful, made it nearly impossible for women to walk in adulthood and rendered them symbolically and literally dependent on their husbands (Ogden, 2010).

The theme of amending women's natural bodies to achieve a societal beauty standard continues through history (Ogden, 2010, Fraser, 1997). In a Western example, the corset emerged as a fashion staple in the Victorian era based on the principle that

women were so feeble that they could not stay upright on their own. Like foot binding, the corset created the type of dependence and fragility it was meant to symbolize. The garment was tied so tightly that it put up to eighty pounds of pressure on the wearer. It rendered women breathless and incapable of bending down, thus necessitating that a man help to guide them (Ogden, 2010). Yet in other ways, the Victorians were much more accepting of natural femininity than today's standard: a perfectly acceptable weight at the turn of the century would now be shunned as twenty to forty pounds overweight (Fraser, 1997).

Out of this history of societal dissatisfaction with the true female form emerged today's ideal of unnatural slenderness. In the late 19th century, as the industrial revolution transformed the economy and the advent of processed food, transportation, and refrigeration ensured that even perishable food was consistently available, excess fat began to lose its esteem. Wealthy Americans sought to set themselves apart from thickset immigrants (Fraser 17-18). Thus, by the 1920s, the ideal figure by American standards was notably slim (Ogden, 2010). During the 1950s, a curvier figure, as embodied by Marilyn Monroe, was acceptable along with the more svelte forms of Grace Kelly and Audrey Hepburn (Lamb, Jackson, Cassiday & Priest, 1993). But the strict standard of thinness began to reach today's intensity in the late 1960s, with the advent of bikinis and the custom of going braless (Ogden, 2010). While this was framed to imply greater freedom for women, they were in fact expected not to have any excess flesh to exhibit. Bikinis provided no physical support for curvier women. In concordance with the narrowing standard, Weight Watchers was founded in the United States in 1963 and in Britain four years later (Ogden, 2010).

Today, in contrast to the ideals of the past that were built around the implication that women were weak, thinness is associated with control. The slender woman has the self-restraint to keep herself from overeating and the motivation to be active (Brownell, 1991). A woman striving to control her body—a practice that requires positivity, passion, and significant self-motivation—notably complements American standards of individualism and entrepreneurship (Fraser 10). The desire to be perceived as having these positive attributes drives women to idealize the slender body (Brownell, 1991).

While the fact that today's ideal represents control acts in contrast to previous beauty standards that both symbolized and created women's dependence on men, it also fits the historical pattern in that women's quest to achieve the ideal of each era is driven by their desire to appear sexually attractive and appealing to men. Just as the Chinese woman endured the pain of foot binding in order to be considered fit for marriage (Ogden 2010), women today go through beauty rituals because they place high priority on how men perceive them. A 1997 body image survey of nearly 3,500 women and 500 men found that relationships have a strong impact on one's body image: "If your mate doesn't think you look great, you're likely to feel devastated," Garner writes (34). Forty percent of women claimed that their significant other's opinion of their appearance was integral in fostering a negative body image. Conversely, the study found that good sexual experiences were likely to result in high body satisfaction. Thus, self-image was closely tied to women's relationship with men. And in accordance with the beauty fad of the day, the image these women were aiming for had everything to do with weight: two thirds of women responded that gaining weight was a very important factor in their body

dissatisfaction, and an overwhelming 89% of women reported wanting to lose weight—including 40% of those who were extremely underweight (Garner, 1997).

Opposing the deified image of the thin woman are strong negative associations American culture holds against the overweight. Heavy people are thought to be lazy, unhealthy, and sexually unattractive (Stinson, 2001). Because of these connotations, they frequently encounter prejudice in education, the job market, and social interactions. Furthermore, the rigidity of expectations regarding the ideal weight results in stigma for even a small deviation from the standard (Stinson, 2001). Thus, fear of becoming fat can also act as a strong motivator for women to diet. This avoidance incentive is especially significant because it is not only overweight women who diet, but also large numbers of women within normal weight range who perceive themselves as overweight or seek to avoid future weight gain (Gilbert, 1989).

Fueling these anti-fat attitudes is the near-universal assumption that obese individuals are to blame for their condition (Stinson, 2001, Germov & Williams, 1996). Much of the chronic dieting epidemic is driven by widespread misperceptions about the biology of metabolism and nutrition. Implicit in the criticism of the overweight and obese is the assumption that the body is "infinitely malleable"; that with the right diet and sufficient exercise, the ideal figure is universally attainable (Brownell, 1991). However, recent studies have revealed that obesity results from a combination of genetics, environment, behavior, metabolism, and level of physical activity (Papazian, 1991). The notion that heaviness is due to gluttony and indolence and that the thin ideal is universally achievable is a myth, rendering the harsh attitudes against the overweight which act as strong diet motivators unfair and unfounded.

The diet industry's relationship to the thin ideal presents a chicken-and-egg conundrum: does the diet industry create, through its marketing, the need for women to be thin, or did it emerge to fulfill the already existing desire? (Ogden, 2010). The diet industry was born just as the thin ideal came into being, and grew in congruence with the intensifying thinness standard. While it did not singlehandedly create today's beauty standard, it has likely exacerbated it, and has encouraged women to continue dieting through marketing strategies unique to the diet industry.

The Diet Industry

The secret to a successful industry is necessarily aided by cultural tradition and societal wants and needs. But credit is of course also due to the industry itself, and the diet industry—one whose continued profitability necessitates the eventual failure of its product—is certainly no exception. Diets are sold in many forms, each with their own strategic angles and marketing ploys. There are diet gurus, diet books, group diet programs, and lines of diet foods (Fraser, 1997). Each play cleverly into the mentality of dieting, using the dilemma of the perpetual dieter to their advantage.

Jack LaLanne, a diet guru whose following peaked in the 1960s, exemplifies the appeal of charismatic diet leaders (Fraser 1997). Like most in his profession, he was once overweight and supposedly unenlightened before transforming his body through the means he later preached to others. For LaLanne, this meant exercise and strict avoidance of sugars and processed foods. LaLanne was the first diet guru to add exercise as a component of dieting for weight loss. Driven by his father's premature death, which he attributed to corpulence and inactivity, LaLanne opened a string of gyms and eventually launched an exercise TV show, becoming the first TV fitness celebrity (Adams 2009). This program engaged 8 million housewives daily, who eagerly

completed his routine of various kicks, twists, and "fun-nastics" as he promised them a "youthful bustline" and a lack of excess padding on "the old back porch" (Fraser 58). To display his own vitality, and likely to strengthen the devotion of his already awed followers, he once swam to San Francisco from Alcatraz bound in handcuffs (Adams 2009). He incorporated religion as well, advising his legions of followers never to forget their "vitamins F in G, Faith in God" (Fraser 59). His fame gradually waned as the US government began recalling thousands of his health food products, asserting that their health claims were exaggerated (Fraser 1997).

Despite their varied messages, diet gurus share a core philosophy: weight loss will make you a better person. Women who are dieting success stories will enjoy a healthier personal and spiritual life. And for those who fail, the disappointing results are not a fault of the diet, but of the dieter's lack of commitment and willpower. Diet gurus emphasize the misery of being overweight—a claim they ostensibly make credible by having lost weight themselves (Fraser 1997). But the real draw of diet gurus lies in the compelling magnetism of the gurus themselves. They present themselves as sympathetic, once-beleaguered success stories, almost evangelist in their ability to command a following. Having overcome excess weight in the way their followers struggle to do, they become exalted figures: dieters actually want to become these gurus (Demianchuk 2006). Yet their appeal as average people with exceptional willpower is ironically contrasted with their often simultaneous attempt to present themselves as doctors or scientists, often dressed in lab coats (Demianchuk 2006). Overall, women's devotion to diet gurus reflects the general effect of the dieting phenomenon: seeking a body that suggests that they are in control, they in fact lose control over their lives, finding themselves at the mercy of a culture that claims they will only find happiness through a nearly unachievable size.

Not all diets employ the help of a charismatic icon to draw followers, however. The industry uses a host of other methods to advertise itself. Even with rates of overweight as high as two thirds, diet companies are not content to cater solely to the

market of those who need to lose weight. Advertisements encourage women not only to lose drastic amounts of weight necessary for health, but in many cases largely market themselves to women who want to lose ten or twenty pounds and are willing to pay the cost (Demianchuk 2006). Diet magazines offer ways to shed extra pounds for summer or remedy tightening clothes, and the thin models they use—blatantly drawing on the thin ideal that inspires dieters in the first place—imply that there's always room for a diet (Ogden 2010). In this way, diets not only cater to a need to be thin, but actually create the illusion of the very need they serve (Ogden 2010).

The diet industry also works in conjunction with the food industry. The recently popular low-carbohydrate Atkins diet is a prime example of this symbiotic relationship. When *Dr. Atkins' New Diet Revolution,* an updated version of the 1972 original, was released in 2002, restaurants and food producers wasted no time seizing their opportunity (Bentley 2004). By 2003, six hundred low-carb products were available in grocery stores, including such perplexities as low-carb beer, pasta, and ice cream. Restaurants created separate low-carb menus. Bread, cereal, potato, and juice sales diminished, with a corresponding rise in consumption of bacon, pork rinds, and eggs. Bakeries launched feeble campaigns to combat the anti-carb mentality, even as they scrambled to produce low-carb muffins and breads (Bentley 2004). In other cases, diets are actually created by food manufacturers. Much like including baking recipes on the back of oatmeal boxes or cream cheese cartons, food companies come up with diets heavy on their product in order to increase sales (Demianchuk 2006). A 2006 study on the long-popular grapefruit diet, in which people consumed grapefruit or grapefruit juice before each meal, found that those on the diet lost considerably more weight than the placebo group (Fujioka,

Greenway, Sheard & Ying 2006). This study, however, was widely known to have been funded by the Florida Department of Citrus (Webber 2009), and in fact, as a Andrea Giancoli of the American Dietetic Association asserted, the diet's success is a result of its very low calorie content rather than any special property of grapefruit itself (cited in Webber 2009). Overall, the diet industry, which makes food products in conjunction with the diets it sells, and the food industry itself face the conundrum of having to sell more food to people trying to lose weight (Demianchuk 2006). By re-working their products to ostensibly cater to dieters, they overcome this obstacle and are all the more successful for it.

The diet industry uses several other ploys to engage consumers. Many sell themselves on simplicity (Demianchuk 2006). Atkins, for example, was so popular in part because it sold a concise message, an easy one-liner to guide followers' eating patterns: Carbohydrates are bad for you. The idea of only having to remember one principle is deceptively simple to dieters fed up with counting points, grams and calories (Demianchuk 2006). Diets also play up an association with status and glamor, using names such as the Beverly Hills Diet or the South Beach Diet. These connote the very sense of success and effortless beauty that dieters seek (Demianchuk 2006).

Gaining initial followers, however, is no Herculean task in a society with a pervasive thin ideal and rate of overweight that encompasses two-thirds of the population. The diet industry must also retain consumers even as 95% of them see no long-term success from the product. To do so, they do not shy away from their product's faulty record, but rather use it to their marketing advantage. Part of the average diet's pitch is a repudiation of other diets (Demianchuk 2006). They suggest that dieters have

failed before because the other diets they have tried were based on misinformation. But this diet, they imply, will achieve the desired results because its nutritional premise is sound. Diet books, as Ogden observes (p 123), "all present their product as an inevitable pathway to success." Many diets display themselves this way by making false claims, namely about how much and how fast pounds can be shed on the diet. The Federal Trade Commission has brought approximately 90 actions against untrue or misleading weight-loss advertisements since 1990 alone (Gross 2006). Diets also use testimonials of successful dieters, who imply that, having succeeded at the very diet that may not have worked for someone else, it is not the diet at fault for past failures but the dieter herself. Perhaps she exercised insufficient restraint or willpower; whatever the cause, the testimonial is presented as evidence that the diet can be effective if used properly (Polivy & Herman, 2002).

The psychology of dieting also aids the industry in retaining previously unsuccessful consumers. The phenomenon of continued resolutions to change an undesired behavior, such as overeating, gambling, or alcohol addiction, is known as the psychology of false hope. The model describes reformers' attitudes upon beginning repeated attempts, why such attempts most often fail, and how individuals' (mis)interpretations of their failures leads to a perpetual cycle of unsuccessful self-change.

The Psychology of Dieting

Polivy and Herman originally proposed the theory of false hope in a 1999 study that sought to explain dieters' continued attempts at weight loss despite past failures.

They hypothesized that to sustain the behavior without an ultimate reward, some sort of intermediate reinforcement for dieting must be present. While dieters clearly expect to lose weight from their efforts, studies show that the restraint diets demand often correlates with overeating, perhaps even directly causing it (Herman & Mack, 1975; Herman & Polivy, 1988). One theory of this causality, proposed by Herman and Polivy (1984), is termed the "boundary model." The model suggests that dieters restrain themselves from crossing a delineated "diet boundary." But once this line has been crossed—a forbidden food eaten, a calorie limit overshot—the dieter will continue to eat until overfull. These theories help to shed light on why dieters so often regain their lost weight.

Having established this trend, Herman and Polivy (1999) examined eighty female college students who divided themselves into three groups: those who resolved to follow a 1,500 calorie diet, those who resolved to study one hour more per day, and a control group that was not instructed to change anything about themselves. The women were further divided into restrained eaters, or chronic dieters, and unrestrained eaters, those with no history of chronic dieting. While the results were not as pronounced as the researchers had anticipated, they found two main reactions to resolving to reform oneself. Those embarking on their first self-change attempt experience increased self-esteem upon making their resolution, but show little success (especially, according to the study, in weight loss attempts) and ultimately give up. At the follow-up, this group no longer displayed higher self-image compared to the control group or to the restrained eaters. The chronic dieters, however, had a different reaction to their self-change resolution: rather than enjoying a boost in self-image, they actually became more depressed, yet had

elevated expectations for the success of their new attempt. Although they did lose more weight than the control group, they felt unsuccessful and reported feelings of failure after the attempt. Both groups, the authors concluded, noted that the false hope at the outset of a weight loss attempt provides only fleeting comfort and, most notably, they see themselves as failures after trying the diet (Herman & Polivy, 1999).

Since the seminal study, Polivy and Herman have expanded their theory. They note (2000) that in many ways, false hope is a problem of overconfidence—an ironic conundrum for dieters to face, considering that diets are often an attempted remedy for low self-image. But overconfidence lies in the dieter's unrealistically high expectations of success upon beginning a new weight loss attempt. The authors note that these high hopes are in part due to the promising claims of change programs (2000). Thus, while false hope syndrome fuels the diet industry in that it gives dieters the inspiration to embark on a new resolution to diet, the diet industry itself also fosters false hope with its overzealous claims of success.

These unrealistically high hopes leave the reformer poised for likely disappointment. People often believe that they can change more drastically, more quickly, and with less effort than is reasonable or even possible (Polivy & Herman, 2002). Foster, Wadden, Vogt & Brewer (1997) ran a study of 60 obese women, instructing them to define their "dream", "goal," "happy," "acceptable," and "disappointed" weights before receiving 48 weeks of treatment. The patients' average goal weight was a full one-third reduction in body weight. By the end of the program, nearly half of participants did not reach even their "disappointed weight." The authors concluded that there was a dramatic disparity in patients' expectations relative to actual

weight loss outcomes, and that patients needed to learn to accept less drastic positive changes.

Polivy and Herman (2002) also place heavy emphasis on how people who repeatedly attempt self-change interpret these past failures, especially their causation. After an unsuccessful attempt at reforming oneself, false hope syndrome leads the individual to view the unwanted outcome as by no means inevitable. If they concluded that failure was a result of their inability to change, or of the method itself being faulty, they may see another attempt as futile and discontinue their efforts. Rather, the reformer thinks that while the task is daunting, a few adjustments to the plan will bring triumph within reach (Polivy & Herman, 2002). Dieters most frequently attribute their failure to lose weight to a lack of sustained willpower. They note that in the first phase of dieting, when they frequently do lose weight, they were more motivated, driven by the excitement of beginning a fresh resolution. But as the diet wears on, weight begins to plateau as the dieter loses enthusiasm. While level of motivation does in this model correlate with the effectiveness of the diet, it is unlikely the cause of variation in results. It often takes the body time to alter metabolism to resist weight loss; thus, the same amount of effort that led to weight loss initially is ineffective as the diet continues. Diet testimonials featuring successful dieters promote this misconception. They paint the diet as inherently successful and imply that the dieter must be at fault, when in fact, dieters often neglect to take into account that results may vary based on initial weight and a panoply of other factors unique to the individual (Polivy & Herman, 2002).

Research has shown that most successful self-changers do endure multiple failed attempts before achieving a lasting transformation (Prochaska, DiClemente & Norcross,

1992). But statistically, if the likelihood of success at each attempt is 10%, it remains the same even as the beleaguered dieter embarks on her tenth attempt after nine failures. The way the dieter sees it, however—perhaps the final and most important log fueling the fire of repeated attempts—is that the potential payoff of finally achieving their ideal body weight is enough to offset the poor odds of success (Polivy & Herman, 2002). But this, too, is unrealistic. People often imagine the results of their desired change to improve their lives more than is reasonable. They might expect that weight loss would lead to a new job opportunity or love interest rather than be merely an inherent reward in itself (Polivy & Herman, 1992). But in weighing the rewards of potential success with the meager odds of achieving it, dieters do not consider the cost of another attempt: the health risks of weight cycling or the drop in self-esteem from another failure (Polivy & Herman, 2002).

Summary

The research into American societal values idealizing thinness, the diet industry's marketing methods, and the psychology of dieting all provides insight into why women diet chronically despite limited success. The thin ideal is the current manifestation of a centuries-old phenomenon of reshaping women's natural bodies to achieve societal standards of beauty. Just as women in the Victorian era wore suffocating corsets and Chinese custom long dictated that women bind their feet to stunt growth, women today are expected to maintain a—sometimes impossibly—slim figure. When women cannot reach this standard, for which the consequences are low self-esteem and a strong stigma against the overweight, they resort to dieting.

The diet industry both takes advantage of this demand and creates it. They use marketing ploys to convey that thinness is associated with class and luxury. Additionally, the industry uses thin models to endorse their brand, to imply both that their method will inevitably bring about success and also that even women who are not overweight could benefit from dieting, thus capitalizing on the thin ideal to create demand.

The literature also suggests that psychological mechanisms contribute to women's persistence in dieting despite past failure. Dieters begin with unrealistically high hopes of success, setting themselves up for eventual disappointment. They begin with eager motivation and see initial progress, only to plateau as their enthusiasm wanes. While this is likely caused by their metabolism readjusting to the diet, they attribute it to their lack of willpower, and label the diet itself as inherently effective. Dieters' causal attributions about their failure to maintain weight loss thus lead them to conclude that a fresh attempt could still be successful.

Though existing research has done well to establish these three models for why women persistently diet, the literature is lacking in qualitative studies of women who have experienced the perpetual ups and downs of weight cycling. In the following chapters, I will test the theories in the literature by analyzing open-ended interviews I have conducted with women who have dieted repeatedly without maintaining significant weight loss. While these proposals have sound backing in historical and laboratory research, women themselves may provide additional insight into their own experience of the thin ideal, their response to diet industry marketing, and their understanding of their previous dieting attempts.

Chapter Three: Methodology

I conducted qualitative interviews with seven women about their experiences with dieting in order to lend nuance to the theories presented in the literature that attempt to explain why women diet. I felt that a qualitative method would be more effective in eliciting the type of information I sought; that is, what provoked women to diet, their reflection on the success of the diets they had attempted, why they abandoned them, and what influenced them to begin anew. I felt that these accounts would be expressed more clearly as a narrative unique to each woman rather than as a questionnaire. I also hoped that the natural flow of the conversation might allow me to discover theories of dieting perseverance not addressed in the literature.

I restricted my study to women ages 30-65 who had dieted multiple times but had not achieved long-term success. Limiting the pool to women was a clear choice, as my research focused only on dieting among women, who face unique body image and weight concerns as a result of societal standards. I set age boundaries because I felt that women younger than thirty as a general cohort would face increased pressure to look a certain way to attract the opposite sex, as they were more likely to be single and not yet settled down. Garner's (1997) body image survey suggests that young women, despite being more likely to be thin, are plagued with disproportionally low self-esteem; whereas older women seem to grow greater appreciation for their bodies even as they gain weight with age. By limiting the cohort to above age 30, I avoid the confounding variables of young women determined to lose weight to compete for male attention and who were especially susceptible to body image woes. I wanted to hone in on women whose physical growth

had stabilized and whose concern with weight and diet had persisted even as their lives had settled and they were no longer pressured by the expected beauty of youth. I further restricted my sample to women under age 65, because I felt that older women were more likely to face other health concerns and be placed on medically mandated diets, a confound I wished to avoid.

I found the women I surveyed through a combination of word of mouth, convenience sampling, and flyers placed in various locales throughout the area. I first advertised my project to women I knew who then recommended the process to their friends. This method of recruitment was appealing in its ease, and also reduced the sensitivity inherent to the topic as I was familiar with many of the women whom I interviewed. I also recruited two participants from the flyers, who called me expressing interest after having seen the project advertised. This method of recruitment carries the inevitable bias of selecting those who are willing to talk about their dieting experience, a group who may as a whole be different from dieters less forthcoming about their struggles. Participants who respond to advertisements are necessarily less sensitive and more open about the subject at hand than the average woman would be, but they may also be more self-aware and have thought about the issue in greater depth, and thus be able and willing to provide a more detailed account of their dieting experiences. I also interviewed women I knew well and some of their friends, however, and because they volunteered partly as a favor and not solely out of interest in the subject, my results were not entirely affected by this sampling bias.

The basic format of the interview was the same for each interviewee, but differed in scope based on their willingness to discuss the topic. Interviews lasted from ten to

thirty-five minutes. I posed the same questions to each interviewee (included in the Appendix at the end of Chapter 5). These questions sought to explore the women's dieting patterns in the context of the theories presented in the literature: how they experienced pressures to be thin, how they chose their diets, and their thought process in repeating failed attempts. However, I often strayed from this script to pose relevant follow-up questions. Among these tangents were how the women's attitudes about their appearance changed after marriage or divorce, whether they considered their own body image struggles when raising their daughters (when relevant), whether they dieted or discussed dieting with friends, and how they felt physically when on especially restrictive diets. The open-ended format of the interview allowed me to explore facets of the women's experiences that I had not anticipated and had thus not thought to inquire into. I conducted all interviews at locations chosen by the participant, in order to maximize their comfort level. About half were held in the women's homes and half in public places like coffee shops. All interviews were recorded for data analysis purposes, with the approval of each participant.

To assess the data, I transcribed each interview and printed hard copies. I then read through the interviews, highlighting passages relevant to each theory of the literature. Finally, I reread each with the intent to gauge other patterns implied that may not have been explicitly discussed by other authors. As the data is qualitative, my process of analysis was based on my own interpretation of the accounts I collected.

My methodology is crucial in that it provides a perspective that is yet untapped in chronic dieting literature. A number of quantitative surveys have been conducted examining dieting patterns and body image attitudes among women (Garner 1997,

Wardle & Griffith 2001). There is also a body of work that includes (and sometimes combines) narratives of women's personal experience and participant observation in weight-loss programs (Stinson 2001, Fraser 1997). But quantitative data is limited in scope, and personal narrative and participant observation are too closely involved to provide objective, detached insight. The literature is largely lacking in qualitative studies of women who have dieted repeatedly with little long-term success. My methodological design, and the unique information it is poised to obtain, thus forms the basis of my contribution to the research.

Chapter Four: Results

The existing literature on the culture of dieting among women in the United States presents three factors that influence women to diet: the pressure that the thin ideal places on women to be a certain size, the diet industry's marketing ploys, and the psychology of false hope. But these analyses are largely lacking in qualitative data from real-life women who have struggled through fruitless dieting attempts. My research sought to fill this gap, with the hope that accounts from the very subjects the quantitative and historical literature addresses would help to piece together how women view their dieting habits and how these three theories work together. I interviewed seven women ranging in age from 41 to 65 who reported a history of dieting without maintaining significant weight loss. To reconcile the concerns of confidentiality and clarity, I have assigned false names to each interviewee as I discuss the results. Participants reported wanting to lose anywhere from ten to a hundred pounds. I found that several times, patterns of responses grouped themselves into women closer to their goal weight (two women, Amy and Karen, reported wanting to lose ten pounds each) and those further from their goal weight (five women, Michelle, Vivian, Heather, Nina, and Maureen, expressed wanting to lose from twenty to a hundred pounds). I note differences along these lines throughout this chapter. All were Caucasian, with some significant variations in socioeconomic status. The basic interview questions are included in the appendix to Chapter 5.

My findings both challenge and support various aspects of the literature. The interviewees were in large part very vocal about how their weight affected their self-image, and discussed the thin ideal at length. They also described a thought process that bolsters Polivy and Herman's false hope theory. However, contrary to the literature on the power of the diet industry's marketing, most participants seemed unswayed by the industry itself, often inventing their own diets or using adaptations of established diets in lieu of buying dieting products. Many

expressed explicitly that they knew that dieting did not work—although this proclamation clearly stands at odds with their behavior, an intriguing paradox which I delve into more deeply throughout the chapter. I also came across a new discovery, not openly discussed in the literature: Interviewees repeatedly mentioned how dieting interacted with their social relationships, and reported often dieting with or at the request of a friend. This suggests that social influences may also play a part in incentivizing women to diet. I will present in detail the patterns I encountered across the interviews, with regard to each respective theory in the literature. I will then discuss the strengths and limitations of my research, and suggest possible directions for further study.

"We've Got to Get Down to our Hunting Weight": The Thin Ideal

The women I interviewed all expressed some internalization of the cultural ideal of thinness, a validation of its pervasiveness in American society. They reported various levels of stress at meeting the standard, and described a changing body image from childhood to adulthood.

Amy and Karen, the two women closer to their goal weight, were less concerned than the other participants about the thin ideal. They did not display excessive distress about their weight for appearance purposes. Amy explicitly said, "If I was maybe thirty pounds heavier and couldn't lose the weight, I'd be depressed about it too. But I feel extremely healthy…so all the feedback is okay." While Amy and Karen were still not completely satisfied with their weight, they did seem less susceptible to the thin ideal and less unhappy with their overall appearance than the other women I interviewed, suggesting that the extent to which the thin ideal affects women's body image works on a spectrum, with those falling farther from the norm experiencing stronger negative effects on body image. The division in attitude that I found among the women I interviewed began with Heather, who expressed wanting to lose twenty pounds—not an overwhelming amount by many dieters' standards. This lends nuance to Stinson's (2001) assertion that the thin ideal is so rigid that even a small deviation from the standard results in

stigma. Amy and Karen may be defined as a "small" deviation from the norm, but did not suffer notable stigma as a result of their weight. Heather, however, at only a self-proclaimed twenty pounds overweight, confessed to thinking about her weight "always," and described the struggle as "endless." While some dieters closest to the norm may be fortunate to avoid stigma, then, those just a bit further from the ideal often fall victim to it.

In contrast to Amy and Karen, whose respective concerns with their weight were pronounced but not entirely consuming, Michelle, Vivian, Nina, Heather, and Maureen—who stated wanting to lose twenty to a hundred pounds—all reported experiencing stigma related to their weight and reported that their weight was a constant concern. Michelle recalled her father and husband scorning the size of her legs, saying that they "looked like tree stumps" and deeming her "thunderthighs." Maureen worried that she would embarrass her young children because of her appearance. Vivian, who wanted to lose thirty pounds, described her excess weight as "A part of your being…a part of every social interaction…It affects relationships, both with men and with females. It's a physical barrier." She embodies this attitude in her social life, explaining that she and her single friends refuse to go out to bars until they reach their "hunting weight"—the size at which they perceive themselves to be attractive to men. "Why go if we're just going to be ignored?" she poses. Heather, who once weighed over 200 pounds as a result of a steroid taken while undergoing chemotherapy, was able to reflect on her temporary weight gain. "When I [reached] that 200 pounds, for the first time in my life I was insulted . . . for my weight. . . I [saw] just how awful it would be for someone who's overweight. I was one of those people too that was like, well, just go on a diet! It's not like that."

These experiences reflect the discrimination and prejudice that the overweight face, as evidenced in Michelle's account of the name-calling she endured and Heather's recollection of the insults she received. But they also demonstrate how overweight individuals internalize their appearance as part of their self-image and project it into their perception of how others see them.

Michelle, Vivian and Maureen often felt that their weight was the first thing people noticed about them. Vivian feared that she would get no attention at bars and Maureen felt that her children were embarrassed by their mother's weight. But she reflected later about her fear of inducing her children's shame, "I don't think they were [embarrassed]." Nina acknowledged that her husband often "whistled" at her and made clear that he found her attractive, but confessed, "I don't like my husband to see me in the light of day totally naked." Whether the stigma exists or not, the overweight have so internalized their deviation from the ideal that external positive reinforcements of their body image seem to matter little. Rather, their self-esteem and mood are tied to the number on the scale, which nearly all participants reported checking daily. "When I get on the scale, that affects my mood, and when I think, did the Yankees win yesterday or not, that affects my mood," Amy said decisively.

Most of the women mentioned their concern with weight as having to do with men. "If I was looking for another major relationship, I think that my appearance might be more of a factor with my weight," Amy postulated. Michelle described going dancing with friends after her divorce, noting that she found minority men were attracted to her curvy figure. "I got a lot of compliments on my shape, and for the first time in my life I didn't feel like I was too fat," she recalls. Attracting men can also act as a powerful motivation to diet. "I had a guy I was interested in . . .and it motivated me, and I lost 40 pounds," Nina reflects. These reports of self-esteem as intimately tied to relationships with and attention from men support Garner's (1997) findings that relationships and sexual experiences were integral to women's body image.

Age also played a role in how women interpreted the thin ideal and applied it to themselves. Some were completely oblivious to weight until late adolescence. "Until the time I was 17 I had no sense of my weight at all," Amy reported. Karen did not develop weight problems until adulthood, and reported being completely unconcerned with the issue in adolescence. Nina, too, had no problems with her weight until reaching her thirties. Others,

however, were subject to comments from friends and family that made them self-conscious at a young age. Vivian went on diet pills at age eight, under her mother's influence. Heather, interestingly, put herself on a diet at age twelve with no outside influence provoking her to do so. "I was average weight, I never was insulted or anything like that . . . I didn't know that there was an image issue, I just knew that I wanted to lose 5 pounds. And I really didn't know where that came from." She goes on to hypothesize that while she did not have an overt negative influence on her childhood self-image, she also lacked any sort of positive influence. "I think that's where [my low self-esteem] had to come from," she says. Overall, the women who began to diet in their youth went on more total diets—twenty, Michelle and Vivian both said, and Heather reported "too many to count"--than those who did not face troubles with self-esteem until later in life (averaging about 6 times each).

As they aged, and especially after they were married (or while they were married, in the case of several divorced participants), most women reported that they became less concerned about weight in terms of appearance and more focused on losing weight to maintain health. For some, marriage can also dampen the motivator to diet because the reward—namely, attracting a man or noting some drastic difference in one's life as a result of weight loss—is not as pronounced. Nina summarizes this view: "It's like, I'm 50, I'm married, I'm not going anywhere, and sometimes it's like why bother, you know?" But Vivian, likely representative of a cohort, expressed a contrasting view: "The older you get, you know not only can you not be overweight, you can't be old either." Nina expressed a similar view of the stigma against aging. While some women may feel less pressure from the thin ideal as they age because young models do not seem relevant to them, others may feel increased stigma because they are removed from the ideal on two dimensions.

The results also implied an intriguing trend: Even the participants themselves seemed to have a stigma against the overweight. Karen reflected, "I don't know how people get [so

overweight]…when I get to 140 my knees start hurting, I can't walk, and to get above that is just such a strain on your body." She extrapolated, "I think we really do deceive ourselves about what we look like. And that's how you let the weight build up. Because you say, 'Oh, I don't look fat to anyone else.'" Nina expressed contempt for her coworkers who, she says, "are just set in their ways and don't care about being fat." Heather, as expressed above, reflects that before she became significantly overweight, she "was one of those people that was like, well just go on a diet!" Her statement implies the widely prevalent (Stinson, 2001, Germov & Williams, 1996) belief that those who are overweight are at fault for their condition; that they "let" the weight accumulate. It is especially notable, however, that even those who consider themselves overweight possess this stigma—Karen's view that the overweight have brought it upon themselves, or Nina's implication that it is the responsibility of the overweight to at least attempt to reform their appearance. Heather's attitude change after gaining significant weight suggests that perhaps only at a certain point does empathy suppress the strong societal tendency toward stigma.

"I Don't Believe Dieting Works": The Diet Industry

Women reported trying a slew of commercial diets: Weight Watchers (5 women), SlimFast (2 women), the Atkins diet (2 women), a cabbage soup diet, a Special K diet, Hydroxycut (an appetite suppressant), NutriSystem, Almased, hypnosis, a juice-only diet, a six-week body makeover, an online research study, and diet pills. Most did report modest to significant success while on the diets; Maureen lost 100 pounds while on Weight Watchers and Nina 40, while Karen reported consistently losing weight with SlimFast. Amy shed 30 pounds with her six-week body makeover. Each of these successes was temporary, however.

Though they had each tried commercial diets, some many times, the women I interviewed mostly invented their own diets or tried those they came upon through word of mouth, restricting their caloric intake or eliminating certain foods—no white starches; no

carbohydrates after noon. Even of those who reported trying Weight Watchers (Maureen, Vivian, Nina, Heather and Amy), most elected not to attend meetings but bought the cookbook or attempted a modified version of the diet instead. After years of weight cycling, participants seemed to know what worked for their bodies. “In order for me to lose at this point, it’s gotta be between 1000 and 1200 calories,” Vivian declared, having pinned her metabolism to a tee. Karen summed up her strategy as, “I can’t eat three meals a day. If I eat three meals a day, I gain weight.”

Some, however, felt driven by the rigidity and structure of the diets. Heather said of NutriSystem, “It’s just prepackaged and I knew that, okay, if I eat this much and I just follow the system, I’m going to lose weight.” Similarly, Nina attributes the success of a research study on which she lost 30 pounds to her adherence to its strict regimen: “I stuck to it religiously, I had 1200 calories, 27 grams of fat a day. That’s all I could eat, and I stuck to it.” But Heather reflected that while this strictness was a motivator and she felt it contributed to the diet’s efficacy, it made the diet unpleasant and unsustainable.

Overall, none of the participants were strong believers in dieting as a strategy for successful long-term weight loss. “I really have not had any success with the short-term, quick fix-it diets,” Michelle reported. Vivian memorably declared, “I don’t believe dieting works.” Heather’s sentiment was identical, but included an insight into the paradox of her own behavior: “I know diets don’t work. . . but I still want to diet.” Instead, many of the women—both those who were at a relatively healthy weight and those who were obese—felt that long-term weight loss necessitated a change in lifestyle. They cited regular exercise, a good support system, and a general, overall change toward a balanced diet rich in fruits and vegetables as methods conducive to successful weight loss. Heather felt that mindful eating and being in tune with the body’s signals was the key to long-term weight loss, although she noted that this had not worked for her.

Women praised certain aspects of diets and derided others. Most often cited as a positive attribute of a diet, unsurprisingly, was that the diet was not too hard or unpleasant to maintain. Amy kept up with a strict Atkins diet for seven months despite losing no weight because "it wasn't that hard to be on." Though Atkins is a notably restrictive diet notorious for its difficult sustainability (Bentley 2004), she noted that her inability to digest gluten made the diet less difficult for her than for others, and declared herself "not a foodie", so she found it relatively painless to cut out certain foods. Karen praised SlimFast, "I love the taste. It fills me up." When dieters did not feel they were depriving themselves, they tended to stay on it longer and have a more favorable opinion of its efficacy.

In contrast, participants disliked diets that were boring, especially restrictive, or had unpleasant side effects. A no-white-starch diet, for example, left Michelle feeling tired and craving her favorite foods. On a 1200-calorie diet, Vivian claimed to be always hungry. "It's salads and fat-free cottage cheese and steamed vegetables. And that gets old," she sighed. She also reported mixed feelings about diet pills. The increase in metabolism and suppressed appetite were incentivizing, but she reported anxiety, irritability, and insomnia, which soured her overall impression and led her to classify them as an unpleasant short-term solution.

My findings on women's susceptibility to the ploys of the diet industry were mixed. Some women's reported and implied motivations for continuing to diet seemed much more closely tied to their self-image, their perception of their past failures, and their likelihood of future success than influenced by the diet industry's advertising. But the participants all dabbled—some more than others—in commercial diets, with five of the seven having tried Weight Watchers at least once. Heather and Vivian both reported being closely in tune with dieting news, staying abreast of new products. Heather even recalled buying a new product, a protein mix called Almased, on the premise of the very ploy diet advertisers most often use: "Their advertising was, it'll stop your cravings, this and that, and I'm like oh, I've never read that

before for a product!. . .You think, okay, now these other ones didn't work. But now if I do this one…it's like a new territory." So while the diet industry likely loses many consumers to those who invent their own diets based on existing nutritional information and past experience, they do reach others by implying that their product is based on new evidence or a new premise.

"It Starts Off as a Groove…But Eventually It's a Rut": The Psychology of False Hope

My findings fell closely in accordance with most aspects of Polivy and Herman's (2002) depiction of false hope syndrome. Their description of the dieter's initial motivation followed by a period of plateau which the dieter reasons as stemming from her lack of willpower was strongly evidenced in my interviews. The authors' assertion that dieters display overconfidence about their likelihood of success when beginning a new diet is also largely supported, although there was some difference between long-term diets and short-term quick-fix diets. The participants' overall optimism that they would someday reach their goal weight varied based on how much weight they intended to lose.

I found there to be a dichotomy of attitudes between quick-fix diets and those meant to be more long-term. Participants entered short-term diets, such as replacing two meals with SlimFast or taking diet pills, with the understanding that they would not continue the diet indefinitely. These diets are relatively extreme and, in the case of diet pills, are not medically recommended for long-term use. But even in this case, participants reported strong optimism about the diets' efficacy. "I keep thinking, well, if I can get down to where I want to be, then…" Karen explained, implying that while she knew the diet was unsustainable, it would provide her the jumpstart she needed to maintain her goal weight. Vivian admitted her inner conflict, saying, "As much as I don't believe in pills, and I don't believe dieting is the way, I want to try [diet pills] just to kickstart myself to get the first ten off." These findings support Polivy and Herman's (2002) findings that participants begin new diets overconfident in their likelihood of success, although they introduce a more complicated mentality than the authors imply. The dieters I interviewed

were not blindly optimistic; rather, when asked to provide insight into their thought process, they knew their attitudes were incongruous with precedent set by past diets. They were optimistic in spite of themselves.

Long-term diets fell more closely in line with Polivy and Herman's (2002) study. Participants largely reported feeling positive and motivated at the outset of a diet. Indeed, Heather described beginning a new diet with enthusiasm: "It's a challenge. It's like, I'm going to lose weight, and if this is what I have to do, I'm going to do it." Amy's initial experience was similar; she reports, "In the beginning, I'm like, yes! I'm really excited about it. But you lose momentum…it starts out as a groove, but eventually it's a rut." This was a common complaint; as the authors proposed, the women I interviewed reported growing tired of the same foods and feeling deprived of their favorites after the initial excitement of a new diet wore off. This disillusionment led the women to eventually abandon the diets.

When asked if they anticipated someday reaching their goal weight, my findings showed a divergence between women who wanted to lose less weight (ten pounds or less) and those who wanted to lose more (at least thirty pounds). Those closest to their goal weight did not report decisively that they thought they would reach it. "My problem is I like junk food," Karen admitted. "The thought of never eating it again…" She reflected that five to ten extra pounds was worth the pleasure she got from her favorite foods. But some who wanted to lose more weight were counterintuitively much more optimistic. "Your lips to God's ears, yeah," Vivian responded when asked if she thought she would reach her goal weight. Maureen, who wanted to lose a hundred pounds, was similarly positive. "Yeah, I do," she replied, adding wistfully, "Because if you don't have dreams…" Others were less definitive: "I'm hoping to," Heather responds. Nina, laughing, answers, "I've reached it a few times! I'm hopeful I can again, but I don't have that much hope that it will stay down." These overall findings suggest that the greater the incentive—in this case, the more pounds one has to lose—the more motivation and optimism one can

produce, essentially out of necessity. More research on this trend is necessary to illuminate these findings.

Polivy and Herman (2002) also place strong emphasis on how the dieter interprets past failures. They assert that dieters believe that their methods have the potential for success. They attribute failure to factors not inevitable, such as their own loss of willpower, in order to justify a renewed attempt in the future. My findings strongly supported this. Maureen, as quoted above, noted that she began to regain the weight because she "wasn't eating the right way." Vivian also epitomized this thought process, declaring, "I know what works. It's just the willpower to do it." Just as the 2002 study outlined, the women I interviewed—while they displayed skepticism at certain diets and even at the concept of dieting itself—seemed to believe in the methods they employed, and faulted their own lack of enthusiasm for their eventual failure to maintain weight loss.

Participants' endorsements of the diets were mixed. But as a rule, the women did not fault initially successful diets for their failure to produce long-term success. Maureen, who lost 100 pounds on Weight Watchers but now reports herself as 100 pounds overweight, reflects, "I think Weight Watchers is good. I started to gain weight because I wasn't eating the right way." Karen, a self-declared "firm believer in SlimFast," seemed to use the diet with the accepted understanding that the modest change she wanted would not be permanent—an attitude that manifested in other interviews as well. Nina blames herself even for factors outside her control: "I had postpartum depression, so I ate a lot. Until I was sick with myself," she recalls. Heather states matter-of-factly, "I can tell you point blank why none of [the diets] worked, why the weight wasn't kept off—it's that I never went into a maintenance program. That's the only way you can keep the weight off, is through maintenance…Weight Watchers and NutriSystem have maintenance programs. You need to go through that program."

I noticed that participants voiced many instances of paradoxical thinking in relation to their dieting patterns. Vivian, for instance, notes, "As much as I don't believe in pills, and I don't believe dieting is the way, I want to try [a new pill recently FDA approved, Qsymia] just to kickstart myself to get the first ten off." Karen notes that she repeatedly embarks on short-term diets "thinking, well, if I can get down to where I want to be, then…" despite numerous past attempts that ended in weight regain. Heather, like Vivian, stated explicitly that she does not believe dieting works—yet she continues to seek out new diets. She also faults diets for being unsustainable: "[Diets] don't work because of that [restrictive] mentality…The more you say you can't have something the more you want it. It's a setup to begin with right off the bat." Yet she faults herself for not entering the diets' maintenance program, attributing the weight regain not to the unsustainability of the diet itself but to her own failure to sustain it. This vein of contradictory thinking, I noted, is a necessary mechanism considering the frustrating pursuit dieters are engaged in. Their past experience and much expert advice has taught them that dieting does not work long-term, yet the stigma and shame they face in being overweight makes accepting the futility of dieting nearly impossible. Public testimonials of those who have kept off large amounts of weight compound dieters' frustration, acting against their own experiential knowledge and offering up false hope that dieting may work for some.

"I Need a Diet Buddy!": Dieting as a Social Force

In the course of my interviews, I discovered a pattern that was not addressed in the literature as a means of incentivizing women to diet. Many of the women I interviewed experienced dieting as a social activity. They got dieting tips from friends, began diets along with their peers, and often formed or joined weight loss groups, reporting that the encouragement strengthened bonds and facilitated their own weight loss success. It seemed to be a common topic of conversation among women as well.

Some women expressed that they were directly influenced to diet through friends or loved ones. Heather, who at first declared that she never dieted with friends, later surprised herself to recall two separate instances in which friends had asked her to go on a diet with them and she had willingly obliged. Michelle reflected, "When my mom loses weight, I'm more inclined to lose weight…when [my mother and brother] are better on track I seem to care a bit more." Amy recalled that a friend of hers had begged that she join in her dieting endeavor, pleading, "I need a diet buddy!" Michelle and Amy noted that losing weight with friends both eased the process and strengthened the bonds of friendship. "I think it did boost a sense of congeniality…we were really supporting each other," Michelle said of a group of her coworkers who formed a weight loss group. The women spoke of a support system as a deep motivating factor, and a means of maintaining optimism. "We're just trying to influence each other for the good, you know," Amy spoke of her and her fellow-dieter friends.

Some women also noted that dieting tips, woes and experiences were a frequent topic of conversation among friends. Amy described the purpose of the discussions as "watching each other's back, or confessing to each other." Vivian expressed that she had a group of friends who, like her, were divorced and various amounts overweight, and they would joke (half seriously) about losing weight to "cruise the bars." Dieting and the struggles of being overweight seemed to be an important factor in cementing the women's friendship; a common interest they shared. "Everybody talks about it," Karen declared. Nina noted that she never talks about dieting with her coworkers, whom she resents for not seeming to be bothered about being overweight, but does with her sister and her high school friends, whom she feels closer to. Thus, dieting may not serve to create bonds between acquaintances—it is, after all, a personal and often uncomfortable topic—but rather to strengthen close relationships that are already in place. Heather, however, has a different experience, noting, "There's really no talk about it because it's like, this is what you do, you need to lose weight, and there's nothing to talk about." The prevalence of dieting and

weight loss methods in women's conversation would also be an important avenue for additional research.

The finding that one's social environment may provoke dieting attempts has implications for the chronic dieting epidemic as a whole. The prevalence of dieting in conversation and in women's friendships speaks to how much it has become a common denominator among American women. It is similar to motherhood, in that women grow close through a shared bond and exchange tips and horror stories. In many cases, not to diet in a culture in which it is woven into everyday conversation is to be out of the loop. The social aspect of dieting is both a positive and negative force. On the one hand, women reported that dieting together strengthened friendships and that, reciprocally, embarking on the process with friends made diets more effective. But when dieting becomes a bonding agent, it is all the more difficult to curb its impact on society.

Limitations

My findings are likely limited by the sample size, the 41-65 age cohort, and the fact that my interviewees were all of the same racial background. Research suggests that African American women, especially those of lower social class, may be less susceptible to the thin ideal because media images are so predominantly Caucasian that they perceive the standard as not applying to them (Molloy & Herzberger, 1998). It would be useful to interview women across ethnic backgrounds to examine the disparities in how they internalize the thin ideal. Research on women of more varied ages would also provide more insight as to how the thin ideal affects diet patterns. My interviewees were all over age 40, implying a more stable life with less focus on attracting a partner. I hypothesize that dieters in their 20s and 30s would place more importance on dieting to meet societal weight standards, as young people are generally more concerned with appearance especially for the purpose of attracting the opposite sex.

My discovery on the social force of dieting should also be accompanied with the caveat that I recruited many of my participants by way of their ties to one another. Thus, their overwhelming reports that they dieted with friends may be overrepresented because some participants shared social groups with one another. A random sample may not reveal equally strong reports of the importance of peers in influencing dieting habits.

Summary

With regards to the thin ideal and the psychology of false hope, my findings generally supported the existing literature. The women I interviewed all cited the thin ideal, though it had varying degrees of negative impact on their self-esteem: those closer to their goal weight reported experiencing fewer self-esteem issues as a result of the standard of thinness, while those who stated wanting to lose more weight seemed to suffer especially from low self-image as a result of their weight. My research also supported Polivy and Herman's (2002) findings on the psychology of false hope. Participants were generally confident and especially motivated at the outset of a diet, only to lose momentum and abandon the diet as it became too boring or depriving and subsequently regain the weight. They attributed their failure not to their methods of dieting, but to their own loss of willpower.

My research was less adherent to the literature with regards to the diet industry, a finding that has mixed implications for my research question. They did appreciate diets that were easy to follow and not too demanding that the dieter sacrifice a great deal. And some were susceptible to the ploys of the diet industry, including their implication that past diets have failed due to faulty methodology and that a new premise will ensure success. But Vivian and Heather, those who seemed most willing to try new dieting products, both made a point to follow dieting news and research new diet methods. Other participants often made up their own diets by restricting calories, writing down their food intake, or cutting out certain foods in lieu of buying into

commercial diets. Thus, my findings suggest that diet advertising most often reaches those who are already in search of new diets, while others are content to lose weight through methods not involving the diet industry. My research question sought to address why the diet industry was so successful despite the failure of its product, and although my interviews shed light on the various factors influencing women to diet, the bulk of their experiences do not explain the financial success of the industry. Considering the small sample size, it is entirely possible that these women do not represent the average dieter. Had I interviewed younger or more upper-class women, for example, they may have revealed different tendencies. They may also be supporting the diet industry indirectly, by mentioning successful diets to friends or purchasing diet books.

My research also uncovered a new contribution to the existing literature: the social force of dieting. Women I interviewed reported that friends often convinced them to diet or vice versa, using the shared struggle to strengthen the bonds of the relationship. They also found that support groups and friends provided encouragement that facilitated weight loss. Dieting appeared to act as a bonding force for friendships already in place, although perhaps not as an agent of friendship for women who were not already close. The prevalence of dieting among one's friends and as a topic of conversation is thus another incentive for women to persist with dieting attempts.

While this research represents a very limited sample and certainly cannot claim to be generalizable nor conclusive, it presents a window of insight into the motivations and struggles of female dieters. Such qualitative data is lacking in the literature on why women continue to diet despite past failures. More extensive research with a greater number and more diverse sampling of women would be instrumental in developing a clearer and more complete picture of women's attitudes toward dieting and their self-image.

Chapter Five: Conclusion

Dieting is a modern-day phenomenon, and to understand the factors that spur its popularity, one must draw on a range of academic fields. It calls into play history and culture; it is an issue for psychology, feminism, and economics. Modifying one's behavior in order to lose weight pervades across genders, national borders, socioeconomic classes, and ethnicities. Americans alone spend over $40 billion annually on dieting products, yet 95% of those who diet regain their lost weight within one to five years (Bijlefeld & Zoumbaris, 2003). My research began with these statistics and sought to discover why the dieting process—often expensive, marked with deprivation, and in many ways unpleasant—offered such allure despite its dismal success rates.

The issue is a compelling one for several reasons. The sheer number of dieters, both in the United States and across the globe, is striking, as is the gender gap that characterizes the phenomenon. Nearly three-quarters of all Americans have dieted to lose weight (Kita, 2010). Widespread dieting has also been documented in all corners of the world, from women in urban India (Talukdar, 2008) to adolescent girls in Egypt (Jackson, Rashed & Saad-eldin, 2003). In a representative statistic of dieting's global impact, Weight Watchers serves 100 million people in 30 countries. Women are disproportionally affected by this trend, with 84% of women reporting having dieted as compared to only 58% of men (Garner, 1997). Men are more likely to exercise when they want to lose weight, while women usually resort to altering their eating patterns (Ogden, 2010). This gender gap proved consistent across the world, with women in almost all of the 16 countries surveyed in a recent poll more likely to attempt weight loss aids than men (Kita, 2010).

Also contributing to the pressing and timely nature of the dieting issue is the worldwide obesity rate, which has more than doubled since 1980. As of 2008, 1.4 billion adults were overweight and of these, 500 million were obese (WHO, 2012). The rising dieting trend is at least in part a response to this development. Yet paradoxically, dieting does not combat obesity in an overwhelming majority of circumstances and may even lead to weight gain (French et al., 1994). While widespread dieting may not seem worthy of condemnation in a world where obesity and overweight are the fifth leading cause of death (WHO, 2012), dieting actually does little to combat obesity—if anything, it furthers the obesity trend.

Furthermore, dieting induces many physical and psychological side effects. It is the most important predictor of the development of an eating disorder (Patton, Selzer, Coffey, Carlin & Wolfe, 1999), as the rigid rules for food intake that accompany dieting can often fall into more pathological thought patterns. Calorie restriction can also lower metabolic rate, raise anxiety, and put dieters at risk for nutrient deficiencies. Very low calorie diets, especially, can dangerously suppress the sympathetic nervous system (Beedoe et. al., 2001). The weight cycling associated with dieting has also been shown to be detrimental to health (Germov, 1996). The epidemic of dieting among women is thus all the more concerning for the health effects it counterintuitively brings about.

The question I pose of why women diet despite past failed attempts is therefore especially pressing considering the number of people dieting affects, the dangers it invokes and its failure to curb the rising obesity epidemic. An examination of the literature suggests three main factors contributing to women's persistence in dieting: the thin ideal, the diet industry's marketing ploys, and the psychology of false hope. The thin

ideal that defines female beauty in much of the world is so pervasive, scholars claim, that women resort to a range of means, sometimes dangerous, to achieve it (Fraser, 1997; Ogden, 2010). Conversely, the stigma against the overweight is shown to be most pronounced in the United States (Kita 2010) but is also widespread globally, even in countries such as Mexico who are less influenced by European standards of beauty (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011). This prejudice provides further incentive to diet to lose weight or avoid weight gain. The diet industry itself is another factor said to contribute to women's repeated dieting attempts. The industry markets itself on the premise that its consumers have already failed. They blame dieters' past failures on the false premises of other diets, suggesting that theirs is the secret to success. They also employ testimonials of successful dieters to imply that the diet works if used correctly, or if enough willpower is applied (Demianchuk, 2006; Ogden, 2010). Another theory of dieting persistence examines personal psychology, suggesting that incorrectly attributing the cause of one's failed attempts at reform to one's own lack of willpower, rather than the dieting method itself, convinces dieters that another try could be successful. Dieters begin with strong enthusiasm, but begin to plateau as their motivation wanes, leading them to believe that their weight regain is their own fault. In actuality, this plateau is often due to the dieter's metabolic rate adjusting to the change in caloric intake (Polivy & Herman, 2002).

These factors provide insight into my research question, but they present a perspective that is largely distanced from the dieting population itself. The thin ideal examines history and cultural values (Ogden, 2010; Fraser, 1997), sometimes conducting widespread surveys on body image and how it is affected by societal ideals (Garner,

1997; Runfola et al., 2012). Reports on the diet industry largely examine the ploys the diet industry intentionally uses to market itself, rather than dieters' actual reactions to them (Demianchuk, 2006; Ogden, 2010). And Polivy & Herman's (1999) study confirming false hope syndrome used a quantitative methodology, thus producing results that give limited insight into the actual thought process of individual dieters. When designing my research methods, I sought to fill what I saw as a gap in this literature. I felt that by interviewing female dieters who were still unsatisfied with their weight in an open-ended format, I could gain a more thorough, nuanced understanding of women's dieting persistence from an anthropological and personal perspective, rather than a more detached, societal view.

My findings supported some aspects of the literature and refuted others. Women did report strong pressure from the thin ideal, especially those who were further from their goal weight. Those who reported wanting to lose twenty or more pounds had all experienced stigma attached to their weight, often as early as childhood and at the hands of even those closest to them. Strikingly, many of the women I interviewed expressed negative attitudes toward the overweight themselves. My findings also bolstered the theory of false hope, as participants often volunteered that they began long-term diets with high enthusiasm and that they failed as they "lost momentum" or as a result of a lack of willpower. With regard to the diet industry, however, my research strayed somewhat from existing theories. Women did use commercial diets in many cases, explicitly citing success with SlimFast and Weight Watchers. But participants chiefly reported using their own versions of these plans by restricting certain foods, cutting calories, or incorporating exercise. Those who were drawn to new dieting products reported actively seeking them

out, suggesting that the industry's advertising largely reaches only those who are already looking for a diet. In many cases, participants had given up on commercial diets, expressing instead that dieting as a weight loss method was ineffective and that "lifestyle change" was the only successful means of achieving long-term weight loss.

In addition to providing new perspective on the existing theories, my research produced a novel discovery: women often diet as a result of the social pressures to do so. Participants reported embarking on diets at the request of friends who were trying to lose weight, as a means of solidarity and support. They expressed that these shared attempts strengthened their relationships and made their weight loss more successful as they were accountable to one another. Many women I interviewed also noted that dieting tips and woes were a frequent topic of conversation among friends, just as motherhood or work might be. This speaks to the degree to which dieting has pervaded society and what a common place it has in the lives of American women.

The intent of my research was to gain a more thorough understanding of the way women see their bodies and why they are so determined to lose weight. Though my study was limited by the small sample size and the fact that the women were all Caucasian Americans over age 40, it succeeded in providing a nuanced perspective on why women diet. Women not only experience the thin ideal as ubiquitous magazine advertisements and Victoria's Secret fashion shows; rather, they endure criticism for their weight at the hands of their husbands, their parents, and their bosses. Once this negative self-image has been established, many women seemed cemented in their own negative view of themselves even when receiving compliments from friends or spouses about their appearance. With regard to the diet industry itself, women are not often convinced of the

success of dieting by a testimonial nor won over by references to high-class luxury; rather, they have reached disillusionment with the process itself and know that commercial diets are not sustainable for them. They diet not always as a New Year's Resolution or a new leaf, but often because friends persuade them to, or to look and feel their best for an upcoming event. Women's relationship with dieting is not a precise response to societal pressures and industry advertising. It is mired with inner conflict, frustration, and dissatisfaction with their appearance and their past failures. But it is also mitigated by the comfort that others around them share their struggle.

In fleshing out this clearer perspective on women's motivation to diet, I hoped to provide a more informed platform from which to combat the low self-image and body distortion that plagues women across the world. In some aspects, I believe my research has achieved this aim. Campaigns that promote self-love and appreciation for the female body in all its natural forms, including the Dove Campaign for Real Beauty and Healthy Is The New Skinny, have become fairly widespread in the past decade and seem to have emerged as the primary method of attacking women's negative self-image. Both campaigns criticize the media's unattainable depiction of women, attempting to promote a healthier female body image and more realistic representation of the average woman in advertisements and the media. Because most campaigns such as these have only emerged recently, little research exists as to their effectiveness. In a notable exception, Meng & Bissell's 2009 study of 247 undergraduate students examined the effectiveness of four YouTube videos attempting to promote media literacy about body image. The study found that on a scale of 18-60 on perceived effectiveness, none scored higher than a modest 44.

The problem with such campaigns—their questionable efficacy aside—is that not only do they continue to emphasize external beauty as the key to self-worth (they simply encourage a wider range of what is considered physically beautiful), but these campaigns also fail to address the reinforcement that this implied standard of beauty receives in daily life. As my research demonstrates, a critical comment from a husband or a mother stings much more deeply than a glossy photo of a model sporting size zero jeans. Similarly, the diet industry's advertising had much less effect on women than did their friends choosing to diet. Body image, as the women I interviewed implied, is built from the ground up. A true turnaround in the unhealthy relationship women have with their weight and appearance is built through positive reinforcement at home, ideally beginning in early childhood. The women I interviewed who dieted most heavily were those who struggled with their weight and self-esteem from an early age. A woman's choice to diet is not a result of large-scale factors at the societal and industry level; it stems from her own experience and the feedback and input she receives from those in her immediate circle. Parental education on the importance of instilling self-worth and confidence in one's children would thus be an excellent place to start.

My findings suggest several avenues for further research. The social force of dieting, a novel finding that emerged from my interviews, is an intriguing trend that a larger study could explore in more depth. Which women are more likely to discuss dieting with each other, and under what context? How often do friends diet together? Additionally, more research would be helpful to illuminate dieting patterns across socioeconomic classes, ethnicities, and cultures in order to explore how societal pressures differ along these lines. Dieting patterns differ based on cultural values, and qualitative

studies across cultures would be helpful in understanding women's motivations to diet based on the unique pressures and societal standards they face. With this research, body image and health campaigns could be tailored more closely to women in different cultural settings in order to address their individual perspectives. In the meantime, the picture for women striving for the standard is bleak: obesity rates continue to rise, the 95% will continue to diet, and the dieting industry will continue to profit from their persistence.

Appendix: Basic Interview Questions

1. At what age did you first go on a diet?
2. How many times would you say you have gone on a diet? List those you have tried most frequently, or for the longest.
3. At this time, how many pounds would you ideally like to lose?
4. What is the range between your highest and lowest weights since age 18?
5. When is the last time in your life that you were happy with your weight?
6. How did you feel about your weight growing up? What do you think were your primary influences in developing your self-image, whether negative or positive?
7. How did your relationship with weight and your attitude towards your figure change as you became an adult?
8. Tell me about how your diets have worked in the past. Which have been more effective, and why?
9. Do you plan to start another diet in the future? If so, will you do anything differently?
10. To what extent do you believe your social environment has influenced you to diet? Do you discuss dieting experiences or strategies with friends or anyone else?
11. How much or how often do you think about your weight?
12. Do you anticipate someday reaching and maintaining your goal weight?

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