

Research report

Multiple types of dieting prospectively predict weight gain during the freshman year of college

Michael R. Lowe^{a,*}, Rachel A. Annunziato^a, Jessica Tuttman Markowitz^a, Elizabeth Didie^a, Dara L. Bellace^a, Lynn Riddell^a, Caralynn Maille^a, Shortie McKinney^a, Eric Stice^b

^aDepartment of Psychology, Mail Stop 626, Drexel University, 245 N. 15th Street, Philadelphia, PA 19102, USA

^bOregon Research Institute, 1715 Franklin Blvd., Eugene, Oregon, OA 97403, USA

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Abstract

The freshman year of college is a period of heightened risk for weight gain. This study examined measures of restrained eating, disinhibition, and emotional eating as predictors of weight gain during the freshman year. Using Lowe's multi-factorial model of dieting, it also examined three different types of dieting as predictors of weight gain. Sixty-nine females were assessed at three points during the school year. Weight gain during the freshman year averaged 2.1 kg. None of the traditional self-report measures of restraint, disinhibition, or emotional eating were predictive of weight gain. However, both a history of weight loss dieting and weight suppression (discrepancy between highest weight ever and current weight) predicted greater weight gain, and these effects appeared to be largely independent of one another. Individuals who said they were currently dieting to lose weight gained twice as much (5.0 kg) as former dieters (2.5 kg) and three times as much as never dieters (1.6 kg), but the import of this finding was unclear because there was only a small number of current dieters ($N = 7$). Overall the results indicate that specific subtypes of dieting predicts weight gain during the freshman year better than more global measures of restraint or overeating.

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Introduction

The rising prevalence of obesity is taking an increasingly severe toll on the nation's health. Approximately two-thirds of American adults are overweight or obese (Hedley et al., 2004). In addition, obesity is recognized by the World Health Organization as one of the top 10 global health problems (Kellner & Helmuth, 2003).

Research has shown that most people who successfully lose weight in lifestyle modification programs regain it within several years (Sarwer & Wadden, 1999). Poor long-term treatment outcome, combined with the fact that huge numbers of people are affected, indicates that prevention may be a more productive approach to fighting the obesity epidemic. Because obesity often produces detrimental physical and psychological consequences across the life

span, it is important to intervene to prevent obesity before adult behavioral patterns (e.g., high fat intake, sedentary behavior) are solidified.

A recent meta-analysis of obesity prevention studies involving children, adolescents, or young adults (Stice, Shaw, & Marti, in press) found that only one in five studies showed a significant weight gain prevention effect. Since interventions that target those at known risk for weight gain are likely to be most cost-effective, it is important to empirically establish predictors of future weight gain. One strategy for identifying predictors of weight gain is to examine periods of life that have been associated with a high risk of weight gain.

The freshman year of college has been identified as one such high-risk period. Prospective studies have found that college freshmen show significant increases in BMI, fat mass, weight, and rates of obesity (Anderson, Shapiro, & Lundgren, 2003; Butler, Black, Blue, & Gretebeck, 2004; Hodge, Jackson, & Sullivan, 1993) and that these increases

*Corresponding author.

E-mail address: lowe@drexel.edu (M.R. Lowe).

are significantly greater than those observed in similarly aged adolescents that do not attend college (Hovell, Mewborn, Randle, & Fowler-Johnson, 1985). For example, Hovell et al. found that 11% of female first-year college students showed onset of overweight or obesity during the first year of college, relative to 2% among similarly aged adolescents not attending college. The average female student gains between 1.7 and 3.1 kg during the freshman year (Anderson et al., 2003; Garay, 2004; Levitsky, Nussbaum, Halbmaier, & Mrdjenovic, 2003). The transition from high school to college is thought to be associated with an increased risk for weight gain because it is often accompanied by a reduction in physical activity (Butler et al., 2004) and increased consumption of high-fat foods and alcohol (Anderson et al., 2003). Conceptually, this is a critical developmental transition because, for many adolescents, this is the first time they are solely responsible for self-regulation regarding caloric intake and physical activity. Because weight gain occurs in a relatively short period of time, the freshman year of college is a desirable time to study risk factors for weight gain.

Ironically, some of the most robust prospective predictors of weight gain are measures of restrained eating (Drapeau et al., 2003; Klesges, Isbell, & Klesges, 1992; Stice, Cameron, Killen, Hayward, & Taylor, 1999; Stice, Presnell, Shaw & Rohde, 2005). The Restraint Scale (RS, Herman & Mack, 1975) is a widely used measure of dietary restraint that has been associated with a variety of anomalies in appetite (Herman & Polivy, 1984; Lowe, 1993, 2003). Some authors have argued that the chronic on-again, off-again dieting pattern shown by restrained eaters contributes to appetite dysregulation, disordered eating, increased metabolic efficiency, and eventual weight gain (Garner & Wooley, 1991; Polivy & Herman, 1985; Tuschl, Platte, Laessle, Stichler, & Pirke, 1990).

Lowe (1993) has noted that restrained eating is a multidimensional construct that can be decomposed into three factors. The first factor is called Frequency of Dieting and Overeating, which reflects a history of going on and off diets. Heatherton, Herman, Polivy, King, and McGree (1988) referred to this pattern as “unsuccessful dieting.” The second factor is called Current Dieting. The consequences of current dieting have been investigated by asking if an individual is currently on a diet to lose weight (e.g., Lowe, Whitlow & Bellwoar, 1991) and by putting people on diets that produce measurable weight loss (e.g., Presnell & Stice, 2003). The third factor, Weight Suppression, reflects the long-term maintenance of a weight loss. Since measures of restrained eating predict weight gain, examining these specific types of dieting could identify which one(s) might account for the prediction of weight gain by measures of restraint. If some dieting types predict weight gain better than others, it may help clarify the reasons behind the counter-intuitive finding that measures of restrained eating predict weight gain rather than weight loss.

We also administered measures of disinhibited eating and emotional eating. Both eating patterns could produce

energy intake that is beyond energy needs and result in weight gain over time. The Disinhibition scale from the Eating Inventory (Stunkard and Messick, 1985) measures a tendency to overeat due to a wide variety of stimuli (e.g. social events, seeing others eating, negative moods) and has been shown to prospectively predict weight gain (McGuire, Wing, Klem, Lang, & Hill, 1999). The Emotional Eating Scale from the Dutch Eating Behaviors Questionnaire (van Strien, Frijters, Bergers, & Defares, 1986) measures a tendency to eat when under emotional stress.

The purpose of the current study is threefold. First, we will reexamine two measures of restrained eating as predictors of weight gain. Second, we will examine the three types of dieting identified in Lowe’s (1993) three-factor model as predictors of weight gain. Third, we will determine if measures of disinhibition or emotional eating predict weight gain (possibly as a result of restrained eaters’ greater risk for one or both of these types of eating). This study was carried out with college freshmen because of their previously reported susceptibility to weight gain. It involved only women because past findings in the restraint literature have focused primarily on women.

Methods

Participants

Seventy-two incoming freshman females between the ages of 18 and 19 ($M = 18.06$, $SD = 0.23$) years were recruited at Drexel University in Philadelphia. Participants’ mean body mass index (BMI) was 21.9 ($SD = 2.4$; range = 17.4–26.6). Participants were not taking any medications known to affect appetite or weight and had not suffered from an eating disorder in the year prior to enrollment in the study. Recruitment was performed through (1) announcements made during an orientation held for freshmen the summer before their enrollment, and (2) flyers advertising for students to participate in a study of the dietary habits of college students that were included in a university mailing sent out to incoming freshmen females when they arrived at school. Interested students attended an orientation meeting at the beginning of their freshman year. The focus on body weight in this study was not disclosed in order to avoid a potential selection bias (i.e., recruitment of subjects with elevated eating and weight concerns). Participants were 76% Caucasian, 7% African American, 14% Asian American, and 3% Hispanic American. This racial composition is similar to that of the general Drexel undergraduate population. They were compensated \$40 for completing the 10-month study. Approval for this study was obtained by the Drexel University Institutional Review Board.

Procedures

Participants were told the study was designed to investigate the dietary and exercise habits of college

students during their first year. All assessments were completed at the Drexel University Nutrition Center. In the first assessment, held about 2 weeks after the start of school, participants' height and weight was measured. About 3 weeks later they were sent a packet of questionnaires (described below) to complete so that they had an opportunity to settle into a routine before they responded to the questionnaires. Data on restrained eating, overeating, emotional eating, and personal dieting and weight history were collected through self-report measures at the 3-week assessment. Body weights were measured again 4 and 8 months after the initial assessment. Sixty-nine of the original 72 participants completed all three assessments, resulting in a 96% retention rate. Following completion of the final assessment, all participants were debriefed, compensated, and given the opportunity to receive a report of the results.

Measures

Restraint scale

The Revised Restraint Scale (Herman & Polivy, 1980) is a 10-item measure of dietary concerns and weight fluctuations. The reliability and validity of the scale have been supported in a number of studies (Heatherton et al., 1988). The Restraint Scale predicts different eating patterns of restrained and unrestrained eaters in response to negative affect and high-calorie preloads (Herman & Polivy, 1980).

Anthropometry

Body weight, measured while the subject was barefoot and wearing light clothing, was determined to the nearest 0.1 kg using a Seca™ electronic scale. Height was measured to the nearest 0.1 cm using a standardized balance beam stadiometer. Subjects stood without footwear with their back and heels against the stadiometer pole.

The BMI (kg/m^2) was used as a proxy measure of adiposity. The BMI correlates with direct measures of total body fat such as dual energy X-ray absorptiometry ($r = 0.80\text{--}0.90$) and with health measures including blood pressure, adverse lipoprotein profiles, atherosclerotic lesions, serum insulin levels, and diabetes mellitus in adolescent samples (Dietz & Robinson, 1998; Pietrobelli et al., 1998). Because of the ease of assessment of the BMI, it has been recommended as the measure of choice for epidemiologic research (Dietz & Robinson, 1998).

Cognitive restraint and disinhibition scales from the three-factor eating questionnaire (TFEQ)

Cognitive Restraint is designed to measure dietary restraint, that is, control over food intake in order to influence body weight and body shape. Disinhibition measures episodes of loss of control over eating. The

Cognitive Restraint and Disinhibition scales have been validated and their ability to predict various aspects of eating behavior has been demonstrated (Collins, Lapp, Helder, & Saltzberg, 1992; Stunkard & Messick, 1985; Weissenberger, Rush, Giles, & Stunkard, 1986; Westenhofer, Stunkard, & Pudel, 1999).

Emotional eating scale from the Dutch eating behavior questionnaire (DEBQ; van Strien et al., 1986)

The 10-item emotional eating subscale measures emotional eating in response to both diffuse and specific emotions (e.g. boredom, anger, or sadness). An example of an item is: "If you feel annoyed, do you then like to eat something?" Schlundt (1995) showed that the DEBQ has good factorial validity as well as dimensional stability. In addition, each of the scales was reported to have a high consistency and an acceptable level of validity (see Braet & van Strien, 1997).

Dieting and weight history

Three types of dieting derived from Lowe's (1993) three-factor model of dieting were assessed. *Current dieting* was measured with the question "Are you currently dieting to lose weight?". Prior studies have demonstrated that restrained eaters (persons scoring above the median on the Restraint Scale) who report they are currently on a diet to lose weight show different patterns of eating regulation than do restrained eaters not currently dieting to lose weight (Lowe, 1995; Lowe et al., 1991). Additionally, this factor has been related to dieting history with current dieters reporting a higher frequency of past dieting (Lowe & Timko, 2004). *History of dieting* was measured by participants' response to a single item, "Have you ever been on a diet to lose weight?" *Weight suppression* was defined as the difference between self-reported highest body weight at current height (not due to medical causes) and current weight as measured at the beginning of this study. Prior research has demonstrated that weight suppressors regulate their eating better than do non-weight suppressors (Lowe & Kleifield, 1988).

All statistical results were tested with one-tailed significance tests because there were clear directional hypotheses. That is, research has found that measures of restraint predict weight gain (Drapeau et al., 2003; Klesges et al., 1992; Stice et al., 1999; Stice, Presnell, et al., 2005; Stice, Shaw, et al., 2005). Though restraint has occasionally been found not to predict weight gain (de Lauzon-Guillain, et al., 2006), we are not aware of any studies where a measure of restraint was found to predict weight loss. This suggests that there was little risk that use of one-tailed tests would result in overlooking a finding opposite to predictions (i.e., that measures of restraint or dieting predicted weight loss). Furthermore, our power to detect a moderate effect size ($r = 0.20$) was 0.52 with a 1-tailed test, compared to only 0.39 for a 2-tailed test. Finally, the risk for a Type

II error was higher than the risk for a Type I error because of the relatively modest sample size, and using a 2-tailed inferential test would have exacerbated this problem.

Results

Sixty-nine of the original 72 participants completed all four-assessment points. All analyses are based on the 69 participants with complete data. From the baseline assessment to the 1-month assessment in October, 83% of the participants gained weight and 17% lost weight. The average weight gain across the full sample from September to October was 0.91 kg, from September to January was 1.90 kg, and from September to May was 2.08 kg.

To address the aim of testing whether restraint, overeating or starting BMI measures predicted future increases in BMI, we regressed 8-month BMI on baseline BMI and the various potential predictors (separate models were estimated to avoid the colinearity resulting from including multiple measures of the same construct in a single model).

Self-report measures of restraint and overeating

None of the standard self-report measures of restraint or overeating predicted weight change (as measured by the prediction of final weight with baseline weight entered as a covariate). These measures included the Cognitive Restraint and Disinhibition scales from the TFEQ, the Restraint Scale, and the Emotional Eating scale from the DEBQ (see Table 1 for means and standard deviations). In addition, BMI at baseline did not predict weight change from September to May. The largest correlation between these measures and weight gain was only 0.10 (for both the Disinhibition scale and the Emotional Eating scale) suggesting that the absence of prediction was not simply a matter of the relatively small sample size.

Because some of the additional variables described below were measured categorically, we reanalyzed the measures of restrained, disinhibited, and emotional eating by creating categories of high- and low-scorers using median splits of each measure. When the prediction of weight change was analyzed this way (using 2 (subject group) \times 3 (time points) mixed model ANOVAs, there was again

no evidence of differential weight gain by subject group (i.e., there were no significant interactions).

Self-report measures of dieting and dieting history

Weight suppression at time one was calculated and participants were then divided into high ($N = 34$) vs. low ($N = 35$) weight suppression groups based on a median split. Weight suppression was analyzed as a dichotomous variable for several reasons. Past research categorized weight suppressors as those who maintained a weight at least 10% below their highest weight (Lowe and Kleifield, 1988). If the data were divided using this definition, there would only be seven participants defined as weight suppressors. In addition, even though weight suppression is a continuous variable, most previous research has examined it as a dichotomous variable (Kleifield and Lowe, 1991; Lowe and Kleifield, 1988). Lastly, a second variable (a history of going on weight loss diets—answered yes or no) that was analyzed jointly with weight suppression (see below) is an inherently dichotomous variable.

A 2 \times 3-mixed model analysis of variance was conducted (with weight suppression as a between groups variable and weight at September, January, and May as the within-subjects factor). There was a main effect of time during the freshman year, $F[1, 67] = 37.4$, $p < 0.01$, partial eta squared = 0.36, with participants progressively gaining weight across the 8 months of the study. The interaction effect of weight suppression and time was also significant, $F[1, 67] = 6.7$, $p < 0.01$, partial eta squared = 0.09. Those who were high in weight suppression showed a higher weight gain trajectory (gaining on average 2.97 kg) during the 8 months of the study than those who were low in weight suppression (who gained an average of 1.20 kg—see Fig. 1). We then tested WS as a continuous predictor of weight change by regressing WS scores on time 3 body weights with time 1 (baseline) body weights entered first in the regression. WS remained a significant predictor of weight gain when tested as a continuous variable ($t[66] = 2.06$, $p < 0.05$).

Forty-one percent of participants reported that they had been on a diet to lose weight in the past. An independent samples t -test showed a non-significant difference in starting BMI between those with and without a history of dieting (even though those with a history of dieting had a starting BMI that was 0.9 units higher than those without a dieting history). A 2 \times 3-mixed model analysis of covariance was conducted to examine dieting history in the prediction of weight gain during the freshman year. There was a significant interaction effect between time and dieting history in predicting weight gain, $F[1, 66] = 3.14$, $p = 0.04$, partial eta squared = 0.05.

Because there were significant interactions between weight suppression and weight gain and between dieting history and weight gain, we wanted to determine if these two effects were redundant. An independent samples t -test showed that those with and without a dieting history

Table 1
Mean and standard deviations of measures at time 1

Measure	Mean	Standard deviation
BMI	21.98	2.44
Disinhibition	3.33	2.13
Cognitive restraint	5.20	2.59
Restraint scale	13.22	5.73
Emotional eating scale	23.97	10.06
Weight suppression (all) $n = 69$	2.70 kg	3.26
Weight suppression (low) $n = 35$	0.77 kg	0.69
Weight suppression (high) $n = 34$	4.68 kg	3.65

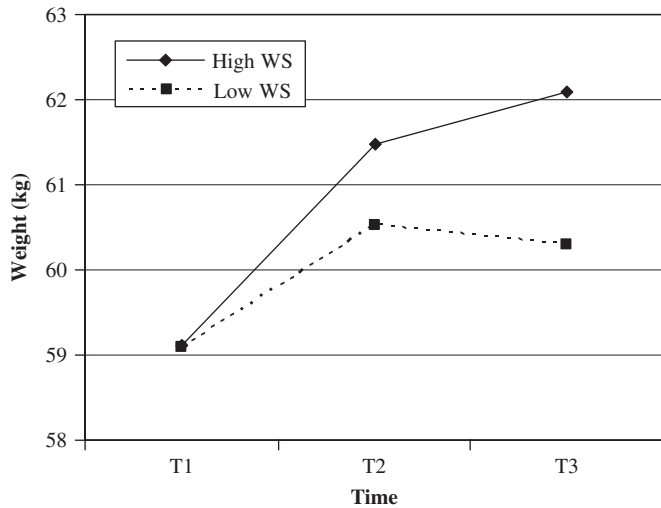


Fig. 1. Relation of weight suppression (high/low) to weight gain over time.

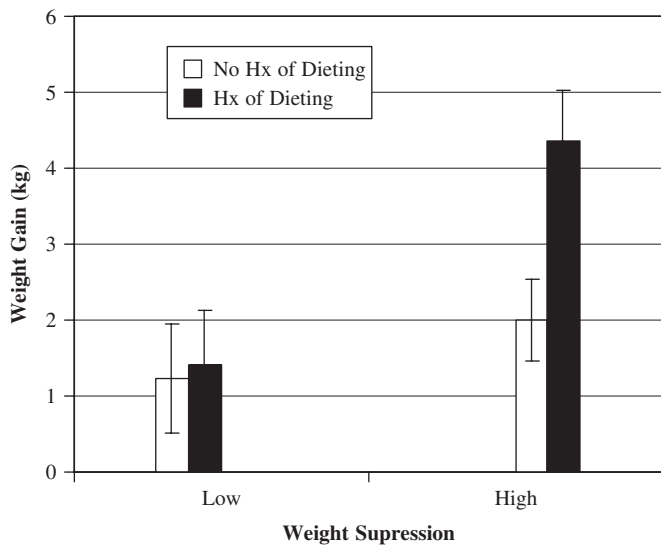


Fig. 2. Trend toward an interaction between dieting history and weight suppression in the prediction of weight gain.

did not significantly differ on weight suppression ($t[66] = -0.46$, ns). To further test the independence of the two interactions, a 2 (weight suppression) \times 2 (dieting history) \times 3 (time) mixed model analysis of covariance predicting changes in weight was conducted, with BMI at baseline as the covariate. The two-way interactions in this analysis did not change compared to the individual analyses (weight suppression and dieting history each still significantly interacted with time to predict weight gain). While the three-way interaction between time, weight suppression, and dieting history was not significant, $F[1, 63] = 2.3$, $p = 0.07$, partial eta squared = 0.04, Fig. 2 shows an interesting trend in which those who were high on weight suppression and reported a history of dieting gained more weight than those in the other three groups.

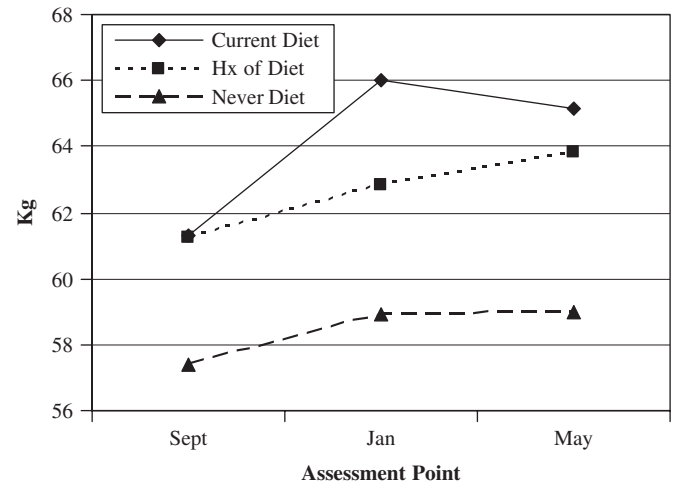


Fig. 3. Relation of dieting status (current dieters; past dieters; nondieters) to weight gain over time.

Seven participants indicated that they were currently on a diet, 21 reported that they were not currently on a diet but that they had dieted in the past, and 40 reported that they had never been on a diet to lose weight. Because of the low number of current dieters, these data were not analyzed statistically. However, the average weight gain from September to May was 5.0 kg for current dieters, 2.5 kg for historical dieters, and 1.6 kg for never-dieters. A visual representation of the results for these three groups is shown in Fig. 3.

Discussion

None of the self-report measures of restraint or over-eating predicted weight gain during the freshman year of college. Previous studies have found that measures of restrained eating prospectively predict weight gain (Klesges et al., 1992; Stice et al., 1999; Stice, Presnell, et al., 2005). These studies, however, had many more subjects (average $N = 290$) than the current study and therefore had more power to detect a relationship.

In addition, while two of these studies used the RS as a predictor (Klesges et al., 1992; Stice et al., 1999), one used the Dutch Eating behavior Questionnaire (van Strien et al., 1986), which our study did not employ. Drapeau et al. (2003) found that weight gain was predicted by restraint as measured by the TFEQ, and had a similar number of subjects as the current study; however, they predicted weight gain over six years, which may account for the discrepancy between their findings and those of the current study.

It was logical to expect that measures of emotional eating and disinhibition might predict weight gain, but this was not the case. The finding that disinhibition did not predict weight gain also represents a failure to replicate a past study that did find it to be predictive (McGuire et al., 1999) in a group of individuals who had maintained a weight loss of at least 13.6 kg over at least 1 year. However,

there is no evidence that disinhibition prospectively predicts weight gain in those who have not maintained a long-term weight loss.

A second purpose of the study was to try to pinpoint types of dieting that might account for previous studies that found restrained eating to predict weight gain. All three dieting types posited in Lowe's (1993) three-factor model were tested and some support was found for the predictive utility of all three. There were interactions between both weight suppression and time and between dieting history and time in predicting weight gain. These results indicate that being higher than average in weight suppression, or having a history of weight loss dieting, predicts greater weight gain over time. Though it would be logical to expect that these two outcomes were largely redundant (that both are related to greater weight gain because those with a history of dieting were higher in weight suppression), this was not the case. A *t*-test indicated that there was no significant difference in weight suppression between those with and without a history of dieting, which suggests that most individuals with a history of dieting do not sustain a weight loss or that many individuals high in weight suppression do not lose weight by dieting. Furthermore, the trend showing a three-way interaction between dieting history, weight suppression, and time suggests that participants who entered their freshman year with both a history of weight loss dieting and in a state of increased weight suppression gained the most weight during the year (see Fig. 2).

It should be noted that the median split on WS created a high-WS group with average WS values lower than the 10% criteria used in past studies (Kleifield and Lowe, 1991). Also, WS predicted weight gain when it was used as a continuous variable. These findings indicate that even relatively low levels of WS (several pounds) may contribute to accelerated weight gain in the future. The finding that weight suppression was a prospective predictor of weight gain is also consistent with another recent study that found that level of weight suppression at the beginning of an inpatient hospitalization for bulimia nervosa-spectrum eating disorders predicted amount of weight gained during the hospitalization (Lowe, Davis, Lucks, Annunziato, & Butryn, 2006).

Because of the low number of current dieters, we did not analyze the results for this subgroup statistically. However, given that the mean weight gain for current dieters from September to May was two times greater than former dieters, and three times greater than those who had never dieted, current dieting status should be studied as a prospective predictor of weight gain in future studies with larger samples. It has previously been shown (Lowe & Timko, 2004) that current dieters relative to restrained non-dieters score higher on the Restraint Scale and have a greater history of weight loss dieting. The mechanism responsible for current dieters' possible vulnerability to weight gain requires further investigation, but one compelling explanation is that both current and past dieting are

predictive of weight gain because they are both proxies of obesity-proneness (i.e., in a thinness-obsessed society, those most prone to weight gain would go on weight loss diets most often, which would mean that at a given point in time they would have a greater dieting history and would be more likely to be currently on a weight loss diet; Lowe & Timko, 2004).

Overall, the findings indicate that two (and possibly three) measures of dieting behavior predicted weight gain in this study, whereas two measures of restrained eating did not. Assuming that those prone to weight gain go on diets more often than those who are not, these apparently discrepant findings could be explained if it could be demonstrated that measures of restrained eating do not reflect current or past dieting behavior as well as direct measures such as dieting. There is evidence that measures of restrained eating are not valid indicators of negative energy balance (Neumark-Sztainer, Jeffery, & French, 1997; Stice, Fisher, & Lowe, 2004) and also evidence that the three types of dieting patterns assessed here do reflect current or past efforts to create a negative energy balance and lose weight (French and Jeffrey, 1997). In sum, the present results make sense if dieting predicts weight gain because it is a proxy for propensity toward weight gain, and if specific questions about past and current dieting behavior are a more valid way of tapping this proxy than are measures of restrained eating.

There is reason to believe that weight suppression and history of dieting predict weight gain for different reasons. One reason that weight suppression might predict weight gain is that weight suppressors by definition once weighed more than they currently weigh and therefore may have a predisposition toward reaching elevated weights. To test this possibility, highest weight ever was entered as a covariate in the relationship between weight suppression and time in the prediction of weight gain. In this analysis, the interaction was still significant ($F[1,66] = 6.23$, $p = 0.02$), signifying that predisposition toward weight gain, as indexed by the highest weight ever reached, does not explain the prediction of weight gain by weight suppression. This may mean that biological (e.g., increased energy efficiency—Leibel, Rosenbaum, & Hirsch, 1995) and/or behavioral (overeating—Keys, Brozek, Henschel, Mickelsen, & Taylor, 1950) consequences of weight suppression account for the greater weight gain in this group.

One interpretation of the finding that dieting history is predictive of weight gain is that those with a history of weight loss dieting have a greater history of weight cycling than those without a history of dieting and that weight cycling itself promotes absolute increases in body weight over time (Brownell, Greenwood, Stellar, & Shrager, 1986). A second explanation is that those who are most likely to engage in weight loss dieting are more prone to weight gain and therefore gained more weight in this study. Recent reviews of these alternatives have provided considerably more support for the latter than the former explanation

(Lowe, 2003; Lowe & Kral, 2006; Stice, Presnell, Groesz, & Shaw, 2005). From this perspective, dieting does not cause greater weight gain; rather, despite its initial ability to promote weight loss, it ultimately fails to prevent the preexisting propensity toward weight gain from manifesting itself.

It is intriguing that two measures of past weight loss dieting (weight suppression and a history of going on weight loss diets) independently predicted greater weight gain when two traditional measures of restrained eating did not. This occurred despite the fact that measures of restrained eating have prospectively predicted weight gain in past research, and despite the fact that the restraint measures are based on multiple items that should be more psychometrically sound than single-item measures of past dieting behavior. One explanation for this surprising pattern of findings is that restrained eating measures do not reflect actual restriction of energy intake below energy needs, as Stice et al. (2004) have suggested. Actually losing weight (or going on a diet to try to lose weight) may better predict susceptibility to weight gain either because successful weight loss predisposes weight suppressors to weight regain or because those who are concerned enough about their weight to try to lose weight by dieting may be most concerned about their weight because of their tendency to gain weight. If the present results are supported in future research, it may indicate that measuring past weight loss dieting is a more powerful way of identifying obesity-proneness than assessing more general constructs like cognitive restraint.

The main limitations of this study are the small sample size, the exclusion of males, and the relatively short follow-up period. In addition, our participants were young college students and were mostly Caucasian. It would be desirable for future research to examine the three types of dieting (history of weight loss dieting, weight suppression, and current dieting) as prospective predictors of weight gain in different and more diverse populations. It would also be beneficial to empirically examine the validity of participants' reports of these three types of dieting behavior.

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