With the emergence of new fad diets and the seemingly constant market for exercise equipment, it would seem that there is an obvious preoccupation with weight control in the United States. However, fat consumption occurs at consistently high levels in America, even with the national concern over weight and the various suggestions available for how to achieve a healthier diet (O’Brien, Fries, & Bowen, 2000). For this reason, it appears that more Americans are turning towards diets to counteract the growing problem of obesity. Many factors may contribute to the success of these diets, and one possibly related factor is hope. The present study will consider the various aspects of dieting and how they are related to the variable hope.

There are many definitions of what exactly constitutes a diet. The present study focuses on the behaviors associated with weight loss, defining dieting as consistently restrained eating and/or exercise. Controlling weight, eating a balanced nutritional diet, and engaging in physical activity are all ways that people can obtain and maintain fitness and health (Renner, Knoll, & Schwarzer, 2000). People may diet, in this broad sense of the term, not only to restrain eating and gain fitness, but also as an attempt to think more positively about themselves. In fact, body dissatisfaction, not health or fitness, is the reason many dieters begin attempts to lose weight (Mills, McCabe, & Polivy, 1999). Body dissatisfaction is prevalent in dieters as they consistently strive to be thinner and look better. In many cases, such discontent can lead to a decrease in satisfaction with life in general (Roncolato & Huon, 1998).

However, the negative feelings experienced by dieters often serve as barriers to their goals. Dieters may experience frustration from their dietary restraints, which can cause distress if they begin to feel that they are inadequate (Mills et al., 1999). Heatherton, Striepe, & Wittenberg (1998) have shown that distress often causes dieters to break their diets and succumb to food temptations. Unfortunately, these researchers also found that even general states of sadness or negativity may be translated into body dissatisfaction. Such negativity can make dietary goals seem unattainable, making the diet seem unrewarding and a waste of time.

One possible way to counteract the detrimental effects of general negativity is through hope. Hope for the future strongly influences present actions positively about themselves. In fact, body dissatisfaction, not health or fitness, is the reason many dieters begin attempts to lose weight (Mills, McCabe, & Polivy, 1999). Body dissatisfaction is prevalent in dieters as they consistently strive to be thinner and look better. In many cases, such discontent can lead to a decrease in satisfaction with life in general (Roncolato & Huon, 1998).

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True hope for the future, especially in terms of reaching dieting goals, may relate to how well people work towards these goals in the present. Snyder (1995) defines his cognitive theory of hope as made up of three ideas. The first is the idea of a goal; the outcome a person would like to reach. The second aspect of hope is pathway thinking; the idea that one can create plans of actions to achieve the goal. The third aspect of hope is agency thinking; the idea that one can use these pathways effectively by beginning and maintaining movement toward the goal. According to Snyder, a person has hope when exhibiting these three constructs.

A related construct is that of optimism. Nowotny (1991) refers to optimism as “inner readiness,” the lack of which can result in pessimism and decreased inspiration to keep trying. Because low levels of optimism can impede pathways toward a goal, constructs of hope and optimism can be related. Concluding that the presence of a positive state, such as hope, would counteract the various negative feelings previously connected with dieting, is reasonable. Scheier and Carver (as cited in Kavussanu & McAuley, 1995) found that optimists with seemingly reachable goals were more willing than pessimists to cope with obstacles or pain in order to achieve these goals.

Backman, Haddad, Lee, Johnston, and Hodgkin (2002) show that positive people are better able to overcome dieting obstacles. They found that when participants thought more positively about a healthy diet, they were more open to the idea of good nutritional behavior, more confident in themselves and their weight loss goals, and less inhibited by a nutritional diet. Therefore, optimism, and perhaps the related construct of hope, can make the dieting process seem more bearable. In fact, women had more weight loss success depending on how optimistic they were about their success (Oettingen & Wadden, 1991). In terms of exercise, optimistic people may have more of a tendency to participate in healthy lifestyles, increasing the chances that they will engage in more physical activity (Kavussanu & McAuley, 1995).

Just as hope may affect dieting and its success, it seems also that dieting behaviors may affect levels of hope. For example, physical activity seems to result in generally positive feelings by decreasing the amount of sadness exercisers feel, and by giving them a sense of confidence (Kavussanu & McAuley, 1995). Kavussanu and McAuley also found that exercisers were more likely to feel confident in their ability to perform and complete physical tasks, coinciding with Snyder’s agency thinking. Perhaps this also applies to dieting in that hope levels will fluctuate according to how successful the diet attempts seem to be. Kavussanu and McAuley also indirectly refer to Snyder’s pathway thinking. They found that when a person’s course of action led to goal attainment, that person was more likely to be optimistic about future goals.

However, when one of Snyder’s three aspects of hope is not fulfilled, dieting attempts may become severely hindered. Heatherton et al. (1998) found that when dieters were made to fail at a certain task, they began to ignore their nutritional restraints and eat more freely. Such task-failure can be connected to failing in Snyder’s concept of agency thinking. When dieters continually experience failure, their hope in success decreases and it stalls their ability to move along the pathways to the goal of weight loss (Mills et al., 1999). A negative outlook is also produced when people think that they do not have control over factors affecting them (Kavussanu & McAuley, 1995). Therefore, dieters who feel they have no control over the pathways or agency to attain the dietary goal will lose hope in that goal.

The present study will explore the relationship between outlook and dieting behaviors. Specifically the study will examine the relationship between hope and exercise and eating habits. Much of the previous research looks at either exercise or eating restraints, but this study will look at both nutritional behavior and physical activity. This study goes beyond research regarding optimism, and instead examines Snyder’s construct of hope. Based on previous research, we hypothesize that people with higher levels of hope will have healthier and more consistent dieting behaviors. Those with lower hope scores are expected to have more negative dieting behaviors.

Method

Participants

In this study, university students were recruited from the psychology department’s participant pool board. Forty-seven students (36 women, 9 men, and 2 unspecified) volunteered to participate. They ranged in age from 18 to 23 ($M = 19$ years).

Materials

Snyder’s Adult Dispositional Hope Scale (Snyder, 1995) was administered to measure the variable hope. This scale contained 12 items. Four of these items related to Snyder’s pathway thinking, four related to his agency thinking, and four were filler questions that were not scored. Non-filler items were scored on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores on this scale meant that the participant displayed higher levels of hope. This scale has good internal consistency, with alphas ranging from .74 to .84.
To measure dieting, first participants were classified as either dieters or nondieters based on their answers on The Restraint Scale. The Restraint Scale has been used in previous research to measure persistent dieting status in participants (Heatherton et al., 1998). This scale consists of 10 questions that measure a participant’s concern with dieting and his or her weight fluctuation. These items were scored on a 4 to 5-point scale depending on the question. Participants scoring 15 and above on this scale were classified as dieters and those scoring below 15 were considered nondieters. Ruderman and Christensen (1983) have found The Restraint Scale to have a reliability coefficient as high as .86 (as cited in Klesges, Isbell, & Klesges, 1992).

The Nutritional Behavior Scale used by Renner et al. (2000) was included to measure the nutritional habits portion of this study’s dieting definition. This scale contained four items relating to the participant’s eating habits and fat intake. The items were scored on the same 4-point scale used for Snyder’s hope scale. One of the items was reverse scored. On this scale, a higher score meant that the participant exhibited healthier nutritional behavior. This scale had good internal consistency as well, with a Chronbach’s alpha of .74.

To measure the exercise of the participant, physical activity measurements used by Kavusanu and McAuley (1995) were taken. Participants were asked whether they were currently exercising, how often they exercised in a week, the average duration of their exercise, and the average intensity of their exercise. They were classified into an inactive/low, moderate, or high activity level based on their exercise frequency.

**Design and Procedure**

This study used a correlational design. Participants were presented with a cover story that our study dealt with goals and health. Participants were tested in university classrooms. After arriving, the participants completed written informed consent and completed a survey packet of materials. Finally, the participants were debriefed.

**Results**

Table 1 presents the frequencies of categorical variables. Table 2 provides the descriptive statistics for continuous variables. When comparing means, we conducted t tests. When testing for associations between interval data, we used Pearson’s Correlation Coefficient. When using rank-order data, we conducted Spearman’s Rho.

A t test showed no significant difference in hope based on the participants’ classification as either dieter or non-dieter, t(45) = .60, p = .55. A Pearson Correlation found no significant relationship between hope and the participants’ nutritional behavior, r(45) = .09, p = .54. Finally, Spearman’s Rho analyses found a marginally significant relationship between hope and the participants’ average duration of exercise, r(45) = .22, p = .07.

A t test revealed significant differences in participants’ hope depending on their current exercise status, with participants who currently exercise showing significantly higher levels of hope, t(45) = 2.84, p < .01. Spearman’s Rho also showed a significant relationship between hope and participants’ activity level, r(45) = .41, p < .01, and hope and participants’ intensity of exercise, r(45) = .41, p < .01. Interestingly, Spearman’s Rho analyses also found significant posi-

**TABLE 1**

<table>
<thead>
<tr>
<th>Frequency of Diet Categories</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dieter status</td>
<td>27</td>
<td>57.4</td>
</tr>
<tr>
<td>Nondieter</td>
<td>20</td>
<td>42.6</td>
</tr>
<tr>
<td>Exercise status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently exercising</td>
<td>29</td>
<td>61.7</td>
</tr>
<tr>
<td>Not exercising</td>
<td>18</td>
<td>38.3</td>
</tr>
<tr>
<td>Activity level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactive/low</td>
<td>18</td>
<td>38.3</td>
</tr>
<tr>
<td>Moderate</td>
<td>21</td>
<td>44.7</td>
</tr>
<tr>
<td>High</td>
<td>8</td>
<td>17.0</td>
</tr>
<tr>
<td>Duration of exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-20 min</td>
<td>6</td>
<td>12.8</td>
</tr>
<tr>
<td>21-40 min</td>
<td>9</td>
<td>19.1</td>
</tr>
<tr>
<td>41-60 min</td>
<td>21</td>
<td>44.7</td>
</tr>
<tr>
<td>60 or more min</td>
<td>11</td>
<td>23.4</td>
</tr>
</tbody>
</table>

**TABLE 2**

<table>
<thead>
<tr>
<th>Means and Standard Deviations of Scale Scores</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snyder’s Hope Scale</td>
<td>24.81</td>
<td>3.01</td>
</tr>
<tr>
<td>Nutritional Behavior Scale</td>
<td>9.79</td>
<td>2.06</td>
</tr>
<tr>
<td>Intensity level of exercise</td>
<td>6.22</td>
<td>2.07</td>
</tr>
</tbody>
</table>
tive correlations between nutritional behavior and intensity of exercise, \( r(45) = .27, p = .03 \), and nutritional behavior and average duration of exercise, \( r(45) = .41, p < .01 \).

**Discussion**

As hypothesized, individuals with higher hope did indeed show healthier dieting behaviors in terms of exercise. The positive relationships between hope and the exercise components of dieting offer partial support for our hypothesis. However, our hypothesis that participants with higher hope levels would have better nutritional behavior was not supported.

The lack of associations between hope, nutritional behavior, dieting status, and exercise duration suggest that these variables are unrelated. However, the significant relationships in regard to hope suggest that as hope levels increase, so will physical activity in terms of level and intensity of exercise. Individuals with higher levels of hope are more likely to engage in exercise more frequently and take part in more difficult workouts.

Because the design of this study did not allow for cause and effect conclusions, the relationship between hope and physical activity may be explained in a few ways. Higher hope could yield increased physical activity, but increased physical activity may also lead to higher levels of hope. This last conclusion is consistent with Kavussanu and McAuley’s (1995) findings that long-term workout regimens can influence mood and optimism. In addition, the relationship could be explained by a third variable that simultaneously increases physical activity and hope, such as the presence of caffeine, or sleep habits.

The contradictory presence of a relationship between hope and physical activity, and the lack of one between hope and nutritional behavior was the most surprising finding in this study. This result may be due to the fact that eating is a necessary process that must be performed daily for survival, whereas extra physical activity may require an additional amount of motivation. Because eating healthily certainly requires dedication, perhaps the extra encouragement required to initiate strenuous activity can be found in hope. Higher hope may allow individuals to set more time and energy-consuming goals and to reach them by fueling their motivation. Perhaps hope has more of a relationship with active behaviors, such as exercise, than with more passive or habitual ones, such as eating.

The additional findings that healthier nutritional behavior is related to more intense and longer workouts may also have multiple explanations. This relationship could result because those who are more conscious of how hard they workout will be more likely to watch what they eat as well. In contrast, those who are more nutritionally conscious may also be more concerned with exercise. These findings are interesting because they cross the two portions of our dieting definition. Our definition included all behaviors related to weight loss, including eating behavior and physical activity. These additional findings show that these two aspects are indeed related.

Our findings are important because they support past theoretical research while integrating the concept of hope. Our results agree with Kavussanu and McAuley (1995), who found that highly active individuals were more optimistic than those with a lower activity level. They also found that engagement in physical activity may boost positive thinking related to confidence in the ability to exercise regularly. Likewise, we found that individuals who are able to conceptualize their goals and develop the agencies and pathways needed to achieve these goals are more likely to participate in longer, more intense exercise sessions.

Although we found similar results, our study focused on positive thinking in terms of hope rather than optimism. In doing so, we found that physical activity is related specifically to the construct of hope and its agency and pathway thinking. Because increased physical activity may imply dieting success, this study also has important practical implications. Exercise regimens could integrate positive cognitive thinking or hope training into their programs to promote successful weight loss.

It is important to note that in this study we only measured how participants perceived their dieting behaviors; we did not directly measure these behaviors. We also did not directly measure dieting success. Physical activity, nutritional behavior, and restrained eating are separate components of our dieting definition that were combined to imply a measure of healthy dieting behaviors. Therefore, this classification can only be inferred from the results. A final limitation is that the cover story presented may have resulted in participant avoidance. Because the study was labeled as one of health and goals, less healthy individuals or those who did not have any specific goals in terms of their health, may have avoided the study.

Because of these limitations, future research can greatly expand on this study. In the future, healthy dieting can be directly measured, perhaps through observation or self-report journals, so that more accurate conclusions about hope and dieting can be reached. Also, a more extensive measure of nutritional behavior, such as one that contains questions regarding organic and natural food diets, can be used to fur-
ther investigate eating behavior and hope. The survey packet as a whole could be expanded to include more open-ended questions. A less standardized and more in-depth questionnaire may result in stronger correlations.

Further investigation is needed into the relationship between nutritional behavior and duration of exercise. Although this relationship was not part of this study’s hypothesis, these two variables had the strongest relationship and greatest significance. Further investigation may result in specifically defining why these two issues are related, which may in turn define new ways to improve dieting success.

References