PERCEPTIONS OF WEIGHT CHANGE IN ROMANTIC RELATIONSHIPS:
AN EXAMINATION OF SAME-SEX AND OPPOSITE-SEX COUPLES

By

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THESIS ABSTRACT

Perceptions of Weight Change in Romantic Relationships:
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Nearly 40% of adults in the U.S. experience elevated weight and are at risk for a number of health consequences. One of the factors associated with weight in adulthood is relationship status. Research is needed to determine the extent to which romantic partners can accurately assess each other’s weight status. In this study, we examined same-sex and heterosexual romantic partners’ \((N = 500, M_{age} = 29.3)\) perceptions of their own and their partners’ weight at the beginning of their relationship and at the time of data collection (on average, 4.8 years later). Height and weight were measured by researchers and used to calculate BMI and participants completed assessments of self-esteem, relationship quality, and other demographic factors. Perceived change in participants’ weight status was associated with their current BMI and the length of their relationship. Perceived changes in partners’ weight status was associated with their partners’ BMI, but also participants’ own BMIs and relationship quality. Gender and sexuality moderated the relationship between relationship length and participants’ perceptions of their partners’ weight change.
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PERCEPTIONS OF WEIGHT CHANGE IN ROMANTIC RELATIONSHIPS: AN EXAMINATION OF SAME-SEX AND OPPOSITE-SEX COUPLES

Introduction

Globally, recorded weight statuses have increased in the past several decades (Hales, Carroll, Fryar, & Ogden, 2017). This is of particular concern because excess weight is a risk factor for a number of health conditions, including risk for type 2 diabetes, heart disease, and some forms of cancer (Frank et al., 2019, CDC, 2015). Health status and body composition are influenced by a variety of factors. One social factor that has been linked to an increase in weight status in adulthood is marital status, with married individuals weighing more than their unpartnered peers (Sobal, 1984). Romantic relationships have been shown to provide positive health benefits (e.g., social support; August, Kelly, & Markey, 2016). In fact, seminal work on this topic explored how the lack of a romantic relationship could produce the same negative health effects as those from smoking or high blood pressure (House et al., 1988). However being involved in a romantic relationship might also introduce negative health effects, by contributing to weight gain.

The present study examined perceived weight status by individuals and their partners (same-sex and opposite-sex partners) at the start of their relationship and at the time of data collection (on average, 4.8 years after the start of their relationship). The goal of this study is to examine the associations between individuals’ and their partners’ perceptions of their own and each other’s weight in association with actual weight and the potential influence of relationship quality, relationship length, age, gender, sexual orientation, and self-esteem on these perceptions. Perceptions of weight are important
because appreciating one’s weight status is necessary before weight management or health interventions can be introduced. Perceptions of partners’ weight are important as partners may be ideal sources of support in the introduction and maintenance of positive health habits (August et al., 2016).

Most people tend to gain weight as they age; research shows most people gain nearly 10 pounds per decade starting in their 20s. For most adults, this trend continues through midlife until they reach their 60s and begin to lose weight (Hutfless et al., 2013). Most people also tend to develop long-term romantic partnerships in adulthood. In 2012, approximately 55% of American adults between the ages of 18 and 34 years old reported that they were in a committed romantic relationship (General Social Survey, 2019). The trend for married individuals to weigh more than their unmarried peers was first empirically discussed in research by Sobal and colleagues (Sobal, Rauschenbach, & Frongillo, 1992; Sobal, 1984). In this original work, Sobal (1984) explored how marriage could affect changes in social roles and time commitments. For example, people may have less time for physical activity after marriage. Additionally, other health behaviors (e.g., eating habits) often change once a person starts to live with a partner (Sobal, 1984). Sobal also explored how these changes were affected differently by gender, especially as a result of socialized gender roles and norms that cause women to feel more concerned with their appearance and weight. Results from this research suggested that being married was related to more weight gain for men than women, suggesting a need for additional research to explore how gender might moderate weight gain in the context of relationships (Sobal et al., 1992).
There are many theories as to why marriage (or a committed partnership) may contribute to weight gain. For example, the *mating market model* suggests that people in relationships feel safe, secure and aren’t “on the market,” so they are less concerned with maintaining sociocultural ideals of attractiveness, which includes thinness (Meltzer et al., 2013; Sobal, 1984). This model has sustained support in recent research, including a study where men and women were shown to experience significant weight gain after four years or longer in their relationship (Mata et al., 2018). Considering that the average relationship length in the present study was nearly five years long, the previous finding regarding relationship length supports further examination with the present sample. The influence of relationship transitions for individuals’ health has also been recently explored, in which the results continue to support the mating market model. In one study, both men and women in new relationships experienced increased BMI and decreased positive health behaviors, like exercise (Josefsson et al., 2018). In another examination of a sample of older women, participants transitioning into very committed relationships, including marriage, were shown to have significantly increased BMIs compared to women who remained unmarried (Kutob et al., 2017).

An alternative theory regarding weight change within romantic relationships is the *health regulation model* (Umberson et al., 2006). The health regulation model poses that individuals in more satisfying relationships experience more support and less stress, which benefits their health. Previous research examining the health regulation model suggests that higher relationship quality may prevent partners from weight gain (Chen et al. 2018; Umberson et al., 2006). However, recent research indicates that relationship quality is not necessarily associated with positive health behaviors, like weight
management, as the health regulation model suggests (Mata et al, 2018; Skoyen et al., 2018; Meltzer et al., 2013). One study examining relationship quality as it relates to weight gain revealed that couples with greater relationship satisfaction were more likely to gain weight over the course of the relationship, supporting the mating market model (Meltzer et al., 2013). Additional research is needed to determine how relationship quality and weight are associated among romantic partners.

Relationship quality is only one facet of relationships that may affect individuals’ health. Relationship length indicates, at least in part, the level of commitment in a relationship, which may mitigate the positive or negative health effects of the relationship for individuals. Past research examining body image in relation to relationship length reveals a possible association. For example, in a study investigating body image among opposite-sex couples, relationship length was negatively related to body image for young women (Markey & Markey, 2006). The results from this study indicated that women were more dissatisfied with their own bodies (as compared to the body dissatisfaction of the men in the study) and they also overestimated their partner’s dissatisfaction with their bodies to be greater than it actually was. Although previous research indicates that length of relationship has an impact on body image, research has not yet evaluated potential associations between perceptions of weight and relationship length.

Most of the extant research examining relationships and health has focused on opposite-sex couples. However, there is emerging research exploring relationships and health – and specifically weight and body image – among same-sex couples. For example, among gay men, studies suggest a heightened concern about weight and body image (Lodge & Umberson, 2013; Morrison, Morrison, & Sager, 2004). Gay men also
appear to be at risk of disordered eating at rates comparable to heterosexual women (i.e., at rates higher than heterosexual men; Bell, Rieger, & Hirsch, 2018; Fishter & Daser, 1987). In the context of relationships, gay men tend to regulate their partner’s eating and health behaviors more so than heterosexual men, heterosexual women, or lesbian women (Markey et al., 2016). Gay men also feel greater concerns for losing physical attractiveness and bodily function as they age due possibly to the gay culture’s emphasis on youth and fitness (Lodge & Umberson, 2013; Slevin & Linneman, 2010).

Additionally, previous research shows that nearly one-third of gay men have experienced negative judgements for being overweight from other gay men, even in circumstances of being a healthy BMI (according to the CDC standards; Foster-Gimbel & Engeln, 2016).

In contrast to gay men, lesbian women may be protected from the standard beauty ideals that encourage thinness among women, perhaps due to less sexual objectification in lesbian subculture (Polimeni, Austin, & Kavanaugh, 2009). In a meta-analysis conducted by Morrison and colleagues (2004), lesbian women also reported greater body satisfaction than heterosexual women or gay men. Lesbian women seem to possess a greater appreciation of diversity in terms of body sizes and shapes considered attractive (Polimeni et al., 2009). In some research, heterosexual and lesbian women were found to be less concerned with their partner’s thinness or attractiveness as compared to gay men and heterosexual men (Legenbauer et al., 2009). In contrast, some research suggests that lesbian women report the same levels of thin-internalization as heterosexual women, but lesbian women were less likely to expect their partners to desire thin body ideals compared to heterosexual women’s expectations from their male partners (Moreno-Domínguez, Raposo, & Elipe, 2019; Smith et al., 2019; Legenbauer et al., 2009).
study will add to this research by further considering the role of individuals’ gender and their partners’ gender (i.e., sexual orientation) in perceptions of weight gain in relationships.

Although relationship factors may affect partners’ perceptions of changes in weight across time, individual factors may also affect partners’ views of themselves and each other. The way that individuals feel about themselves, or their self-esteem, has been found to be associated with their perceptions of their weight (Olchowska-Kotala, 2018; Pilofova et al, 2007; Tantleff-Dunn & Thompson, 1995). It is unclear if actual weight status may lead to changes in self-esteem – for example, heavier individuals having a lower sense of self. Or, possibly self-esteem contributes to health habits including eating and physical activity behaviors that result in lower weight. Most likely, there is a reciprocal relation between self-esteem and weight. Previous research indicates that adults that experienced weight gain starting in adolescence were more likely to have lower self-esteem and greater body dissatisfaction in adulthood, as compared to individuals who gained weight as adults (Wardle, Waller, & Fox, 2002). Given previously established associations between self-esteem and weight, the present study will consider the influence of self-esteem on participants’ perceptions of their own change in weight status.
Aims and Hypotheses

Given research indicating that individuals tend to gain weight across adulthood, especially in the context of relationships, and that elevated weight is a health risk, this study aimed to examine the extent to which individuals and their partners were aware of changes in their own and each other’s weight across their relationships. Further, possible predictors of these perceptions will be considered. Specifically, I have two aims:

1) to examine individuals’ perceptions of their current weight and weight at the start of their relationship. Then to determine if any difference in these perceptions are associated with their actual weight (BMI), relationship quality, relationship length, and self-esteem. Individuals’ gender and age will be considered as covariates and gender will be examined as a potential moderator between the main effects and perceived weight change. Additionally, the interaction between participants’ gender and their partners’ gender (i.e., sexual orientation) will be considered as a potential moderator between the main effects and perceived weight change.

2) to examine individuals’ perceptions of their partners’ current weight and weight at the start of their relationship. Then to determine if any differences in these perceptions are attributable to their actual weight (participant BMI), their partners’ BMIs, relationship quality, and relationship length. Individuals’ gender and age will be considered as covariates and gender will be examined as a potential moderator between the main effects and perceived partner weight change. Additionally, sexual orientation will be considered as a potential moderator between the main effects and perceived weight change.
Method

Participants

A total of 500 men and women (250 couples) participated in this study. Two hundred and twelve adults in opposite-sex relationships (106 women, mean age = 23.87 years; 106 men, mean age = 25.88 years) and two hundred and eight adults in same-sex relationships (72 gay couples: $M_{age} = 34.1$ years; 72 lesbian couples: $M_{age} = 33.3$ years) took part in this study as part of a larger study of romantic relationships and health. Couples who participated were required to have been romantically involved for a minimum of six months. The average relationship length was 4.8 years (SD = 6.6 years).

The heterosexual participants were predominantly European American (72% European American, 10% African American, 8% Hispanic/Latino, 7% Asian American, and 3% “other”). Sixty-three percent of adults reported individual incomes “less than $20,000.” Other participants reported individual incomes between “$20,000 to $49,000” (26%), “$50,000 to $75,000” (10%), and “greater than $75,000” (1%). Among the opposite-sex couples, 41.1% reported that they were dating and not cohabitating, 32.4% reported that they were cohabitating (living with each other), and 26.5% reported that they were married.

The participants in same-sex relationships were also predominantly European-American (70%; 14% African American, 10% Hispanic/Latino, 3% Asian American, 3% “other”). Participants reported individual incomes in ranges: “less than $20,000” (27%), “$20,000 to $49,000” (36%), “$50,000 to $75,000” (18%), “$76,000 to $99,000” (9%), and “100,000 or greater” (10%). When this data was collected, same-sex marriage was
not legal. The majority of same-sex couples indicated that they would like to be legally married (67%), some indicated “perhaps, someday” (28%), and only 5% indicated “no”.

**Procedures**

Participants were recruited with advertisements in the Philadelphia and Camden metro-areas and couples were compensated for their time. Participants completed in-person surveys, which were distributed and completed independently. These methods were approved by an Internal Review Board and participants indicated their voluntary involvement in this research via a consent form.

**Measures**

**Perceived Weight Status.**

Perceptions of weight change were measured using the Partner Feeding Questionnaire (PFQ), which was adapted from the Child Feeding Questionnaire (CFQ; Birch, Fisher, Grimm-Thomas, Markey, Sawyer, & Johnson, 2001). PFQ items are available in Appendix B. Participants asked what they believed their own weight and their partner’s weight was at the beginning of their relationship, on a 5-point Likert scale from: (1) “Markedly underweight”; (2) “underweight”; (3) “normal”; (4) “overweight”; and (5) “markedly overweight” (Markey et al., 2008). Then, participants were also asked what they believed their own weight and their partner’s weight was currently (at the time of data collection) on the same 5-point Likert scale. Perceptions from two time points (perceived weight at beginning of relationship – current perceived weight) were used to create a discrepancy score of perceived weight change. Perceptions of weight status have been found to be as important, if not more important, in predicting body image and eating behaviors than actual weight (Haynes et al., 2018).
**Body Mass Index.**

Body mass index (BMI) was computed using measurements (taken by the research team) of participants’ height in centimeters using a stadiometer and weight in kilograms via a standard medical scale. Weight and height were recorded three times for each participant and the average of the three measures was used (e.g., Markey & Markey, 2014). The average BMI for opposite-sex couples was 25.8 ($M_{BMI}$ of 106 heterosexual women = 24.27, $M_{BMI}$ of 106 heterosexual men = 27.46). In same-sex relationships, the average BMI for lesbian women was 27.5 ($n = 144$) and the average BMI for gay men was 28.16 ($n = 144$). Romantic partners tended to have fairly similar BMIs (intraclass $r (250) = .38, p < .01$).

**Relationship Quality.**

The Marital Interactions Questionnaire (MIS; Braiker & Kelley, 1979) was used to assess the relationship quality of participants. This measure contains two subscales of love and conflict and has 15 items total. The love scale queried participants using ten items such as “How committed do you feel towards your partner?” and “To what extent do you love your partner at this stage?” The conflict scale queried participants using five items including “how often do you and your partner argue with one another?” Each item is rated on a 9-point Likert scale from 0 = “Not at all” to 8 = “Very much.” Items assessing conflict were reverse coded (thus, assessing “harmony”) and a total composite score of relationship quality was computed. Higher scores indicate greater feelings of love and harmony in the relationship. The original format of the MIS was designed to assess married couples’ relationship quality. For the purposes of this study, the measure was revised to read “significant other” and “partner,” rather than “spouse.” Cronbach’s
alphas were reliable in this sample, ranging from .77 to .89 across the subsamples of couple types). Items of the MIS are available in Appendix C.

**Relationship Length.**

Participants reported their relationship length by answering: “For how many months have you been continuously involved with your romantic partner?” Answers were provided in months and are presented in years for easier interpretability. The average length of all couples’ relationship length was 4.8 years (N = 500, SD = 6.6 years).

**Self-esteem.**

Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). This scale is designed to assess the degree to which individuals feel they have self-worth and positive qualities. This is a 10-item self-report measure of global self-esteem containing statements related to overall feelings of self-worth or self-acceptance. Items are answered on a 4-point scale ranging from “strongly agree” to “strongly disagree.” Items included “I am able to do things as well as other people.” and “I feel that I’m a person of worth.” The scale was scored after reverse-scoring the negatively worded items and creating a total of four-point item. Cronbach’s alphas were high among all participants: heterosexual men (.90), heterosexual women (.90), gay men (.80), and lesbian women (.86). The RSES can be found in Appendix A.

**Covariates.**

Analyses will consider covariates likely associated with weight gain and relationship status: age, participants’ gender, and sexual orientation. These variables were measured by participants’ self-reports.
Analytic Plan

Data were checked for completeness; the amount of missing data on any variable used in analyses ranged from .004-.024%. Listwise deletion was used for missing data. SPSS version 26 was used for descriptive analyses and hypotheses testing. For descriptive purposes, correlational analyses were used to examine associations among all variables; these analyses do not take into account the dependence in the data and are not intended to address the study hypotheses.

In order to test the hypotheses, and considering the nonindependence of data from individuals in relationships, multilevel modeling were used for significance testing (Kenny, Kashy, & Cook, 2006). In the present sample, couples were both indistinguishable, due to same-sex relationships, and distinguishable, due to opposite-sex relationships. Due to this, the factorial method (West, Popp, & Kenny 2008), an extension of the Actor Partner Interdependence Model via hierarchal linear modeling, was used to test study hypotheses. This produced regression estimates for four groups: heterosexual men, heterosexual women, gay men, and lesbian women. The multi-level models were analyzed using full maximum likelihood and since dyadic analyses limit the number of random-effects parameters that can be estimated, random slopes were not estimated.

A series of six multilevel regression models were conducted to examine the study hypotheses. First, BMI, relationship quality, relationship length, self-esteem, gender, and age were examined as predictors of participants’ perceptions of their own weight change (Model 1). Second, interactions between the main effects and individuals’ gender were examined as predictors of participants’ perceptions of their own weight change (Model 2). Interactions with partner gender were also included in this model, but those results...
are not presented because they do not address our hypotheses (they are needed before testing actor gender*partner gender). Third, the interaction between participants’ gender and their partners’ gender (i.e., their sexual orientation) was added to the model to determine the extent to which it predicted participants’ perceptions of their own weight change (Model 3; see Table 2). The second set of three models examined participants’ perceptions of their partners’ weight change first considering the main effects of participants’ and their partners’ BMIs, relationship quality, relationship length and the covariates age and gender (Model 4). Next, interactions between gender and participant BMI, partner BMI, relationship quality, relationship length and age were considered in predicting participants’ perceptions of their partners’ weight change (Model 5). Interactions with partner gender were also included in this model, but those results are not presented because they do not address our hypotheses (they are needed before testing actor gender*partner gender). Finally, the interaction between participants’ gender and their partners’ gender (i.e., their sexual orientation) was added to the model to determine the extent to which it predicted participants’ perceptions of their partners’ weight change (Model 6; see Table 3).

Prior to creating interactions with gender, the variables were centered using the grand mean. In order to measure effect size, the t statistics of the multi-level models were transformed into partial correlations using the following formula: \( r = \sqrt{t^2/(t^2 + df)} \) (Rosnow & Rosenthal, 2003).
Results

Table 1 presents the correlations among the key study variables by gender and sexual orientation. These analyses are intended to be descriptive; they do not account for dependency in these data nor do they address specific study hypotheses. For heterosexual men, relationship length was significantly correlated with perceptions of their own and partner weight change. Heterosexual men’s actual weight (BMI) was also significantly related to their own perceived weight change. For gay men, their own BMI was significantly correlated with their perceptions of their own weight change and their partner’s BMI was significantly related to their perceptions of their own and their partner weight change. For heterosexual women, relationship length was significantly correlated with their perceptions of their partner’s weight change. For lesbian women, perceived partner weight change was significantly correlated with own BMI, partner BMI, and relationship quality. Relationship quality and partner BMI for lesbian women was also significantly correlated.

Hypothesis 1, Model 1: Main Effects

To test for main effects in hypothesis 1, actor BMI, age, gender, self-esteem, relationship length, and relationship quality were tested as predictors of perceived weight change. Results revealed that the actor BMI and relationship length significantly predicted participants' perceptions of their own weight change. Wherein participants with both greater BMIs and in longer relationships perceived greater change in one’s own weight change across the relationship. Also, the longer the relationship status, the more own weight change was perceived. Age was not a significant predictor, which indicates that
the significance of relationship length is not due to older adults merely maintaining longer relationships than their younger counterparts.

**Hypothesis 1, Model 2: Gender Interactions**

Interactions between actor gender and the main effect variables were tested as predictors of perceived weight change. Results did not reveal any interactions between gender and participants’ BMI, partners’ BMI, relationship quality, relationship length, or actor self-esteem.

**Hypothesis 1, Model 3: Sexual Orientation (Actor Gender*Partner Gender)**

The interaction between actor and partner gender (i.e., sexual orientation) was added to the model as a predictor of perceived weight change. Results did not reveal any interactions between actor gender*partner gender and participants’ BMI, partners’ BMI, relationship quality, relationship length, or actor self-esteem.

**Hypothesis 2, Model 4: Main Effects**

Participants’ BMIs, partners’ BMIs, age, gender, relationship length, and relationship quality were examined as predictors of perceived weight change of partners. Results revealed that actor BMI, partner BMI, and relationship quality significantly predicted participants' perceptions of their partners’ weight change. Participants with both greater own BMIs and greater partner BMIs perceived significantly more change in partner weight across the length of the relationship. In terms of relationship quality, participants in less satisfying relationships perceived significantly greater partner weight change. Relationship length was also nearly significant (p = .053), where longer relationships were associated with significantly greater perceived partner weight change. This suggests that
participants in longer relationships may perceive greater weight changes among their partners.

**Hypothesis 2, Model 5: Gender Interactions**

Interactions between actor gender and participants’ BMIs, partners’ BMIs, relationship quality, relationship length, and age were examined. Results revealed a significant interaction between gender and relationship length in predicting perceptions of partners’ weight change.

**Hypothesis 2, Model 6: Sexual Orientation (Actor Gender*Partner Gender)**

Actor gender*partner gender (i.e., sexual orientation) was examined as a possible moderator of participants’ BMI, partners’ BMI, relationship quality, and relationship length when predicting perceived partner weight change. Results revealed that sexual orientation interacted with relationship length in predicting perceptions of changes in partners’ weight.
Discussion

In past research, romantic partners have demonstrated that they are capable of being agents of change for their significant others’ health behaviors. Recently, health interventions have increasingly utilized romantic partners as integral to health interventions, including healthy weight management (August et al., 2016). Adults are known to gain weight and experience weight-related health risks in later adulthood (Hutfless et al., 2013). Romantic partners can be used for health management to mitigate those health risks, however it’s important to understand the extent to which people perceive (are aware of) their weight status before health interventions can be introduced. For example, it may be that individuals are susceptible to misperceptions of their own health status- including a dissonance between actual BMI and perceived weight status- that may affect their maintenance of positive health behaviors or interventions. The present study aimed to examine the extent to which individuals and their partners were aware of changes in their own and each other’s weight at the start of and, on average, nearly five years later. Additionally, relevant variables were examined as possible predictors of perceived weight change, including relationship length, relationship quality, BMI (own and partners’), and self-esteem.

The first hypothesis focused on possible predictors of participants’ perceptions of their own weight change across their relationship. The present study expected the perceived weight change to be potentially associated with actual weight (BMI), relationship length, relationship quality, and self-esteem. The hypotheses included an examination of differences by gender and sexual orientation. Results demonstrated that participants’ BMIs and the length of their relationships were significant predictors of
perceived weight change. Participants’ age was not a significant predictor of their perceived weight change, suggesting that older couples in longer relationships do not account for this finding. Further, this result suggests that participants’ perceptions of their weight change was somewhat based on their current weight, with participants with higher BMIs indicating more weight gain across their relationship.

Relationship length has been previously explored as relevant to changes in body satisfaction and body image across time in a relationship (Markey & Markey, 2006), but has not been examined as a predictor for changes in weight status. The current results indicate that individuals’ perception of their own weight change is significantly related to the relationship length. This finding is consistent with the mating market model, where longer relationships, which may represent greater commitment, are associated with weight gain.

Hypothesis 2 focused on participants perceptions of their partners’ weight and revealed a link between these perceptions and relationship quality. This adds to past findings that reveal more satisfying relationships lead people to feel more comfortable and decreases their maintenance of sociocultural body ideals, like thinness (Meltzer et al., 2013; Sobal, 1984). The current findings also revealed that participants’ perceptions of their partners’ weight change were significantly predicted by their own actual weight (BMI). This could be related to romantic partners having significantly similar BMIs (intraclass $r (250) = .38, p < .01$), so couples’ weight change over the length of the relationship may be similar and occurring simultaneously.
Limitations

Although I believe this study to be the first to consider predictors of perceptions of weight change within the context of same-sex and opposite-sex couples, it is not without limitations. The limitations of the present study included the cross-sectional and correlational design, which excludes causal interpretations of the data. Furthermore, although this sample is somewhat diverse in terms of age and sexual orientation, the sample is homogenous in terms of race and ethnicity. Future exploration of these hypotheses with a more representative sample is warranted.

Conclusion and Implications

The present study examined often unexplored variables, included representation from opposite-sex and same-sex couples, and the results revealed findings consistent with previous literature, as well as novel findings. Prior research has shown there is potential for romantic partnerships to be utilized in implementing health behavioral interventions, such as healthy weight management (August et al., 2016). The current study adds to the existing literature by expanding on the importance of weight perceptions and a variety of predictors for romantic partners’ perceptions of their own and their partner’s weight change. These results can help to inform future health research and the design of health interventions and can contribute to our understanding of the health habits of individuals and couples. People interested in working towards positive changes in health behaviors could potentially utilize this information in their daily lives. For example, if romantic partners became more aware of their potential to influence positive change in one another, they may be more inclined to be vocal in encouraging positive eating or exercise behaviors.
Every year in the United States, treatments for obesity and obesity-related health conditions cost billions of dollars. Since 2008, the annual medical cost of obesity has been slowly increasing—costs growing beyond $147 billion per year (CDC, 2020; Finkelstein et al., 2009). The economic burden of obesity for individuals is overwhelming; on average, research shows that people with obesity could spend from 42% to 150% more on medical expenses compared to people who weigh less (Cawley & Meyerhoefer, 2012; Finkelstein et al., 2009). Further, the health burden associated with maintaining an elevated weight is consequential at both the individual and societal level. Known health risks associated with obesity, especially in terms of higher visceral fat concentration, include mortality, cardiovascular disease, hypertension, and Type 2 diabetes (Frank et al., 2019; National Heart, Lung, & Blood Institute, 2013). The present study may contribute to clinical and public health efforts to reduce these burdens by furthering understanding of factors associated with weight gain in adulthood. Further, it seems possible that romantic partners may be sources of support in helping each other to maintain habits that are conducive to maintaining a healthy weight. Taken together, this information can be used to help further our understanding of the ways in which romantic partners may be able to become influential agents of change in their partners’ health.
### Tables

#### Table 1a

**Descriptive Statistics and Correlations for Variables (for straight men)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relationship Length</td>
<td>105</td>
<td>3.86</td>
<td>4.6</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. BMI</td>
<td>105</td>
<td>27.48</td>
<td>5.98</td>
<td>.145</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. Partner BMI</td>
<td>105</td>
<td>24.27</td>
<td>5.59</td>
<td>-.017</td>
<td>.382**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. Self-esteem</td>
<td>105</td>
<td>26.02</td>
<td>1.78</td>
<td>-.128</td>
<td>-.063</td>
<td>.031</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. Relationship Quality</td>
<td>105</td>
<td>13.01</td>
<td>1.81</td>
<td>-.093</td>
<td>.128</td>
<td>-.086</td>
<td>.110</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. Weight Change – Self</td>
<td>105</td>
<td>.29</td>
<td>.62</td>
<td>.542**</td>
<td>.240*</td>
<td>.117</td>
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<td>-.074</td>
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<tr>
<td>7. Weight Change - Partner</td>
<td>105</td>
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* *p < .05, **p < .01

#### Table 1b

**Descriptive Statistics and Correlations for Variables (for gay men)**

<table>
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<tr>
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<td>4.58</td>
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<td>.090</td>
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<td>6. Weight Change – Self</td>
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<td>.197*</td>
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* *p < .05, **p < .01
Table 1c

Descriptive Statistics and Correlations for Variables (for straight women)

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*p < .05, **p < .01

Table 1d

Descriptive Statistics and Correlations for Variables (for lesbian women)

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<td>0.363**</td>
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*p < .05, **p < .01
Table 1e

Summary of Correlations

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<th>Self-esteem</th>
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<tr>
<td>Weight change (self)</td>
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<td>Weight change (self)</td>
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<td>-0.181*</td>
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<td>Weight change (partner)</td>
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<td><strong>Women in relationships with Men</strong> n = 104</td>
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<td>.207*</td>
<td>.391**</td>
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<tr>
<td>Weight change (partner)</td>
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<td>.167*</td>
<td>0.123</td>
<td>-0.192*</td>
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*p < .05, **p < .01
Table 2

*Multilevel Models Predicting Participants’ Perceptions of their Own Weight Change*

(N = 500)

<table>
<thead>
<tr>
<th></th>
<th>Estimate</th>
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<th>p</th>
<th>Effect size (pr)</th>
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<td>.08</td>
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<tr>
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*Table Note.* Analyses examining interactions with partner gender were included in model 2, but were not part of the hypotheses so are not shown here.
### Table 3

**Multilevel Models Predicting Participants’ Perceptions of their Partner’s Weight Change**

*(N = 500)*

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<td>.047</td>
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<td>.09</td>
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<table>
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</thead>
<tbody>
<tr>
<td>BMI*actor gender</td>
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<td>.01</td>
<td>.55</td>
<td>.59</td>
<td>.02</td>
</tr>
<tr>
<td>BMI partner*actor gender</td>
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<td>-.39</td>
<td>.70</td>
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</tr>
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<tr>
<td>Age*actor gender</td>
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<table>
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<th>p</th>
<th>Effect size (<em>pr</em>)</th>
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<td>.01</td>
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<td>.01</td>
<td>.27</td>
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<td>.49</td>
<td>.03</td>
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**Table Note.** Analyses examining interactions with partner gender were included in model 2, but were not part of the hypotheses so are not shown here.

***df for calculating partial $r = 490$.****
Appendices

Appendix A: Partner Feeding Questionnaire (PFQ)

Please circle your response to each question.

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<th>Underweight</th>
<th>Normal</th>
<th>Overweight</th>
<th>Markedly Overweight</th>
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<td>When I first met my partner, he WAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Right now, I think that my partner IS</td>
<td>Markedly Underweight</td>
<td></td>
<td></td>
<td></td>
<td>Markedly Overweight</td>
</tr>
<tr>
<td>3</td>
<td>I first met my partner, I WAS</td>
<td>Markedly Underweight</td>
<td></td>
<td></td>
<td></td>
<td>Markedly Overweight</td>
</tr>
<tr>
<td>4</td>
<td>Right now, I think that I AM</td>
<td>Markedly Underweight</td>
<td></td>
<td></td>
<td></td>
<td>Markedly Overweight</td>
</tr>
</tbody>
</table>
Appendix B: Marital Interactions Questionnaire (MIS)

Please read the following questions and circle the number that best describes your feelings about your romantic partner.

1. To what extent do you have a sense of “belonging” with your partner? 1 2 3 4 5 6 7 8 9
   Not at all Very much

2. How often do you and your partner argue with one another? 1 2 3 4 5 6 7 8 9
   Not at all Very much

3. How much do you feel you “give” to the relationship? 1 2 3 4 5 6 7 8 9
   Not at all Very much

4. To what extent do you try to change things about your partner that bother you (behaviors, attitudes, etc)? 1 2 3 4 5 6 7 8 9
   Not at all Very much

5. To what extent do you love your partner at this stage? 1 2 3 4 5 6 7 8 9
   Not at all Very much

6. To what extent do you feel that things that happen to your partner also affect or are important to you? 1 2 3 4 5 6 7 8 9
   Not at all Very much

7. How often do you feel angry or resentful toward your partner? 1 2 3 4 5 6 7 8 9
   Not at all Very much

8. How committed do you feel toward your partner? 1 2 3 4 5 6 7 8 9
   Not at all Very much

9. How close do you feel toward your partner? 1 2 3 4 5 6 7 8 9
   Not at all Very much

10. How much do you need your partner at this stage? 1 2 3 4 5 6 7 8 9
    Not at all Very much

11. How sexually intimate are you with your partner? 1 2 3 4 5 6 7 8 9
    Not at all Very much

12. How attached do you feel to your partner? 1 2 3 4 5 6 7 8 9
    Not at all Very much

13. When you and your partner argue, how serious are the problems or arguments? 1 2 3 4 5 6 7 8 9
    Not at all Very much

14. To what extent do you communicate negative feelings toward your partner (e.g., anger, dissatisfaction, frustration, etc.)? 1 2 3 4 5 6 7 8 9
    Not at all Very much

15. To what extent do you feel your relationship is special compared to other relationships you’ve been in? 1 2 3 4 5 6 7 8 9
    Not at all Very much
Appendix C: Rosenberg Self-Esteem Scale (RSES)

Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I'm a person of worth.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to think that I am a failure.
10. I take a positive attitude toward myself.
References


Madden, M., & Lenhart, A. (2006). *Online dating: Americans who are seeking romance use the Internet to help them in their search, but there is still widespread public concern about the safety of online dating*. Washington, DC: Pew Internet & American Life Project.


