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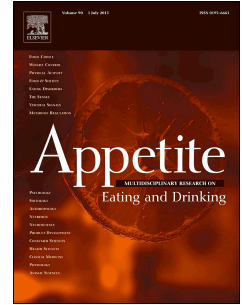


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1 **Hypothesis awareness as a demand characteristic in laboratory-**
2 **based eating behaviour research: an experimental study**

3
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19

20

Abstract

21 Demand characteristics are thought to undermine the validity of psychological research, but
22 the extent to which participant awareness of study hypotheses affects laboratory-measured
23 eating behaviour studies has received limited attention. Participants (N = 84) attended two
24 laboratory sessions in which food intake was measured. In session 1 baseline food intake was
25 measured. In session 2 participants were allocated to either a 'hypothesis aware' or
26 'hypothesis unaware' condition. Participants were led to believe in the 'hypothesis aware'
27 condition that they were expected to increase their food intake in session 2 relative to session
28 1. Participants in the 'hypothesis unaware' condition were not provided with hypothesis
29 information. Contrary to our pre-registered predictions, the experimental manipulation of
30 hypothesis awareness did not affect session 2 food intake. However, the manipulation was
31 less effective than anticipated as some participants did not appear to believe the hypothesis
32 information provided. Post-hoc exploratory analyses revealed that participants who believed
33 the study hypothesis was that their food intake would increase in session 2 ate more in
34 session 2 than participants who did not believe this was the study hypothesis. Further
35 confirmatory research is required to understand the causal effect that participant awareness of
36 study hypotheses has on laboratory measured eating behaviour.

37 What and how much people choose to eat is influenced by their social environment and
38 people will sometimes eat in order to ‘fit in’ with others (Cruwys, Bevelander, & Hermans,
39 2015; Vartanian, Herman, & Polivy, 2007) . Eating behaviour is often studied in controlled
40 laboratory-based settings, which allows for greater control over extraneous influences and
41 more precise manipulation of independent variables than naturalistic field settings. However,
42 participant beliefs about whether their eating behaviour will be measured may affect food
43 intake in the laboratory. Awareness that food intake is being monitored by an experimenter
44 has been shown to affect behaviour in the laboratory (Robinson, Hardman, Halford, & Jones,
45 2015; Robinson, Kersbergen, Brunstrom, & Field, 2014) and is a potential demand
46 characteristic of laboratory eating behaviour research. For example, in multiple studies it has
47 been shown that participants who are made aware that their food intake will be measured
48 consume significantly less food than participants who are not made aware (Robinson,
49 Hardman, Halford, & Jones, 2015; Robinson, Kersbergen, Brunstrom, & Field, 2014).
50 Participant awareness of study hypotheses (e.g., how much participants are expected to eat, or
51 the effect of some independent variable on how much is eaten) is a different demand
52 characteristic that may also affect food intake, but has not yet been empirically studied in the
53 context of eating behaviour.

54 Blinding participants to the true aims of a study (i.e. ensuring participants are unaware
55 of the study hypothesis or research question) has long been used in social psychology
56 research to reduce the potential influence of demand characteristics, i.e. participant behaviour
57 being influenced by experimenter beliefs (Orne, 1962; Sharpe & Whelton, 2016). To achieve
58 this, experimenters can directly or indirectly deceive participants about the true aims of the
59 study by providing a ‘cover story’ that offers a plausible explanation for the measures
60 completed in a study that does not draw attention to the study hypotheses or aims. Deception
61 is widely used in social psychology research but its use is more controversial in other

62 research areas (Krasnow, Howard, & Eisenbruch, 2018; Ortmann & Hertwig, 2002). A recent
63 survey of laboratory-based eating studies published in nutrition and eating behaviour journals
64 during 2016 found that almost half (46%) of studies did not report attempting to blind
65 participants to the study hypotheses (e.g. by using a cover story to conceal the true study
66 hypothesis or research question), and 24% of studies did not assess participants' awareness of
67 the study aims (Robinson, Bevelander, Field, & Jones, 2018). This is a potential cause for
68 concern because participant awareness of a study hypothesis may undermine the validity of
69 the conclusions of a study by causing participants to alter their eating behaviour.

70 Participants may change their behaviour in response to knowing a study hypothesis in
71 several different ways. The first possibility is that being aware of a study hypothesis prompts
72 an individual to exhibit behaviour that then confirms that hypothesis (Orne, 1962). The
73 laboratory can be argued to represent a peculiar social environment, into which a participant
74 voluntarily enters but may be uncertain about how to behave (Klein et al., 2012). The
75 experimenter on the other hand, presents as an authority figure and participants may therefore
76 attempt to infer what the experimenter wants them to do and act accordingly (Klein et al.,
77 2012; Orne, 1962). The 'good subject effect' was demonstrated by Nichols and Maner
78 (2008): Participants were informed that the experimenter predicted that participants would
79 prefer pictures shown on the left side of a screen over those on the right, and subsequently
80 exhibited preferences that confirmed the researchers' hypothesis. Participants with greater
81 social desirability concerns were more likely to behave in this way, suggesting a possible
82 social approval or ingratiation motive. In the context of eating, individuals with a stronger
83 desire to please others may be more likely to conform to what other people want them to eat
84 (Exline, Zell, Bratslavsky, Hamilton, & Swenson, 2012), and therefore conform to a study
85 hypothesis in the context of an experiment on eating behaviour.

86 A different possibility is that, rather than confirming a hypothesis, participants may
87 attempt to disconfirm a study hypothesis once they become aware of it. According to
88 reactance theory, people resent being controlled by others and will react to a perceived
89 attempt to manipulate their behaviour by reasserting their agency (Brehm & Brehm, 1981).
90 There is some evidence to suggest that people can sometimes be motivated to deny the effect
91 of external influences on their eating behaviour (e.g., the effect of the presence of others or
92 the portion size of food), and instead are more inclined to attribute eating to internal states
93 (e.g., hunger, food preferences) (Vartanian et al., 2017). Therefore, participant awareness of a
94 study hypothesis could in theory result in a 'bad subject' effect or 'screw you' effect
95 (Masling, 1966), whereby awareness results in some participants changing their eating to
96 disconfirm any apparent study hypothesis.

97 We are aware of no research that has directly examined the influence that participant
98 awareness of study hypotheses has on food intake. However, a recent meta-analysis of studies
99 suggested that the extent to which an environmental factor proposed to influence food intake
100 (plate size) impacted on participant measured food intake was in part dependent on whether
101 or not participants were likely to believe that the study they were participating in was about
102 eating behaviour (Holden, Zlatevska, & Dubelaar, 2015). This finding is consistent with the
103 notion that participant awareness of study hypotheses may impact on the findings of
104 laboratory eating behaviour research. Given how common it is for studies of laboratory
105 measured eating behaviour not to blind participants to study aims or hypotheses (Robinson et
106 al., 2018) and the lack of direct research examining the consequences of participant
107 awareness of study hypotheses on eating behaviour, the present study investigated whether
108 participant awareness of a study hypothesis about food intake affects food intake in a
109 laboratory setting and can potentially lead to erroneous study conclusions.

110

111 **Methods**

112 **Overview**

113 Participants' intake of snack food was measured in a bogus taste test in two
114 experimental sessions on separate days. We introduced an environmental stimulus in the
115 second session that would have no known reason to influence eating behaviour, but we
116 reasoned would sound relatively plausible (exposure to the colour purple). Participants were
117 randomly allocated to experimental conditions in which they were either informed of a false
118 hypothesis (that being exposed to the colour purple in the second session would increase food
119 intake relative to session 1) or not. We hypothesised that there would be no change in food
120 intake between sessions when participants were unaware of the false hypothesis, but
121 consistent with the 'good subject' effect we tentatively predicted that participants who were
122 made aware of the false hypothesis would conform to the hypothesis by eating more in the
123 second session than the first session. The study protocol was preregistered on the Open
124 Science Framework (DOI 10.17605/OSF.IO/6RKPF).

125 **Design**

126 The study followed a mixed 2 (session, within subjects: session 1, session 2) x 2
127 (hypothesis awareness, between subjects: aware, unaware) design, with cookie intake in
128 kilocalories (kcal) as the dependent variable.

129 **Randomisation and researcher blinding**

130 The randomisation sequence used to allocate participants to hypothesis awareness
131 conditions was created using Random Allocation Software (Saghaei, 2004) with a 1:1
132 allocation using random block sizes of 2 and 4, stratified by sex. Details of the allocated
133 awareness condition were contained in sequentially numbered opaque sealed envelopes. The

134 envelope remained sealed until session 2, ensuring that the experimenter (MS) was blinded to
135 condition in session 1.

136 **Participants**

137 Adults aged 18-60 years old, with no food allergies, and who were not taking
138 medication affecting appetite were recruited. Using G*Power (Faul, Erdfelder, Lang, &
139 Buchner, 2007) we calculated that 34 participants per awareness condition would be required
140 to detect a small to medium interaction between awareness condition and session (Cohen's f
141 = .17) in a two-tailed mixed ANOVA ($\alpha = .05$ at 80% power). We used residualised change
142 scores (cookie intake post - pre) as our primary outcome measure rather than adopting a
143 repeated-measures analysis approach, because change scores tend to provide greater
144 statistical power in randomised pre-post test designs (Maxwell & Howard, 1981), but
145 calculated power for a repeated-measures ANOVA because it enabled specification of a
146 mixed interaction effect in G*Power. In order to account for having to exclude a small
147 number of participants from analyses (e.g. extreme outliers on dependent variables) we aimed
148 to recruit approximately 44 participants per awareness condition. Participants were recruited
149 from staff and students at the University of Liverpool, UK.

150 **Measures**

151 **Mood and appetite ratings**

152 A set of ten 100-point visual analogue scales (anchors: 'not at all' to 'extremely')
153 were used to measure hunger, fullness (e.g. 'how hungry do you feel right now?') and various
154 mood dimensions to bolster the cover story advertised to participants ('Mood and taste
155 perception').

156 **Study belief measures**

157 On separate pages of a paper-pencil questionnaire, participants answered the
158 following questions (in order) using an open-ended response format: (1) “What do you think
159 was the aim of the study?” (2) “What do you think the researcher was predicting to find?”,
160 and (3) “Did you notice anything different about the experiment between the two sessions?”
161 Participants were then asked to complete additional questions about their awareness of
162 monitoring of eating behaviour: (4) “I felt as though the amount of food I was eating would
163 be measured by the researcher” (5-point Likert scale response format with anchors ‘strongly
164 disagree’ to ‘strongly agree’), how the researcher predicted them to act between the two
165 sessions: (5) “compared to yesterday, the researcher expected me to eat ___ today” (response
166 options: more, less, the same; with response ‘more’ coded as ‘aware’, and other responses
167 coded as ‘unaware’); and awareness of the purple piece of paper: (6) “thinking about today’s
168 session, what colour was the paper with the taste ratings?” (response options: green, yellow,
169 purple, white).

170 Responses to questions (1) to (3) were coded by two researchers blinded to
171 participants’ condition. The researchers coded whether each participant was (a) aware of the
172 true aims of the study or not (i.e., the effect of demand characteristics on eating behaviour)
173 (b) aware of the stated (fake) study predictions or not, and (c) aware of the colour
174 ‘manipulation’ or not. To standardise coding of a-c researchers used the same coding method;
175 participants indicating that the study was about investigating whether knowing the hypothesis
176 of a study influences behaviour (or similar) were coded as being ‘aware’ of the *true* aims of
177 the study (a). Participants indicating that the study aimed to investigate the impact of paper
178 colour on food intake (or similar) were coded as aware of the *stated* aims of the study (b).
179 Participants indicating that they received a purple taste rating sheet in the experimental
180 session, but not the baseline session were coded as aware of the colour ‘manipulation’ (c).

181 Any disagreements between researchers on coding were resolved through discussion with a
182 third researcher.

183 **Socially desirable response tendencies**

184 Participants' tendency to behave in a socially desirable manner was measured using
185 the Marlowe-Crowne Social Desirability Scale 13-item short form (Reynolds, 1982).
186 Responses were averaged to form a social desirability score, with higher scores indicating
187 greater concern over behaving in a socially desirable manner.

188 **Eating habits**

189 Participants completed the Three Factor Eating Questionnaire (cognitive restraint,
190 emotional eating, and external eating subscales) (Cappelleri, et al., 2009) and Dutch Eating
191 Behaviour Questionnaire (external eating subscale) (Van Strien, Frijters, Bergers, & Defares,
192 1986) to measure individual differences in eating habits. Scores within each subscale were
193 averaged to form four variables, with higher scores reflecting stronger tendencies in the
194 respective subscale.

195 **Procedure**

196 The study was advertised as investigating 'mood and taste perception' and took place
197 over two sessions scheduled 2-4 days apart on weekdays between 14:00-17:30. Participants
198 were instructed not to eat anything for one hour prior to each session. In session 1, all
199 participants provided informed consent and read and signed a study information sheet
200 detailing what would happen in the session, including that their cookie intake would be
201 measured (to ensure this was consistent across conditions). Participants then completed a
202 medical history questionnaire, baseline mood and appetite ratings, and were administered a
203 bogus taste test to measure cookie intake (Robinson et al., 2017). The experimenter presented
204 participants with a well-stocked bowl of 12 chocolate chip cookies (Tesco, approximately

205 127g, 626kcal) and asked them to taste the cookies and rate their sensory properties on paper-
206 pencil rating sheets (e.g., ‘how crunchy is this cookie?’). Participants were informed they
207 would have 10 minutes to complete the taste test, and that they could eat as much as they
208 wanted. After the taste test, participants completed post-test mood and appetite ratings and
209 reported the time they last ate before the study session.

210 The second (‘experimental’) session followed an identical procedure to the baseline
211 session except that the cookie rating sheets were printed on purple paper instead of white. For
212 participants in the ‘hypothesis unaware’ condition, the researcher drew attention to the colour
213 of the paper, without giving them the impression that it was part of the experiment: “Sorry
214 about the colour, someone must have left purple paper in the photocopier!” In the ‘hypothesis
215 aware’ condition, the researcher informed participants of the purpose of the purple sheet of
216 paper: “Today we would like you to taste and rate the cookies again. In line with ethical
217 approval for this study, we are required to inform you of the true aims of the study. We are
218 testing the prediction that you’ll eat more cookies today than you did last time because
219 research has shown that seeing the colour purple reminds people of indulgence and makes
220 them want to eat more.” Information about the purpose of the purple paper was also presented
221 to participants on a study information sheet that outlined the session procedure to participants
222 (hypothesis omitted for the ‘unaware’ condition, see online supplementary materials). After
223 completing the taste test and mood and appetite ratings, participants completed questionnaires
224 (in order) assessing demographics, eating habits, and social desirability response tendencies,
225 reported the last time they ate, and completed the awareness questions. Finally, the
226 experimenter measured participant height and weight (with shoes and heavy clothing
227 removed), and participants were debriefed and provided with reimbursement or course credit
228 for their time.

229 **Analysis plan**

230 Manipulation check

231 We conducted two chi-square tests to assess whether participants in the hypothesis
232 aware condition were more likely to be aware of the stated study prediction than participants
233 in the unaware condition. We predicted that participants in the hypothesis aware condition
234 would be more likely to freely recall the hypothesis and more likely to recognize the stated
235 hypothesis when prompted. We also conducted two chi-square tests to assess whether
236 participants in the hypothesis awareness condition were more likely to be aware of the purple
237 paper than participants in the unaware condition. We predicted no significant difference in
238 the likelihood of free recall of the purple paper or prompted-recall of the purple paper
239 between hypothesis awareness conditions.

240 Cookie intake

241 We conducted an independent samples *t*-test comparing residualised change in cookie
242 intake (session 2 - session 1) between hypothesis awareness conditions. We predicted that
243 participants in the hypothesis aware condition would show a greater increase in cookie
244 consumption from session 1 to session 2 than participants in the hypothesis unaware
245 condition.

246 Planned sensitivity analysis

247 We repeated the primary analysis of cookie intake after excluding participants whose
248 written responses indicated that they were aware of the true aims of the study (i.e., the effect
249 of awareness of a researchers' hypothesis on behaviour in an experiment). We also repeated
250 the primary analysis of cookie intake between hypothesis awareness conditions including
251 factors as covariates that we believed may predict the primary outcome measure.
252 Specifically, we included BMI, hunger prior to the taste-test, dietary restraint and
253 uncontrolled eating as covariates in separate between-subjects ANCOVAs with residualised

254 change in cookie intake between sessions as the dependent variable and hypothesis awareness
255 (aware, unaware) as the independent variable.

256 **Planned additional analyses**

257 The effect of demand characteristics on food intake may be moderated by social
258 desirability response tendencies (high motivation to conform may increase susceptibility to
259 demand characteristics) and dietary restraint (high dietary restraint may reduce susceptibility
260 to demand characteristics due to dieting goals). The macro PROCESS for SPSS (Model 1)
261 was used to investigate the interaction between awareness condition (aware, unaware) and
262 social desirability response tendencies, and awareness condition and dietary restraint,
263 respectively, in predicting residualised change in cookie intake. We also reasoned that
264 awareness of the study hypothesis may cause some participants to increase their food intake
265 to confirm the hypothesis ('good subject' effect) but may cause other participants to decrease
266 their food intake to disconfirm the hypothesis ('bad subject' effect) and these two effects may
267 cancel each other out when mean food intake is examined between hypothesis awareness
268 conditions. Therefore, we also tested whether variability in residualised change scores
269 differed significantly between conditions using a Levene's Test for Equality of Variances. All
270 analyses were conducted in SPSS 24 (SPSS INC., Chicago). The study dataset is available on
271 the Open Science Framework (DOI 10.17605/OSF.IO/6RKPF).

272

273

Results

274 Ninety participants were recruited to the study. In line with pre-registered exclusion
275 criteria, six participants were excluded from the main analyses (because they either did not
276 return for the second study day, $n=4$, or cookie intake was >2.5 SD above the sample mean,

277 n=2). The final sample was N=84 (hypothesis aware n=41, hypothesis unaware n=43). See
 278 Table 1 for sample characteristics.

279

280 Table 1.

281 Sample characteristics as a function of condition.

	Hypothesis aware M/N (SD/%) n=41	Hypothesis unaware M/N (SD/%) n=43
BMI (kg/m ²)	24.7 (4.5)	25.2 (5.3)
Age (years)	30.7 (12.0)	30.4 (11.1)
Sex (female)	35 (85.4)	35 (81.4)
Uncontrolled eating ^b	2.4 (0.5)	2.2 (0.6)
Dietary restraint ^b	2.3 (0.6)	2.5 (0.6) ^a
Emotional eating ^b	2.2 (0.7)	2.2 (0.7)
External eating ^b	3.4 (0.6)	3.2 (0.6) ^a

282 ^aData missing for 1 participant.

283 ^bUncontrolled eating ($\alpha = 0.84$), cognitive restraint ($\alpha = 0.79$) and emotional eating ($\alpha =$
 284 0.90) are all scored 1-4, higher scores indicating greater eating style tendencies. External
 285 eating ($\alpha = 0.86$) is scored 1-5, with higher scores indicating greater external eating
 286 tendencies.

287

288 Manipulation check

289 Awareness of the fake study predictions significantly differed across conditions both
 290 when freely recalled, $X^2(1) = 22.42, p < 0.001$, and prompted (Fisher's exact test, $p <$
 291 0.001)¹. Participants in the hypothesis aware condition were more likely than those in the
 292 unaware condition to freely recall the fake hypothesis (46.3% and 2.3% respectively) and
 293 were more likely to report that the researcher expected them to eat more in the second session
 294 than the baseline session when prompted (82.9% and 41.9% respectively). When prompted to
 295 recall the paper colour from session 2, participants in the aware and unaware conditions were
 296 equally likely to report that the paper was purple (both 48.8%, Fisher's exact test, $p = 0.49$).
 297 However, awareness of the purple paper significantly differed across conditions when
 298 participants were asked to freely recall whether they noticed anything different between

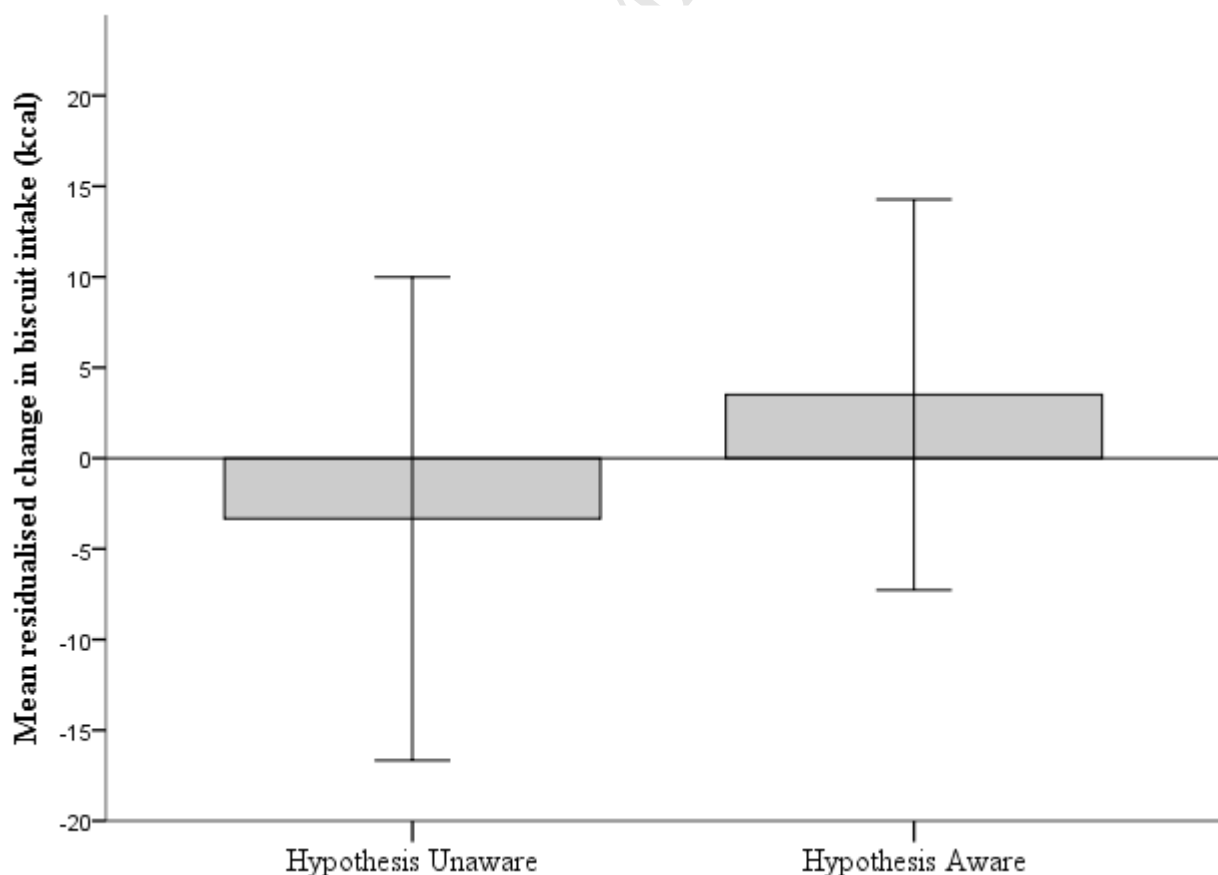
¹ Non-parametric Fisher's exact test is reported as >20% of cells had an expected count <5.

299 sessions, $X^2(1) = 27.75, p < 0.001$. Participants in the hypothesis aware condition were more
 300 likely than those in the hypothesis unaware condition to mention that the colour of the paper
 301 changed (82.9% and 51.2%, respectively), although when explicitly asked about the colour of
 302 the paper in session 2 participants in both conditions tended to accurately report the colour of
 303 the paper (100% and 95.3%, respectively).

304

305 **Primary analysis: effect of hypothesis awareness manipulation on change in intake**

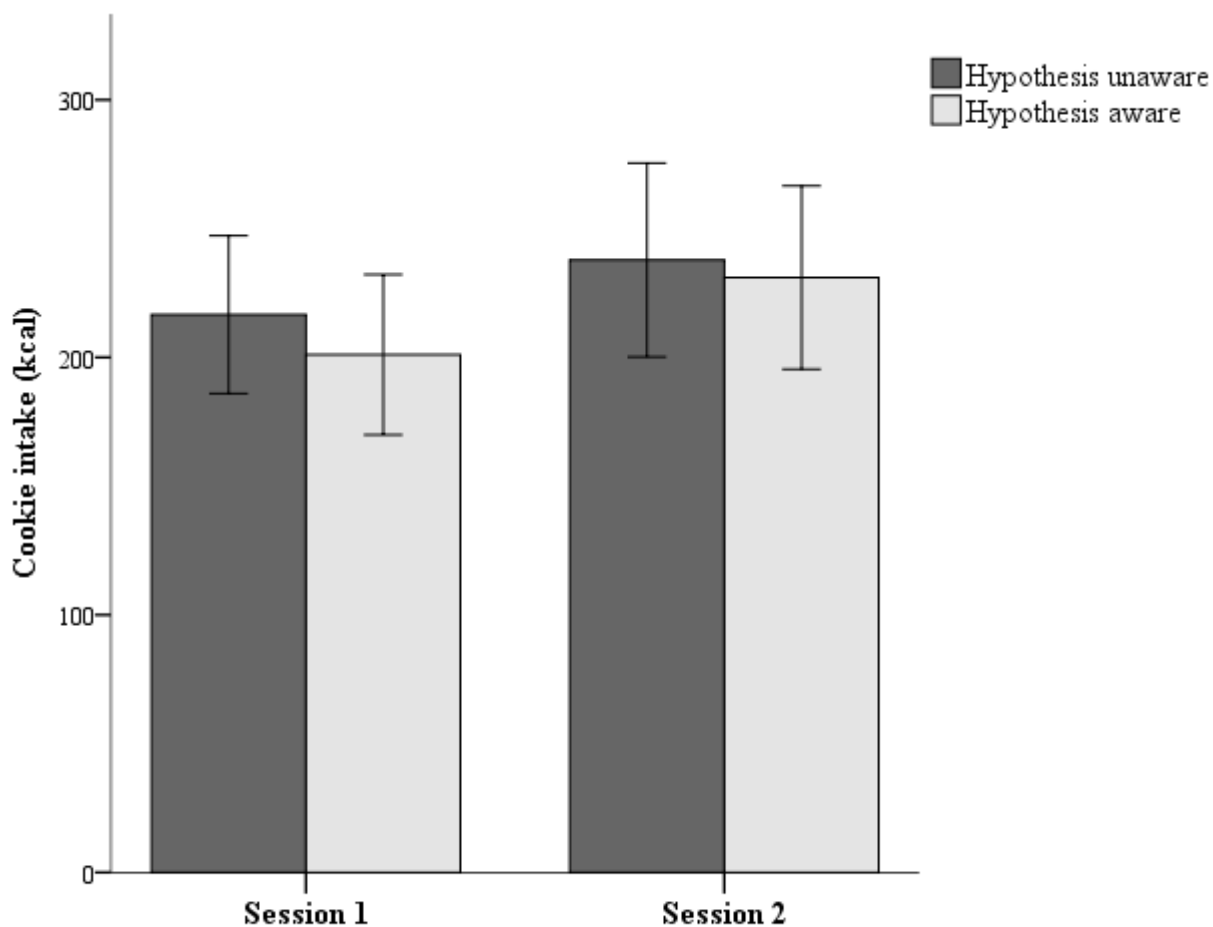
306 There was no significant effect of awareness condition on residualised change in
 307 cookie intake from session 1 to session 2, $t(82) = -0.40, p = 0.69, \eta^2 = 0.002$ (see Figure 1).
 308 Raw cookie intake (kcal) at each session was as follows: hypothesis aware, session 1 $M =$
 309 $201.1, SD = 98.6$, session 2 $M = 231.0, SD = 112.8$; hypothesis unaware, session 1 $M =$
 310 $216.6, SD = 99.6$, session 2 $M = 237.8, SD = 122.4$. See figure 2.



311

312 Figure 1. Mean residualised change in cookie intake from session 1 to session 2. Error bars
 313 represent the standard error of the mean.

314



315 Figure 2. Mean cookie intake in session 1 and session 2 split by hypothesis awareness
 316 condition. Error bars represent 95% CIs.
 317
 318

319 **Planned sensitivity and additional analyses**

320 Excluding 11 additional participants who guessed the true aims of the study did not
 321 affect the statistical significance of the main findings. Controlling for BMI, dietary restraint,
 322 uncontrolled eating and pre-taste test hunger measured at both sessions² did not affect the
 323 pattern of the results or the significance for change in cookie intake (results not reported).

324 There was no evidence that dietary restraint ($\alpha = 0.79$) or social desirability concerns
 325 ($\alpha = 0.69$) moderated the effect of hypothesis awareness on residualised change in cookie
 326 intake as neither the interaction between awareness condition and social desirability concerns

² Including hunger as a covariate in the sensitivity analyses was not included in the pre-registered protocol in error.

327 on change in cookie intake, $b = 0.66$, $t(79) = 0.13$, $p = .90$, nor the interaction between
328 condition and dietary restraint significantly predicted change in cookie intake, $b = 48.56$,
329 $t(79) = 1.60$, $p = 0.11$. Levene's test indicated similar variability in residualised change in
330 cookie intake across conditions, $F = 2.77$, $p = 0.10$.

331

332 **Post-hoc analyses: participant beliefs about experimenter's expectations**

333 Given that we found our experimental manipulation was less pronounced than
334 anticipated (e.g. approximately 1/5 of participants in the hypothesis aware condition were
335 unaware that the hypothesis was that they would increase their food intake in session 2 and
336 more than 1/3 of participants in the unaware condition reported that they believed the
337 hypothesis was that they would increase their food intake), we examined the association
338 between participants' beliefs about how the researcher expected their cookie intake to change
339 across the two study sessions on residualised change in cookie intake. Participants were
340 grouped as either believing the researcher expected their intake to increase between sessions
341 vs. not (i.e. stay the same or decrease, as only a minority of participants believed the
342 hypothesis was for their intake to decrease). An independent-samples t -test with participants'
343 belief about how the researcher expected consumption to change in the second session
344 (increase versus not) as the independent variable showed a significant effect on change in
345 cookie intake between sessions, $t(82) = 3.10$, $p = .003$. Change in cookie intake increased
346 significantly more from session 1 to 2 in those who believed the researcher expected their
347 cookie intake to increase, compared to participants who did not believe the researcher
348 expected their cookie intake to increase. See Table 2.

349

350

351

352

353 Table 2.

354 Cookie intake and participants' belief about the researchers' expectations about change in
 355 cookie intake between sessions.

	Expected increase M(SD) (n = 52)	Expected decrease or no change M(SD) (n = 32)
Residualised change in cookie intake (kcal)	19.8 (69.0)	-32.2 (83.4)
Cookie intake session 1 (kcal)	210.6 (105.6)	206.5 (88.3)
Cookie intake session 2 (kcal)	255.7 (124.0)	200.0 (97.2)

356

357

358

Discussion

359 The present study tested whether participant awareness of a bogus study hypothesis
 360 influences food intake in a laboratory setting. Results of our primary analysis revealed that
 361 the experimental manipulation of awareness of study hypothesis did not affect food intake
 362 and participant-level individual differences (social desirability and dietary restraint) did not
 363 moderate the effect of awareness of study hypothesis on food intake. However, analyses also
 364 showed that our experimental manipulation was less effective than intended (e.g. a substantial
 365 proportion of participants in the hypothesis aware condition were unaware of the bogus
 366 hypothesis). In further unplanned exploratory analysis we found that across conditions
 367 participants did exhibit eating behaviour that was consistent with their beliefs about the study
 368 hypotheses, suggesting that the null findings in our primary analysis could be attributable to
 369 the effectiveness of the experimental manipulation. However, the results of our exploratory
 370 analyses could have been in part caused by reverse causality and/or whether there are
 371 differences between the type of participants who believes a study hypothesis is that their food
 372 intake will increase and those who do not. For example, because participants' beliefs about
 373 the study hypothesis were reported after the measurement of food intake, it is possible that
 374 self-reported beliefs about the study hypotheses were influenced by the amount of food eaten
 375 in the taste test ('I ate a lot in this session, so that must have been the study hypothesis'), as

376 opposed to reflecting participants' true beliefs during the taste test. Likewise, it is not clear
377 why a substantial proportion of participants did not believe (or remember) the information
378 provided to them about the study. Because our exploratory findings were unplanned and
379 based on this data they would benefit from being replicated in confirmatory research.

380 A consideration of the present study was that across both conditions we made
381 participants aware that their food intake would be measured to ensure the two experimental
382 conditions¹ were matched for this factor known to influence food intake (Robinson et al.,
383 2014), as not doing this would have resulted in our manipulation of hypothesis awareness
384 being confounded with awareness that food intake was being measured. On the one hand,
385 people tend to eat less when they are aware their intake is being monitored, suggesting a
386 desire to avoid being perceived as 'greedy' (Robinson et al., 2014; Robinson, Proctor,
387 Oldham, & Masic, 2016). On the other hand, there is some evidence to suggest that research
388 participants conform to what they expect the researcher wants them to do (Nichols & Maner,
389 2008). These two motives could have produced asymmetric effects in the present study and
390 because laboratory studies rarely inform participants explicitly that their food intake will be
391 measured, this methodological aspect of our design may affect the generalizability of the
392 present study findings. Given that we sampled predominantly young women and only
393 examined consumption of a sweet snack food, the extent to which the findings of the present
394 study would generalise to other populations and food or meal types is also unclear.

395 The present results may have implications for the conduct of lab-based studies in
396 eating behaviour. Although we did not demonstrate causal evidence for hypothesis awareness
397 affecting eating behaviour, we did find some observational evidence that participants may
398 have conformed to their beliefs about the study hypotheses. These findings are consistent
399 with the idea that laboratory eating behaviour studies would benefit from routinely attempting
400 to blind participants from study aims/hypotheses and measuring how successful this blinding

401 is (e.g. Rubin, 2016), as otherwise study findings may be biased or caused by participant
 402 beliefs (otherwise known as ‘demand characteristics’). However, further confirmatory
 403 research is required to provide causal evidence on the influence that participant awareness of
 404 study hypotheses has on laboratory measured eating behaviour.

405

406 Notes

407 ¹ Manipulation check data confirmed this was the case as 96% of participants strongly agreed
 408 or agreed that they believed their food intake would be measured and this did not differ by
 409 condition.

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