



# Body talk, weight status, and pathological eating behavior in romantic relationships<sup>☆</sup>



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## ABSTRACT

This study examined whether engagement in body talk would interact with weight status (body mass index; BMI) to predict pathological eating behaviors among romantically involved adults. Adults ( $N = 137$ , females = 86.86%, average age = 23.50) involved in a romantic relationship were recruited to complete an online survey about their body image, dietary behaviors, and engagement in body talk. Results indicated that engagement in negative body talk was directly related to higher pathological eating (i.e., drive for thinness, dieting, and bulimia symptoms). Positive body talk, on the other hand, had a significant interaction effect with BMI to predict pathological eating. For individuals with a high BMI, high engagement in positive body talk was associated with increased drive for thinness, dieting, and bulimia symptoms. However, for those with a low BMI, high engagement in positive body talk was protective against pathological eating. These findings suggest that while negative body talk is harmful in general, positive body talk is uniquely problematic for individuals of a higher weight status.

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## 1. Introduction

Body dissatisfaction is prevalent among adults, with 66% of women and 52% of men reporting dissatisfaction with their current body weight (Garner, 1997). Not surprisingly, overweight and obese individuals report higher body dissatisfaction than individuals of normal weight (Stice & Shaw, 2002). Individuals' discontent with their appearance and body tend to manifest in social interactions. *Body talk*, also known as appearance conversation, refers to the social discussion of individuals' perceptions of their own bodies, which may take self-deprecating (negative) or self-accepting (positive) forms (Rudiger & Winstead, 2013). Numerous studies have demonstrated correlations between engagement in negative body talk and body dissatisfaction (Arroyo & Harwood, 2012; Salk & Engeln-Maddox, 2011) as well as pathological eating behaviors (Clarke, Murnen, & Smolak, 2010). Little research attention, however, has been given to self-accepting or self-affirming body talk.

Furthermore, most existing research on body talk focuses on social interaction among peers (e.g., Arroyo, Segrin, Harwood, & Bonito, 2016; Clarke et al., 2010; Tucker, Martz, Curtin, & Bazzini, 2007), despite romantic relationships being the most important sources of intimacy and support (Carbery & Buhrmester, 1998). Hence, the purposes of this study were to examine (a) the direct associations among weight status, positive and negative body talk in romantic relationships, and eating pathology and (b) how positive or negative body talk may be a risk factor that elevates (moderates) the negative consequences of high weight status on eating pathology.

### 1.1. Weight status

Weight status appears to be an important predictor of negative body image and eating behavior. Previous research has consistently found that individuals of a higher weight status (e.g., high BMI) suffer from more body image disturbance and eating pathology than individuals of a healthy weight (Stice & Shaw, 2002). In general, Western society is uncomfortable with "fat," and individuals with higher weight status do not appear immune to this phenomenon (Crandall, 1994). Individuals with overweight status display the same level of anti-fat attitudes as others, suggesting limited, if any, in-group support for overweight individuals regarding their weight (Crandall, 1994). As might be expected,

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individuals who are overweight and obese engage in dieting behavior at a higher rate than normal weight individuals (French & Jeffery, 1994). Unhealthy dieting behaviors can have a number of negative outcomes, including weight-preoccupation, binge eating, development of eating disorders, and the risk of negative health outcomes of “weight-cycling” if and when dieting is not successful (Brownell & Rodin, 1994; Liechty & Lee, 2013).

### 1.2. Body talk

Body talk, as conceptualized in this study, refers to both negative body talk (e.g., fat talk) and positive body talk. Negative body talk is a social ritual among adolescent girls and young women in which negative remarks are made to others about one's own body. These negative remarks can include comments about one's shape, weight, or level of physical fitness (Nichter & Vuckovic, 1994; Shannon & Mills, 2015). Examples of negative body talk statements may include disclosures such as “I'm so fat” or “My thighs are too flabby.” As expected, negative body talk is a highly normative experience for females, with 93% of college women stating that they engage in appearance-related conversation with peers (Salk & Engeln-Maddox, 2011). Women exposed to a confederate who speaks negatively about her body are more likely to engage in body talk themselves; they also rate higher levels of body dissatisfaction after listening to the confederate (Salk & Engeln-Maddox, 2012).

Negative body talk is associated with disordered eating for both women and men (Tzoneva, Forney, & Keel, 2015). Specifically, men who were presented with confederates engaging in a fat-talk or muscle-talk conversation had increased body dissatisfaction and decreased self-esteem compared to those who were presented with confederates engaging in a neutral conversation (Engeln, Sladek, & Waldron, 2013). This experimental research illustrates the negative consequences of body talk on both men and women, drawing attention to the risk of negative body talk on the general population.

Although much of the current research is correlational, body talk is generally associated with a number of poor outcomes including body dissatisfaction, eating disorders, the objectification of women in society, and high social comparison (Shannon & Mills, 2015). For instance, it was found that both men and women may experience the negative consequences of body talk on dieting, drive for thinness, bulimia, and body dissatisfaction. (Arroyo & Harwood, 2012; Tzoneva et al., 2015). Among men, body talk is associated with pathological eating behavior and drive for muscularity (Engeln et al., 2013). Among women, body talk is related to depression, body image distortions, higher rates of unhealthy binge/purge behaviors, and lower rates of exercising (Arroyo et al., 2016; Rudiger & Winstead, 2013).

The literature on body talk has focused primarily on fat talk or other negative disclosures (e.g., body dissatisfaction, self-degradation), and positive body talk deserves more research attention (Rudiger & Winstead, 2013), especially its relation to body image disturbance and eating pathology. The research on this topic is somewhat mixed. Rudiger and Winstead (2013) found that engagement in self-accepting and positive body talk was related to positive outcomes like a lower body dissatisfaction and increased self-esteem; however, it did not serve as a protective factor against unhealthy dieting, bulimia, oral control, or depression. In a study of the effects of listening to body talk, Corning, Bucchianeri, and Pick (2014) found that exposure to body talk statements was associated with greater body dissatisfaction among listeners, regardless of the positive or negative nature of the statements. This suggests that the consequences of listening to positive body talk may be as detrimental as negative body talk.

Another important limitation of existing research on body talk

and eating pathology is that most studies have examined peer or friend relationships (see review Shannon & Mills, 2015). Research shows that romantic partners are the most important source of social support and intimacy in adulthood (Carbery & Buhrmester, 1998). Some research indicates that weight related discussion does occur within these relationships (Berge, Pratt, & Miller, 2016; Dailey, Richards, & Romo, 2010; Eisenberg, Berge, Fulkerson, & Neumark-Sztainer, 2011) and that romantic partners do influence one another's body image and health status (Markey, Markey, & Gray, 2007). However, this body of research focuses primarily on the partner's comments on and responses to one's weight and appearance (e.g., criticism), rather than the mutual disclosure and validation of negative and positive aspects of body image. Given that body talk can be conceptualized as a form of social support (Nichter, 2000), it is important to investigate the body talk dynamics in romantic relationships. Because romantic relationships are salient to young adults (Carbery & Buhrmester, 1998), we argue that the associations between body talk that occur in romantic relationships should be related to individuals' pathological eating behaviors.

### 1.3. Potential interactions

Research indicates that individuals with a higher weight status engage in a higher frequency of body talk than their thinner peers (Engeln & Salk, 2014). Similarly, individuals of a higher weight status feel more pressure to engage in negative body talk (Martz, Petroff, Curtin, & Bazzini, 2009). Little is known, however, about whether body talk would moderate the associations between weight status and pathological eating. Since body talk has been correlated with poor body image, body dissatisfaction, and dysfunctional eating behaviors (Engeln et al., 2013; Tzoneva et al., 2015), it may be more detrimental to the overweight population that is already at increased risk for these problems. In this study, we speculated that body talk would moderate the relationship between weight status and pathological eating, such that individuals of overweight status who engage in more fat talk would report higher pathological eating. We further speculated that positive body talk would moderate the relationship between weight status and pathological eating. The evidence behind positive body talk is mixed, suggesting that speaking positively about one's body is associated with increased self-esteem (Rudiger & Winstead, 2013) but listening to others engage in positive body talk is associated with body dissatisfaction (Corning et al., 2014). Because of this, it is difficult to hypothesize the exact nature of the moderating effect of positive body talk between weight status and pathological eating. It is possible that positive body talk could act as a buffer against disordered eating among those of high weight status, increasing well-being by being “body positive.” On the other hand, it is also possible that positive body talk could be a detriment to eating behaviors, especially as weight status increases. This is because it draws attention to the individual's body and the process of pointing out positive body features may still bring attention to negative body features.

### 1.4. The current study

This study examined the associations among weight status, positive or negative body talk, and pathological eating behaviors (i.e., drive for thinness, dieting, and bulimia/food preoccupation). In addition, this study examined whether the associations between weight status and pathological eating were moderated by engagement in body talk. Based on our review of past literature, we hypothesized that:

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