



## Brief research report

## Everyone else is doing it (I think): The power of perception in fat talk



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## ABSTRACT

Fat talk (FT) involves critiquing one's own appearance in social conversations. Although peers are known to prompt FT behavior, there has been little exploration of the influence of mothers and research has not distinguished between self-reported FT and perceptions of FT. This study addresses this research gap by investigating the relationships between participants' FT and corresponding FT of both self-reported and perceived FT of their mothers and friends. A sample of 120 undergraduate women, along with their mothers and friends, reported their FT behavior. Hierarchical multiple regression analyses showed that friend-reported (but not mother-reported) FT and the daughters' perceived FT of both friends and mothers were significant predictors of daughter FT. However, daughters' perceptions of their friends' and mothers' FT predicted a significantly larger portion of variance than self-reported FT of friends and mothers. These results are important to consider when examining potential influences on the development of FT behavior.

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## 1. Introduction

Fat talk (FT) is an appearance-focused, self-degrading style of communication that may include critique of topics such as weight, shape, exercise, and food intake (Martz, Curtin, & Bazzini, 2012). Multiple studies have shown that FT commonly occurs in social interactions, especially among girls and young women. For instance, Salk and Engeln-Maddox (2012) found that 93% of college women reported that they engage in FT, with one-third endorsing "frequent" or "very frequent" engagement of FT with their friends. Participating in a higher frequency of FT has been associated with multiple negative outcomes, behaviors, and cognitive processes including, but not limited to, higher body dissatisfaction, increased levels of depression, and greater internalization of the cultural thin ideal (Arroyo & Harwood, 2012; Salk & Engeln-Maddox, 2012).

From her ethnographic research with Caucasian middle school girls, Nichter (2000) proposed several functions of FT, including social comparison, impression management, and group cohesion. Corning and Gondoli (2012) also suggested that FT is a form of social comparison when women use the conversation to assess where they might stand in relation to others regarding their body image and eating habits. Arroyo (2014) found that a tendency to engage in upward social comparison (among other factors) predicted body

dissatisfaction which, in turn, predicted participant FT. Dozens of self-reported, observational, and experimental studies have documented the influence of social comparisons through peers on FT (see Shannon & Mills, 2015; for a review). However, social comparisons can take place in a variety of settings, including with family as well as friends. More work needs to be done to fully understand how and from whom women learn the behavior.

Although Nichter (2000) questioned mothers and their daughters about FT, there has been limited research since then with regard to mothers' role in FT. Mothers may be an important role model over the life-span of college-aged daughters, and may therefore affect how their daughters think, behave, and feel. For example, Cooley, Toray, Wang, and Valdez (2008) found that mothers' self-reported body dissatisfaction was significantly related to their daughters' figure dissatisfaction. Further, Arroyo and Andersen (2016) recently expanded this research and documented that FT of mothers and daughters was significantly correlated, their FT was positively associated with their personal body image, and that mothers' FT was positively associated with daughters' bulimic behaviors. Most recently, MacDonald, Dimitripoulos, Royal, Polanco, and Dionne (2015) developed the Family Fat Talk Questionnaire that contained the two subscales of "Self" and "Family" FT that were modestly intercorrelated.

## 1.1. Present study

In continuation of this line of research, this study explored how women's FT is associated with the FT of their mother and friends, while uniquely assessing both the self-reports versus

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perceptions of the relationships between mothers' and friends' FT and young women's FT. Field et al. (2005) demonstrated that children's perceptions of their mother's valuing lean body weight was positively associated with the children's desire to be thin. Further, Kichler and Crowther (2001) found that effects of maternal modeling were better captured by daughters' perceptions than actual self-reported maternal behavior. Thus, we chose to study college women's perceptions and self-reports of FT by their mothers and friends simultaneously to examine how each of these perspectives predicted participants' own FT, bridging the findings regarding peer influences on FT and potential maternal influences on FT.

We proposed the following hypotheses: (1) perceived mother and friend FT would be positively correlated, respectively, with mother-reported and friend-reported FT, (2) all three self-reports of FT (from daughters, mothers, & friends) would be positively correlated with each other and with perceptions of FT, (3) mother-reported and friend-reported FT would predict the daughters' own self-reported FT, and (4) perceived mother and friend FT would provide incremental validity in the prediction of daughters' own FT beyond the mother-reported and friend-reported FT examined in Hypothesis 3. Because a relationship between FT and one's own body size has been previously demonstrated (Arroyo & Harwood, 2012), daughters' self-reported body mass index (BMI) was included as a covariate in the regression examining Hypotheses 3 and 4 to control for its potential confounding effect.

## 2. Method

### 2.1. Participants

Prior to removing participants with partial data, we recruited 233 female undergraduate students from a large comprehensive university in the southeastern United States. Researchers collected the data over the course of one semester using an online survey. Participant ages ranged from 17 to 26 years old ( $M=19.32$ ,  $SD=1.59$ ). The ethnic composition of the sample was 92.5% Caucasian, 3.3% Hispanic, 1.7% Asian, 1.7% African American, and 0.8% of other ethnicity. As a prerequisite to her own participation, each college student nominated her mother (biological or adopted) and a female friend to participate in the study as well. One mother endorsed being adoptive (versus biological). Because there was no mechanism to directly follow up with these nominated friends and mothers, many triads were incomplete: thirty-one participants had neither mother nor friend reports, 28 lacked mother reports, and 54 lacked friend reports, leaving 120 total participant-triads with complete data that were included in the analysis.

### 2.2. Materials

**2.2.1. Demographics questionnaire.** This self-report measure was used to assess basic demographic (i.e., age, race, academic year if applicable, self-reported height and weight) information from participants, their mothers, and their friends. Self-reported height and weight (i.e., reported in English and converted to metric) were used to calculate BMI ( $\text{kg}/\text{m}^2$ ).

**2.2.2. Fat Talk Questionnaire.** The Fat Talk Questionnaire (FTQ; Royal, MacDonald, & Dionne, 2012) was used as a measure of FT of participants, their mothers, and their friends. Additionally, the instructions were slightly modified to measure participants' perceptions of their mothers' and friends' FT to clarify whose behavior the respondent should be reporting about (i.e., "We are interested in the comments you believe your closest female friend/mother would say out loud when she is with one or several close female friend(s) who is/are of similar weight to herself."). The FTQ questions provide 14 short scenarios, to which the participant answers how

**Table 1**

Means, standard deviations, and intercorrelations of fat talk and self-reported body mass index.

Measure	1	2	3	4	5	6
1. FT						
2. FFT	.31***					
3. PFFT	.55***	.42***				
4. MFT	.22*	.26**	.26**			
5. PMFT	.52***	.19*	.53***	.52***		
6. BMI	.20*	.04	.08	.08	.05	
Mean	31.39	32.76	31.29	30.08	31.17	23.30
SD	12.85	12.21	13.19	10.25	12.76	4.96

Note:  $N=120$ ; FT = self-reported fat talk; FFT = friend-reported fat talk; PFFT = perceived friend fat talk; MFT = mother-reported fat talk; PMFT = perceived mother fat talk; BMI = self-reported body mass index.

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

frequently she would respond in a similar fashion, with 5-point response options ranging from 1 = *Never* to 5 = *Always*. Item scores were summed so that higher scores indicated a greater frequency of fat talk. The FTQ has demonstrated high test-retest reliability ( $r=.90$ ), good split-half reliability ( $r=.88$ ), and high internal consistency ( $\alpha=.95$ ) and was significantly correlated with other established measures of fat talk such as the Fat Talk Scale ( $r=.74$ ; Clarke, Murnen, & Smolak, 2010; Royal et al., 2012). The internal consistency of the FTQ in the assessment of the frequency of the respondent's FT in this sample was high at  $\alpha=.95$ .

### 2.3. Procedure

This study was approved by the university's Institutional Review Board. Participants were recruited using an online university recruitment system, and they received course credit to compensate for their time. A link to an online questionnaire was provided to the participants, which was prefaced by informed consent. The demographics questionnaire was presented first, followed by the FTQ. Following the completion of these self-reports, participants completed two more FTQs modified to measure their perceptions of their mothers' and friends' FT, in counterbalanced order. After completing all questionnaires, participants received instruction to e-mail prefabricated messages to their mother and closest same-sex friend that contained a link to the FTQ and the demographics questionnaire. The e-mail template contained a unique identifier to associate participant data with their mother and friend data in this within-subject study. Both mother and friend were asked to provide this identifier before beginning their surveys.

## 3. Results

Means and standard deviations for FT and BMI are reported in Table 1, along with correlations among all study variables.

**Hypotheses 1 and 2.** To test Hypothesis 1, we examined the correspondence between perceived mother and friend FT and the mother-reported and friend-reported FT (see Table 1). As predicted, perceived mother FT (PMFT) was positively correlated ( $r=.52$ ) with mother-reported FT (MFT). Perceived friend FT (PFFT) was positively correlated ( $r=.42$ ) with friend-reported FT (FFT).

As predicted in Hypothesis 2, participants' FT was positively correlated with both perceived and self-reported mother and friend FT, indicating resemblance among the triads with regard to their use of FT (see Table 1). Notably, correlations between participants' FT and their perceived mother and friend FT were stronger than correlations between participants' FT and the mother-reported and friend-reported FT, as compared using a Fisher's  $r$ -to- $z$  transforma-

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