



Negative body talk measures for Asian, Latina(o), and White women and men: Measurement equivalence and associations with ethnic-racial identity

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ABSTRACT

Negative body talk measures have been developed with predominantly White, female samples. We tested measurement invariance (equivalence) of two available negative body talk scales for Asian, Latina(o), and White college women and men in the U.S. In Study 1 ($n = 1501$ women; $n = 1436$ men), multiple group confirmatory factor analyses indicated scalar (strong) invariance across groups for the Negative Body Talk (Engeln-Maddox, Salk, & Miller, 2012) and Male Body Talk (Sladek, Engeln, & Miller, 2014) scales, suggesting these measures can be used to test mean group differences. Ethnic group comparisons adjusting for body mass index (BMI) showed similarities overall; few differences that emerged had small effect sizes. In Study 2 ($n = 227$ women; $n = 141$ men), greater ethnic-racial identity resolution was associated with less frequent negative body talk for Latina and Asian women but more frequent muscularity-focused negative body talk for Asian men, adjusting for BMI.

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1. Introduction

“Fat talk,” a term first coined by Nichter and Vuckovic (1994), initially referred to conversations in which adolescent girls disparaged the size and shape of their bodies (Nichter, 2000). Fat talk is considered normative among young women in Western society (Barwick, Bazzini, Martz, Rocheleau, & Curtin, 2012), and has been conceptualized as both a reflection of widespread body image disturbance among women and causal contributor to body image struggles (Salk & Engeln-Maddox, 2011; Salk & Engeln-Maddox, 2012). A growing research literature has documented how these disparaging body-related comments (referred to as “negative body talk” more recently) contribute to body dissatisfaction, internalization of the thin ideal, and disordered eating among girls and women (Mills & Fuller-Tyszkiewicz, 2017; Shannon & Mills, 2015; Sharpe, Naumann, Treasure, & Schmidt, 2013). Moreover, recent evidence indicates that men also engage in negative body talk (Engeln, Sladek, & Waldron, 2013), and men’s tendencies to voice body concerns aloud are also associated with greater body dissatisfaction and disordered eating (Engeln et al., 2013; Sladek et al., 2014).

Although negative body talk research is burgeoning and beginning to incorporate men, this research is still mostly focused on White¹ college women (see Shannon & Mills, 2015, for review) at a time when the current college landscape in the U.S. is increasingly diverse. As a result of dramatic demographic shifts, Asian and Latina(o) students will continue to comprise an increasingly higher proportion of university campuses, which serve as a central setting for fat talk and other body image research (Shannon & Mills, 2015). Asian students already attend college in the U.S. at consistently higher rates than their White peers, and the rate of college degrees awarded to Latina(o) students has almost doubled in the last ten years (National Center for Education Statistics, 2016). Extant negative body talk research does not recognize this increased diversity.

Important efforts to understand racial/ethnic similarities and differences in negative body talk, and, by extension, how cultural factors contribute to disordered eating, have stalled for lack of diverse samples and availability of appropriate measurement tools

¹ Throughout this paper, we use “White” for brevity to refer to a non-Latina(o) White/Caucasian individual residing in the U.S., “Latina(o)” to refer to an individual residing in the U.S. with family ancestry in a Spanish-speaking country in Latin America, including the Caribbean and parts of the U.S. that were formerly territories of Spain or México (Umaña-Taylor & Updegraff, 2013), and “Asian” to refer to an Asian individual residing in the U.S. or an Asian American with Asian ancestry.

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(Kimber, Couturier, Georgiades, Wahoush, & Jack, 2015; Thompson, 2004). Quantitative survey measures that assess the frequency with which women and men speak disparagingly about their bodies were developed using samples of predominantly White university students (e.g., Clarke, Murnen, & Smolak, 2010; Engeln-Maddox, Salk, & Miller, 2012; Royal, MacDonald, & Dionne, 2013; Sladek et al., 2014). Therefore, researchers are ill-equipped to test whether negative body talk is an important element of body image disturbance among non-White women and men, despite evidence suggesting that ethnic minorities report levels of body dissatisfaction similar to (or higher than) their White peers (Grabe & Hyde, 2006; Miller et al., 2000). In the current research, we addressed this major limitation by systematically testing the equivalence of negative body talk measures for Asian, Latina(o), and White college women and men (Study 1). Following this important step, we also tested a potential cultural correlate of negative body talk by examining its associations with ethnic-racial identity in a racially/ethnically diverse sample (Study 2).

1.1. Testing measurement equivalence

A critical prerequisite for making meaningful group comparisons of psychological phenomena is establishing measurement invariance (i.e., equivalence; Milfont & Fischer, 2010). This process tests whether observed group differences are attributable to true latent differences or to measurement properties (e.g., item wording) that can produce different item responses across different groups (Knight, Roosa, & Umaña-Taylor, 2009). Without measurement invariance, any observed group differences could be a result of inappropriate measurement rather than actual differences in the construct of interest. Researchers have tested measurement invariance across gender and ethnicity for various measures of body image disturbance and disordered eating (e.g., Belon et al., 2011; Tylka, 2013; Tylka & Wood-Barcalow, 2015) but no such tests have been conducted with negative body talk measures. As researchers begin to test whether women and men of different racial/ethnic groups vary in how often they engage in negative body talk (e.g., Engeln & Salk, 2016; Fiery, Martz, Mary, & Curtin, 2016), it is vital to first systematically test the equivalence of available measures and explore the reliability and validity of scores across groups (Thompson, 2004).

In the current study, we focused on testing measurement equivalence for the Negative Body Talk scale (Engeln-Maddox et al., 2012) and the Male Body Talk scale (Sladek et al., 2014) for two primary reasons. First, both of these measures were originally developed following qualitative research, resulting in separate scales to validly assess how often women and men, respectively, voice body concerns aloud. Although the construct of negative body talk may fundamentally differ by gender (Sladek et al., 2014), the two measures use a similar 7-point relative frequency scale prompting participants to report how often they find themselves saying certain body-related concerns aloud (e.g., “I feel fat” for women, “I wish I could bulk up a little” for men). Second, both of these measures are relatively brief, quantitative scales (13 and 16 items, respectively) that have demonstrated strong psychometric properties in multiple validation studies (Engeln & Salk, 2014; Engeln-Maddox et al., 2012; Sladek et al., 2014). As of yet, this psychometric evidence has been gathered from majority White samples, providing an important opportunity to test the utility of the two scales in more ethnically diverse groups.

1.2. Gender and negative body talk

The original focus on girls' and women's negative body talk in the research literature (with few, if any, references to body talk among men) was likely a result of three related issues. First,

Nichter's (2000) ethnography on the topic focused exclusively on girls, and this ethnography directly inspired later empirical research on the topic. Second, wide-ranging research demonstrates that girls and women tend to report higher rates of body image concerns than boys and men (e.g., Bearman, Presnell, Martinez, & Stice, 2006; Frederick, Peplau, & Lever, 2006; Karazsia, Murnen, & Tylka, 2017). Third, girls' and women's negative body talk can also be conceptualized as a result of the frequent objectification of women's bodies and the self-objectification that often results from these experiences (Fredrickson & Roberts, 1997). In other words, negative body talk may reflect high levels of body monitoring (also known as body surveillance), and women tend to report higher levels of body monitoring than men (Frederick, Forbes, Grigorian, & Jarcho, 2007; McKinley, 2006).

Despite the robust gender difference in various indices of body image disturbance, a significant number of men do struggle with body image concerns (Pope et al., 2000; Ricciardelli, McCabe, Williams, & Thompson, 2007), and recent evidence suggests that men also engage in negative body talk (Engeln, Sladek, & Waldron, 2013). Whereas women's negative body talk appears to focus primarily on concerns about being too heavy, men's negative body talk also includes concerns about lack of muscularity or not being big enough. This dual focus is consistent with men's endorsement of a mesomorphic (rather than thin) body ideal (e.g., McCreary, 2007; Pope et al., 2000; Ridgeway & Tylka, 2005). Therefore, in order to appropriately assess negative body talk among men, researchers developed and validated the Male Body Talk scale to capture men's tendencies to complain both about being too big (“fat talk”) and not big enough (“muscle talk”; Sladek et al., 2014). Initial findings have shown that simply being exposed to negative body talk (in the form of fat talk or muscle talk) increases men's body dissatisfaction (Engeln et al., 2013), and men's tendency to engage in this negative body talk has also been linked with body dissatisfaction and disordered eating (Arroyo & Brunner, 2016; Chow & Tan, 2016; Sladek et al., 2014). Therefore, research consistently points to negative body talk as an important element of body image disturbance and possible contributor to disordered eating in both women and men.

1.3. Culture and negative body talk

Sociocultural models of eating disorders suggest that increased awareness or knowledge of Western cultural ideals, largely promoted through media, can lead to perceived pressure to attain Western appearance and body ideals (Cafri, Yamamiya, Brannick, & Thompson, 2005; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). Thus, exposure to and acceptance of U.S. mainstream (i.e., White) culture theoretically promotes adoption of the thin ideal for women and the muscular yet lean ideal for men. Empirical research examining ethnic group differences as an indirect test of this model (e.g., White versus non-White) is, not surprisingly, mixed. Some studies have not found ethnic differences in body-size preference or body image disturbance, after accounting for other factors like age, education, and body weight (Cachelin et al., 2002; Ricciardelli et al., 2007). In contrast, other studies have found that Black, Latina(o), and Asian adults report being less concerned with their weight and appearance than White adults (Crago, Shisslak, & Estes, 1996; Frederick, Kelly, Latner, & Sandhu, 2016; Yang, Gray, & Pope, 2005). Still other work has shown that Asians and Latinos may actually be at greater risk for some indicators of body image disturbance and compensatory weight-control behaviors (Croll, Neumark-Sztainer, Story, & Ireland, 2002; Neumark-Sztainer et al., 2002; Frederick et al., 2016; Ricciardelli et al., 2007). Meta-analyses (as of yet, based only on studies of women) indicate that effect sizes for ethnic group differences in women's body dissatisfaction were small or close to zero (Grabe &

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