



Review article

Correlates, causes, and consequences of fat talk: A review

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ABSTRACT

Fat talk is a term used to describe self-disparaging remarks made to other people about one's weight or body. Fat talk has been both causally and correlationally linked to a number of negative body image-related variables including low body esteem, body dissatisfaction, drive for thinness, body-related cognitive distortions, and perceived sociocultural pressure to be thin. As such, body image researchers and clinicians would benefit from increased awareness of the current literature concerning fat talk. A narrative synthesis approach is used to summarize all research containing the keywords fat talk, body talk, or weight talk that was published from 1994 to 2014 inclusive. The measures used to study fat talk, outcomes and correlates associated with fat talk, theories that may help explain these findings, and the purpose served by fat talk are reviewed and discussed. In addition, directions for future research on fat talk, including intervention strategies, are examined.

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Introduction

Fat talk is a term used to describe self-disparaging remarks made to other people about one's weight or body (Nichter & Vuckovic, 1994); fat talk is a form of self-degradation in that the speaker typically criticizes his or her own body weight, shape, or

physical fitness. Common examples of fat talk include statements such as "I'm so fat" or "My thighs look huge in these shorts" (Nichter, 2000). Fat talk can be viewed as a type of co-rumination, in that its participants passively disclose their body image concerns to one another but do not make any effort at active problem solving (Rudiger & Winstead, 2013). It is primarily a phenomenon which occurs among women (Payne, Martz, Tompkins, Petroff, & Farrow, 2011) but has also been documented among men (Engeln, Sladek, & Waldron, 2013).

As an area of research, fat talk has become increasingly complex over the past decade. Nichter and Vuckovic (1994) first

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identified and defined fat talk 20 years ago, followed by only a single related paper published in the subsequent 10 years (Nichter, 2000). In the past decade, however, the literature on fat talk has grown quickly and has revealed a number of correlates, consequences, and possible causes of fat talk. At the same time, evidence-based interventions to curb fat talk have been emerging (Garnett et al., 2014). The theoretical significance of fat talk for women's interpersonal relationships (e.g., Greer, Campione-Barr, & Lindell, 2015; Tan & Chow, 2014), and the motivations behind fat talk (e.g., Gapinski, Brownell, & LaFrance, 2003; Tan & Chow, 2014), and self-degradation more generally (e.g., Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006), have also begun to emerge.

Both engagement in and exposure to fat talk has been both correlated and causally implicated with a number of maladaptive constructs which are also risk factors for eating disorders (Polivy & Herman, 2002) including body dissatisfaction (Corning, Bucchianeri, & Pick, 2014; Salk & Engeln-Maddox, 2011; Sharpe, Naumann, Treasure, & Schmidt, 2013), perceived sociocultural pressure to be thin (Arroyo & Harwood, 2012), and appearance investment (Engeln et al., 2013; Rudiger & Winstead, 2013). In addition, fat talk is socially normative in Western society (Martz, Petroff, Curtin, & Bazzini, 2009) and is reciprocal in nature (Britton et al., 2006); that is, fat talk begets more fat talk from the conversational partner, which results in a harmful cycle. When viewed in light of its association with known risk factors for the development of eating disorders, the normative and reciprocal nature of fat talk is especially alarming. As such, it is important to research why individuals engage in such talk, the purpose served by such talk, and what can be done to decrease individuals' engagement in fat talk.

The five main objectives of this review are to: (a) describe and evaluate the measures that have been used to measure fat talk; (b) explore the theories that may help explain both the negative outcomes associated with fat talk and the purpose served by fat talk; (c) examine fat talk research in detail; (d) describe the correlates, known outcomes, and moderators associated with fat talk; and (e) propose directions for future research in this burgeoning area of research. A narrative synthesis was used to examine research on fat talk that was published from 1994 to 2014, inclusive. PsycINFO and Social Science Abstracts databases were searched for articles featuring the keywords "fat talk," "body talk," "weight talk," or "appearance talk." Additional papers were also sourced from reference lists of published scholarly journal articles. Inclusion criteria were as follows: papers must have been published in peer reviewed journals, and papers must focus on dialectical fat talk between peers only (i.e., no internal "self-talk" regarding one's appearance or body). Forty-three articles met the criteria and were used in the analysis. When reviewing and discussing research findings for the current review, effect sizes are determined using Cohen (1977) guidelines, and BMI weight categories are determined using Centers for Disease Control (2011) criteria.

A meta-analysis on the relationship between fat talk and body dissatisfaction was published in 2013 (Sharpe et al., 2013). Both Sharpe et al. (2013) and the current study sought to systematically review fat talk literature; however, there are a number of important differences between the two reviews. The paper by Sharpe et al. (2013) reviewed 23 articles whereas the current review synthesized 43 articles. Only eight articles overlap between the two reviews. Nineteen studies were published after Sharpe et al. (2013) and are included in the current study. In total, 35 articles are unique to the current review. These differences in articles are due to the two additional search terms used in the current review (i.e., "body talk" and "weight talk") as well as the fact that the current review did include studies that did not include a measure of body dissatisfaction whereas Sharpe et al. (2013) did not. Furthermore, studies using the broad definition of "appearance conversations" that did not specify that the valence of these conversations was negative in

nature were not included in our study but were included in Sharpe et al. (2013). In addition, studies which measured negative body related talk that was not dyadic in nature (e.g., studies asking participants about comments they had received from others about their shape or weight) were not included in the current review but were included in Sharpe et al. (2013). Moreover, Sharpe et al. (2013) did not include any discussion regarding the theoretical underpinnings of fat talk, the purpose served by fat talk, who engages in fat talk, why individuals engage in fat talk, and the factors that serve to initiate and maintain fat talk. Therefore, due to the addition of a significant number of new studies as well as substantial theoretical contributions, the current study builds upon that of Sharpe et al. (2013) and makes additional contributions to the field of fat talk research.

Measures of Fat Talk

Turning to the assessment of fat talk, four self-report measures have been developed to quantify fat talk to date. Note that the measures included in this section are only those from studies investigating the development and psychometrics of the fat talk measure.

The Fat Talk Scale (Clarke, Murnen, & Smolak, 2010) consists of nine short vignettes which describe a fictional young woman engaging in fat talk with a female friend. The vignettes were developed using a focus group and further refined using a pilot study which invited feedback from undergraduate women. The respondent is asked to rate how often they would behave in the same way as the women in the vignette on a 5-point Likert-type scale ranging from *always* to *never*. The scale's scores demonstrate construct validity, discriminant validity, internal consistency reliability, and test-retest reliability (5 weeks) among college women (Clarke et al., 2010). The Fat Talk Scale also provided incremental validity in that it predicted unique variance in eating disorder psychopathology and body shame above that predicted by body surveillance and fear of negative evaluation. The Fat Talk Scale is designed for use in research involving undergraduate women, as this is the only population in which the reliability and validity of its scores have been assessed.

The Negative Body Talk Scale (Engeln-Maddox, Salk, & Miller, 2012) measures how often the respondent makes certain statements in conversation with friends (e.g., "I wish my body looked like hers, I need to go on a diet"). It consists of 13 questions on a 7-point Likert-type scale ranging from *never* to *always*. Items were selected by a team of research assistants based on their face validity. The scale yields scores on two subscales that measure the tendency for respondents to express concerns about the size or shape of their body (the body concerns subscale) and the tendency for respondents to vocalize unfavourable comparisons of their body with that of others (the body comparison subscale). The scale's scores demonstrated internal consistency, test-retest reliability (4–6 weeks), convergent validity, and divergent validity among college women (Engeln-Maddox et al., 2012). Importantly, it has also demonstrated incremental validity for prediction of body dissatisfaction above and beyond that of body mass index (BMI) and thin ideal internalization, and it predicted significant variance in eating disorder psychopathology beyond that predicted by body dissatisfaction and BMI alone. The Negative Body Talk Scale is best used in research involving undergraduate women as this is the only population in which the reliability and validity of its scores have been assessed.

The Fat Talk Questionnaire (Royal, MacDonald, & Dionne, 2013) asks women about the frequency of body-related complaints made to female friends of a similar weight. It does not assess the reciprocal nature of fat talk, as it only inquires about the respondents'

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