

Examining the Content of Fat Talk Conversations Across Gender and Ethnicity

by

Jocelyn Reid

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Thesis Committee:

Dr. Kimberly Ujcich Ward, Chair

Dr. Mary Beth Asbury

Dr. Monica Wallace

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ABSTRACT

Fat talk is dialogue that involves communication focused on physical appearance, weight management, exercise behaviors, and idealized body achievement. Although Caucasian females reportedly engage in fat talk most often, few studies have examined fat talk participation across both gender and ethnicity. The current study used a questionnaire and scenario responses to measure engagement in fat talk and health talk in an ethnically diverse sample of undergraduate men and women ($N = 170$). Women self-reported more fat talk than men, and Caucasians reported more fat talk Non-Caucasians; no significant interaction was found. On the scenario responses, participants were most likely to join in the exercise behavior/planning, deny/dismiss the fat talk, or to commiserate. Some gender and ethnic differences in response to the scenario were identified. Implications of these findings are discussed in terms of fat talk and health talk patterns.

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CHAPTER I

INTRODUCTION

Fat talk is dialogue that involves communication focused on physical appearance, weight management, exercise behaviors, and idealized body achievement (e.g., Nichter & Vuckovic, 1994; Warren, Holland, Billings, & Parker, 2012). Young women and girls in middle school, high school, and college are most likely to initiate and engage in fat talk (Nichter, 2000), although it also occurs among men (Martz, Petroff, Curtin, & Bazzini, 2009). Nichter and Vuckovic (1994) suggest that engagement in fat talk is related to socioeconomic status (SES), with middle class Caucasian women typically engaging in the majority of conversations. Fat talk may be particularly salient in westernized cultures, as there is a heavy emphasis placed on achieving a thin ideal body type (Tan & Chow, 2014). Although fat talk conversations are typically perceived as negative by society, research suggests that these conversations may be positive, because they may allow women to relate to and feel connected with peers (Nichter, 2000).

The empirical studies assessing the occurrence of fat talk and body satisfaction suggest gender differences and potentially ethnic differences as well. The findings in these studies, however, may be a function of how fat talk is defined and measured. This literature review will provide a conceptualization of fat talk and describe the methods used to assess fat talk, then will present research related to the content, occurrence, and effects of fat talk generally and for gender and ethnic groups, specifically. Finally, a

project is proposed to assess fat talk using two different methods and to evaluate potential gender and ethnic relationships to fat talk occurrence and content.

Conceptualizations of Fat Talk

Fat talk has been defined by various researchers as messages that involve body appearance, exercise or physical activity, eating behaviors, as well as restraint and control, all of which is presented primarily in a negative way (e.g., Nichter & Vuckovic, 1994; Tan & Chow, 2014; Warren et al., 2012). The messages are often self-degrading. This type of talking was identified first as a pattern of communication among middle school girls (Nichter & Vuckovic, 1994), but has since been studied in both genders and in various age groups. In fact, fat talk conversations may be seen as a common dialogue among women and men from the United States (Martz et al, 2009). Interestingly, those who engage in fat talk may be of normal weight. Thus, there may be a discrepancy between weight/ size and participation in fat talk conversations. Fat talk dialogue may be part of a greater conversation about SES and privilege (Nichter & Vuckovic, 1994). That is, to engage in fat talk conversations may imply that the participants have some privilege as the conversation is focused on losing weight or decreasing food intake. Additionally, it has been suggested that American women engage in fat talk because the culture promotes female body objectification (Martz et al., 2009). Therefore, fat talk may be a largely Americanized phenomenon that has broader implications about privilege as it applies to gender, ethnicity, and SES. As American continues to diversify, fat talk conversations may become a more salient part of American culture.

Research suggests that participation in fat talk conversations may lead to increased body dissatisfaction, patterns of disordered eating, depression, and stress (e.g., Katreovich, Register, & Aruguete, 2014; Salk & Engeln-Maddox, 2011; Tan & Chow, 2014; Warren et al., 2012). However, despite its potential for increased mental health problems, fat talk continues to occur. Fat talk may allow participants to feel identification with a desired peer group through validation of shared feelings (e.g., Nichter & Vuckovic, 1994; Nichter, 2000). Although empirical studies in this field have begun to describe fat talk patterns and its occurrence in various contexts and among specific groups, the methods used to assess fat talk may impact the utility of this body of literature.

Verbal behavior. Fat talk has been measured through observation of oral or written behavior, typically in the form of scripts or dialogue (e.g., Becker, Diedrichs, Jankowski, & Werchan, 2013; Engeln, Sladek, & Waldron, 2013; Katreovich et al., 2014; Salk & Engeln-Maddox, 2011). Salk and Engeln-Maddox (2011) created a fat talk script and asked female undergraduate participants to respond in writing to a prompt (i.e., “Ugh, I feel so fat.”) measuring fat talk verbal behavior between the participant and a friend. Salk and Engeln-Maddox (2011) suggest that fat talk vignettes may provide information about the context of fat talk.

Verbal behavior of fat talk has been measured through classification of words, phrases, and dialogue used by men and women to describe or rate differences in body shape, appearance, and physique (e.g., Engeln et al. 2013; Lee, Taniguchi, Modica, &

Park, 2013). For example, Cassin and von Ranson (2005) asked undergraduate women to classify 233 words into six categories that described attractiveness and physique (i.e., fat, thin, unattractive, attractive, other, unsure). Words classified as unattractive and fat were perceived as being more negative than words describing attractiveness and the thin ideal. Cassin and von Ranson (2005) suggest that categorizing fat talk related words is useful for those interested in schema formation and the pathology of disordered eating.

Additionally, research has analyzed the content of fat talk dialogue with descriptive analysis (e.g., Becker et al., 2013; Engeln et al., 2013). For example, descriptive analysis of the Salk and Engeln-Maddox (2011) script highlighted differences in communication, particularly in how women chose to respond to fat talk (i.e., denial, empathy, probing, evidence, causes, action together, I'm fat, you're not) compared to men. Assessing fat talk via actual verbal or written responses provides a direct measure of fat talk in specific context and allows researchers to describe the specific content of conversations involving aspects of fat talk.

Self-report measures. Various self-report measures of fat talk also are used frequently in empirical studies. Questionnaires such as the *Fat Talk Questionnaire* (Royal, MacDonald, & Dionne, 2013) and the *Fat Talk Scale* (Clarke, Murnen, & Smolak, 2010) ask raters to estimate the frequency with which they engage in fat talk in specific contexts, with other questionnaires focusing on the frequency of engaging in fat talk with specific content (e.g., Martz et al., 2009; Ousley, Cordero, & White, 2008). Assessing the potential reasons for engaging in fat talk with friends, Salk and Engeln-

Maddox (2012) asked participants to choose from 7 statements assessing reasons for engaging or not engaging in fat talk conversations (e.g., “It helps me to know that I’m not the only one who feels bad about my body”). Tools such as these allow researchers to gather information about the occurrence of fat talk outside the research environment, but are heavily influenced by the participants’ self-awareness and accurate responding.

Gender and Fat Talk

Frequency. As noted, participating in fat talk conversations occurs in both men and women. However, a study of 4,014 men and women (M age = 45, SD = 16) found that women typically report hearing more fat talk conversations than men (Martz et al., 2009). Furthermore, research of undergraduate men and women from the United States and United Kingdom suggests that women feel more pressure to participate in fat talk conversations than men (Payne, Martz, Tompkins, Petroff, & Farrow, 2011).

Additionally, women participate in fat talk conversations throughout the lifespan (Becker et al., 2013). Women from the United States, Australia, and the United Kingdom (M age = 36.80, SD = 13.48) reported less fat talk as they aged (Becker et al., 2013).

Self-report data suggests that there may be gender differences in frequency of fat talk reported between men and women. According to Engeln et al. (2013), undergraduate men (M age = 20.33, SD = 1.30) reported that engaging in fat talk is not rare among fellow undergraduate men (M = 2.95, SD = .89), with responses ranging from extremely rare (1) to extremely common (5). Additionally, 25% of undergraduate men reported that they believe other men engage in fat talk commonly, endorsing 4 or 5 on this item

(Engeln et al., 2013). In a sample of undergraduate women ($N = 186$), Salk and Engeln-Maddox (2011) found that most undergraduate women reported engagement in a fat talk conversation ($n=149$). However, Katrevich et al. (2014) found undergraduate men and women at an historically black university reported fat talking about twice per week ($M = 2.03$, $SD = 2.58$), with no significant differences in the amount of self-reported fat talk for both men and women.

Context. Likelihood of participating in fat talk conversations may differ by context. Engeln et al. (2013) found that a sample of undergraduate men ($N=66$) reported engaging in fat talk when at the gym or during a period of physical activity (57%), with others participating in fat talk while eating (26%). However, an experiment by Craig, Martz, and Bazzini (2007) revealed no significant differences between fat talk and body esteem manipulation based on differences in context (i.e., public, private, female audience, male audience).

Content. Undergraduate women from the United States and the United Kingdom reported more pressure to engage in negative body related conversations, while undergraduate men reported more pressure to engage in self-accepting talk (Payne et al., 2011). Overall, both men and women from the United States reported more pressure to engage in self-accepting talk than men and women from the United Kingdom (Payne et al., 2011).

Several studies suggest that men engage in fat talk related to themes of muscularity and exercise behaviors (e.g., Engeln et al., 2013; Kelly, Cotter, Tanofsky-

Kraff, & Mazzeo, 2015). A qualitative study of Canadian men (over 18 years old) found that men talked frequently about managing weight through means of exercise over dieting (Ristovski-Slijepcevic, Bell, Chapman, & Beagan, 2010). However, women may engage differently in fat talk depending on their ethnic background (Ristovski-Slijepcevic et al., 2010; Webb, Warren-Findlow, Chou, & Adams, 2013).

Research suggests that men and women may have different views about body image ideal. According to Engeln et al. (2013), undergraduate men engage in more fat talk related to body muscularity than talk focused on particular body parts. However, Ristovski-Slijepcevic et al. (2010) noted that men appeared to talk frequently about their stomach, remarking on the importance of reducing stomach fat.

The current study proposes that conversations related to exercise as a means of health promotion (i.e., health talk) may be different than fat talk. Although conversations about exercise behavior as they relate to weight management have been considered fat talk by previous research (e.g., Nichter & Vuckovic, 1994; Warren et al., 2012), the current study proposes that health talk may be a different construct than fat talk. During health talk conversations, participants may discuss the benefits of exercising in order to maintain a healthy lifestyle or state of wellbeing. Health talk may be seen as uniquely different than fat talk, because the outcome of health talk conversations are positive in nature.

Ethnicity and Fat Talk

Frequency. Several studies have noted ethnic differences in body ideal among women (Ristovski-Slijepcevic et al., 2010; Webb et al., 2013). As noted, young Caucasian women are more likely to engage in fat talk conversations than others (Nichter & Vuckovic, 1994). In an undergraduate focus group of psychology students, a majority of African American women stated that they believed Caucasian women frequently engage in negative self-focused weight management related conversations (Webb et al., 2013).

Context. Lee et al. (2013) measured the moderating effect of culture on body satisfaction and psychological well-being in a sample of undergraduate Korean and United States women. Participants viewed fat talk conversations on a social media platform (*Facebook*) of a woman asking her Facebook friends for suggestions of how to lose weight. Participants were subjected to viewing a picture of the woman that was enhanced to make her appear underweight or overweight. The woman viewing the comments were in two conditions: supportive of weight loss or unsupportive of weight loss. Korean women viewing messages that were supportive of the woman's weight loss reported lower psychological well-being than woman from the United States (Lee et al., 2013). Further research should examine whether social media affects participation or active engagement in fat talk conversations.

Content. Caucasian women may participate in fat talk conversations in order to connect and relate to fellow peers (e.g., Nichter, 2000; Ristovski-Slijepcevic et al., 2010).

However, an undergraduate sample of primarily African American women at a historically black university reported that there are more positive reasons for fat talk than undergraduate men (Katreovich et al., 2014). Fat talk conversations among Caucasian women often focus on the thin ideal (Ristovski-Slijepcevic et al., 2010). African American women typically report engaging in fat talk conversations which reject the thin ideal; conversations may allow African Americans to better identify with their culture (e.g., Capodilupo & Kim, 2014; Ristovski-Slijepcevic et al.).

Research with a sample of Canadian women suggest that black women may be more likely than white women to endorse a full-figured body ideal (Ristovski-Slijepcevic et al., 2010). Similarly, Kronenfeld, Reba-Harrelson, Von Holle, Reyes, and Bulik (2010), found that in a sample of adult women (25-45 years old) African Americans and those of “other” ethnicity endorsed larger preferred body figure silhouettes than Caucasians.

Ethnic and cultural differences among women may influence how ideal body type and shape are perceived. Capodilupo and Kim (2014) found that African American women reported hair, skin, attitude, and shape to be important features which influence perception of the ideal body type. A majority of Caucasian undergraduate psychology students in a focus group described African American women as being content with having a shapely body (Webb et al., 2013).

Additionally, some African American women reported that their body image perception is influenced by the preferences of African American men and relatives

(Capodilupo & Kim, 2014; Webb et al., 2013). According to Capodilupo and Kim (2014), women in the study reported that African American men value women with curvy figures, and many African American families encourage meal time behaviors which promote acceptance of overeating. Additionally, a majority of Caucasian women in a focus group believed that African American men prefer African American women who are full-figured (Webb et al., 2013).

To date, there are few studies that compare ethnic differences in the content of fat talk conversations among men. The current study will compare the content of fat talk conversations among a sample of Caucasian and Non-Caucasian men and women.

Effects of Fat Talk on Mental Health

According to the American Psychiatric Association (2013), “eating and feeding disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning” (p. 329). According to Kronenfeld et al. (2010), *body dissatisfaction* refers to displeasure with one’s body. Body dissatisfaction may be related to fat talk (e.g., Salk & Engeln-Maddox, 2011; Warren et al., 2012). Body ideal may differ by gender, ethnicity, culture, and peer group affiliation. According to Webb et al. (2013) body ideal may influence how women discuss body size; Caucasian woman were more likely than African American women to endorse a universal body ideal emphasizing a fit and thin ideal. Thus, their fat talk may be focused on this ideal perception more so than African American women’s fat talk content.

Gender and mental health. Some studies suggest that active and passive participation in fat talk may lead to mental health problems in men and women. A study conducted by Engeln et al. (2013) measured the effects of hearing fat talk in a sample of undergraduate men. In this study, male confederates were assigned to conditions (i.e., fat talk, muscle talk, control) which dictated their role in fat talk conversations with other undergraduate men (Engeln et al., 2013). Confederates and participants viewed two neutral advertisements and one advertisement which featured a toned male physique (10 seconds per ad) and discussed the content of the ads for 25 seconds in all conditions. Confederates began all discussions; confederates responded to the male physique ad based on their condition. Engeln et al. (2013) concluded that men hearing fat talk and muscle talk reported decreased state appearance self-esteem and increased body dissatisfaction following conversations. Such studies suggest that measuring exposure to fat talk may reveal detrimental outcomes.

Jones, Crowther, and Ciesla (2014) measured the effects of hearing and participating in fat talk in a sample of undergraduate women. Women that heard or participated in fat talk conversations were asked to respond to a series of assessments over five days; assessments measured the frequency of fat talk within the participant's life (Jones et al., 2014). A Palm Centro Personal Data Assistant (PDA) sounded an alarm that notified participants as to when they should complete daily assessments. Women that were exposed to fat talk reported significantly more disordered eating behavior, state body dissatisfaction, body checking, and negative affect than women who were never

exposed to fat talk conversations. Women who participated in fat talk conversations reported more body checking behaviors than women who heard fat talk conversations (Jones et al., 2014).

Women participating in fat talk conversations may face additional mental health and medical problems (Tan & Chow, 2014; Warren et al., 2012). A study of female college students found that women reporting moderate to high levels of stress participated in more fat talk conversations than women with low stress (Warren et al., 2012). Similarly, women reporting high and moderate stress reported more drive for thinness than women low in stress (Warren et al., 2012). The dialogic exchange that encompasses fat talk may impact the well-being on those involved in the exchange. According to Tan and Chow (2014), dyadic fat talk was related to self-BMI and friend BMI; dyadic fat talk moderated the relationship between BMI and depressive symptoms.

Ethnicity and mental health. Current research investigating restrictive eating attitudes and behaviors in men and women of multiethnic backgrounds is helping to target preventative efforts. A study of college women from the southern United States found that Caucasian women scored higher than African American women on the *Eating Disorder Examination Questionnaire* (EDE-Q) and the *Thinness and Restricting Expectancy Inventory* (TREI), indicating that Caucasian women endorsed more restrictive eating and weight management related behaviors than African American women (Stojek & Fischer, 2013). However, according to Stojek and Fischer there were no significant differences between ethnic identity and restrictive eating behaviors in both

African American and Caucasian female students (i.e., strong identification with ethnic background did not significantly predict the likelihood of abstaining from restrictive eating behaviors) (Stojek & Fischer, 2013).

According to Kronenfeld et al. (2010), African American women showed significant discrepancy between their self-reported current body size and body ideal as compared to other racial groups (i.e., Asian, Native Hawaiian, American Indian, White, other). Such discrepancy scores may be indicative of body dissatisfaction (Kronenfeld et al., 2010).

A study of Asian, African American, and Caucasian undergraduate men from a university in the Mid-Atlantic United States found that Asian men were significantly more likely than African American and Caucasian men to report a high drive for muscularity and male body image concerns (Kelly et al., 2015). Additionally, Caucasian men were significantly more likely than African American men to report shape concerns. Asian men were significantly more likely than Caucasian men to report internalization of a thin ideal, and African American men were more likely than Asian men to report body satisfaction. These findings support the need for research to examine the way men communicate about and conceptualize body image and body ideal.

Additionally, Katreovich et al. (2014) found that African American women, African American men, and Caucasian men assigned to a fat talk condition reported higher scores on measures of disordered eating than Caucasian women in the fat talk

condition. Such research shows that disordered eating behaviors and attitudes occur across ethnicity and gender.

Summary and Purpose of the Current Study

Research in the area of fat talk has demonstrated some consistent findings, and some inconsistencies regarding both gender and ethnic comparisons. Engagement in fat talk conversations seems to vary consistently by gender, as research indicates that women are more likely to participate in fat talk conversations than men are (e.g., Martz et al., 2009; Payne et al., 2011). Additionally, the context within which fat talk conversations occur may vary by gender (e.g., Craig et al., 2007; Engeln et al., 2013). Additionally, the content of fat talk conversations may vary by gender, as men may be more likely than women to engage in conversations related to muscularity (e.g., Engeln et al., 2013; Kelly et al., 2015). Some research suggests women's fat talk conversations vary by ethnicity, with Caucasians engaging in more fat talk than ethnic minorities, though these findings are not consistent (e.g., Ristovski-Slijepcevic et al., 2010; Webb, Warren-Findlow, Chou, & Adams, 2013). Ethnicity may influence participation in as well as the content of fat talk conversations (e.g., Capodilupo & Kim, 2014; Nichter & Vuckovic, 1994; Ristovski-Slijepcevic et al., 2010; Tan & Chow, 2014). Finally, participation in fat talk conversations has been associated with mental health problems such as eating disorders, mood disorders, and anxiety disorders in both men and women (e.g., Engeln et al., 2013; Jones et al., 2014; Katreovich et al., 2014; Kelly et al., 2015; Tan & Chow, 2014; Warren et al., 2012).

The current study adds to the current literature on fat talk by measuring fat talk through use of two different methods: the FTQ and fat talk vignettes. Additionally, this

study assessed both fat talk and health talk through use of a contextual scenario potentially likely to prompt both types of responses (i.e., needing to go to the gym). We predicted that by examining these scenario responses in this way, there may be an area of dialogue (i.e., “health talk”) that differs from those explored in previous findings. The current study proposed that health talk may be a different construct than fat talk, as health talk conversations involve the promotion of exercise and eating behaviors in order to lead a healthier lifestyle or to promote a desired state/sense of physical or emotional well-being (e.g., exercise to feel better). Finally, each of these constructs were assessed for women and men as well as Caucasians and Non-Caucasians.

We specifically predicted a significant interaction between gender and ethnicity on self-reported fat talk, such that Caucasian women would report more fat talk than Non-Caucasian women and both groups of men. There also were predicted main effects for gender (i.e., women expected to score higher than males) and for ethnicity (i.e., Caucasians expected to score higher than Non-Caucasians). Regarding the fat talk scenario, several predictions were made. Regardless of gender and ethnicity, the most common response to the scenario was predicted to be to join in (both participant and friend joining). For the specific categories of responses, it was predicted that men would be more likely than women to respond to the scenario with health talk and that women would be more likely than men to respond to the scenario by commiserating. Finally, it was predicted that Caucasian participants would be more likely than Non-Caucasian participants to provide appearance focused responses to the scenario and that Non-

Caucasian participants would be more likely than Caucasian participants to respond to the scenario by denying/ dismissing the fat talk and/or redirecting the conversation.

CHAPTER II

METHOD

Participants

Participants ($N = 170$) included a multi-ethnic sample of undergraduate men and women from a publically funded southern university. Data were collected from Fall 2014 through Fall 2015 as part of a larger study assessing body image and verbal behavior. Participants received extra credit in their undergraduate psychology course for participating.

Participants were mostly Caucasian (58.80%) women (65.30%). Participants were predominantly freshmen (63.50), with some upperclassmen participating as well. About half of the participants (52.10%) had BMIs that are within the normal range, but all categories of BMI were represented. Table 1 provides a summary of all descriptive statistics for the full sample and by gender and ethnic groups.

Chi square analysis indicates that there is a similar ratio of Caucasians and Non-Caucasians in the men and women groups, $X^2(1) = 0.56, p = 0.45$. Independent samples t -tests ($\alpha = .05$) indicate an age difference in the men ($M = 23.46, SD = 23.76$) and women ($M = 18.82, SD = 0.88$) groups, $t(168) = 2.06, p = 0.04$ but no BMI difference in the men ($M = 25.35, SD = 5.29$) and women ($M = 26.52, SD = 7.22$) groups, $t(167) = -1.09, p = 0.28$.

Table 1

Demographic data for the full sample, gender groups, and ethnicity groups

Category	<i>Full Sample</i>		<i>Gender Groups</i>				<i>Ethnicity Groups</i>			
	<i>N</i>	<i>%</i>	<i>Males</i>		<i>Females</i>		<i>Caucasian</i>		<i>Non-Caucasian</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Gender										
Female	111	65.30					63	57.0	48	43.0
Male	59	34.70					37	63.0	22	37.0
Ethnicity										
Caucasian	100	58.80	37	37.0	63	63.0				
Non-Cauc	70	41.20	22	31.0	48	69.0				
BMI										
Underweight	5	3.0	2	40.0	3	60.0	1	20.0	4	80.0
Normal	88	52.10	28	32.0	60	68.0	59	67.0	29	33.0
Overweight	41	24.30	20	49.0	21	51.0	27	66.0	14	34.0
Obese	35	20.70	8	23.0	27	77.0	13	37.0	22	63.0
Class Rank										
Freshman	108	63.50	32	30.0	76	70.0	65	60.0	43	40.0
Sophomore	48	28.20	18	38.0	30	63.0	28	58.0	20	42.0
Junior	9	5.30	5	56.0	4	44.00	3	33.0	6	67.0
Senior	5	2.90	4	80.0	1	20.0	4	80.0	1	20.0

Measures

Demographics. Participants reported their age, gender, year in school, and ethnicity. Participants also were asked to report any known neuropsychological conditions. See Appendix A for the demographic form.

Anthropometrics. All participants were weighed (in pounds to the nearest tenth) and their height was measured to the nearest half inch. Each participant's BMI was calculated using the standard formula: $\text{weight (lb)} / [\text{height (in)}]^2 \times 703$. BMI was categorized consistent with the Center for Disease Control's recommendations of underweight (BMI < 18.50), normal (BMI between 18.50 and 24.99), overweight (BMI between 25 and 29.99) and obese (BMI \geq 30).

Fat Talk Questionnaire (FTQ; Royal et al., 2013). The *Fat Talk Questionnaire* (FTQ) is a 14-item measure that asks participants to report frequency of fat talk behaviors in various contexts (see Appendix B). This questionnaire measures dimensions of fat talk related to body part satisfaction, social comparison, restrictive eating behaviors, and social comparison anxiety. Participants are given five response options ranging from "never" (1) to "always" (5); an overall score is calculated by summing the scores for each item. High scores on the FTQ are indicative of greater participation in fat talk conversations. Previous research suggests that the internal consistencies were similar for men ($\alpha = 0.92$) and women ($\alpha = 0.94$) though women reportedly scored higher than men (Royal et al., 2013). In the current study, the FTQ total score was used as a measure of self-reported fat talk in social situations.

Vignette scenario. Participants completed fat talk vignettes that were adapted from Salk and Engeln-Maddox (2011). Participants were instructed to imagine they were having a conversation with a friend and to respond in writing to three prompts from that friend involving some form of fat talk. Prompts began with a fictitious statement from the participant's friend, and the participant was given an additional five lines to complete the conversation with the friend based on the prompt (see Appendix C). In the first scenario, the prompt begins with the friend talking about eating behaviors. In the second scenario, the prompt begins with the friend talking about weight management and exercise related behaviors. In the third scenario, the prompt begins with the friend talking about emotions related to eating. For the purposes of the current research project, the second scenario was the focus. The second scenario (i.e., weight management and exercise related behaviors) was targeted in this study because it may provide distinguishable differences between appearance related fat talk responses and health focused responses.

To analyze the scenario, responses were coded based on each "friend," "you (participant)" response set, totaling three response sets. Response sets were coded with one of 11 different possible labels (see Appendix D). Codes were established by three of the researchers randomly selecting 15 scenario responses and descriptively coding them. The three raters then met to discuss emerging patterns and themes in the responses, and the mutually exclusive coding categories were developed. Rules of coding included coding a response set based on the participant's first response (e.g., "You should go to the gym, but you don't have to lose weight;" to be coded as "instructive" based on the first

phrase: you should go to the gym, and not “deny/dismiss fat talk” based on the second phrase: you don’t have to lose weight) and coding only one category per response set.

Interrater agreement. Once the coding categories were determined, 26 of the packets were selected at random and were coded independently by two raters. For those 26 participants, a total of 67 response sets were scorable. Both raters independently coded each of the 67 response sets. Of the 66 response sets, both raters agreed on 65 codes and disagreed on 2, for a total agreement of 97.01%. To control for chance agreements, the Scott’s Pi statistic also was calculated using the standard formula, $PA_O - PA_E / 1 - PA_E$, where $PA_E = \sum p_i^2$ and p_i = each joint marginal proportion. Scott’s pi = .92 for this response set, which is a strong agreement.

Procedure

IRB approval was obtained (see Appendix E). Participants were assessed individually and consent was obtained prior to data collection (see Appendix F). Measures were administered in randomized order to control for potential order effects. Following completion of all measures, participants received a debriefing form with referral information should they wish to pursue a referral (see Appendix G).

CHAPTER III

RESULTS

Self-Reported Fat Talk

It was predicted that there would be a significant interaction between gender and ethnicity on self-reported fat talk. Specifically, Caucasian women were expected to report more fat talk than Non-Caucasian women and both groups of men. We also predicted main effects for both gender (with women scoring higher than males) and ethnicity (with Caucasians scoring higher than the Non-Caucasians). A 2 (gender) x 2 (ethnicity) ANOVA was used to test this hypothesis, with FTQ as the dependent variable in the analysis. BMI was used as a covariate in this analysis because BMI and FTQ scores were significantly correlated, $r^2 = .237, p = .009$. The two-way ANOVA indicated that there was not a significant interaction between gender and Caucasian status, $F(1, 115) = 1.69, MSE = 94.53, p = .20$. The main effects for gender, $F(1, 115) = 35.40, p = .00$ and Caucasian status $F(1, 115) = 7.04, p = .01$) were significant in the predicted directions. Table 2 provides means and standard deviations for the FTQ by gender and ethnic groups.

Fat Talk Scenario Responding

Regardless of gender and ethnicity, it was predicted that the most common response to the vignette would be to join in with exercise plans (both participant and friend joining). Joining together to go to the gym (collapsing the “participant joining” and “friend joining”) was the most common initial response to the fat talk scenario (25.8%

Table 2

Fat Talk Questionnaire scores by groups

Gender	<i>N</i>	<i>M</i>	<i>SD</i>
Male			
Non-Caucasian	14	17.93	3.83
Caucasian	26	20.92	6.95
Total	40	19.88	6.16
Female			
Non-Caucasian	36	28.78	11.02
Caucasian	44	34.86	12.02
Total	80	32.13	11.91
All Participants			
Non-Caucasian	50	25.74	10.71
Caucasian	70	29.69	12.40
Total	120	28.04	11.84

of participants), followed closely by dismissing/denying the fat talk (24.1%) and commiserating (22.9%). Table 3 summarizes the percentages of the full sample who responded in each category for each of the three possible response sets.

Predictions were made regarding gender and ethnic group patterns of responding to the scenario. To test these predictions, codes were collapsed across the three response sets for each participant, resulting in a measure of how many participants ever responded with each category/code to the scenario (see Table 4). Specifically, it was predicted that men would be more likely than women to respond to the scenario with health talk. Chi square analysis indicated that men ($n = 5$) were not more likely than women ($n = 12$) to respond to the scenario with health talk, $X^2(1) = .23, p = .63$, and that neither group responded often with health talk. It also was predicted that women would be more likely than men to respond to the scenario by commiserating. A Chi-square analysis confirmed this hypothesis, $X^2(1) = 9.80, p = .002$ (women $n = 45$, men $n = 10$). Caucasian participants were predicted to be more likely than Non-Caucasian participants to provide appearance focused, fat talk related responses to the scenario. A Chi-square analysis indicated that Caucasians ($n = 5$) were not more likely than Non-Caucasians ($n = 3$) to engage in appearance focused talk, $X^2(1) = .05, p = 0.82$, and that both groups rarely responded with appearance talk. Lastly, it was predicted that Non-Caucasian participants would be more likely than Caucasian participants to respond to the vignette by denying/dismissing the fat talk and/or redirecting the conversation. A Chi-square analysis

Table 3

Percentages of categories of fat talk scenario responses

Category	Initial Response <i>N</i> = 170	Second Response <i>N</i> = 161	Third Response <i>N</i> = 121
Join in (participant)	17.60%	8.20%	3.50%
Join in (friend)	8.20%	4.10%	0.60%
Health Talk	2.90%	4.70%	4.10%
Appearance Talk	0.60%	3.50%	0.60%
Dismiss/ deny	24.10%	12.90%	5.90%
Commiserate	22.90%	11.20%	2.90%
Instruct	0.60%	4.70%	2.40%
Agree with plan	0.00%	14.10%	14.10%
Weight Talk	7.60%	2.90%	4.10%
Agree with Fat Talk	11.80%	4.70%	5.30%
Other	3.50%	23.50%	27.60%

Table 4

Percentage of participants who responded with each category in any of their responses to the scenario

Category	% of Participants
Join in (participant)	29.40%
Join in (friend)	12.40%
Health Talk	10.00%
Appearance Talk	4.70%
Dismiss/ deny	30.00%
Commiserate	32.40%
Instruct	7.10%
Agree with plan	25.90%
Weight Talk	12.90%
Agree with Fat Talk	21.20%
Other	43.50%

indicated that Caucasians ($n = 100$) were not more likely than Non-Caucasians ($n = 70$) to respond to the scenario by denying/dismissing the fat talk and/or redirecting the conversation, $X^2(1) = .00, p = 1.00$; this denying/dismissing was a common response for both groups.

Additional analyses were conducted after data were collected that were not initially hypothesized regarding gender differences in responding. A Chi-square analysis indicated that gender (women $n = 110$, men $n = 59$) did not influence engagement in appearance talk, $X^2(1) = 1.86, p = 0.17$, but that women ($n = 111$) were more likely than men ($n = 59$) to respond to the scenario at some point by denying/dismissing or redirecting the friend's fat talk, $X^2(1) = 4.02, p = 0.05$.

CHAPTER IV

DISCUSSION

Fat talk is dialogue that involves communication focused on physical appearance, weight management, exercise behaviors, and idealized body achievement (e.g., Nichter & Vuckovic, 1994; Warren et al., 2012). Although fat talk conversations may be most prevalent among Caucasian females (Nichter & Vuckovic, 1994), several studies have demonstrated that fat talk conversations may be problematic for men and ethnic minorities (e.g., Engeln et al., 2013; Katrevich et al., 2014; Ristovski-Slijepcevic et al., 2010). The purpose of the current study was to examine the occurrence and content of fat talk conversations among a diverse sample of men and women through use of the self-report FTQ and a hypothetical fat talk vignette/ scenario. To date, current studies have not employed both methods of measuring fat talk. Additionally, the content analysis in the current study was in part used to assess a potential variation of fat talk, *health talk*, which is defined as conversations directed towards exercising in order to positively affect one's health/wellness and to lead a healthy lifestyle.

Self-Reported Fat Talk

Overall, there was not a significant interaction between gender and ethnicity on self-reported fat talk on the FTQ; Caucasian women did not report more fat talk than Non-Caucasian women and both groups of men. Gender differences were similar across ethnic groups. These findings are interesting to note as they contradict existing research (e.g., Nichter & Vuckovic, 1994) in which Caucasian women engaged in more fat talk

conversations than other groups. However, this research may support more recent research which shows there may be little difference in engagement in fat talk by gender and ethnicity (Katreovich et al., 2014). In the current study, gender differences were similar across ethnic groups. There was a main effect for gender (with women scoring higher than males) and for ethnicity (with Caucasians scoring higher than the non-Caucasians). As predicted and consistent with previous research, women were more likely to engage in fat talk than men (e.g., Martz et al., 2009; Payne et al., 2011), and Caucasians reported more fat talk behavior than Non-Caucasians (Ristovski-Slijepcevic et al., 2010).

Fat Talk Scenario Responding

Predictions were confirmed that regardless of gender and ethnicity, the most common response to the vignette was to join in with exercising (both participant and friend joining). This project was unique in coding “friend joining” responses which placed responsibility of the friend accepting an invitation by the participant to go to the gym (e.g., “You can work out with me if you want”); this may be a more specified amendment to “action together,” as described by Salk and Engeln-Maddox (2011). It is interesting to note that although participant and friend joining in exercise does not specifically denote fat talk, it may be implied that there is an underlying agreement with the fat talk statement. For example, a friend agreeing to go to the gym with the participant might be interpreted as, “my friend thinks I *need* to go to the gym, so he/she is agreeing to go with me so I will go”.

Contrary to our prediction, men were not more likely than women to respond to the scenario with health talk. Health talk was a construct proposed in the current study as one different from fat talk in that it focuses on the physical and psychological benefits of behaviors. In health talk, for example, the exercise behavior presented in the scenario would be discussed as it relates to health promotion and wellbeing. The hypothesis in this study was based on research suggesting that men are more likely than women to discuss muscularity and exercise behaviors (e.g., Engeln et al., 2013; Kelly et al., 2015). One reason we may not have found gender differences in the current study may be due to the overall low rate of health talk responses to the scenario – only 10% of the participants responded to the exercise prompt with health talk.

Consistent with our hypothesis, women were more likely than men to respond to the scenario by commiserating. Commiserating, as defined in this coding system, refers to responses in which the participant refocuses the fat talk onto himself/herself (e.g., “I need to work out, too!”). Commiseration may be a more commonly occurring form of dialogue for those that are a part of a minority or oppressed group (e.g., women). As studies have suggested (e.g., Nichter, 2000; Ristovski-Slijepcevic et al., 2010), fat talk may be seen as positive in order to allow women to relate to one another. Commiseration may be a more acceptable exchange for oppressed groups (i.e., women).

Non-Caucasian participants were not more likely than Caucasian participants to respond to the vignette with appearance talk or by denying/dismissing the fat talk and/or redirecting the conversation. The lack of group difference for appearance talk may be

related to the overall low rate of this type of response to the scenario (less than 5% of the sample responded with appearance talk). The consistency between the groups to deny/dismiss the fat talk may be a function of participants in general being likely to respond to the scenario in a socially desirable way (i.e., tell my friend s/he is not fat when s/he says s/he is).

Limitations and Future Directions

A few methodological issues limit the utility of the findings of the current study. First, we divided participants into two categories based on ethnicity (i.e., Caucasian and Non-Caucasian) rather than multiple ethnic groups. This collapsing was done primarily because the minority groups other than African American had very few participants. Specifically, seventeen participants identified as an “other” ethnicity (African $n = 1$, Egyptian $n = 1$, Asian $n = 8$, Middle Eastern $n = 3$, Kurdish $n = 1$, Arabian $n = 1$, biracial $n = 1$, and “other” $n = 1$). It may be that different non-Caucasian groups experience fat talk differently, but we were unable to assess those potential group differences in the current study. Future research could investigate various ethnic group differences.

Additionally, as depicted on Table 3, a majority of participants’ second and third responses to the scenario were coded as “other.” Although the other category included many insignificant utterances (e.g., “sure”, “all right”, “ok then”), future research should revisit the responses coded as other in order to determine whether there was more significant content within these responses. Also, for each response set, the research team coded only the first response given by the participant (i.e., a maximum of three responses

to the scenario); some participants provided more than one response on each of the three lines. By not coding all responses, the researchers may have excluded important dialogue that could have been relevant to the current study. Future research could perform a content analysis of all participant responses; this may require an amendment to the current coding scheme.

Despite these methodological limitations, this study has expanded on current fat talk research. Findings from this study provide more information about the type of dialogue that constitutes fat talk among college students. Although few participants engaged in health talk, its existence as its own construct may be evident by the fact that it occurred despite an abundance of other responding. Therefore, despite limited findings, future research may explore this construct further. Participants in the current study were asked to respond to a scenario/vignette that included fat talk. It would be interesting for future studies to consider providing participants with a variation of the scenario that included health talk instead (e.g., “I really need to get to the gym; going always makes me feel better.”) and measure whether participants respond with fat talk or more positive forms of health dialogue. Future research also may investigate how health talk may vary by gender and ethnicity.

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APPENDICES

APPENDIX A

Demographic Form

Please answer each of the following questions.

1. My current age is : _____ yrs
2. I am: _____ Male _____ Female
3. My ethnicity can best be described as (circle one):
 - a. African American
 - b. Caucasian
 - c. Hispanic
 - d. Other: _____
4. Currently I am a _____ at MTSU (circle one):
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
5. I am _____ handed. (circle one):
 - a. Right
 - b. Left
 - c. Both

For each of the following conditions, please put a mark beside any that you have personally experienced or have been diagnosed with at any time in your life (check all that apply):

_____ Concussion

_____ Diabetes

_____ Epilepsy/Seizure Disorder

_____ Eating Disorder (Anorexia or Bulimia)

_____ Head Injury with a loss of consciousness

_____ Stroke

Other neurological condition: _____

APPENDIX B

Fat Talk Questionnaire

For each item below, select the response that best describes you.

1. When I'm with one or several close female friend(s), I complain that my arms are too flabby.				
Never	Rarely	Sometimes	Often	Always
2. When I'm with one or several close female friend(s), I complain that my stomach is fat.				
Never	Rarely	Sometimes	Often	Always
3. When I'm with one or several close female friend(s), I criticize my body compared to thin models in magazines.				
Never	Rarely	Sometimes	Often	Always
4. When I'm with one or several close female friend(s), I complain that my body is out of proportion.				
Never	Rarely	Sometimes	Often	Always
5. When I'm with one or several close female friend(s), I complain that I hate my whole body.				
Never	Rarely	Sometimes	Often	Always
6. When I'm with one or several close female friend(s), I complain that I am fat.				
Never	Rarely	Sometimes	Often	Always
7. When I'm with one or several close female friend(s), I complain that I should not be eating fattening foods.				
Never	Rarely	Sometimes	Often	Always
8. When I'm with one or several close female friend(s), I complain that I've gained weight.				
Never	Rarely	Sometimes	Often	Always
9. When I'm with one or several close female friend(s), I complain that my clothes are too tight.				
Never	Rarely	Sometimes	Often	Always
10. When I'm with one or several close female friend(s), I complain that I need to stop eating so much.				
Never	Rarely	Sometimes	Often	Always
11. When I'm with one or several close female friend(s), I criticize my body compared to my friends' bodies.				
Never	Rarely	Sometimes	Often	Always

12. When I'm with one or several close female friend(s), I complain that I feel pressure to be thin.				
Never	Rarely	Sometimes	Often	Always
13. When I'm with one or several close female friend(s), I complain that my body is disgusting.				
Never	Rarely	Sometimes	Often	Always
14. When I'm with one or several close female friend(s), I complain that I'm not in shape.				
Never	Rarely	Sometimes	Often	Always

APPENDIX C

Fat Talk Scenarios

Pick a friend of yours – any friend that you would talk to on a regular basis. Imagine that friend and you are having a conversation. For each of the following, assume this friend says the statement listed. Write how you would respond to him/her, then what he/she would say back, etc., until the “conversation” is complete. Imagine the same friend talking with you in each scenario.

Scenario 1:

Friend: This double chocolate brownie looks so good, but I know I shouldn't eat it – I already have thunder thighs.

You:

Friend:

You:

Friend:

You:

Scenario 2.

Friend: I have got to get to the gym -- I need to lose some weight.

You:

Friend:

You:

Friend:

You:

Scenario 3

Friend: Feeling so fat makes me want to cry.

You:

Friend:

You:

Friend:

You:

APPENDIX D

Coding Scheme for the Exercise Scenario

Code	Labels	Descriptions	Sample Responses
1	Join in (participant)	Participant actively invites friend to work out or come with them to the gym; does <i>not</i> place responsibility of accepting invitation on friend	"I'll go with you."
2	Join in (friend)	Participant invites friend to work out but places responsibility on friend; friend must decide to accept invitation or coordinate plans to meet	"You can work out with me <i>if you want</i> ."
3	Health Talk	Individual acknowledges that working out may serve a health related purpose, without engaging in fat talk	"Yeah, I actually felt better, and I could tell."
4	Appearance Talk	Individual expresses that working out may improve physical appearance	"We need to get ready for summer."
5	Dismiss/deny fat talk	Individual does not encourage or enable a fat talk related conversation; directly denies or disagrees with friend's claim for need to lost weight or change body shape/size	"I think you look just fine."
6	Commiserate	Individual validates the friend's need to work out while empathizing with sentiment; directs the conversation to one's own body shape/size	"Yeah, you and me both."
7	Instruct	Individual instructs or provides explicit directives to friend about how, when, where to work out	"Go to East Park. Their gym is nice."
8	Agree with plan	Confirmation is made to work out; may include meeting at a specific time or place	"Okay man, sounds good." (participant responding to gym plans)
9	Other	Anything that does not fit into the above categories	"I know."
10	Weight Talk	Any non-consequence reference (i.e., not to feel better, look better) to weight. May include losing weight, goal weights, etc. Does not include disagreeing with the friend's comment to need to lose weight (which would be dismiss/deny)	"What is your goal weight?"
11	Agree with Fat Talk	Generic or specific agreement with a fat talk statement	"Then go." "Yes, you do."

APPENDIX E

MTSU IRB Approval Letter

February 10, 2014
Kim Ujcich Ward
Kimberly.Ward@mtsu.edu
Psychology Department
Protocol Title: **"Body Image and Verbal Behavior"**
Protocol Number: **14-207**

Dear Investigator(s),

The MTSU Institutional Review Board, or a representative of the IRB, has reviewed the research proposal identified above. The MTSU IRB or its representative has determined that the study poses minimal risk to participants and qualifies for an expedited review under the 45 CFR 46.110 Category 2, 4, and 7.

Approval is granted for one (1) year from the date of this letter for 100 participants.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to provide a certificate of training to the Office of Compliance. **If you add researchers to an approved project, please forward an updated list of researchers and their certificates of training to the Office of Compliance (c/o Emily Born, Box 134) before they begin to work on the project.** Any change to the protocol must be submitted to the IRB before implementing this change.

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918.

You will need to submit an end-of-project form to the Office of Compliance upon completion of your research located on the IRB website. Complete research means that you have finished collecting and analyzing data. **Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date.** Please allow time for review and requested revisions.

Also, all research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Timothy R. Graeff

Timothy R. Graeff, Ph.D.
Institutional Review Board
Middle Tennessee State University

APPENDIX F

Consent Form

Principal Investigator: Kimberly J. Ujcich Ward

Study Title: Body Image and Verbal Behavior

Institution: MTSU

Name of participant: _____ Age: _____

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.

For additional information about giving consent or your rights as a participant in this study, please feel free to contact the MTSU Office of Compliance at (615) 494-8918.

1. Purpose of the study:

You are being asked to participate in a research study because we want to know the relationship between words and your body.

2. Description of procedures to be followed and approximate duration of the study:

You will be asked to complete a few questionnaires, get your height and weight measured, and to create several lists of words. Your participation should take about 20-25 minutes.

3. Expected costs:

There are no costs for participating in this project.

4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:

We do not anticipate any inconveniences or risks associated with your participation in this study. You might be uncomfortable being weighed, or answering some items on the questionnaire because some items relate to how you feel about your body.

5. Compensation in case of study-related injury:

MTSU will not provide compensation in the case of study related injury.

6. Anticipated benefits from this study:

a) The potential benefits to science and humankind that may result from this study are for us to better understand the relationship between a person's use of language and the connection to the way they feel about their bodies.

b) The potential benefits to you from this study are that you receive one research participation credit.

7. Alternative treatments available:

This study is not about any treatments.

8. Compensation for participation:

Your compensation for participating in this study is the one research participation credit you receive for the Psychology Research Pool.

9. Circumstances under which the Principal Investigator may withdraw you from study participation:

You may be asked to withdraw from the study if you are disruptive during the assessment process.

10. What happens if you choose to withdraw from study participation:

There are no negative consequences for choosing not to participate or to withdrawing from this study.

11. Contact Information. If you should have any questions about this research study or possible injury, please feel free to contact Dr. Ujcich Ward at Kimberly.ward@mtsu.edu**12. Confidentiality.** All efforts, within reason, will be made to keep the personal information in your research record private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board, Federal Government Office for Human Research Protections, if you or someone else is in danger or if we are required to do so by law.**13. STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY**

I have read this informed consent document and the material contained in it has been explained to me verbally. I understand each part of the document, all my questions have been answered, and I freely and voluntarily choose to participate in this study.

Date

Signature of patient/volunteer

Consent obtained by:

Date

Signature

Printed Name and Title

APPENDIX G

Debriefing Form

Thank you for your participation in our study about body image and verbal behavior. We hope to learn some exciting things about how the way we think about our bodies might be related to the way we talk and use language. The kinds of questions and activities you completed today will help us to figure out this potential relationship.

If after participating in this study today you have concerns about your body image or any potential eating-disordered behaviors, the following resources have professionals who might be able to help you. Feel free to contact any of these service providers directly should you want help with body image or eating-disorder-related problems.

MTSU Counseling Services
MTSU – KUC Room 329
615.898.2670

The Guidance Center/Volunteer Behavioral
118 North Church Street
Murfreesboro TN 37130

Phone: (615) 893-0770