The Effects of Negative Body Talk in an Ethnically Diverse Sample of College Students

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Our study experimentally examined the effects of negative body talk on college students at a Historically Black University. Participants were randomly assigned to read a vignette that contained dialogue between friends while shopping. In the experimental condition, the dialogue contained negative body talk, while the control condition contained a neutral subject. After exposure to negative body talk, African American participants and White men showed greater self-reported eating pathology than those in the control group. Both men and women reported frequent engagement in negative body talk, although women reported more positive reasons for engaging in negative body talk than men did. Our study contributes to a small body of literature on negative body talk in ethnically diverse samples.

In the United States, the ideal appearance for both men and women is simply defined as young, fit, and thin (Becker, Diedrichs, Jankowski, & Werchan, 2013). Focus on the value of the idealized body is associated with habitual concern over one’s appearance (Fredrickson & Roberts, 1997). One manifestation of such concern is “negative body talk,” a general term encompassing discussion about one’s physical appearance (Engeln, Sladek, & Waldron, 2013). Body talk which focuses on weight (“fat talk”) is common, especially among White women, and may have both positive and negative consequences (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006). Although it has been less commonly studied, negative body talk has been identified in men (Engeln, et al, 2013) and may vary by ethnicity (Nichter, 2000). Our study experimentally examines the effects of negative body talk, specifically fat talk, on college men and women at a Historically Black University.

Both men and women frequently engage in negative body talk (Engeln, et al, 2013). Women tend to display fat talk as a type of negative body talk (Nichter, 2000). Fat talk typically follows a rigid script in which one woman makes a self-depreciating comment about her weight...
(e.g., “I look so fat in these jeans”). A second woman then denies that comment’s truth, usually followed by making her own self-depreciating comment (“No, your butt’s not big. Check out my muffin-top”). Among men, negative body talk also occurs, but tends to be less ritualized, less fat-focused, and more muscle-focused. Men also tend to make more positive comments about their bodies than women (Engeln, et al, 2013).

Negative body talk is a common topic of conversation, especially among women (Martz, Petroff, Curtin, & Bazzini, 2009; Salk & Engeln-Maddox, 2011). In an age-diverse sample of women, 81% reported at least occasional fat talk, with 33% reporting frequent engagement in fat talk. Negative body talk is so socially normal that it can be considered unacceptable not to engage in it (Britton et al., 2006; Nichter, 2000). Nichter (2000) suggested that fat talk has the positive function of enhancing social cohesion, especially among White women and girls. Abiding by the social norms of engaging in fat talk helps women and girls to fit in, and provides inter-connectedness between them. Britton et al. (2006) showed that women responding to vignettes rated other women who self-deprecate as more likable than those who did not, showing that self-deprecation may be expressed as a way to appear humble and likeable. Nichter (2000) hypothesized that involvement in fat talk can be compelling since it is considered rude or conceited to fail to respond to fat talk.

Researchers have emphasized the need to examine ethnic comparisons in body talk research (Clarke, Murnen, & Smolak, 2010; Engeln, et al, 2013). Nichter (2000) explored the role of ethnicity in frequency of fat talk in a series of interviews with middle and high school girls. African American girls reported less concern over weight and lower frequency of fat talk. Nichter (2000) reported that the African American concept of beauty encompassed more than simple physical appearance, and included exhibiting a positive attitude and confidence. However, Engeln-Maddox, Salk, and Miller (2012) found no ethnic differences in frequency of fat talk or body concerns among White, African American, Asian, and Latina college women. Given the inconsistent findings in the literature, more research with ethnically diverse samples is warranted.

Although consequences of negative body talk may sometimes be positive in promoting social cohesion, research has suggested harmful effects with respect to body attitudes and eating pathology. Correlational studies have shown that fat talk is reliably associated with eating pathology in college (Engeln-Maddox et al., 2012; Clarke et al., 2010) and non-college (Becker et al., 2013) populations. Moreover, students diagnosed with an eating disorder are more likely to engage in fat talk than those who have not been diagnosed (Ousley, Cordero, & White, 2008). Fat talk has also shown positive associations with body
dissatisfaction (Arroyo & Harwood, 2012; Warren, Holland, Billings, & Parker, 2012) and the internalization of the thin ideal (Becker et al., 2013). The correlations of negative body talk among men are similar to those among women. Negative body talk is associated with eating disordered attitudes and behaviors (Engeln et al., 2013). While correlational studies are useful in establishing the existence of relationships between fat talk and presumed consequences, experimental research is needed to determine cause and effect.

Experimental research has manipulated body talk using a variety of methods, including vignettes that varied in body talk (Britton et al., 2006; Tompkins, Martz, Rocheleau, & Bazzini, 2009) and confederates who engaged in scripts containing negative body talk or a neutral subject (Salk & Engeln-Maddox, 2012, Stice, Maxfield & Wells, 2003). In one study, women exposed to fat-talking confederates experienced higher body dissatisfaction and were more likely to engage in fat talk themselves. Women who were higher in body dissatisfaction prior to the experiment were more likely to engage in fat talk overall (Salk & Engeln-Maddox, 2012). These results suggest that body dissatisfaction can be considered both a cause and consequence of negative body talk in women (Arroyo & Harwood, 2012). A similar experimental study (Engeln et al., 2013) has provided evidence for the existence of negative body talk’s harmful effects on men. Male participants who were exposed to fat-talking and muscle-talking (“That guy’s pretty jacked. I gotta get to the gym”) confederates reported higher eating pathology and lower appearance self-esteem (Engeln et al., 2013) than those not exposed to negative body talk. These results suggest that negative body talk can cause both men and women to experience greater body dissatisfaction and eating pathology.

The present study experimentally varies vignettes to measure the effects of negative body talk on male and female college students. Participants were randomly assigned to receive a vignette that contained dialogue between friends while shopping. In the experimental condition, the dialogue contained fat talk while the control condition contained a neutral subject. After exposure to fat talk or the control condition, we measured eating pathology. We additionally measured frequency and social acceptability of fat talk. We examined gender and ethnic differences in response to fat talk. Our hypotheses were as follows.

H1: Participants exposed to fat talk would show greater eating pathology than those in the control condition.

H2: Women would report higher engagement in fat talk and more positive consequences of fat talk than men.

H3: Women would perceive fat talk to be more socially acceptable than men.
METHOD

Participants
Our convenience sample consisted of 132 college students (65 women & 67 men; $M$ age = 21.36 yrs; $SD$ = 4.92; 46 Caucasians and 86 African Americans) who were surveyed in classes and other sites around campus (e.g., the cafeteria) at a public Historically Black University in Missouri. Participants’ average BMI was in the overweight range ($M$ = 26.61; $SD$ = 5.97). We excluded data from 23 participants because of inconsistencies in their responses which indicated that they were not reading the questions. Specifically, one question asked participants how often they engaged in fat talk and a subsequent question asked reasons why they engage in fat talk. If participants claimed to never engage in fat talk, then checked reasons for engaging, we excluded their data from analysis. The resulting sample consisted of 109 college students (59 women & 50 men; $M$ age = 21.25 yrs; $SD$ = 4.44; 38 Caucasians & 71 African Americans; $M$ BMI = 26.84, $SD$ = 6.19). Power analysis indicated that minimum sample size per group should be 21 (calculated with Cohen’s $d = .80$).

Design
Participants were randomly assigned to either an experimental ($n = 54$) or control group ($n = 55$). The survey included the experimental manipulation in the form of a written vignette featuring dialogue between friends in the context of shopping. The experimental group received dialogue that contained “fat talk” (“Looking in the mirror you say, ‘I’m so fat, I can’t find anything that fits. Maybe I shouldn’t go.’ Friend 1 says, ‘You’re not fat’ …”) and the control group received dialogue about shoes (“Looking in the mirror you say, ‘This isn’t right. They just don’t make the right color or style. Maybe I shouldn’t go.’ Friend 1 says, ‘I like that color’…”). We asked the participants to do their best to imagine that they were a character in the vignette.

Measures
After reading the assigned conversation (fat talk or control), participants completed a demographic measure (age, gender, height, weight, and ethnicity). Additionally, participants completed measures of eating pathology, frequency of fat talk, reasons for fat talk, and social acceptability of the conversation.

Eating pathology was measured using the Drive for Thinness (DT) subscale the Eating Disorder Inventory-2 (EDI-2; Garner, 1991). This 7-item, 6-point subscale measures the core symptoms of anorexia and bulimia pathology (Cronbach’s alpha on our sample = .86). Participant
means were calculated for all questions combined such that the minimum score possible was a one, and the maximum score possible was a six.

To measure participants’ self-reported frequency of fat talk, we adapted a procedure by Salk and Engeln-Maddox (2011). We first provided a definition of fat talk (“Fat talk describes negative body-related talk that frequently occurs in peer groups.”), and then measured how often participants engaged in fat talk with an open-ended question (“How often do you engage in fat talk?”) measuring number of times per week.

We additionally asked participants about their reasons for ‘fat talk.’ The Positive Reasons for Fat Talk Scale (adapted from Salk & Engeln-Maddox, 2011) contained four positive statements about fat talk (e.g., “It makes us feel like a more tightly-knit group”). Participants were instructed to check any reasons why they personally engage in fat talk. The total possible score was four if a participant checked all four options.

Finally, Social Acceptability was measured by how much participants approved of the conversation in the vignette (10-items, 5-point Likert-type scale; e.g., “I am bothered by conversations like the one above” – reverse scored; Cronbach’s alpha = .87). Participant means were calculated for all questions combined such that the minimum score was one, and the maximum score was five.

RESULTS

Analyses were performed using 2 (Ethnicity) x 2 (Gender) x 2 (Condition) ANOVAS for each dependent variable. As an initial test for equivalence in BMI between subgroups, we performed an ANOVA on BMI. Results showed no significant main effects for gender ($F_{1,107} = .49, p = .49$), ethnicity ($F_{1,107} = 3.06, p = .08$), or condition ($F_{1,107} = 2.06, p = .15$), nor any significant interactions. These results indicate that our subgroups had comparable body sizes.

Our first hypothesis predicted that participants in the fat talk condition would show greater eating pathology than those in the control condition. ANOVA on Eating Pathology scores showed a significant ethnicity x gender x condition interaction ($F_{1,100} = 4.22, p = .04$, partial $\eta^2 = .04$). African American women (Control $M = 2.87, SD = 1.23$; Fat Talk $M = 3.15, SD = 1.16$), African American men (Control $M = 1.85, SD = .88$; Fat Talk $M = 2.21, SD = 1.91$), and White men (Control $M = 1.91, SD = .51$; Fat Talk $M = 3.43, SD = 1.24$) exposed to fat talk showed increases in eating pathology scores compared with the control condition. White women, surprisingly, showed lower eating pathology scores in the fat talk ($M = 2.63, SD = 1.27$) than in the control ($M = 3.14, SD = .60$) condition.

Our second hypothesis predicted that women would be more likely to engage in fat talk and to report positive consequences of fat talk than
men. We found no difference in the self-reported frequency of fat talk among women and men (Mean times per week = 2.03, SD = 2.58), $F_{1,103} = .01, p = .92$, partial $\eta^2 = .00$. However, women ($M = 1.76, SD = 1.48$) reported more positive reasons for fat talk than men ($M = .78, SD = 1.18$) did, $F_{1,108} = 15.36, p = .00$, partial $\eta^2 = .13$.

Our third hypothesis predicted that women would perceive the fat talk vignette to be more socially acceptable than men. A main effect of gender in social acceptability scores showed that women also perceived social acceptability of both conditions differently than men, $F_{1,108} = 6.31, p = .01$, partial $\eta^2 = .06$. In both the control and fat talk conditions, women ($M = 4.26, SD = 1.39$) found the dialogue to be less socially acceptable than men ($M = 4.71, SD = 1.09$). An additional main effect of condition showed that participants in the fat talk condition ($M = 4.14, SD = 1.36$) found the dialogue to be less acceptable than those in the control condition ($M = 4.79, SD = 1.13$), $F_{1,108} = 7.73, p = .01$, partial $\eta^2 = .07$.

**DISCUSSION**

Our study examined the positive and negative effects of negative body talk (specifically, fat talk) on college students at a Historically Black University. Although both men and women reported similar frequency of engaging in fat talk, women perceived more positive reasons for doing so than men did. African American men, African American women, and White men exposed to fat talk showed an increase in self-reported eating pathology when compared with the control group, while White women showed the opposite effect. We found no ethnic differences in response to fat talk or frequency of engaging in fat talk. Despite some limitations, this study contributes to the small body of literature on the effects of fat talk in men, women, and ethnic minorities.

Fat talk was common in our sample, occurring on average, about twice a week. Frequency of fat talk was similar in men and women. The lack of gender difference was curious given that the vast majority of fat talk research has focused on women. Although the frequency of fat talk might be similar among men and women, research suggests that it varies in content. Martz et al. (2009) examined male and female pressure to engage in positive, self-accepting, and negative body talk in a large sample of men and women recruited from the Internet. Men reported greater pressure to engage in positive and self-accepting body talk while women felt greater pressure to engage in negative body talk. Engeln et al. (2013) further suggests that negative body talk may vary in content among women and men, with women showing more concern about fat and men showing more concern about muscle. When comparing their actual with ideal bodies, men indicated far greater dissatisfaction with their musculature than their weight (Pope, Gruber, Mangweth, Bureau,
Further research on content of men’s and women’s body talk is needed to explore gender differences in various forms of body talk.

In our sample, women reported more positive reasons for engaging in fat talk than men did. This finding supports the notion that negative body talk results in benefits that may help to sustain conversations, despite possible costs. Nichter (2000) reports that these benefits for women include appearing more likeable. Evidence suggests that people who make both self-deprecating and self-enhancing statements about themselves are better liked than those who solely self-deprecate or self-enhance (Robinson, Johnson, & Shields, 1995). Our results support Nichter’s (2000) notion that negative body talk is one method of using self-deprecation to enhance likeability and camaraderie among women. Despite the self-reported positive outcomes for women, both men and women found the fat talk vignette to be less socially acceptable than the control vignette. This additional result suggests that there is some ambivalence over the social consequences of negative body talk.

African American men, African American women, and White men showed a similar response in eating pathology to our experimental manipulation. Each group showed greater eating pathology after exposure to fat talk when compared with the control condition. White women, by contrast, showed the opposite effect, with exposure to fat talk resulting in lower eating pathology when compared to the control condition. The consistent effects among men concur with Engeln et al. (2013), who found that men exposed to fat-talking confederates showed an increase in eating pathology. These results suggest, even though the content of the dialogue may differ from that seen in women, the harmful effects of negative body talk persist among men. The unexpected effects among White women contrast with previous research (Salk & Engeln-Maddox, 2012), and could have been an artifact of an unnatural experimental situation, a small sample of White women ($n = 20$), or a sampling bias. White women choosing to attend a Historically Black University may not be representative of White women in other contexts. Further research examining larger samples of White women in a variety of contexts is necessary to gauge the external validity of the result.

We found no effect of ethnicity on response to fat talk or frequency of self-reported fat talk. Our results concur with other research showing no ethnic differences in frequency of fat talk or body concerns among college women (Engeln-Maddox et al., 2012). In contrast, Nichter (2000) reported ethnic differences, with African American girls talking less about weight concerns than their White counterparts. This discrepancy in findings may be due to a sociocultural shift over the last decade. Rogers, Wood, and Petrie (2010) reported that early research showed that eating
disorders were largely the domain of White women, while being relatively uncommon among African American women. More recent research has shown that African American women do experience eating disorders, body image concerns, and internalization of the thin ideal (Rogers, et al., 2010). Ethnic differences in body talk may have similarly become smaller and more difficult to detect over time. Another possibility is that African American susceptibility to body shame and appearance anxiety may vary by racial identity or the salience of race in the context of the study (Watson, Ancis, White, & Nazari, 2013). Future research on multiethnic samples should include measures of ethnic identity in an effort to understand these associations.

Our study had several limitations. Our manipulation of fat talk consisted of brief, fictional dialogues, in which participants were to imagine being involved. We do not know the extent to which reading a transcript simulates actual involvement in a conversation involving fat talk. Furthermore, our data are based on self-report. Participants' estimates of fat talk frequency may be inaccurate. Our effect sizes were in the medium to small range, indicating we accounted for only a modest proportion of the variance in our dependent measures. Finally, our sample was small. The White sample was particularly small (38 Caucasians; 20 women, 18 men). A larger sample might have given us the statistical power to detect more subtle ethnic and gender differences.

Despite these limitations, it is important to note that reading a short dialogue involving fat talk had a significant effect on eating pathology among several groups. Our participants reported frequent involvement in fat talk. If the effect is cumulative, repeated exposure might result in more serious eating pathology. Broad impacts of frequent fat talk might include increased rates of eating disorders. Our study and the results of previous research support programs aimed at reducing fat talk, such as Fat Talk Free Week (Berthou, 2012), a campus initiative intended to raise awareness of the negative impact of fat talk.

REFERENCES


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