Why do women engage in fat talk? Examining fat talk using Self-Determination Theory as an explanatory framework

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This study used Self-Determination Theory to examine the motivational processes involved in individuals’ engagement in fat talk and its association with unhealthy eating behaviors. Female undergraduate students (N = 453) completed an online questionnaire, which assessed general and contextual motivation, importance placed on goals, fat talk, and unhealthy eating behaviors. Structural equation modeling revealed that being generally non-self-determined and placing more importance on extrinsic goals, such as thinness, was associated with fat talk. Fat talk was further associated with non-self-determined motivation for eating regulation, which in turn was associated with unhealthy eating. General self-determination and placing more importance on intrinsic goals, such as health, were not associated with fat talk, but instead, were associated with more adaptive forms of eating regulation and diet quality. Findings further current knowledge on the respective roles of motivation and goals on the engagement in fat talk, and its consequences on eating regulation and behavior.

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Introduction

With the growing prevalence of eating-related problems in Western societies, information on nutrition and weight management has become extremely pervasive in mainstream media (Willis & Knobloch-Westerwick, 2014). There is an abundance of information on nutrition and weight management that is accessible to the public; yet, increasing rates of body image related problems and eating pathology has become a major health concern (Verstuyf, Vansteenkiste, Soenens, Boones, & Mouratidis, 2013). For instance, approximately 57% of adolescent girls engage in unhealthy weight-control behaviors such as skipping meals and fasting (Neumark-Sztainer et al., 2002), and around 24% of women are dieting to lose weight (Fairburn & Brownell, 2005). The vast amount of resources to help individuals eat more healthily illustrates one of the ways to combat the epidemic of disordered eating, and also emphasizes the complexity and difficulty of regulating one’s behaviors.

In order to reduce and prevent body image related issues, researchers have investigated various risk factors associated with body dissatisfaction and dysfunctional eating. The sociocultural model of eating pathology, one of the most validated models of disordered eating (Thompson, Coover, & Stormer, 1999; Thompson & Stice, 2011), is based on the assumption that perceived social pressure to adhere to the thin ideal – which is perpetuated by the media, parents, and peers and cultural standards of feminine beauty – lead to dysfunctional beliefs and attitudes about body weight and eating behaviors through the internalization of these cultural standards (Fingeret & Gleaves, 2004; Halliwell & Harvey, 2006). Although this model has had a crucial impact on our current understanding of how some women may develop eating disorders, scholars have recently been interested in exploring how women, themselves, actively perpetuate the thin ideal by engaging in self-degrading conversations about one’s own and/or others’ bodies in a social context. These conversations have been termed fat talk (Nichter & Vuckovic, 1994).

Fat Talk

Fat talk has been defined as everyday conversations between individuals that are characterized by negative and disparaging comments regarding food dysregulation (e.g., “I ate way too much”), weight (e.g., “She is so thin!”), and/or body shape (e.g., “I hate my thighs”). Both women and men are known to engage in fat talk (Engeln-Maddox, Sladek, & Waldron, 2013); however, these conversations have been shown to predominantly occur among women of average weight across all ages (Arroyo & Harwood,
2012) and in women of all body types (Martz, Petroff, Curtin, & Bazzini, 2009; Stice, Maxwell, & Wells, 2003). Given the pervasive-ness of fat talk, these conversations have been shown to function as a social and injunctive norm (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006; Tompkins, Martz, Rocheleau, & Bazzini, 2009): approximately 93% of college women engage in fat talk (Salk & Englin-Maddox, 2011), fail fat talk has been associated with a myriad of maladaptive consequences. For instance, verbalizing discontent with one’s body has been shown to be significantly associated with body dissatisfaction and mental health issues, such as depression, low self-esteem, appearance investment, body-related cognitive distortion, drive for thinness, and dysfunctional eating (Arroyo & Harwood, 2012; Arroyo, Segrin, & Harwood, 2014; Rudiger & Winstead, 2013; Shannon & Mills, 2015). Most importantly, fat talk is a contagious phenomenon that is reciprocal in nature: women who overhear others engage in fat talk are more likely to fat talk themselves and to experience heightened body dissatisfaction and guilt (Corning, Buchaneri, & Pick, 2014; Engelin-Maddox & Salk, 2014; Gapinski, Brownell, & LaFrance, 2003; Jones, Crowther, & Ciesla, 2014; Salk & Englin-Maddox, 2011).

Over the past decade, correlates, causes, and consequences of fat talk have been increasingly investigated, particularly because of fat talk’s rather strong association with risk factors related to the development of eating pathology (Shannon & Mills, 2015; Wade & Tiggemann, 2013). Accumulated evidence suggests that engagement in fat talk serves a guilt relief function, where individuals engage in these types of conversations to absolve themselves from shame for overeating and eating high-calorie foods or for not embodying the thin ideal (Shannon & Mills, 2015). Women engage in fat talk to receive validation, or re-affirmation, that their bodies are appealing and to seek social support and/or cohesion (for a review see Shannon & Mills, 2015). Although some of the causes and consequences of fat talk have been identified, no research has specifically examined individual differences in motives and goals associated with an individuals’ propensity to engage in fat talk, and the processes through which engagement or disengagement in fat talk impact women’s eating regulatory styles and eating behaviors. Using Self-Determination Theory (SDT) as a theoretical framework, this study aims to examine these issues.

Self-Determination Theory

SDT is a theory of motivation that postulates that humans are naturally self-motivated and have natural propensities for growth, integration, and well-being (Deci & Ryan, 1985, 2000). To understand and predict behavior, SDT attempts to explain the “why” and the “what” that underlie people’s actions. The “why” of behavior is concerned with the different motives that move people to act, whereas the “what” of behavior is concerned with the content of individuals’ goals. Although both constructs interact and influence each other, SDT acknowledges the importance of differentiating between motivation and goals to thoroughly understand why individuals engage in health promoting or health diminishing behaviors, since these constructs have been shown to have independent effects on well-being outcomes, such as positive and negative affect and life satisfaction (Deci & Ryan, 2000; Sheldon, Ryan, Deci, & Kasser, 2004).

The “why” of behavior. According to SDT, it is crucial to distinguish whether the origin of a behavior emanates from the self or whether it is external from the self. If the source of the regu-lation emanates from the self, the individual has identified with the behavior and has integrated it into his/her life. If the behavior is external from the self, the behavior has only been partially internalized or has not been internalized at all. SDT differentiates between three broad types of motivation (i.e., amotivation, extrinsic, and intrinsic) that can be divided into six behavioral regulations that vary in the extent to which they are autonomous and internalized. These behavioral regulations fall along a continuum from non-self-determined forms of regulation (amotivation, external, and introjected) to self-determined forms of regulation (identified, integrated, and intrinsic). At the non-self-determined end of the continuum, individuals feel more controlled in the regulation of their behaviors and engage in activities to obtain rewards; to avoid punishment, shame or guilt; and/or to maintain self-worth (Deci & Ryan, 2000). As individuals move toward more self-determined forms of regulation, they feel more autonomous and engage in activities that are congruent with their life goals and values.

Research in SDT provides extensive evidence that self-determined forms of motivation are associated with positive outcomes, whereas non-self-determined forms of motivation are associated with negative outcomes. In the domains of eating regulation, self-determined motivation has been shown to be positively associated with healthy eating and negatively associated with bulimic symptoms, whereas non-self-determined motivation has been shown to be negatively associated with healthy eating, and positively associated with bulimic symptoms in female university students (Pelletier, Dion, Slovinic-D’Angelo, & Reid, 2004). In the same study, self-determined motivation was associated with more concerns over the quality of food consumed, whereas non-self-determined motivation was associated with more concerns over the quantity of food consumed. In another sample of female university students, Otis and Pelletier (2008) also demonstrated that self-determined motivation was positively associated with an approach orientation toward food planning, which was associated with healthy eating behaviors, whereas non-self-determined motivation was positively associated with an avoidance orientation toward food planning, which was negatively associated with healthy eating behaviors.

General self-determination has also been shown to function as a protective factor for body image and disordered eating. In a motivational model of the sociocultural model of disor-dered eating, Pelletier, Dion, and Lévesque (2004) demonstrated that general self-determination was negatively associated with perceptions of sociocultural pressures of thinness, sociocultural beliefs about thinness and obesity, and bulimic symptoms. General self-determination was also shown to buffer the relationship between sociocultural pressures and endorsement of society’s beliefs about thinness and obesity, and between body dissatisfaction and bulimic symptomology in female undergraduate students. Pelletier and Dion(2007) further developed the motivational model of disordered eating with a sample of university women. In this model, general self-determined motivation was negatively associ-ated with sociocultural pressures to be thin and the endorsement of society’s beliefs about thinness and obesity. Consistent with previous literature, sociocultural pressures to be thin was posi-tively associated with the endorsement of thinness and obesity, which in turn was positively associated with body dissatisfaction. Body dissatisfaction was then positively associated with contex-tual non-self-determined motivation for eating, and to a lesser extent, self-determined motivation for eating. These two forms of contextual motivation were then associated with distinct eating behaviors: self-determined motivation was positively associated with healthy eating, which was defined by the Canadian Food Guide, and negatively associated with bulimic symptoms, whereas non-self-determined motivation was positively associated with bulimic symptoms and negatively associated with healthy eating.
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