



The effects of fat talk on body dissatisfaction and eating behavior: The moderating role of dietary restraint



Alyssa Compeau^{a,b}, Suman Ambwani^{a,*}

^a Dickinson College, P.O. Box 1773, Carlisle, PA 17013, USA

^b Loyola University Maryland, 4501 N. Charles St., Baltimore, MD 21210, USA

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ABSTRACT

Although research suggests that *fat talk*, the normalized conversations that involve degrading one's body shape/weight and size, can increase body dissatisfaction and disordered eating behavior, the extent to which dietary restraint may moderate these relationships remains uncertain. A pilot study ($N = 30$) comparing online videos with researcher-developed vignettes as prospective manipulations for fat talk exposure suggested use of the vignettes as potent yet subtle stimuli. In the main study, women undergraduates ($N = 116$) were randomized to read a fat talk or neutral vignette and then completed standardized measures of body dissatisfaction and dietary restraint while being concurrently presented with food stimuli. Results suggest significant moderation effects for dietary restraint: whereas fat talk exposure was associated with increased body dissatisfaction among low dietary restrainers, it appeared to reduce food consumption among high dietary restrainers. Findings highlight the importance of individual differences in shaping responses to fat talk.

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Introduction

Fat talk, an emerging research area pertaining to body dissatisfaction and eating behavior, involves patterns of conversation that degrade one's own body shape and weight as well as that of absent others (Nichter, 2000). These frequent and socially acceptable, yet disparaging, conversations appear to center around five basic themes among undergraduate students: self-comparison to ideal eating and exercise habits, fears of becoming overweight, comparing one's eating and exercise habits to others, strategies for replacing meals and building muscle, and most commonly, the evaluation of others' appearance who are absent from the conversation (Ousley, Cordero, & White, 2008). Research suggests that hearing another woman engage in fat talk about herself has adverse effects on body dissatisfaction among undergraduate women (Stice, Maxfield, & Wells, 2003), and thus reducing one's own engagement in fat talk has become an important target for dissonance-based eating disorder prevention programs. Such programs have demonstrated decreased body dissatisfaction and bulimic symptoms with significant effects maintained at 8-month follow-up (Black-Becker, Bull, Schaumberg, Cauble, & Franco, 2008).

The specific impact of fat talk, however, on *immediate* body dissatisfaction and disordered eating remains somewhat unclear and is limited by the absence of a standardized method for manipulating and exposing participants to this construct. Thus, the present study sought to develop an experimental tool for fat talk exposure and clarify the immediate self-perceptual and behavioral consequences of these conversations among college women. Studies describing the use of negative body comments, although not necessarily identified as fat talk, suggest adverse consequences but also some unexpected benefits for these types of conversations. On one hand, adolescent girls who report exposure to peers' negative body communication and dieting behaviors exhibit elevated body dissatisfaction, dieting behaviors, preoccupation with food, drive for thinness, and bulimic symptoms (Kichler & Crowther, 2009; Thompson et al., 2007; Wertheim, Paxton, Schutz, & Muir, 1997). On the other hand, one study revealed a positive outcome for fat talk exposure: hearing fat talk, relative to not hearing fat talk, was related to decreased negative emotions, perhaps due to participants' engagement in positive self-comparison behaviors (Gapinski, Brownell, & LaFrance, 2003). The researchers speculated that perhaps participants engaged in downward comparisons (i.e., perceiving that the confederate had worse or undesirable physical characteristics) thus resulting in greater confidence about their own bodies, although this may be temporary. Others have also suggested that fat talk may be a way for college women to provide emotional support to friends who are struggling with body-related concerns, and may then contribute to stronger friendship alliances

* Corresponding author at: Psychology Department, Dickinson College, P.O. Box 1773, Carlisle, PA 17013, USA. Tel.: +1 717 245 1255.

E-mail address: Ambwanis@dickinson.edu (S. Ambwani).

because one's fears of being fat are often allayed by others (Salk & Engeln-Maddox, 2011). Taken together, the impact of exposure to negative body communication on body dissatisfaction and eating behavior remains somewhat unclear and highlights the need for additional research.

Variability in responses to fat talk may be explained in part by individual difference variables, such as body dissatisfaction and dietary restraint. Although *dietary restraint* refers to the restriction of food intake for the purposes of losing weight (Stice, 1998), empirical findings suggest an alternate definition for this construct. More specifically, whereas some scholars suggest that scores on dietary restraint measures are inversely associated with caloric intake (Stice, Sysko, Roberto, & Allison, 2010), others suggest a positive relationship (Warren, Strauss, Taska, & Sullivan, 2005), or a lack thereof (Bellisle, Dalix, Airinei, Hercberg, & Peneau, 2009). Consequently, there is significant disagreement regarding the measurement of this construct, and whether or not questionnaires assessing dietary restraint actually measure caloric restriction (Stice, Fisher, & Lowe, 2004). For example, the Restraint Scale (RS; Herman & Polivy, 1980), Dutch Restrained Eating Scale (DRES; van Strien, Frijters, Bergers, & Defares, 1986; van Strien, Frijters, Van Staveren, Defares, & Deurenberg, 1986), and Dietary Intent Scale (DIS; Stice, 1998) are utilized to assess the extent to which individuals restrict food intake for the purposes of losing weight, but there is variability regarding scale validity: whereas the DIS was found to be significantly and inversely related to both fat-grams and total calories consumed, the DRES was only inversely related to fat-grams consumed and the RS was not related to either consumption variable (Stice et al., 2004). These findings suggest that the DIS may offer more valid measurement of the dietary restraint construct. Although dietary restraint questionnaires may not consistently measure food restriction, these scales are consistently related to maladaptive eating behaviors and eating disorder risk factors such as body dissatisfaction (Black-Becker et al., 2008; Leahey, Crowther, & Ciesla, 2011; Smith & Rieger, 2009). Moreover, results from a brain imaging study suggest meaningful differences between dietary restrainers and non-restrainers while viewing food after eating (Coletta, Platek, van Steenburgh, Green, & Lowe, 2009), thus suggesting that dietary restraint questionnaires assess an important facet and likely moderator of eating pathology.

Dietary restraint is also significantly associated with appearance-related comparison, body dissatisfaction, eating behavior, and fat talk (Leahey et al., 2011; Smith & Rieger, 2009), further supporting the importance of this individual difference variable. For instance, an ecological momentary assessment study found that after women engaged in upward appearance-related comparisons (i.e., perceived that another individual possessed more desirable physical characteristics, which may lead to self-deprecating fat talk comments about one's own body by comparison), those who reported high body dissatisfaction also reported a greater increase in thoughts of dieting relative to women with low body dissatisfaction (Leahey et al., 2011). Similarly, another study found that women who were exposed to negative body shape and weight words such as "fat" reported increased body dissatisfaction and exhibited dietary restriction relative to a neutral condition (Smith & Rieger, 2009), indicating that fat talk comments, body dissatisfaction, and dietary restriction are likely interconnected constructs; however, there is limited research on how these variables may interact with each other. Stice et al. (2003) also expected that individual-level characteristics, such as thin-ideal internalization and low social support, would moderate the relationship between fat talk exposure and the outcome variables of body dissatisfaction and negative affect; although these effects were not significant, the authors speculated that this finding may have been due to low power rather than the absence of a moderator per se.

In addition to moderating the relationship between fat talk exposure and body dissatisfaction, dietary restraint may also influence eating behavior. For example, one study found that high school girls with high dietary restraint who viewed diet commercials consumed more food than their low dietary restraint counterparts, but this relationship was not observed among those who viewed a neutral stimulus (Warren et al., 2005). Although viewing diet commercials is not the same as engaging in fat talk, it is likely that similar processes occur such that both focus on perceived negative aspects of the body, describe means of changing these negative body opinions, and contribute to negative body talk. As such, it may be expected that dietary restraint also moderates the relationship between body-related stimuli and food consumption. Although these findings appear counterintuitive given the definition of dietary restraint, it is not uncommon to find restrained eaters engaging in greater food consumption in experimental studies (e.g., Mills, Polivy, Herman, & Tiggemann, 2002; Seddon & Berry, 1996). Perhaps, these restrained eaters perceive their bodies to be more similar to larger body types compared to thin body types (Mills et al., 2002), resulting in subsequent body dissatisfaction and therefore increased food consumption to manage these negative emotions (Stice & Agras, 1999). Given that body dissatisfaction is higher among high dietary restraint individuals (Davis, Durnin, Gurevich, & le Maire, 1993), it is likely that exposure to fat talk would exacerbate their body dissatisfaction, whereas those lower in dietary restraint may be protected or less susceptible to similar increases in body dissatisfaction subsequent to fat talk. Therefore, restrained eaters may engage in overeating as a response to their negative body perceptions and negative affect, thus providing one explanation for the counterintuitive experimental findings. However, further research is needed to clarify how dietary restraint may interact with fat talk exposure to influence body dissatisfaction and eating behavior.

An important limitation to understanding the nature and impact of fat talk is the relative paucity of published research specifically examining this phenomenon, which may be in part due to the challenge of experimentally manipulating fat talk. Most studies investigating fat talk have employed non-experimental methods, largely to describe content areas of fat talk, identify those individuals who engage in fat talk, and provide anecdotal reports of the effects of negative body communication (e.g., Ousley et al., 2008; Salk & Engeln-Maddox, 2011; Wertheim et al., 1997). However, research has recently expanded to include quantitative tools to assess this construct, such as the Fat Talk Questionnaire (Royal, MacDonald, & Dionne, 2013), which can be used to obtain objective measurements of fat talk usage. In one experimental investigation, researchers demonstrated that brief exposure to a very thin attractive confederate who engaged in fat talk resulted in increased body dissatisfaction among participants, and that this did not vary across their baseline levels of thin-ideal internalization (Stice et al., 2003). However, the experimental manipulation was described as being "relatively subtle" to prevent detection of the study hypothesis by participants, and as noted by the authors, the study was limited to self-report measurement of outcomes. The present study thus employed a pilot test to determine which stimulus materials would exhibit potency in fat talk exposure without being so obvious as to be easily detected by participants.

Study Aims and Hypotheses

The present study sought to: (a) identify an experimental manipulation to expose individuals to fat talk, and (b) assess the differential impact of exposure to fat talk on body dissatisfaction and eating behavior based on dietary restraint. Specifically, we hypothesized that fat talk exposure (versus exposure to a neutral

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