



The Family Fat Talk Questionnaire: Development and psychometric properties of a measure of fat talk behaviors within the family context



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ARTICLE INFO

Article history:

Received 26 March 2014

Received in revised form 3 October 2014

Accepted 5 October 2014

Keywords:

Fat talk

Body image

Family

Psychometrics

Exploratory factor analysis

Confirmatory factor analysis

ABSTRACT

Fat talk has been well studied in female peer groups, and evidence suggests it may also be important in family contexts. However, no instrument exists to validly assess fat talk within the family. The purpose of this study was to develop a measure of fat talk within families and to establish its psychometric properties in young adult women. In Study 1, the Family Fat Talk Questionnaire (FFTQ) was developed and exploratory factor analysis suggested a 2-factor structure (“Self” and “Family” fat talk), and strong internal consistency. Study 2 confirmed its 2-factor structure using confirmatory factor analysis. Study 3 demonstrated the construct validity of FFTQ scores, including significant correlations with related constructs and predictable gender differences. Study 4 demonstrated the stability of FFTQ scores over two weeks. Therefore, the FFTQ produces valid and reliable scores of fat talk behaviors both exhibited and observed by young adult women within the family context.

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Introduction

Sociocultural messages about beauty often permeate social interactions and patterns of communicating (Smolak & Levine, 2001). The term *fat talk* was coined to describe negative body-related conversations that occur between female adolescents (Nichter & Vuckovic, 1994). More specifically, fat talk has been defined as a normative, back-and-forth conversation pattern in which one or more girls/women makes disparaging comments about her own body (e.g., “I’m so fat!”), which leads the other girls/women involved to either negate the comments (e.g., “No you’re not!”) or to similarly disparage themselves (“No, I’m so fat!”; Nichter, 2000). Fat talk appears to serve numerous functions including the management of interpersonal relationships, the strengthening of emotional connections to peers, eliciting reassurance about one’s weight, preventing peer rejection (Nichter, 2000; Nichter & Vuckovic, 1994), as well as facilitating upward and downward social comparisons within female peer groups (Bailey & Ricciardelli, 2010). Males also engage in fat talk; however, the content of their conversations differs from women’s

conversations (Engeln, Sladek, & Waldron, 2013). Fat talk is correlated with body dissatisfaction in both adolescent girls and women (Sharpe, Naumann, Treasure, & Schmidt, 2013), and body dissatisfaction increases immediately following experimental exposure to fat talk (Stice, Maxfield, & Wells, 2003). This latter finding suggests a temporal relationship between fat talk and state body dissatisfaction. Research has also shown positive correlations between fat talk, body shame, and restrained eating (MacDonald Clarke, Murnen, & Smolak, 2010; Royal, MacDonald, & Dionne, 2013).

Although most research has focused on fat talk within peer groups, fat talk may also occur in, and have important implications within, the family context. Parental overvaluation of appearance and achievement of a low body weight may contribute to body dissatisfaction and under- or overeating in children (e.g., Keery, Boutelle, van den Berg, & Thompson, 2005; Kluck, 2008, 2010). Additionally, mothers who discuss weight may be more likely to have daughters with disordered eating (Fulkerson et al., 2002; Keery et al., 2005; Neumark-Sztainer et al., 2010). Furthermore, negative comments about appearance and appearance-related teasing by both parents and siblings is related to weight reducing practices, body dissatisfaction, low self-esteem, depression, and disordered eating in adolescent girls and young women (Eisenberg, Berge, Fulkerson, & Neumark-Sztainer, 2012; Keery et al., 2005; Kluck, 2010).

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Despite these findings, there is no published measure that adequately assesses fat talk in the family context. There are three validated measures of fat talk in peer contexts (i.e., Engeln-Maddox, Salk, & Miller, 2012; MacDonald Clarke et al., 2010; Royal et al., 2013), but these measures do not query about fat talk within the family. Although the Parental Influence Questionnaire (Abraczinskas, Fisak, & Barnes, 2012) and Caregiver Eating Messages Scale (Kroon Van Diest & Tylka, 2010) assess parental influence on body image and eating behaviors, neither assesses family fat talk. Neither of these measures focuses on the body parts that are the specific targets of fat talk discussion, and the latter focuses primarily on eating-related messages. Furthermore, research on peer fat talk shows that both sides of the fat talk conversation are important (Salk & Engeln-Maddox, 2011), but neither measure assesses the respondent's behaviors. Given the described relationships between negative comments and teasing about appearance from family members and elements of psychological wellness such as body dissatisfaction, restrained eating, and eating disorder symptoms, a psychometrically sound measure of fat talk that is specific to the family context is needed in this area.

The Current Study

Accordingly, the first goal of this study was to develop a measure of family fat talk by adapting a psychometrically sound measure of peer fat talk for undergraduate women – the Fat Talk Questionnaire (FTQ; Royal et al., 2013) – to be appropriate for use within the family. The second goal was to establish the family version of the FTQ's preliminary psychometric properties in young adult women (35 and younger), including its factor structure, internal consistency, construct validity, and temporal stability. We chose to focus only on young women for this preliminary psychometric investigation (a) to be consistent with previous research on fat talk, (b) because research has indicated that the nature of fat talk differs by gender, and (c) because we expected that fat talk specifically within the family context might differ between older and younger women given their different roles within the family. Ethics approval was obtained from the university Research Ethics Board for all four studies reported within this paper.

Study 1: Development and Exploratory Factor Analysis

The goal of Study 1 was to develop the Family Fat Talk Questionnaire (FFTQ) items and to examine its internal factor structure using exploratory factor analysis among young adult women.

Method

Questionnaire development. The FFTQ items were developed by adapting the FTQ items (Royal et al., 2013) to be appropriate for use within the family. The FTQ is a 14-item self-report scale that asks respondents to indicate the frequency with which they engage in various fat talk behaviors when they are with similar-weight female peers (e.g., “When I am with one or several close female friends, I complain that my stomach is fat”). Items are rated on a 5-point scale ranging from *Never* to *Always*. FTQ scores are computed by summing the responses for the 14 items. The FTQ consists of a single factor, and the items were found to be internally consistent ($\alpha = .94$) and temporally stable ($r = .90$) over two weeks in undergraduates (Royal et al., 2013). Construct validity in undergraduates has been shown using significant correlations with measures of body dissatisfaction, body shame, body surveillance, restrained eating, social physique anxiety, and peer fat talk; a nonsignificant correlation with socially desirable responding; and significant differences in frequency of fat talk between men and women (Royal et al., 2013).

The first three authors developed the FFTQ items. The first and third authors were female PhD candidates in clinical psychology who specialize in eating disorders and have previous experience with scale development in the area of fat talk. The second author is a female PhD-level social worker who specializes in family issues related to eating disorders. We chose to adapt the FTQ items rather than develop new items because the original FTQ was originally developed using a rigorous qualitative methodology, and its content was reduced from a comprehensive list of 62 items. Additionally, the FTQ's psychometric properties in undergraduate women were rigorously investigated and very strong. The rigorous item development is a strength of the FTQ, and as such, we chose to adapt these items as we expected that the content of typical fat talk comments would be similar between peer and family contexts. Additionally, by adapting the FTQ, there is correspondence between the peer and family fat talk constructs as assessed by these measures.

The 14 items of the FTQ were adapted in two ways to assess both sides of fat talk conversations within the family: First, to assess the respondent's *own* behaviors when interacting with her family members in the past year; and second, to assess behaviors that the respondent *observed* her family members engaging in during the past year. For example, the FTQ item “When I'm with one or several close female friend(s), I complain that I am fat” was adapted to include both of the following: “When I'm with my family members, I complain that I am fat,” as well as “When I'm with my family, I hear them complain that they are fat.” We elected to adapt the items in both ways because of the social nature of fat talk (Nichter, 2000) and because both sides of the conversation are important (Salk & Engeln-Maddox, 2011), particularly in the family context. Items were preceded by these instructions: “We are interested in the comments you say out loud when you are with your family members over the last year. We are also interested in the comments your family members made about their bodies over the last year. We define family broadly to include parents, siblings, partners, etc. Please keep this in mind when filling out the following questions.” We added this one-year timeframe (which the FTQ does not use) to ensure that participants reflected upon current behaviors, as it is possible that family fat talk may change as individuals pass through different developmental phases and as relationships with family members evolve over time. Items were rated on a 5-point scale from 1 (*Never*) to 5 (*Always*).

After FFTQ items were developed, we independently consulted with two experts who are clinical psychologists specializing in eating disorders and have experience in body image scale development—neither was involved with the present study. Both experts agreed that the family fat talk construct had been comprehensively surveyed in the FFTQ items.

Participants. Participants were female undergraduates ($N = 278$) who were recruited from the undergraduate psychology research participant pool. Ages ranged from 17 to 35 years ($M = 19.1$, $SD = 2.6$). The sample was ethnically diverse. The most common ethnicities represented were Caucasian (45.5%), East Asian (12.3%), South Asian (10.8%), mixed ethnicity (8.3%), Southeast Asian (7.9%), and Black (6.9%). Participants had a mean body mass index (BMI) of 22.2 kg/m^2 ($SD = 4.2$).

Measures.

Preliminary Family Fat Talk Questionnaire (FFTQ). The 28-item preliminary FFTQ, described above, was given to participants.

Demographics questionnaire. Basic demographic information was collected, including age, gender (to confirm that they were female), ethnicity, and self-reported height and weight. Body mass

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