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

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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).
Despite these findings, there is no published measure that ade-
quately 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 Question-
naire (Abrazcinskas, Fisak, & Barnes, 2012) and Caregiver Eating
Messages Scale (Kroon Van Diest & Tytka, 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 psycho-
logical well-being 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 Question-
naire (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 consist-
tency, construct validity, and temporal stability. We chose to focus
only on young women for this preliminary psychometric investi-
gation (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 Ques-
tionnaire (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 inter-
ally consistent (α = .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 surveil-
ance, 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 orig-
inally 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 con-
texts. 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 con-
sulted 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 compre-
hsively surveyed in the FFTQ items.

Participants. Participants were female undergraduates
(N = 278) who were recruited from a range of undergraduate psy-
chology 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%), South-
east Asian (7.9%), and Black (6.9%). Participants had a mean body
mass index (BMI) of 22.2 kg/m² (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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