



The role of fat talk in eating pathology and depressive symptoms among mother-daughter dyads[☆]



Chong Man Chow^{a,*}, Cin Cin Tan^{a,b}

^a Eastern Michigan University, United States

^b University of Michigan, United States

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ABSTRACT

The present study investigated how eating pathology and depressive symptoms were related to the dyadic dynamics of fat talk in mother-daughter relationships during adolescence. The current sample included 100 mother-daughter dyads who completed a survey on their fat talk disclosure, eating pathology, and depressive symptoms. The Actor-Partner Interdependence Model (APIM) was utilized for the dyadic data. Adolescent girls' and mothers' engagement in fat talk was related to their own eating pathology. Daughters, but not mothers, who engaged in more fat talk reported more depressive symptoms. When mothers and daughters both had high levels of fat talk, it was associated with a higher risk of daughters' eating pathology. Adolescent girls who engaged in fat talk reported higher depressive symptoms when their mothers did not reciprocate with more fat talk. This study highlights the importance of an interpersonal approach to fat talk research and clinical interventions addressing adolescents' eating disorders and depression.

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1. Introduction

Body image disturbances (e.g., body dissatisfaction, pathological eating) are prominent among women and girls (Morrison, Morrison, & Sager, 2004; Smolak, 2004). According to the Tripartite Model, parent-child relationships, in addition to peers and media, are important socialization agents of body dissatisfaction and eating problems among adolescent girls (Keery, Van den Berg, & Thompson, 2004). One mechanism in which parent-child relationships may exert influence on adolescents' body image disturbances is through their weight-related conversations (Neumark-Sztainer et al., 2010), including fat talk (Shannon & Mills, 2015). Fat talk is a form of dyadic conversation that includes mutual disclosure and support of appearance related dissatisfaction (Shannon & Mills, 2015). Past studies on adults have demonstrated the adverse consequences of fat talk on body image problems and disordered eating behaviors (Mills & Fullertyszkiwicz, 2016; Shannon & Mills, 2015). Surprisingly, since Nichter and Vuckovic's (1994) seminal qualitative work, very little research attention has been devoted to fat talk in mother-daughter relationships during adolescence. In addition to eating

disorder symptoms, adolescent girls are also at risk for developing depressive symptoms (Stice, Presnell, & Bearman, 2001). An interpersonal perspective on socioemotional development suggests that gender differences in adolescents' psychological adjustment are attributable to the interactional styles of girls versus boys with their family and peers (Rose & Rudolph, 2006). Fat talk as an interpersonal dynamic that revolves around body dissatisfaction and negative affect, therefore, is expected to be related to depressive symptoms (Arroyo & Harwood, 2012). Given the salience of eating problems (45%; Neumark-Sztainer and Hannan, 2000) and depressive symptoms (25%; Saluja et al., 2004) among adolescent girls, the present study investigated how these psychological problems were related to fat talk in mother-daughter relationships during adolescence.

1.1. Fat talk

Fat talk is common in families, especially between mothers and daughters (Rogers, Martz, Webb, & Galloway, 2017). Cross-sectional research on adults has consistently demonstrated the negative impacts of engaging in, as well as exposure to, fat talk with family members (e.g., mothers) on body image disturbances (e.g., body dissatisfaction, eating disorder symptoms; Arroyo & Andersen, 2016; Kluck, 2008, 2010; MacDonald, Dimitropoulos, Royal, Polanco, & Dionne, 2015). Although not directly capturing fat talk, a small body of research has been devoted to examining weight and dieting conversation in parent-adolescent relationships (Berge

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* Corresponding author at: Psychology Department, Eastern Michigan University, Ypsilanti, MI 48197, United States.

E-mail address: cchow@emich.edu (C.M. Chow).

et al., 2013, 2015; Neumark-Sztainer et al., 2010). It was found that parent-adolescent conversation about each other's weight or size was related to adolescents' engagement in unhealthy weight changing behaviors (e.g., fasting, dieting), extreme weight changing behaviors (e.g., using diet pills, laxatives, diuretics), and binge eating concurrently (Berge et al., 2013, 2015; Neumark-Sztainer et al., 2010). These adolescent studies, however, have primarily focused on how parents manage their adolescents' diets and weight (e.g., encouragement of dieting, criticism of weight/size) through conversations. Family conversations that encompasses mutual disclosure and validation of each other's body image concerns (i.e., fat talk) have been largely overlooked in the existing research.

In addition to eating pathology (Mills & Fuller-Tyszkiewicz, 2016), engagement in fat talk is also expected to be associated with more depressive symptoms in adolescent girls. According to the affect regulation theory, individuals may engage in maladaptive behaviors (e.g., fat talk) as a regulatory mechanism in response to the experience of negative affect stemming from body dissatisfaction (Webb, Fiery, & Jafari, 2016). Research on co-rumination within adolescent friendships suggests that extensive discussion of problems and negative feelings is a risk factor for the emergence of depression, especially among girls (Rose, 2002). Because fat talk involves mutual disclosure and rehashing of body dissatisfaction and negative affect, its tone and content is similar to the conversational style of co-rumination (Rudiger & Winstead, 2013). Thus, when mothers and daughters engage in fat talk, the focus on body dissatisfaction may perpetuate more negative affective experience of both members and, in the long run, more depressive symptoms. Supporting this idea, Arroyo and Harwood (2012) found that engagement in fat talk was related to depression longitudinally. In the same study, it was found that daily fat talk was also related to more depressive symptoms. In a dyadic study of female friends, cross-sectional research showed that one friend's heavy weight status was related to greater depressive symptoms of another friend when they engaged in more fat talk (Tan & Chow, 2014). The link between fat talk and depressive symptoms in adolescence, however, is unknown. Thus, it is important to investigate whether fat talk may be an important predictor of greater depressive symptoms among adolescent girls.

1.2. Actor-partner interdependence model of fat talk

According to interdependence theory, any given individual outcomes (e.g., eating pathology) in a relationship could be conceptualized as the independent and conjoint effects of two members' characteristics (Kelley, 2003). The actor-partner interdependence model (APIM; Kenny & Cook, 1999; Kenny, Kashy, & Cook, 2006) was developed to explicitly examine these interpersonal dynamics. There are 3 components that constitute the interdependence in dyadic relationships: *actor*, *partner*, and *actor-partner interaction* effects. Actor effect refers to individuals' direct association with their own outcome, partner effect refers to individuals' direct association with their partner's outcome, and actor-partner interaction refers to two members' conjoint effect (e.g., reciprocity of characteristics) on each other's outcome. When these ideas are applied to parent-adolescent dyads, individuals' eating pathology and depressive symptoms should be related to their own self-disclosure of fat talk (actor effect), partner-disclosure of fat talk (partner effect), and the interaction or reciprocity between two members' disclosure of fat talk (actor-partner interaction effect).

Numerous research studies have provided evidence that demonstrates that fat talk is related to eating pathology and depressive symptoms at the actor level (Arroyo & Harwood, 2012; Tan & Chow, 2014). To our knowledge, however, no existing studies have simultaneously investigated mother-adolescent fat talk in relation to both members' eating pathology and depressive symptoms. Con-

sequently, we know very little about how mothers' and adolescents' fat talk disclosure may be related each other's eating pathology and depressive symptoms (partner effect). Most importantly, past studies that examined only one member of a relationship have failed to show the reciprocity of mothers' and adolescents' fat talk (actor-partner interaction effect) and its relation to both members' psychological outcomes. For example, it would be important to examine whether mothers and daughters who engage in similar levels of high fat talk will experience higher risks for eating pathology and depressive symptoms. It also vital to demonstrate whether mother-daughter dyads with different levels of fat talk (e.g., the mother engages in low fat talk while their daughter engages in high fat talk) may benefit by another person's low engagement in fat talk. These interpersonal dynamics, however, can only be illuminated by adopting a dyadic design that examines mothers and daughters simultaneously.

1.3. The current study

The current study examined the role of fat talk in eating pathology and depressive symptoms among mother-daughter dyads. Previous studies have suggested that engaging in fat talk disclosure is related to more eating pathology (Arroyo & Harwood, 2012) and depressive symptoms (Tan & Chow, 2014). Thus, we hypothesized that mothers' and daughters' fat talk disclosure would be related to their own higher eating pathology and depressive symptoms (actor effect). Although verbally participating in fat talk is associated with women's body image disturbances, some studies have also demonstrated the potential harmful effects of listening to others' fat talk (Arroyo & Andersen, 2016; Lin & Soby, 2017). Therefore, we hypothesized that mothers' and daughters' fat talk disclosure would be related to each other's eating pathology and depressive symptoms (partner effect).

According to APIM (Kenny & Cook, 1999), it is crucial to examine the interaction of mothers' and daughters' fat talk disclosure in relation to each other's eating pathology and depressive symptoms, above and beyond the actor and partner effects. This model, however, offers little insight into the specific combinations of the two members' behaviors, nor how these dyadic combinations would be related to various outcomes. Therefore, we derived our hypotheses from previous models of co-rumination (Rose, 2002) and dyadic coping (Badr, 2004). Research on co-rumination suggests that when two members engage in emotion-focused conversations, they may mutually reinforce each other's negative affect which in turn, leads to more depressive symptoms (Rose, 2002). Thus, we hypothesized that mothers and daughters with similarly high fat talk disclosure will experience more eating pathology and depressive symptoms. In contrast, mothers and daughters with similarly low fat talk disclosure will have less eating pathology and depressive symptoms. Furthermore, the dyadic coping model suggests that the negative effects of one partner's maladaptive coping could be buffered by another partner's adaptive coping (Badr, 2004). Based on this perspective, we hypothesized that the association between one member's fat talk disclosure and her own eating pathology and depressive symptoms will be buffered by another partner's low fat talk. Fig. 1 depicts the model that includes the actor, partner, and actor-partner interaction effects of fat talk on eating pathology/depressive symptoms.

2. Method

2.1. Participants and procedures

Adolescent girls who met the age requirement (11 to 18 years old), along with their mothers, were recruited from a Midwest-

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