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.

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 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 (Abruzzzosnas, Pisak, & Barnes, 2012) and Caregiver Eating Messages Scale (Kron 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 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 (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 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).

Participants. Participants were female undergraduates (N = 278) who were recruited from a range of 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/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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