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Recommended Citation

Ambwani, Suman; Baumgardner, Megan; Guo, Cai; Simms, Lea; and Abromowitz, Emily, "Challenging Fat Talk: An Experimental Investigation of Reactions to Body Disparaging Conversations" (2017). *Dickinson College Faculty Publications*. Paper 709.

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Challenging fat talk: An experimental investigation of reactions
to body disparaging conversations.

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Author's Note: This research was funded by a Faculty Advisor Research Grant from Psi Chi and a Dana Research Assistantship from the Research and Development Committee at Dickinson College. The authors thank Valentina Calandra for her useful contributions to the research design and experimental vignettes. Please address correspondence to Suman Ambwani, Department of Psychology, Dickinson College, P.O. Box 1773, Carlisle, PA 17013. Ambwanis@dickinson.edu. +1-717-245-1022.

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to body disparaging conversations.

Abstract

Although “fat talk” is associated with increased eating disorder risk, the predictors of fat talk engagement and viable alternatives to these pervasive conversations remain unclear. The current experiment examined responses to *fat talk* versus feminist-oriented *challenging fat talk* scenarios. Undergraduate women ($N = 283$) completed baseline questionnaires assessing body dissatisfaction, fat talk engagement, and positive impression management. One week later, they were randomized to view one of the two scenarios, followed by assessment of mood, fat talk engagement, social acceptability, and social likeability. Results indicated that the *challenging fat talk* vignette (versus the *fat talk* vignette) yielded less negative affect and fat talk and was perceived as more socially attractive with a more likeable target character. Baseline body dissatisfaction, baseline fat talk tendencies, and momentary negative affect predicted post-exposure fat talk engagement. Current findings highlight possibilities for implementing feminist language and psychoeducation in fat talk prevention efforts.

Keywords: fat talk; body talk; social perception; experimental research; feminism

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to body disparaging conversations.

Fat talk involves degrading the body shape and weight of oneself or others (Nichter, 2000) and plays a normative role in conversations among women in Western cultures (Martz, Petroff, Curtin, & Bazzini, 2009; Salk & Engeln-Maddox, 2011). In addition to body-disparaging statements such as “I’m so fat,” fat talk may also involve self-comparison and comments about improving physical appearance, eating and exercise habits, and fears of becoming overweight (Nichter, 2000; Nichter & Vuckovic, 1994; Ousley, Cordero, & White, 2008). Although fat talk occurs among women of all ages, research suggests that women participate in fat talk conversations most frequently during late adolescence and young adulthood (Engeln & Salk, 2014). In fact, as many as 90% of undergraduate women have reported both engaging in fat talk with friends (Salk & Engeln-Maddox, 2011) and feeling pressure to engage in fat talk more often than self-accepting or positive forms of body talk (Martz et al., 2009; Payne, Martz, Tompkins, Petroff, & Farrow, 2010). Thus, reciprocating fat talk during conversations is perceived as normal and expected (Barwick, Bazzini, Martz, Rocheleau, & Curtin, 2012; Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006).

Although fat talk is commonplace in conversations among women, exposure to and engagement in fat talk has been associated with harmful consequences, such as increased levels of body dissatisfaction, negative affect, depression, anxiety, and eating disorder symptoms (see Shannon & Mills, 2015, for a review). Indeed, the “Fat Talk Free Week” eating disorder prevention campaign posits that fat talk is a key contributor to body dissatisfaction and is thus an important target for prevention (Garnett et al., 2014). However, two important questions remain:

(1) what predicts women's engagement in these harmful conversations, and (2) could we develop a feasible conversation alternative to break the cycle of fat talk?

One possible function of fat talk is to allow individuals to express and cope with their feelings of body dissatisfaction (Nichter, 2000; Salk & Engeln-Maddox, 2011). Studies suggest that body dissatisfaction is a significant predictor of engagement in fat talk (Arroyo, 2014; Clarke, Murnen, & Smolak, 2010; Sharpe, Naumann, Treasure, & Schmidt, 2013), and the most commonly cited reason for fat talk engagement is to relieve distress caused by body dissatisfaction and feelings of fatness (Arroyo, 2014; Salk & Engeln-Maddox, 2011). Salk and Engeln-Maddox (2011) explained that "fat talk is not about *being* fat, but rather about *feeling* fat" (p. 27). Verbalizing body dissatisfaction via fat talk may thus offer an outlet for negative emotions, allow for social validation of feelings, and serve as a coping strategy (Nichter, 2000). For instance, in situations that evoke body objectification, such as trying on clothes, engaging in fat talk may relieve discomfort by eliciting encouragement and reassurance from peers (Gapinski, Brownell, & LaFrance, 2003). Thus, fat talk offers a socially acceptable strategy for communicating body dissatisfaction and negative emotion in an effort to reduce distress.

Given that women with positive body image also participate in fat talk (Smith & Ogle, 2006), it seems to serve a purpose beyond expressing body dissatisfaction. One such function is social connection: participating in fat talk may allow women to bond with peer groups by expressing shared thoughts and values while eliciting social support (Gapinski et al., 2003; Nichter, 2000). Specifically, women may use fat talk to manage their impressions within a group and to avoid negative evaluation by fulfilling a social norm in a culture that values thinness (Martz et al., 2009; Nichter, 2000; Ousley et al., 2008). As explained by one interviewee in Nichter's (2000) seminal research, "[at] times I don't really feel that I'm fat but I still say it...

it's not like I'm looking for a compliment, it's just I don't want to feel like I'm bragging about myself by not saying it." (p. 54). Indeed, a more recent study reported that women who departed from existing group norms during fat talk conversations were evaluated less positively than those who adhered to them (Cruwys, Leverington, & Sheldon, 2015). Similarly, women tend to perceive engagement in fat talk as a positive social aspect of peer conversations (Katreovich, Register, & Aruguete, 2014) and are believed to be liked more by others if they reciprocate fat talk (Britton et al., 2006). Because failure to reciprocate fat talk could be misinterpreted as arrogance, fat talk engagement may therefore serve to prevent social rejection by peers (Nichter, 2000). Thus, exposure to fat talk statements that are perceived as likeable and socially acceptable may increase the likelihood of subsequent fat talk engagement.

Although past research has identified social inclusion and the expression of body dissatisfaction as factors underlying fat talk engagement, effective strategies to shift the conversation away from fat talk require further investigation (Shannon & Mills, 2015). Despite the aforementioned social benefits of fat talk, other studies suggest that speaking positively about one's body (or, "positive body talk") may be more socially attractive than fat talk. For example, women rated a character in a vignette who spoke positively about her body as more likeable than a character who engaged in fat talk, even if the rest of the group was fat talking (Barwick et al., 2012; Tompkins, Martz, Rocheleau, & Bazzini, 2009). Moreover, there may be a tendency to mimic body-related conversation patterns in others: in one study, women mirrored the body talk of a confederate who either engaged in fat talk, promoted self-acceptance, or made positive statements about her body (Tucker, Martz, Curtin, & Bazzini, 2007). Given the apparent social acceptability of positive body talk and the tendency to mimic the body-related sentiments of

peers, there is an opportunity to develop a conversation alternative to fat talk that offers a healthier strategy for social connection.

One conversation alternative to fat talk could utilize feminist theory to actively challenge and oppose body-disparaging statements. According to objectification theory, Western women are socialized to consider their bodies as objects, subject to the gaze of others and in need of monitoring and modification to match cultural beauty ideals that must be pursued to maintain one's worth in society (Fredrickson & Roberts, 1997). Engagement in fat talk not only perpetuates these negative views and reinforces them as normal (Arroyo, Segrin, & Harwood, 2014), but merely replacing fat talk with positive body talk continues to emphasize the value of external (appearance-related) self-worth. Instead, feminist perspectives highlight the importance of gender inequity and other structural forms of privilege (Piran, 2010) and the centrality of body comfort and connection (or lack thereof) in shaping women's experiences with their bodies (Piran, 2016). Research suggests that women with strong feminist identities report more body satisfaction and greater ability to resist cultural pressures to be thin (Clarke et al., 2010; Murnen & Smolak, 2009). Moreover, there is some, albeit limited evidence, that actively challenging fat talk is a useful endeavor. Specifically, one study reported that exposure to a confederate who challenged the concept of fat talk reduced the likelihood of engaging in fat talk and yielded less body dissatisfaction than exposure to two confederates mutually participating in fat talk (Salk & Engeln-Maddox, 2012). Thus, challenging fat talk via feminist theory-inspired principles that empower women by (1) discouraging internalization of the thin-ideal and (2) actively opposing body objectification may be an effective strategy for countering and reducing fat talk.

The purpose of the present study was to investigate women's reactions to fat talk and feminist theory-inspired opposition to fat talk conversations via experimental vignettes. This

study is the first, to our knowledge, to specifically assess the utility of applying feminist-inspired principles toward breaking the cycle of fat talk among college women. Given the reciprocal nature of fat talk, we hypothesized that participants exposed to fat talk would be more likely to subsequently engage in fat talk than those exposed to the feminist-inspired challenging fat talk scenario (H1). We also expected that participants in the challenging fat talk condition would rate the target character as more likeable, the conversation as more socially acceptable, and would experience decreased negative affect compared to participants in the fat talk condition (H2). Finally, we hypothesized that higher levels of baseline body dissatisfaction and fat talk tendencies, higher social likeability and social acceptability ratings, and higher levels of momentary negative affect would predict participants' post-exposure engagement in fat talk across both conditions (H3). We also evaluated open-ended responses to the fat talk versus challenging fat talk scenarios but did not specify *a priori* hypotheses given the exploratory nature of our qualitative inquiry.

Method

Participants

Participants ($N = 283$) were undergraduate women at a small liberal arts college in the Northeastern United States. Participants were 18 to 23 years old ($M = 19.13$, $SD = 1.22$) and self-identified their racial/ethnic background as 4.2% Asian American, 6.5% African American, 72.9% European American, 2.3% biracial, 2.7% Hispanic/Latina, 5.3% other, and 8.8% international. To increase the representativeness of the sample, participants were recruited from the entire campus community via fliers, emails to peer networks and on-campus organizations, classroom announcements, and social media advertisements, and received course credit or \$10 in

compensation for their time. The research was approved by the local institutional review board (IRB) prior to data collection.

Measures

Demographic Information Sheet. Participants self-reported age, class year, race/ethnicity, height and weight (to estimate body mass index).

Eating Disorder Inventory - 3rd Edition – Body Dissatisfaction subscale (EDI-3-BD; Garner, 2004). The 10-item EDI-3-BD self-report subscale assesses overall body dissatisfaction (e.g., “I feel satisfied with the shape of my body”) and dissatisfaction with the shape and size of specific body parts (e.g., “I think my hips are too big”). Consistent with past nonclinical research (e.g., Bailey & Ricciardelli, 2010; Tylka, 2004), responses were rated on a 1 to 6 scale (rather than the original 0 to 3 scale) to capture greater variability in responding. Item responses were summed to yield a total score with higher scores indicating greater body dissatisfaction. Past research supports the internal consistency (Cronbach’s alpha = .93) and discriminant validity of the EDI-3-BD in nonclinical samples (Clausen, Rosenvinge, Friborg, & Rokkendal, 2011). In the current sample, Cronbach’s alpha was .86.

Negative Body Talk Scale (NBT; Engeln-Maddox, Salk, & Miller, 2012). The 13-item NBT self-report scale assesses women’s tendencies to engage in fat talk with friends. Participants rate the frequency with which they make statements similar to those provided (e.g., “I feel fat”) on a 7-point Likert Scale (1 = *never*, 7 = *always*), and higher scores indicate greater tendencies to engage in fat talk. Past research supports the internal consistency (Cronbach’s alpha = .93-.97), test-retest reliability ($r = .74$), and convergent, discriminant, and incremental validity of the NBT (Engeln-Maddox et al., 2012). In the current sample, Cronbach’s alpha was .92.

Negative Body Talk – Body Concerns Subscale, Modified (NBT-BC-M; Engeln-Maddox et al., 2012). A modified 7-item version of the NBT-BC self-report subscale assessed participants' likelihood of engagement in fat talk after exposure to the experimental stimuli, with higher scores indicating greater engagement in fat talk. Specifically, we retained the original subscale items but modified the instructions by asking participants to imagine that they were participating in the conversation depicted in the vignette and indicate the likelihood that they would then verbalize the exemplar fat talk statements on a 5-point Likert scale (1 = *not at all*, 5 = *extremely*). Past research supports the reliability of the NBT-BC subscale (4-6 week test-retest $r = .68$, Cronbach's alpha = $.88$; Engeln-Maddox et al., 2012) and in the current sample, Cronbach's alpha was $.86$.

Social Attraction Index (SAI; Rudman, 1998). A 5-item variation of the self-report SAI assessed the social likeability of a target character in the experimental vignette (e.g., "How much would you like to have ___ as a friend?"). Participants rated on a 7-point scale the extent to which they liked the target character (1 = *not at all*, 7 = *very much*), with higher summed scores indicating greater social likeability. The SAI has previously demonstrated good reliability in fat talk experimental research (Cronbach's alpha = $.90$; Tompkins et al., 2009), and in the current sample, Cronbach's alpha was $.90$.

Social Acceptability Scale (SAS; Katrevich et al., 2014). The 10-item self-report SAS was developed to assess the extent to which participants approved of a fictitious body talk scenario. In the current study, participants rated their approval of the conversation depicted in the experimental vignette (e.g., "I am bothered by conversations like the one above") on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*), with higher average scores indicating greater

social acceptability. Past research supports the internal consistency of the SAS (Cronbach's $\alpha = .87$; Katrevich et al., 2014), and in the current sample, Cronbach's α was .90.

Positive and Negative Affect Schedule (PANAS; Watson, Clark, and Tellegen, 1988). The 20-item self-report PANAS assesses the general (orthogonal) dimensions of positive affect (PA) and negative affect (NA) on a 5-point scale. Participants rated the degree to which they experienced the specified emotions at the moment of the assessment, which occurred after exposure to the vignette ($1 = \textit{very slightly or not at all}$, $5 = \textit{extremely}$). For instance, they rated the extent to which they felt distressed, upset, nervous (NA) and excited, proud, and enthusiastic (PA) after reading their assigned experimental vignette. The PANAS has previously been used to detect momentary changes in emotion as a result of experimental manipulations in fat talk research (Salk & Engeln-Maddox, 2012; Stice et al., 2003) and demonstrated good reliability (Cronbach's $\alpha = .85-.89$) and construct validity with measures of anxiety and depression among nonclinical respondents (Crawford & Henry, 2004). In the current study, Cronbach's α for the PANAS-NA was .87.

Personality Assessment Inventory – Positive Impression Management Scale (PAI-PIM; Morey, 2007). The 9-item self-report PAI-PIM assesses the propensity to present a highly favorable impression of oneself or deny relatively minor personal faults across multiple content areas. Participants respond to items such as “Sometimes I’m too impatient” on a 4-point Likert scale (“False, not at all true” to “Very true”) and higher scores reflect a greater degree of socially desirable response styles. The PAI-PIM correlates highly with other measures of social desirability and has demonstrated validity across multiple studies (Morey, 2007). Although we calculated internal consistency ($\alpha = .65$), we did not expect it to be high given that PAI-PIM

items measure acknowledgement of relatively minor personal flaws across multiple content areas and are thus not expected to correlate very highly with each other.

Materials

Experimental Vignettes. We developed two short stories to illustrate common elements from college women's informal conversations among peers. In one of these vignettes (i.e., the "fat talk vignette"; see Appendix A available as online Supplementary Materials), both characters made prototypical fat talk statements, whereas in the other vignette (i.e., the "challenge vignette"; see Appendix B available as online Supplementary Materials), one character challenged the other's fat talk statements by offering a response inspired by feminist theory. For instance, one "fat talk vignette" statement communicated social comparison and body dissatisfaction: "it's stressful because a lot of the girls who go to spinning classes are super skinny. I wish I could look like that! But instead all of my weight goes to my thighs and my butt!" Conversely, "challenge vignette" statements expressed the need to engender nonappearance-related self-worth (e.g., "I think feeling healthy and happy with who I am as a person is so much more important than focusing on how I look"), rejection of media portrayals of "ideal" bodies (e.g., "It's not fair to compare ourselves to those models"), and focusing on body connection and functionality over physical appearance (e.g., "I've been trying to focus more on how my body feels... I was so proud of what my body could do").

Each vignette included a photograph to provide a visual depiction of the scenario described within the text, and the photographs differed across the vignettes. The vignettes were designed to be parallel in features other than the independent variable, including sentence structure, complexity of language, nature and setting of the scenario, tone, and characters in the photographs. The vignettes were then pilot-tested with women undergraduate students ($N = 32$)

at the same institution. Results indicated that the vignettes achieved satisfactory ratings in domains assessing fat talk content, conversational familiarity, and the extent to which the photo matched the text of the vignette. Based on feedback from the pilot study, we revised the vignettes to use more colloquial language and modified the writing prompt to invite participants to provide more personal responses to the scenarios. At the end of each vignette, participants were asked to imagine themselves in the scenario and “chime in and say something” to their peers (see Appendix C, available as online Supplementary Materials, for the full open-ended question prompt).

Attention Check. Participants were asked to answer two multiple-choice questions to ensure that they had fully read and understood the body- and appearance-related content in their assigned vignette (e.g., “When Alexa complains about her appearance, how does Katie respond?”). Attention check questions for each vignette were similar in structure, content, and difficulty level. Each question had only one correct answer, and participants who incorrectly answered either of the questions were excluded from subsequent analyses.

Procedure

This was a two-part project advertised as a study on “social interactions among college women.” In Part I, participants completed an online survey assessing demographic features, baseline body dissatisfaction, and baseline engagement in fat talk. At least one week later, participants were invited to complete Part II via individual in-person experiment sessions in a private computer lab. Participants were randomly assigned to view either the fat talk vignette or the challenging fat talk vignette (along with the associated open-ended prompt asking them to consider what they would say next). They then completed two attention check questions, followed by the modified NBT-BC subscale to assess their subsequent engagement in fat talk.

Next, they completed measures assessing mood, social likeability of the target character, acceptability of the vignette, and positive impression management. Finally, participants were debriefed and invited to ask any follow-up questions.

Results

Seventeen participants were excluded from subsequent analyses for failing the attention check, resulting in a final sample of 266 participants. A comparison of participants who passed versus failed the attention check on baseline variables indicated higher fat talk scores among excluded ($M = 51.47$, $SD = 17.46$) than included participants ($M = 42.40$, $SD = 15.35$), $t(279) = 2.34$, $p = .02$, $d = 0.55$, but differences in body dissatisfaction ($t(280) = -1.87$, $p = .06$, $d = 0.45$) and BMI ($t(250) = -0.03$, $p = .98$, $d < 0.01$) were not significant.

Preliminary independent samples t-tests were conducted to assess for baseline group differences in demographic features, body dissatisfaction, and fat talk tendencies. Results indicated higher scores in the “challenge” group on BMI, $t(234) = -2.12$, $p = .04$, $d = 0.28$, and baseline fat talk, $t(262) = -2.54$, $p = .01$, $d = 0.31$, but scores on baseline body dissatisfaction did not significantly differ across conditions, $t(263) = -1.85$, $p = .07$, $d = 0.22$ (see Table 1). As participants were randomly assigned to experimental conditions, these differences in BMI and baseline fat talk likely occurred due to chance and were thus treated as covariates in subsequent analyses. A correlation analysis also indicated a significant association between PAI-PIM scores and post-exposure engagement in fat talk (see Table 1), so we controlled for PAI-PIM scores in subsequent analyses.

For our first hypothesis, a one-way ANCOVA assessed the impact of the experimental condition (fat talk/challenge vignette) on subsequent fat talk engagement (NBT-BC-M), controlling for BMI, positive impression management (PAI-PIM) and baseline fat talk (NBT).

Results indicated higher fat talk engagement in the fat talk condition than in the challenge condition (see Table 2). For our second hypothesis, a one-way MANCOVA compared experimental conditions on ratings for social attractiveness of the target character (SAI), social acceptability of the conversation (SAS), and negative affect (PANAS-NA), controlling for BMI, positive impression management (PAI-PIM) and baseline fat talk (NBT). Results were significant (Wilks' Lambda = .57, $F(3, 221) = 56.04$, $p < .001$) and participants in the challenge condition had higher SAI ratings for the target character, higher SAS ratings for the conversation, and lower PANAS-NA scores than participants in the fat talk condition (see Table 2).

For our third hypothesis, a hierarchical regression analysis was conducted with baseline body dissatisfaction (EDI-3-BD), baseline fat talk tendencies (NBT), social likeability/attractiveness (SAI), social acceptability (SAS), and negative affect (PANAS-NA) as predictors of post-exposure fat talk engagement (NBT-BC-M) across both experimental conditions (controlling for BMI and PAI-PIM scores in Step 1). There was a very low level of multicollinearity present in the analysis (VIFs ≤ 1.88). Results indicated that body dissatisfaction, baseline fat talk, and negative affect all significantly predicted post-exposure engagement in fat talk (see Table 3). However, perceptions of the social likeability of the target character and social acceptability of the scenario did not significantly predict post-exposure engagement in fat talk.

Exploratory Qualitative Analyses

Participant responses to the open-ended question “*if you were part of this conversation, what would you say next?*” were coded via “theoretical” thematic analysis (Braun & Clarke, 2006) for the presence of fat talk, positive body talk, feminist talk, empathic statements, neutral,

or ambiguous responses by two researchers blind to the experimental conditions. Definitions of each coding domain are presented in Table 4. Notably, responses to fat talk were coded as “feminist” when they rejected subscription to thin-ideal/body objectification rhetoric (Fredrickson & Roberts, 1997) or explicitly critiqued the unrealistic societal standards imposed on women’s bodies (Murnen & Smolak, 2009). Responses were also coded as “feminist” if they promoted a sense of comfort or connection with the body (Piran, 2016) or emphasized the importance of physical health/competence or non-appearance-related self-worth (Fredrickson & Roberts, 1997). Agreement between the two coders was 80%, and a third independent coder was used to resolve any discrepancies in responses.

Results indicated that 25.2% of the participants offered responses across more than one thematic category (see Table 4). Across both experimental conditions, the most common response was feminist talk (48.5%, e.g. “I think you should love your body the way it is and strive to be healthy and happy, not thin”), followed by positive body talk (34.9%, e.g., “You look great!”), fat talk (22.4%, e.g., “I need to lose weight too”), ambiguous responses (11.2%), and empathic responses (8.8%, e.g., “I understand how you feel”). Examination of responses by experimental condition indicated that in the fat talk condition, positive body talk (38.2%), feminist talk (37.4%), and fat talk (26.8%) were the most common, whereas in the challenging fat talk condition, feminist talk (60.2%) and positive body talk (31.4%) were the most common, and fat talk was less common (17.8%). Exploratory chi-square analyses indicated that differences between conditions in positive body talk comments ($\chi^2(1, N = 241) = 1.25, p = .26, \Phi = .11$) and fat talk comments ($\chi^2(1, N = 241) = 2.83, p = .09, \Phi = .07$) were not statistically significant. In contrast, more participants (60.2%) offered feminist talk in the challenge condition than in the fat talk condition (37.4%), $\chi^2(1, N = 241) = 12.50, p < .001, \Phi = .23$. Moreover, an exploratory

independent samples t-test showed higher negative affect (PANAS-NA) among those who did offer fat talk statements, regardless of experimental condition ($M = 19.04$, $SD = 8.16$), versus those who did not ($M = 15.63$, $SD = 5.76$), $t(238) = 3.46$, $p < .001$, $d = 0.48$.

Discussion

Given the harm and pervasiveness of fat talk in everyday life, the present study sought to understand the functions of fat talk by assessing social perceptions of those who engage in these conversations and the impact of fat talk exposure on mood. We also assessed the utility of feminist theory-inspired challenging fat talk scenarios as a viable conversation alternative for undergraduate women. As expected, we found that exposure to fat talk (versus exposure to a challenging fat talk scenario) resulted in greater fat talk engagement. Interestingly, our participants perceived the target character in the fat talk vignette as less likeable, the scenario as less socially acceptable, and they experienced greater negative affect than those who viewed the challenging fat talk vignette. It is thus noteworthy that participants exposed to fat talk still showed greater subsequent engagement in fat talk despite perceiving it more negatively and experiencing worse mood as a result of the exposure. This is consistent with research suggesting that participants are likely to mirror the behavior of others (Salk & Engeln-Maddox, 2012; Tucker et al., 2007) and highlights the need to disrupt the cycle of fat talk by introducing socially attractive, positive alternatives.

Contrary to expectations, our exploratory examination of the open-ended “what would you say next” prompt did not indicate significant differences in fat talk responses between our two experimental conditions. This discrepancy may be explained in part by how we assessed fat talk engagement: whereas our quantitative assessment used a published scale with demonstrated psychometric properties (albeit with modified instructions), our exploratory qualitative

assessment used a novel self-developed item. Moreover, we were able to statistically control for positive impression management in our quantitative assessment, but not in our exploratory qualitative assessment. Thus, socially desirable responding (i.e., awareness that one should not make fat talk statements) and measurement error may have limited our ability to detect differences in fat talk engagement in our qualitative assessment.

It is important to note, however, that group differences in fat talk engagement were small and our exploratory qualitative investigation indicated that even in the fat talk condition, participants tended to respond with feminist talk and positive body talk more frequently than fat talk. Indeed, the most common response was either feminist talk or positive body talk, regardless of experimental condition. This finding is somewhat surprising given the literature describing the normative and pervasive nature of fat talk among girls and women (Nichter, 2000; Timmers, Fischer, & Manstead, 1998). However, it is consistent with research suggesting there may be competing strategies for normative body talk among women, including conversations that involve embracing one's body (Tompkins et al., 2009). Moreover, according to the notion of pluralistic ignorance (Miller & McFarland, 1987), women may predominantly (and privately) reject fat talk, but falsely assume that it is normative and expected by others (Shannon & Mills, 2015). For instance, one study reported that women recognized the norm for body self-degradation (and expected fictitious others in a vignette to participate in that norm), but they did not uniformly select those body-degrading responses for themselves in the same scenario (Britton et al., 2006). However, our finding is novel in that our feminist-inspired challenging fat talk vignette differed from self-embracing body talk, which may still involve accepting the body as an object (Martz et al., 2009). Unlike self-accepting and positive body talk, feminist-inspired conversations about the body encourage critical thinking by challenging internalization of the

thin-ideal and body objectification (Murnen & Smolak, 2009) and promoting connection to one's body (Piran, 2016); this could facilitate a more holistic view of the body by redistributing attention onto fitness, health, and other nonappearance-related aspects of the body. By emphasizing the value of nonappearance-related self-worth, feminist-inspired conversations could decrease the occurrence of fat talk while improving women's body image and reducing the risk for disordered eating symptoms. Therefore, it is encouraging that our participants did not just rate the "challenge" vignette more favorably, but also frequently responded to our vignettes with feminist talk, suggesting possible shifts in communication norms. These data tentatively suggest that although women may indeed engage in fat talk to fulfill a social norm, avoid negative evaluation by peers, and prevent social rejection (Britton et al., 2006; Martz et al., 2009; Nichter, 2000), it is also plausible that there is greater recognition among college women of the need to shift away from these harmful conversations.

Our finding that the feminist theory-inspired "challenge" vignette (vs. the "fat talk" vignette) resulted in less momentary negative affect suggests that exposure to expressions of feminist beliefs about the body may yield a more positive emotional experience. Previous research suggests that adoption of feminist principles and ideology is associated with positive outcomes in related domains, such as more positive body image and less disordered eating (Kinsaul, Curtin, Bazzini, & Martz, 2014), thus supporting their use in prevention programs. Although exploratory, our observation of greater negative affect among those who did (versus did not) offer fat talk statements in response to the "what would you say next?" prompt may also be a useful psychoeducational tool. For instance, in applying self-perception theory (Bem, 1967) to fat talk, Shannon and Mills (2015) suggested that making self-deprecating body-related comments may exacerbate negative feelings about one's body, or even engender negative

feelings that did not previously exist. Our observation that making fat talk statements increased negative affect offers some support for this notion and suggests that responding with non-fat talk statements may yield more positive outcomes. Taken together, these data highlight the potential utility of psychoeducation about emotional and perceptual shifts that result from fat talk in prevention campaigns.

Present findings also suggest that regardless of experimental condition, higher body dissatisfaction, pre-existing fat talk tendencies, and negative affect predicted engagement in fat talk. Notably, we measured momentary negative affect immediately after exposure to the vignette (and linked “what would you say next?” prompt), but before administration of the fat talk criterion variable. Thus, although our negative affect measurement did precede our fat talk criterion variable in time, we must interpret the role of mood in predicting fat talk somewhat tentatively given the short temporal sequencing in assessment. Nonetheless, our findings do support the notion that fat talk engagement may occur to express internal body dissatisfaction (Arroyo, 2014; Salk & Engeln-Maddox, 2011; Stice et al., 2003; Warren, Holland, Billings, & Parker, 2012) and communicate negative emotion to reduce distress (Gapinski et al., 2003; Nichter, 2000). As would be expected, women who reported engaging in fat talk more often with peers were also more likely to engage in fat talk following our experimental manipulation, which suggests that fat talk may become a pervasive and “normal” aspect of conversations for a subset of women (Barwick et al., 2012; Britton, et al., 2006). Furthermore, because women’s social perceptions (i.e., likeability and acceptability) of the conversation did not significantly predict their subsequent engagement in fat talk, it is plausible that women participate in fat talk for reasons other than its social attractiveness. Thus, encouraging women to pursue alternative

methods to communicate body dissatisfaction and negative emotion may be an effective strategy for reducing fat talk.

Interestingly, participants who failed the attention check questions had higher baseline fat talk scores than those who correctly answered those questions and were included in our analyses. Given the very basic nature of these attention check items, incorrect answers likely represent a broader pattern of inattentiveness or random responding that render all of the participant's responses uninterpretable. Although it is possible that individuals with higher baseline fat talk tendencies may have been particularly inattentive because of the research topic, it is difficult to interpret any differences due to the high degree of measurement error likely present in all of their responses (including in the measurement of their baseline fat talk tendencies).

Although this study offers a unique contribution to understanding reactions to fat talk and challenging fat talk conversations, there are several limitations that impact our interpretation of findings. First, although we required at least one week between completion of the baseline assessment and the experiment, the time lapse for some participants was longer (but not tracked) and these differences may have contributed to measurement error. Second, our use of a vignette paradigm offers limited ecological validity due to the absence of contextual and social cues in "real-life" fat talk interactions such as body language and vocal tones that also communicate important information. There may also be differences in how participants think they might respond to a hypothetical scenario (regardless of how realistic it might be) versus how they actually respond in their daily lives. Third, in developing our vignettes, we sought to depict realistic narratives that matched on features other than our independent variable; however, it is likely that there were subtle (unintended) differences between the two vignettes (e.g., in empathy or tone) that may have evoked slightly different reactions among respondents across the two

conditions. Finally, our sample was relatively homogeneous, and current findings require replication and extension with samples of other genders, age groups, racial/ethnic/cultural features, and clinical/diagnostic status. For instance, there may be differences in reactions to fat talk among those who exhibit symptoms of disordered eating (such as dietary restraint; Compeau & Ambwani, 2013), thereby warranting additional investigation.

Future research employing ecological momentary assessment might offer a more realistic understanding of “true” reactions to fat talk and challenging fat talk conversations. Longitudinal research could also serve to clarify the extent to which challenging fat talk effectively suppresses fat talk over time and improves body image and reduces eating disorder risk. Moreover, further investigation of feminist-inspired conversations among varied groups would serve to clarify the social aspects of fat talk based on the composition of the group. Given the limited focus of the current study on few aspects of feminist theory (i.e., body objectification, rejection of the thin-ideal, focus on body connection/functionality), future research examining the acceptability of more general feminist messages, for instance, those rejecting traditional gender roles, enhancing connection to other women, and committing to social change (Downing & Roush, 1985) within the context of women’s bodies would also clarify the benefits and limits of adopting a feminist-inspired conversation alternative to fat talk. One challenge for experimental research on this topic is the difficulty in communicating feminist messages in a realistic, conversational, and collaborative (not pedantic) manner. Another challenge involves communicating feminist messages in a context where many young women reject the label or identity of feminist (Robnett & Anderson, 2017). Despite these challenges, present findings suggest that further exploration of feminist messages, perhaps also in non-peer contexts such as family interactions (Eisenberg, Berge, Fulkerson, & Neumark-Sztainer, 2012; MacDonald, Dimitropoulos, Royal, Polanco, &

Dionne, 2015) may be a useful endeavor for combatting fat talk. Future studies may also explore alternatives to unhealthy fitness-focused talk (directed toward body functionality/fitness), which still overemphasize appearance and promote body objectification (Boepple, Ata, Rum, & Thompson, 2016). In sum, future investigation of exposure to fat talk (or fitness talk) versus exposure to feminist-inspired challenging fat talk scenarios across these varied research designs, samples, and contexts, would clarify strategies to promote healthier conversations and thereby enhance programs for eating disorder prevention.

The current study not only offers insight into women's perceptions of and predictors for engaging in fat talk, but it also has implications for eating disorder prevention programs such as Fat Talk Free Week (Garnett et al., 2014). Our finding that participants rated the character who *challenged* fat talk as more socially attractive than the one who *maintained engagement* in fat talk shows that feminist-inspired language may facilitate peer interactions in a socially acceptable manner. This is consistent with previous research that suggests that women who engage in fat talk, compared to those who engage in self-accepting talk, are perceived as less attractive and healthy by peers and men of the same age group (Britton et al., 2006; Mikell & Martz, 2016). Intervention and prevention programs could thus educate participants that employing feminist-inspired language and principles would not put them at risk of social rejection and isolation but may instead enhance their social likeability and reduce negative affect.

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Table 1

Descriptive Statistics and Intercorrelations among Study Variables

Measure	1	2	3	4	5	6	7	8
1. BMI	-							
2. PAI-PIM	-.01	-						
3. Baseline Fat Talk	.08	-.13*	-					
4. Body Dissatisfaction	.44**	-.14*	.53**	-				
5. Post-Exposure Fat Talk	.26**	-.26**	.50**	.45**	-			
6. Social Likeability	.03	-.10	.12*	.09	.01	-		
7. Social Acceptability	.03	-.06	.23**	.08	.06	.48**	-	
8. Negative Affect	.05	-.28**	.12*	.17**	.28**	-.16**	-.22**	-
Fat Talk Condition <i>M</i>	22.48	22.48	39.98	31.26	17.53	20.70	31.31	17.17
Fat Talk Condition <i>SD</i>	3.69	4.30	13.43	8.14	6.60	4.91	9.97	6.67
Challenge Condition <i>M</i>	23.58	22.33	44.75	33.17	16.32	28.17	41.22	15.68
Challenge Condition <i>SD</i>	4.28	4.15	16.73	8.66	6.25	4.23	10.80	5.55

Note. * $p < .05$. ** $p < .01$.

Table 2

Differences in Outcomes between Experimental Conditions

	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>	η_p^2
<u>ANCOVA</u>					
DV = Subsequent fat talk (NBT-BC-M)					
Fat Talk Condition	17.53	6.60	15.86	<.001	.07
Challenge Condition	16.32	6.25			
<u>MANCOVA</u>					
DV = Social attractiveness of target character (SAI)					
Fat Talk Condition	20.70	4.91	154.50	<.001	.41
Challenge Condition	28.17	4.23			
DV = Social acceptability of the conversation (SAS)					
Fat Talk Condition	31.31	9.97	51.01	<.001	.19
Challenge Condition	41.22	10.80			
DV = Negative affect (PANAS-NA)					
Fat Talk Condition	17.17	6.67	4.14	.04	.02
Challenge Condition	15.68	5.55			

Note. We controlled for participant BMI, positive impression management (PAI-PIM) scores, and baseline fat talk (NBT) scores in the above analyses.

Table 3

Hierarchical Regression Analysis Predicting Post-Exposure Fat Talk

Predictor	β	sr^2	R^2	ΔR^2	F
Model 1			.115***		13.44***
BMI***	.24	.06			
PAI-PIM***	-.25	.06			
Model 2			.403***	.287***	19.32***
BMI	.12	.01			
PAI-PIM*	-.14	.02			
Baseline Fat Talk***	.39	.10			
Body Dissatisfaction*	.16	.01			
Social Likeability	-.01	<.01			
Social Acceptability	-.03	<.01			
Negative Affect**	.20	.03			

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. BMI refers to participant body mass index; PAI-PIM refers to positive impression management scores.

Table 4

Exploratory Qualitative Analysis of Participant Responses to the Experimental Vignettes

Theme	Definition	Characteristic response	FT %	CH %	ALL %
<i>Fat Talk</i>	Negative comments or complaints about one's body or weight; recommends diet/exercise to lose weight/improve appearance	"At least you can wear that dress, my arms are too big and it will draw too much attention to them."	26.8	17.8	22.4
<i>Feminist Talk</i>	Opposes fat talk, the thin ideal, and body objectification; promotes holistic health or self-worth	"As women, we often feel great pressure to only value ourselves based on our appearance."	37.4	60.2	48.5
<i>Positive Body Talk</i>	Acceptance/satisfaction with one's own or others' body or weight	"We're all so lucky to be healthy and pretty just the way we are."	38.2	31.4	34.9
<i>Empathic Response</i>	Recognition or understanding of character's thoughts/emotions	"I understand exactly where you're coming from with your thoughts."	9.0	8.5	8.8
<i>Neutral Response</i>	No mention of the body or health	"It's ok to want to improve yourself, but don't let wanting to be different affect how you act now."	1.6	2.5	2.1
<i>Ambiguous Response</i>	Multiple interpretations or lack of context	"Let's all go to the gym together sometime."	13.0	9.3	11.2
<i>Multiple Responses</i>	Engages in two or more categories (excluding neutral and ambiguous)		24.8	25.6	25.2

Note. $N = 266$. FT refers to participants in the Fat Talk condition; CH refers to participants in the Challenging Fat Talk condition; ALL refers to participants across both experimental conditions. Numbers do not add up to 100% because participant responses frequently encapsulated multiple thematic categories.