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# “If You’re Fat, Then I’m Humongous!”: Frequency, Content, and Impact of Fat Talk Among College Women

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## Abstract

Fat talk (women speaking negatively about the size and shape of their bodies) is a phenomenon that both reflects and creates body dissatisfaction. Our study investigated the content, frequency, and impact of fat talk among college women. Participants (168 female students at a Midwestern U.S. university) completed online surveys containing fat talk-specific questions and measures of body dissatisfaction and thin-ideal internalization. Most participants reported engaging in fat talk with one third reporting frequent or very frequent fat talk. Evidence indicated a strong third-person effect wherein participants thought they engaged in fat talk less than other college women. Self-reported frequency of fat talk was associated with greater body dissatisfaction and internalization of the thin-ideal but not body mass index (BMI). Despite the association between fat talk and body dissatisfaction, over half of the participants reported that they believe fat talk makes them feel better about their bodies. The most common response to fat talk was denial that the friend was fat, most typically leading to a back-and-forth conversation where each of two healthy weight peers denies the other is fat while claiming to be fat themselves. Results are discussed in terms of the ways in which fat talk may act as an injunctive norm, reinforcing women's body-related distress.

## Keywords

fat talk, body image, body image disturbances, physical appearance, interpersonal communication, conversation

Imagine the following exchange between two college women, neither of whom is overweight:

Friend 1: “Ugh, I feel so fat.”

Friend 2: “OMG [Oh my God]. Are you serious? You are NOT fat.”

Friend 1: “Yes I am, look at my thighs.”

Friend 2: “Look at MY thighs.”

Friend 1: “Oh, come on. You’re a stick.”

Friend 2: “So are you.”

The dialogue above is how one of our participants anticipated a conversation would proceed after a friend complained to her about being fat. Although women's body dissatisfaction has been heavily researched for decades now, researchers have only recently begun to investigate a phenomenon known as fat talk (Nichter & Vuckovic, 1994). In general, fat talk is characterized by women (typically peers) engaging in mutual disparagement about the size and shape of their bodies. These types of conversations are instantly recognized by those who spend time with young women in Western cultures. Nonetheless, a number of important questions remain about the impact of such dialogues. The current study explored college women's fat talk, both qualitatively and quantitatively, to better elucidate the nature of this social phenomenon.

In Western cultures, women's dissatisfaction with the size and shape of their bodies is so common that it has been

termed “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1985). Rodin and her colleagues (1985) used the term “normative” to refer to a *descriptive* norm (i.e., a norm that indicates how typical a given behavior or attitude is). However, in the case of women's body dissatisfaction, recent evidence (e.g., Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006) points to the possibility that women's body dissatisfaction might be an *injunctive* norm as well. Women may express body dissatisfaction because they think others in their social group approve of this type of self-degradation. Thus, normative discontent might go beyond explaining how many women *do feel* to dictate how they *should feel*.

Nichter and Vuckovic (1994) coined the term “fat talk” to refer to adolescent girls speaking with each other about the size/shape of their bodies (typically in a negative manner). These weight- and appearance-focused conversations occur in various female social groups and at different ages. Even adolescent female athletes, who appear to have more positive

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body images, engage in fat talk (Smith & Ogle, 2006). Nichter (2000) argued that women might make negative comments about their bodies to fit in with their social group and to conform to perceived standards of behavior, consistent with the notion of normative body discontent operating as an injunctive norm. Peer-generated fat talk may play a role similar to media exposure by increasing awareness of and enforcing the thin body ideal (Grabe, Ward, & Hyde, 2008; Groesz, Levine, & Murnen, 2002; Levine & Murnen, 2009).

The psychological consequences of body dissatisfaction are numerous, including eating disordered behavior, decreased social self-esteem, and increased social anxiety (Cash & Fleming, 2002; Stice, 1994, 2002). The current study examines fat talk as a factor that may both reflect and create body dissatisfaction in college women.

### *Fat Talk Research*

The original work of Nichter and Vuvkovic (1994) on fat talk was primarily ethnographic and focused on middle school and high school girls (see also Nichter, 2000). Many of these findings came from the Teen Lifestyle Project, a longitudinal study that used interviews and focus groups to explore pre-adolescent and adolescent girls' beliefs and attitudes about body image. These researchers found that when a girl says, "I'm so fat," it is not merely an observation about her weight but also an idiom for distress. "I'm fat" may be used to describe a wide range of feelings (e.g., just having a bad day) and to illicit a variety of responses from peers. Nichter (2000) speculated that fat talk can be viewed as a plea for affirmation that one is not fat and a call for social support from peers. It can also be a request to confirm group solidarity. Additionally, some girls in their sample used fat talk before eating to provide an excuse or apology for indulging and to absolve themselves of guilt that often followed the consumption of high-calorie foods.

More recent empirical research on fat talk has focused predominantly on undergraduate students. Some fat talk studies have used vignettes to reveal attitudes toward fat talk in different contexts. In a study by Britton et al. (2006), undergraduates read vignettes about a female target engaging in a fat talk dialogue with other women. Participants were asked to choose which of three self-presentational responses (making negative comments about one's body, making positive comments about one's body, or saying nothing) was most likely for a woman described as responding to fat talk in a conversation with friends. Both male and female college students perceived a woman making negative comments about her body as most typical (compared to a woman making positive comments or not providing any information). Participants also reported that expressing body dissatisfaction would lead other women to like the target most, whereas expressing body acceptance would lead men to like her most.

In a more recent study by Tompkins, Martz, Rocheleau, and Bazzini (2009), female undergraduates read a fat talk dialogue and then rated how much they liked a woman in the conversation based on her responses to fat talk. Overall, college women liked this woman more when she spoke positively about her body. However, when asked to speculate about the feelings of others participating in the fat talk conversation, they predicted that the woman would be better liked when she conformed to the group's style of body talk. In other words, participants thought others would like the woman most when she talked about her own body in a manner consistent with the rest of the group (either positively or negatively). Although women may like women who do not fat talk, they acknowledge that social pressures can drive a woman to either engage in body disparagement or positive body talk, depending on what other group members are doing.

Other fat talk studies have used confederates to explore the impact of fat talk on listeners. Gapinski, Brownell, and LaFrance (2003) concluded that women's exposure to the social pressure to be thin (in the form of fat talk from a female confederate) resulted in increased body dissatisfaction. In this study, a thin, attractive confederate spoke with female participants about a neutral topic or talked negatively about her body. Women felt worse about their bodies after hearing the confederate talk negatively about her body, highlighting the potential for expression of fat talk by peers to negatively influence the listener's body esteem. Stice, Maxfield, and Wells (2003) investigated whether hearing fat talk (from a confederate) exacerbated the negative effects of self-objectification. Undergraduate women were randomly assigned to try on a swimsuit (high objectification) or sweater (low objectification) and to overhear a confederate make self-disparaging body comments or neutral comments. The fat talk manipulations had interactive effects. Exposure to fat talk was associated with a decrease in negative emotion for women in swimsuits but an increase in negative emotion for women in sweaters. The authors suggested that when women are already experiencing concern about their bodies, they may derive comfort from hearing another woman engage in fat talk.

Tucker, Martz, Curtin, and Bazzini (2007) illustrated a reciprocity effect between a confederate speaker and a woman listener, such that college women's public disclosure of their body image varied according to the confederate's style of fat talk. Participants interacted with a confederate who spoke in a positive, accepting, or negative manner about her own body. Listeners' reported ratings of their own body paralleled those of the speaker; however, participants' judgments of the likeability of the confederate did not vary across conditions. In sum, research on fat talk using confederates suggests that fat talk comments can increase body dissatisfaction among women who hear the fat talk. However, these effects vary according to context, even suggesting that fat talk comments may decrease dissatisfaction under certain

circumstances (such as when women's body image is already threatened by wearing a bathing suit). We know of no studies to date that have examined how a woman's response to another woman's fat talk might influence these effects.

We know of only one study that has examined the content of fat talk; however, the researchers conceptualized fat talk quite differently from the original definition proposed by Nichter (2000). Ousley, Cordero, and White (2008) used items (which they defined as fat talk) that broadly assessed the frequency of undergraduates' discussions regarding a wide variety of eating, exercise, and body image issues. Nonetheless, the overall frequency of fat talk (as defined by these authors) was positively related to eating disordered behavior and body dissatisfaction.

### The Current Study

Empirical investigations of fat talk are accumulating. However, the current body of research on this topic leaves a number of key questions unexamined. In particular, we know little about the content of college women's fat talk conversations despite the fact that this group of women is at increased risk for eating disordered behaviors (Hudson, Hiripi, Pope, & Kessler, 2007). The current study was designed to explore how often college women engage in fat talk with friends, the content of a typical fat talk conversation between a pair of female college friends, and how the frequency and content of fat talk are associated with body image variables. Additionally, we explored the meaning of college women's expressions of fat talk, attitudes toward fat talk by others, and how they hoped others would respond to their own fat talk.

## Method

### Participants

Undergraduate women ( $N = 186$ ) ranging in age from 18 to 23 ( $M = 20.00$ ,  $SD = 0.99$ ) completed at least a portion of the survey (demographic statistics and body mass index [BMI] indicators include 152 women because this was the last section of the survey). Our sample was largely White (75%), with the remainder identifying as East Asian (8%), Latina (4%), Indian (3%), biracial (7%), and other (3%). Based on self-reported height and weight, women's body mass indices ranged from 15.98 to 29.66 ( $M = 21.86$ ,  $SD = 2.54$ ). According to the Centers for Disease Control and Prevention guidelines (2009), 7% were underweight, 84% were in the normal weight range, and 9% were overweight. No participants were obese. All but two participants attended a private, mid-sized university in the U.S. Midwest.

### Measures and Procedure

A brief e-mail recruiting participants for a study of "conversations with female friends in college" was sent to a variety of campus listserves and posted on college women's

Facebook pages with a link to the online survey. Participants could enter a raffle for one of four \$25 gift certificates as thanks for their participation. Open-ended questions preceded the quantitative measures of body dissatisfaction and thin-ideal internalization; demographic questions concluded the survey.

**Fat talk dialogue.** To assess the content of a typical fat talk conversation between two friends, participants were asked to write a script for a conversation between themselves and a specific friend. The initial prompt for the dialogue was imagining their friend had just said, "Ugh, I feel so fat." The dialogue continued for a total of four responses for the participant and three responses for the friend. Most participants ( $n = 94$ , 56%) completed all seven entries in the imagined dialogue, 8 finished the dialogue after six responses, 20 after five responses, 15 after four responses, 20 after three responses, 2 after two responses, 7 after one response, and 2 did not respond. After completing the script, participants were asked to indicate whether the friend with whom they imagined having the conversation was "actually fat" using a scale from 1 (*no, she's very thin*) to 4 (*she's average weight*) to 7 (*yes, she's very overweight*).

**Frequency of and attitudes toward fat talk.** Participants first read the following definition of fat talk (based on Nichter, 2000) to answer this series of questions: "The phrase 'fat talk' is used to describe body-related talk that frequently occurs in peer groups. 'Fat talk' occurs when women express dissatisfaction with their bodies (e.g., feeling fat or expressing disappointment with a body part)." Based on this definition, participants rated how commonly (a) they themselves and (b) groups of college women engage in fat talk when they are with their female friends on a scale ranging from 1 (*it's extremely rare*) to 5 (*it's extremely common*).

To assess participants' attitudes toward engaging in fat talk, they were instructed to "Think about times when you and your friends engage in 'fat talk' together. Please select any of the following statements that capture YOUR reaction to engaging in this type of talk with your friends." We developed seven response options based on research by Nichter and colleagues (Nichter, 2000; Nichter & Vuckovic, 1994): "It gives us a chance to support each other emotionally"; "It makes us feel like a more tightly-knit group"; "It helps me because others try to convince me I'm not fat"; "It helps me to know that I'm not the only one who feels bad about my body"; "It makes me feel worse about my body"; "It makes me annoyed because girls/women shouldn't be so caught up with their body image"; "It makes me annoyed because I feel like my friends just want me to tell them they're not fat"; "Other"; and "N/A. My friends and I never do this." Participants first marked all of the reactions they have to fat talk and then indicated their most common reaction from the same list. (The order of response options, except for the last one, was randomized.)

*The meaning of fat talk.* Open-ended questions probed for a deeper understanding of what participants are trying to communicate when they engage in fat talk. Specifically, participants explained what it means when they tell a friend they “feel fat.” Participants also described how they would want a friend to respond to them if they were to say to the friend, “Ugh, I feel so fat.” Participants completed the fat talk dialogue, fat talk questions, and open-ended questions before completing the body dissatisfaction and thin-ideal internalization measures described below.

*Body dissatisfaction.* The 9-item Body Dissatisfaction subscale of the Eating Disorders Inventory-2 (Garner, 1991) measured participants’ dissatisfaction with the overall size and shape of specific regions of the body. Participants indicated how often they felt satisfied/unsatisfied with various body areas (e.g., “I think that my thighs are too large”) on a scale ranging from 1 (*always*) to 6 (*never*). After reverse scoring the appropriate items, participants were assigned 0 points for each item to which they responded *sometimes*, *rarely*, or *never*; 1 point for *often*; 2 points for *usually*; and 3 points for *always* (following the scoring recommended by Garner, Olmstead, & Polivy, 1983, and Garner & Garfinkel, 1979), with high scores indicating greater dissatisfaction. Scores on the body dissatisfaction subscale correlated positively with weight and previously established measures of body dissatisfaction (Garner, 1991) as well as eating disorder symptoms (Spillane, Boerner, Anderson, & Smith, 2004), and they reliably distinguished patients with eating disorder diagnoses from comparison group participants (Garner et al., 1983). For college women, reported reliability coefficients for the body dissatisfaction subscale have ranged from .83 to .93 (Garner et al., 1983). Cronbach’s alpha was .89 for our sample.

*Thin-ideal internalization.* The Sociocultural Attitudes Toward Appearance Questionnaire-3 (SATAQ-3; Thompson, Van Den Berg, Roehrig, Guarda, & Heinberg, 2004) is a 30-item scale measuring social influences on body image with four subscales. Only the internalization general subscale (9 items) was used in our study. This subscale measured general internalization of media influence with regard to body ideals (e.g., “I would like my body to look like the models who appear in magazines”). Response options ranged from 1 (*completely disagree*) to 5 (*completely agree*). After reverse scoring the appropriate items, the responses to each relevant item were summed to create a subscale score. Scores on the internalization general scale were positively correlated with measures of body image disturbance, and respondents with eating disordered behavior scored higher on this subscale compared to controls (Thompson et al., 2004). Thompson et al. (2004) reported a Cronbach’s alpha of .92 for the internalization general subscale. Another study of college women reported a reliability coefficient of .96 for this subscale (Engeln-Maddox & Miller, 2008). Cronbach’s alpha was .92 for our sample.

## Results

### Frequency of Fat Talk

An overwhelming majority ( $n = 149$ , 93%) of women indicated they engaged in fat talk with their friends (based on the definition of fat talk provided above). Rating their own frequency of fat talk, the mean response was at the center of the 5-point scale ( $M = 2.98$ ,  $SD = 1.04$ ), and the distribution of scores was rather flat—with 29% indicating that they frequently engage in fat talk (rated 4 or 5), 35% responding at the midpoint, and 36% indicating they rarely engage in fat talk (rated 1 or 2). Turning to how common participants felt fat talk is among other college women, our results indicated a clear third-person effect with a significantly higher mean for other college women ( $M = 4.02$ ,  $SD = 0.79$ ) compared to self-ratings,  $t(145) = 13.48$ ,  $p < .001$ ,  $d = 2.24$ . The markedly skewed distribution of ratings was different as well, with fully 73% indicating frequent fat talk (rated 4 or 5) among college women in general and only 2% noting rare fat talk (2 on the response scale; no participants chose 1).

### Fat Talk Frequency, BMI, and Body Image Variables

BMI was not significantly correlated with either how commonly participants reported engaging in fat talk,  $r(136) = .02$ ,  $p = .86$ , or how common they believed fat talk to be among other college women,  $r(149) = .07$ ,  $p = .42$ . Consistent with these findings, the mean BMI of 11 women who indicated they never participated in fat talk (7% of the sample;  $M = 21.52$ ,  $SD = 2.58$ ) was not significantly different from the mean BMI of the 140 women who indicated they did participate in fat talk ( $M = 21.88$ ,  $SD = 2.56$ ),  $t(149) = .45$ ,  $p = .66$ . In other words, there was no association between a woman’s actual body size and how often she complained about her body size with peers. (Additional analyses assessing for a possible curvilinear relationship between the two variables were also nonsignificant.)

Body dissatisfaction was positively correlated with how commonly participants reported engaging in fat talk,  $r(141) = .41$ ,  $p < .001$ ; however, body dissatisfaction was not correlated with how common participants believed fat talk to be among other college women,  $r(159) = .12$ ,  $p = .15$ . Thin-ideal internalization was correlated with how commonly participants reported engaging in fat talk,  $r(141) = .44$ ,  $p < .001$ , and, to a lesser extent, how common they believed fat talk to be among other college women,  $r(154) = .24$ ,  $p = .002$ .

Women’s average rating of the body size of the friend with whom they imagined having the fat talk conversation fell at about the midpoint ( $M = 3.47$ ;  $SD = 1.11$ ), with 46% indicating that their friend was average weight (rated 4), 16% describing her as above average weight (rated 5 or 6 with no 7s), and 40% rating her as below average weight (rated 1, 2, or 3). In sum, when imagining which of their friends would complain to them about being overweight, fully 86% of participants described a friend who was not actually overweight.



**Table 1.** Frequency of Responses in Fat Talk Dialogue

Theme	Sample Responses	% of Initial Responses to Fat Talk	% Mentioning Theme
Denial	"Oh, come on, you are not fat at all!" "Yes, and so is Mary-Kate Olsen." (sarcasm) "Stop it. You are not."	83	87
Empathy	"Yeah I have those days myself." "I have those days. But don't worry about it!" "I feel that way too sometimes."	10	26
Probing	"Why do you feel fat?" "Why do you say that?" "Why do you think that?"	4	8
Evidence	"Yes I am, look at my thighs." "No, I don't fit in my jeans anymore." "No, my jeans are so tight."		37
Causes	"Me too, I ate so much last night." "I've eaten so much lately and I hardly exercise." "No, really I haven't been to the gym in eternity."		30
Action together	"Well do you want to go to the gym together? I'm not usually motivated to do it by myself." "We should diet together!" "Do you want to go to the gym later? It makes me feel better. Usually I feel ickiest when I don't go."		23
I'm fat, you're not.	"If you are fat, what am I supposed to be? You are about half my weight." "If you're fat, then I'm humongous." "Shut up. My thighs are definitely bigger than yours."		13

Note. For the first column of percentages (initial response), data were only coded into one category (4% of responses were uncodable). For the second column, the numbers indicate the percentage of participants for whom a comment in that category was present at any point during the conversation.

### The Content of Fat Talk

To assess the content of women's fat talk, participants imagined that a friend said to them, "Ugh, I feel so fat," and then wrote a script for how the conversation would likely continue. We analyzed these qualitative data in two ways. First, we explored initial responses to the "I feel fat" comment alone and then we considered the content of the conversation as a whole.

Two female research assistants read through the initial responses ( $N = 167$ ) to the "I feel fat" comment and independently generated a list of common themes. They then met to consolidate and refine their list of common themes, resulting in the identification of three types of responses: *denial* (with the participant explicitly denying that the friend is fat, including sarcastic responses), *empathy* (with the participant indicating that she also felt fat or that women in general often feel fat), and *probing* (with the participant questioning the friend as to why she felt fat). The two research assistants then independently placed each response into one of the three categories (if more than one of the themes was present, coders selected the most dominant theme). Only 4% of responses were uncodable, and inter-rater reliability was acceptable ( $\kappa = .76, p < .001$ ). Instances where the two coders disagreed were resolved through discussion with a third researcher. By far, the most common response to a

friend's fat talk was denial that the friend was fat (over 80% of responses). See Table 1 for examples of each type of response.

To determine whether women's initial response to their friend's fat talk was associated with internalization or body dissatisfaction, two ANCOVAs were conducted with initial response category as the independent variable and BMI entered as a covariate. Results indicated that neither body dissatisfaction,  $F(3, 140) = .29, p = .75$ , nor internalization,  $F(3, 142) = .50, p = .61$ , was significantly associated with initial content of fat talk. The initial comment participants gave in response to their friends' complaining about being fat also had no association with the body size of the friend with whom they imagined having this conversation,  $F(2, 158) = 1.12, p = .33$ .

The two coders also coded the entire content of the conversations (i.e., up to seven responses) to determine whether additional themes were present. For this round of coding, each conversation could be coded to include more than one theme. Once again, disagreement between coders was resolved by discussion with a third researcher. Inter-rater reliabilities (assessed by kappa) ranged from .85 to 1.00 for the seven categories. In addition to the three themes (denial, empathy, and probing) identified previously, fat talk conversations often included one of the speakers pointing to a specific type of *evidence* that supported the contention that she is

**Table 2.** Frequency and Content of Participants' Explanations of the Meaning of Fat Talk

Theme	Sample responses	Frequency
State-level fatness	"I'm feeling bad about my body today and don't know what to do." "I probably mean that I feel like I just ate a lot." <sup>a</sup>	36%
Unhealthy behavior	"I am realistic about my body, but some days I feel fatter than others." "That I feel fat because I just ate a lot, or because I have my period, or because I've been very lazy recently. Maybe I have actually gained a few pounds, but I know that I can lose it again once I revert back to a more 'healthy' lifestyle (start working out again, stop eating so many desserts, etc.)." "It means I need to be more active. It means I feel lazy and lethargic and need to go run or play tennis." "When I am 'feeling fat' it means that I have not found the time to go the gym and am therefore feeling sluggish."	24%
Reassurance	"I think most of the time it is probably for a compliment or for reassurance. You expect your friend to diffuse the negative thoughts when you bring them to light." "Usually I say something along these lines when I need reassurance that I am, in fact, not fat although I've felt unattractive lately for some reason." "I'm self-conscious about my body and weight and I want reassurance that I look skinny and beautiful to them."	21%
Body dissatisfaction—not specified	"That I don't feel good about my body." "My unhappiness with my appearance." "That I am feeling bad about myself and my body."	20%
Evidence	"It means that I tried on something that used to fit and now it's too small. Especially if pants are too tight around my stomach or in my thighs." "This could mean I have actually put on a few pounds." "I usually say it if I'm not happy with how clothes fit."	16%

Note. The percentages indicate the proportion of participants for whom a comment in that category was present at any point during the open-ended meaning question.

<sup>a</sup>Some responses were double coded. For example, this response was coded as both "State-level fatness" and "Unhealthy behavior."

actually fat, discussing the *causes* contributing to her belief that she is fat, making specific plans for *actions together* with her friend to address their body dissatisfaction by exercising or dieting together, and disagreeing over whether she or her friend was actually fatter (*I'm fat, you're not*). Table 1 shows the frequency of, and representative responses for, each category.

### The Meaning of Fat Talk

The two research assistants also coded answers to the open-ended question that asked participants what they mean when they say, "Ugh, I feel so fat" to their friends. After independently reviewing all of the data and generating themes that captured what participants claimed they mean when they complain of feeling fat, the coders again consolidated their lists of themes. This consolidation resulted in five themes for the meaning of fat talk question: feelings of *state-level fatness* (responses indicating the participant felt bloated or lacked general self-confidence or specific body confidence either today or recently), *unhealthy behavior* (entries indicating the participant felt fat because she had not gone to the gym or had been eating poorly recently), *reassurance* (replies indicating the participant wants others to reassure her she is not actually fat), *body dissatisfaction—not specified* (statements of body dissatisfaction that were not qualified with a

time frame), and *evidence* (responses in which the participant discussed specific, concrete evidence that her body size is unacceptable). Unfortunately, we were unable to determine whether the nonspecified body dissatisfaction comments were referring to chronic body dissatisfaction or if they might be expressions of state dissatisfaction that simply were not specified as such. For example, if a woman wrote, "It means I feel fat," we could not be certain whether she meant that it means she feels fat in general or at that moment.

The two initial coders used the prior strategy to code the entire content of the meaning code (i.e., they examined whether each of the five codes was present or absent across each woman's complete response). Responses were coded multiple times if they fit more than one category. Inter-rater reliability estimates ranged from kappa = .75 to .88. See Table 2 for frequencies and for sample responses for each meaning code.

There is one noteworthy distinction between content and meaning codes worth elaboration. Although the category called reassurance sounds somewhat similar to the content theme of denial, when women were asked about what they *mean* when they complain to a peer about their bodies, participants indicated that they wanted more than simple denial (which can seem dismissive of real concerns). Rather, they wanted the friend to offer genuine confirmation that they were not fat, frequently using the word *reassurance*.

**Table 3.** Participants' Desired Response When They Initiate Fat Talk With a Friend

Theme	Sample responses	Frequency
Denial	"[I would want my friends to respond] the way they do—mostly with disbelieving looks and, 'That's ridiculous!'" "You don't look fat!"	69%
Direct compliment	"Shut up! No you're not! You look great!" "You're one of the prettiest girls in our group." "Come on, you look fantastic!" "You are skinny, you look great!"	27%
Desire strategies	"You don't look it girl! But let's hit up the gym anyway. Gotta love those endorphins!" <sup>a</sup> "I would want them to be honest with me, or push me to do harder/more frequent workouts." "I would want my friend to be nice, but also honest. If he/she had any helpful tips on working out, eating better or living a healthier lifestyle, I would appreciate any such advice."	15%
Emotional support	"The worst is when someone says, 'Oh, no you're not' and then blows it off. I'd either want to be seriously affirmed and built up by my friend or encouraged that if I wanted to do something to lose weight, she'd help me." "[I would want her to] focus on the good parts of me, even if it's my personality or that I have clear skin or something." "Maybe ask me why I think that. Help me to figure out a way that I can feel better about myself."	14%

Note. The percentages indicate the proportion of participants for whom a comment in that category was present at any point during the open-ended desired response question.

<sup>a</sup>Some responses were double coded. For example, this response was coded as both "Desire strategies" and "Denial."

We ran analyses of covariance (ANCOVAs) for each of the five meaning categories to explore whether generating a specific meaning response was associated with either body dissatisfaction or internalization, including BMI as a covariate. Only one significant finding emerged: Participants who indicated that when they engage in fat talk they mean it as an expression of body dissatisfaction (not specified as state-level) had higher self-reported body dissatisfaction scores ( $M = 11.81$ ,  $SD = 34.09$ ) than those who did not generate a response in this category ( $M = 7.69$ ,  $SD = 26.75$ ),  $F(1, 146) = 13.92$ ,  $p = .001$ ,  $\eta_p^2 = .07$ .

### Desired Responses to Fat Talk

Participants were asked how they would like a friend to respond to them when the participant initiates fat talk by complaining about her body size. Using the same coding strategy described above, coders identified four common themes for participants' desired response to fat talk: *denial* (the participant wants explicit denial that she is fat), *direct compliment* (the participant wants her friend to tell her that she is thin/pretty), *desire strategies* (the participant wants advice about strategies to be healthier or lose weight), and *emotional support* (the participant wants her friend to provide emotional support to assist her in coping with the distress associated with her body dissatisfaction). Both coders reviewed all responses to determine whether any of the four categories were present, again allowing multiple codes for each response. Kappas for inter-rater reliability ranged from .86

to 1.00. See Table 3 for frequencies and sample responses for each code.

Based on a series of ANOVAs (for BMI) and ANCOVAs (for other variables, when controlling for BMI), none of these responses were associated with body dissatisfaction, internalization, or BMI. In other words, although women vary in terms of what they hope to hear in response to their own fat talk, these desired responses were not related to their BMI or to the body image variables.

### Attitudes Toward Fat Talk

Participants marked all of the reactions they have to engaging in fat talk from a checklist of seven possibilities and then indicated their most common reaction from the same list. Table 4 shows these percentages for their multiple choices and for their single most typical response. For the multiple responses, all options were marked by 20% or more of participants, and only one woman reported that she does not engage in fat talk.

Women's choices for their most typical response indicated a mix of positive and negative reactions to fat talk. The most commonly chosen reaction indicated that women often believe fat talk can relieve the distress associated with body dissatisfaction. The second and third most common reactions were negative in valence, revealing annoyance either at the pervasiveness of body image concerns among women or at feeling manipulated to affirm their friend's body image. Despite the significant association between frequency of fat



**Table 4.** Reactions to Fat Talk

Reaction	Possible <sup>a</sup>	Typical <sup>b</sup>
It helps to know that I'm not the only one who feels bad about my body.	60%	29% ( <i>n</i> = 44)
It makes me annoyed because I feel like my friends just want me to tell them they're not fat.	47%	18% ( <i>n</i> = 26)
It makes me annoyed because girls/women shouldn't be so caught up with their body image.	49%	16% ( <i>n</i> = 25)
It makes me feel worse about my body.	34%	12% ( <i>n</i> = 20)
It gives us a chance to support each other emotionally.	41%	9% ( <i>n</i> = 15)
It helps me because others try to convince me I'm not fat.	34%	6% ( <i>n</i> = 9)
It makes us feel like a more tightly-knit group.	20%	0% ( <i>n</i> = 0)
N/A. My friends and I never do this.	1%	1% ( <i>n</i> = 1)

<sup>a</sup>Women indicated all the attitudes they might have to fat talk.

<sup>b</sup>Women indicated their most typical response to fat talk. Numbers do not add to 100% because 8% of participants (*n* = 11) checked "Other" as their most typical response.

talk and body dissatisfaction noted previously, only a small percentage indicated that fat talk *most commonly* makes them "feel worse" about their own body.

We conducted an ANOVA with the six different *most common* reactions participants endorsed (this analysis did not include the "Other" or "N/A" categories) on participants' BMIs. Results indicated an overall main effect of reaction,  $F(5, 133) = 3.68, p = .004, \eta_p^2 = .12$ . Post hoc Tukey's tests ( $p = .001$ ) revealed that women who indicated that fat talk most commonly made them feel worse about their bodies ( $M = 23.55, SD = 3.01$ ) were heavier than women who most typically felt annoyed by fat talk because they feel manipulated to tell other women that they are thin ( $M = 20.58, SD = 2.01$ ). All other comparisons were not significantly different.

## Discussion

Nearly all college women reported that they engage in fat talk with friends and almost one third of these women described their fat talk as frequent or very frequent. Interestingly, the women thought that groups of other female college friends engaged in fat talk much more frequently (an effect size of over two standard deviations) than they do in their own group of friends. These results are consistent with past research that describes fat talk among college women as a normative phenomenon (Britton et al., 2006; Tompkins et al., 2009). Also consistent with viewing fat talk as a social norm for women, results indicated that thin-ideal internalization was correlated with both self-reported frequency of fat talk and how often participants thought other women engaged in fat talk. In other words, the more women endorse the notion that the ideal

female body is very thin, the more they share and reinforce these beliefs in social interactions.

Consistent with the findings of Ousley et al. (2008), body dissatisfaction was positively correlated with how frequently women reported engaging in fat talk. The causal direction of this relationship is unclear and it could easily be interpreted in either direction. Complaining about one's body with peers may increase body dissatisfaction, or body dissatisfaction may lead to fat talk, perhaps in attempts to relieve the distress it causes (see below). It is also easy to imagine a bidirectional relationship between these two variables. The more body dissatisfied a woman feels, the more she shares these feelings with peers; the more peers emphasize the desirability of the thin-ideal in their conversations, the more body dissatisfaction they create in each other. Longitudinal, quantitative research could help to clarify the nature of this association.

After studying fat talk among preadolescent and adolescent girls, Nichter (2000) described fat talk as something that occurs almost exclusively among girls who are not actually overweight. The self-reports of college women in our sample are somewhat consistent with this prior finding. Although results indicated no relationship between participants' BMIs and how often they engaged in fat talk with friends, approximately 90% of our sample fell into the normal or underweight BMI range. The majority of participants imagined that the friend who said "Ugh, I feel so fat" was average or below weight, lending credence to the notion that fat talk is generally not associated with actually being overweight. Given the stigma associated with being overweight (Carr & Friedman, 2005; Puhl & Brownell, 2006), it seems unlikely that an overweight woman would want to draw attention to her body size. However, when a woman is not actually overweight, complaining about being fat can reasonably be expected to lead to reassurance from peers that she is not fat.

Consistent with this interpretation, participants' most common response to a friend who engaged in fat talk was the participant attempting to convince the friend that she was not fat. Additionally, the majority of participants indicated that they would want their friends to respond to their own fat talk by denying that they were fat or complimenting their appearance. (Although, interestingly, several women in our sample remarked in open-ended comments that they do not believe their friends when the friends tell them that they are not fat.) Even though women might engage in fat talk to receive compliments about their bodies, women feeling good about receiving appearance compliments is associated with increased body dissatisfaction and body surveillance (Calogero, Herbozo, & Thompson, 2009).

Despite this apparent contradiction (i.e., normal or underweight women complaining about being fat), few participants indicated they would respond to their friend's complaint by probing (e.g., trying to understand *why* the friend felt she was fat). Thus, a picture emerges in which the tendency of normal-weight women to complain to peers about their weight is so common that it does not require further

explication. What may seem like a paradox on the surface is not interpreted by college women as perplexing or in need of explanation.

These qualitative data suggest that the predictable back-and-forth argument between two women where each denies that the other is fat was the most typical content of fat talk conversations. However, an additional, somewhat surprising theme emerged. Nearly a quarter of participants indicated that fat talk discussions would lead to plans between the two friends to support each other with a specific weight loss strategy (e.g., going to the gym together or planning a diet together). How often the participants actually follow-through with such plans is difficult to determine, although Nichter (2000) argued that girls in her sample were much more likely to talk about dieting or exercising together than to actually do so. Making such plans may simply be a way to temporarily assuage weight-related guilt (consistent with participants' reports that they frequently fat talk because they feel guilty regarding recent unhealthy behaviors) or a way to relieve distress over one's body size by imagining activities that could lead to weight loss. Discussing specific weight-loss strategies emphasizes that fat talk dialogues focus on aspects of one's body that are perceived as controllable through diet and exercise. Although women may have other body-related concerns such as acne, body hair, or breast size, these concerns are unlikely to result in struggles involving discipline, guilt, and self-control that characterize weight-related concerns. Instead, these other types of body concerns may lead a woman to seek out services such as dermatology, hair removal, or plastic surgery.

Findings regarding what the college women in this study said they *mean* when they complain about being fat were consistent with the above interpretations. Although little evidence emerged that fat talk is an idiom for *general* distress (Nichter, 2000), participants did indicate that fat talk was primarily a means through which they could express body-related distress.

Sometimes the distress expressed by participants was in the form of generic body dissatisfaction, but often it was in the form of what we termed "state-level fatness." State-level fatness refers to women specifically acknowledging that their feeling of being overweight is temporary. For example, a woman may complain of feeling fat *that day* or of feeling unusually bloated. In open-ended comments, nearly 10% of participants made a point (unprompted) to indicate that they know they are not really fat. The finding that fat talk is often an expression of temporary feelings of fatness helps to explain why it is so common for women who do not believe they are fat (and are not actually fat) to complain to other women about being fat. Even if they experience the feeling of being fat as transitory (i.e., a state), the feeling is distressing, so women often turn to peers to help relieve this distress.

Women's self-reported reactions to fat talk were both positive and negative. The most common reaction to fat talk was the feeling that it can help a woman know that she is not the

only one who feels badly about her body. Although social support and empathy are usually viewed as psychologically healthy constructs, constant reminders that one's normal-weight or underweight friends also feel fat may not be helpful in the long run. Such fat talk simply serves to reinforce the thin body ideal and the notion that disliking one's body is normative for women. Women come to expect this type of talk from their peers and likely feel pressured to engage in it (e.g., Britton et al., 2006; Tompkins et al., 2009).

Some participants reported negative reactions to fat talk, indicating that fat talk annoys them either because they think women should not be so caught up with their body image or because they think their friends just want to hear that they are not fat (which is a reasonable assumption, given the above results). Although body dissatisfaction was correlated with frequency of fat talk, only a small percentage of women indicated that fat talk made them feel worse about their bodies. A concern is that what seems like a useful coping mechanism to many women may actually be exacerbating body image disturbance. This outcome is especially likely, given the tendency of already thin women to complain about being fat. When another woman hears this lament, she may wonder (as one of our participants put it), "If you're fat, then what am I?"

The suggestion that women may feel pressure to engage in fat talk because they believe all their peers are doing so is consistent with research on college alcohol use. College students erroneously believe the majority of their fellow students are drinking (see Perkins, 2002, for a review). A third-person effect is also found with respect to college student drinking habits, such that college students think that, compared to their own attitudes and behaviors, their peers are more permissive in personal drinking, drink more frequently, and drink more heavily (Perkins, 2002). Students' inflated perceptions of drinking norms facilitate alcohol misuse. Similarly, college women's exaggerated perceptions of fat talk norms might lead to increased fat talk and increased body dissatisfaction (based on the link between these two constructs described above). Conceptualizing fat talk in this way could point toward the design of interventions consistent with the social norm approach used in prevention programs targeting alcohol abuse. Communicating actual levels of student alcohol use has been shown to be an effective intervention to reduce alcohol misuse (Perkins, 2002). Perhaps, if American women were not so inclined to believe that all of their peers are frequently engaging in fat talk, they might do less of it themselves.

There are several limitations to the current study. First, the self-report frequency measure used in this study cannot be translated into an actual estimated frequency of engaging in fat talk (e.g., a specific number of times per day or week). However, because women are unlikely to be able to accurately estimate the specific number of fat talk conversations they have per day (or week, etc.), a general sense of how common the behavior is may be the most valid way to assess this construct. The majority of participants in this study were in the normal or underweight BMI range, making it difficult

to assess the frequency and correlates of fat talk among overweight college women. Additionally, the sample was relatively homogenous in terms of ethnicity. Although college women are a specific population of interest for studying phenomena related to body image, research on the topic would benefit from the inclusion of more diverse samples of women (in terms of age, weight, and other demographic variables such as socioeconomic status and ethnicity). There is currently little data exploring how such demographic variables may interact with fat talk, though a recent survey of adults in the United States suggested that the frequency of fat talk was relatively low in adult populations and decreased with age (Martz, Petroff, Curtin, & Bazzini, 2009).

We especially encourage future mixed-method research examining fat talk content and frequency in ethnically diverse samples of women. Some research suggests that Mexican American and Spanish women are at less risk for developing body image disturbance than European American women (Warren, Gleaves, Cepeda-Benito, del Carmen Fernandez, & Rodriguez-Ruiz, 2005). Likewise, the majority of studies comparing Black and White women have found that Black women have a more positive body image than White women (Abrams, Allen, & Gray, 1993; Barry & Grilo, 2002; Jefferson & Stake, 2009). However, a recent meta-analysis of ethnicity and body image challenges the idea that there are large or consistent differences in body dissatisfaction between White and non-White women (Grabe & Hyde, 2006; see Sabik, Cole, & Ward, 2010, for an examination of the complexity of the role of ethnic identity in body image). Understanding women's fat talk frequency and content might better explain how the similarities and differences in body dissatisfaction among ethnicities are both created and expressed.

The qualitative data presented here evidenced high inter-rater reliability, and the repetition of certain themes (e.g., denial, reassurance, and alleviation of body-focused distress) among the codes for the different questions supports the validity of these categories. Nonetheless, research on fat talk could benefit from a more standard definition of the construct along with a validated self-report measure of its frequency (see Clark, Murnen, & Smolak, 2010, for initial work on the quantitative assessment of this construct). Such a measure could facilitate future quantitative research examining the potential for fat talk to have positive effects, such as inspiring college women to engage in healthy behaviors (e.g., going to the gym or eating healthier). This proactive response to fat talk may be specific to the college cohort because it was not mentioned among the girls in the previously cited ethnographic research. Questions about how and when such healthy behavior may lapse into eating disordered behavior (e.g., purging and extreme dietary restriction) are also important to consider.

Overall, results of the current study suggest that fat talk is quite common among college women. Women appear to believe that complaining about one's body size with peers can relieve distress associated with body dissatisfaction.

However, our findings suggest that such talk is associated with *greater* body dissatisfaction and thin-ideal internalization. These relationships, combined with women's belief that fat talk is highly common among their peers, suggest that fat talk is a powerful social norm, reflecting and potentially exacerbating body image disturbance. Finally, these results serve as a reminder that for most women, fat talk is not about *being* fat, but rather about *feeling* fat.

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