

THE IMPACTS OF EXPOSURE TO FAT TALK AND FAT TALK CHALLENGING
THROUGH SOCIAL MEDIA ON WOMEN

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BY
ALLY WADE, M.A.

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DEDICATION

To my partner, Donald, for your continued love, support, and patience. You are always there in my times of need to support me, brainstorm with me, and empathize. Your belief in me has been unwavering and has taught me to have that same belief in myself.

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ABSTRACT

ALLY WADE

THE IMPACTS OF EXPOSURE TO FAT TALK AND FAT TALK CHALLENGING THROUGH SOCIAL MEDIA ON WOMEN

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Fat talk, conversations including peers mutually degrading their own bodies, has become increasingly commonplace among women in the United States (U.S.). Decades of research has revealed fat talk conversations result in increased body dissatisfaction. With the popularity of social networking sites, it is likely that fat talk conversations saturate the profile pages of many. However, few have researched the differing impacts of viewing fat talk conversations online. Researchers have become interested in ways to protect women against the deleterious impacts of witnessing fat talk conversations. The current investigation aimed to fill gaps in the literature by studying the reactions of 613 women participants who viewed fat talk conversations of overweight and thin women on Facebook. The conversations were either perpetuated or challenged by other simulated Facebook users. Participants viewed either a thin or a fat woman of the same ethnicity as the participant. After viewing the fat talk conversations, participants completed a demographic questionnaire; questions from Project EAT (Larson, Neumark-Sztainer, Story, van den Berg, & Hannan, 2011), assessing for body image; the Body Dissatisfaction Subscale of the Eating Disorder Inventory-3 (Garner, 2004), assessing for

body dissatisfaction; and the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), assessing for self-objectification. The investigator hypothesized that participants who viewed a thin woman engaging in fat talk that was perpetuated would have the highest body dissatisfaction and highest levels of self-objectification of any of the experimental conditions, which was not supported in the findings. The investigator also hypothesized that participants who viewed an overweight woman engaging in fat talk that was challenged would have the lowest body dissatisfaction and lowest levels of self-objectification of any of the experimental conditions, which was also not supported in the findings. The investigator expected to find differing impacts on body dissatisfaction and self-objectification based on race/ethnicity, body size, and sexual orientation which was partially supported: race and perceived weight predicted body dissatisfaction, while BMI and perceived weight predicted self-objectification. Hypotheses were tested with between subjects ANOVAs and a multiple regression. Results of an exploratory analysis revealed a significant difference in body dissatisfaction between racial groups.

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CHAPTER I

INTRODUCTION

Almost 30 years ago, researchers noted that body dissatisfaction among women in the U.S. had become so commonplace, it was labeled normative discontent (Rodin, Silberstein, & Striegel-Moore, 1984). Since that time, women's dissatisfaction and discomfort with their bodies has perpetuated. In fact, Cash and Pruzinsky (2004) found that the number of women who are dissatisfied with their bodies has continued to increase over the last decades. Such findings are consistent with U.S. mainstream culture's promotion of a narrow standard for, coupled with a strong emphasis on the importance of, physical beauty. Levine and Smolak (1996) noted that for women in the U.S., thinness and beauty are typically equated with one another. Therefore, the numerous women who are not thin may have difficulties with body dissatisfaction.

Body dissatisfaction and promotion of the thin beauty ideal have been found to be related to a number of deleterious consequences. For instance, Cash and Pruzinsky (1990) found that body image disturbances are associated with low self-esteem, eating disorder symptomatology, and depression. Similarly, internalization of the thin beauty ideal found in the U.S. is associated with negative affect, disordered eating behaviors, and an increased drive for thinness (Harrison & Hefner, 2006; Levine & Smolak, 1996).

With such persistence of women's body dissatisfaction in the U.S. and internalization of the thin beauty ideal (Cash & Pruzinsky, 2004), researchers have begun

to investigate the method of transmission of these messages. While mass media, such as television, radio, and the Internet, have often been the focus of the source of thin-promoting messages (Grabe, Ward, & Hyde, 2008), interpersonal conversations between women also contribute to the increase in internalization of the thin beauty ideal and increase in body dissatisfaction among women. Nichter and Vuckovic (1994) were among the first to study the ways in which middle and high school girls spoke to each other about their bodies. They found that many young girls degraded themselves by commenting on what they did not like about their bodies. These researchers found that once a self-degrading conversation was initiated, more often than not, a peer would join in and discuss the ways in which she, too, was fat.

In the past two decades, a number of researchers have studied these conversations and coined the term *fat talk*. Although Nichter and Vuckovic (1994) posited that these conversations mainly took place among middle and high school girls, others quickly found that these fat talk conversations persisted well beyond the walls of high school campuses. Salk and Engeln-Maddox (2011) emphasized that fat talk is a mutually self-degrading conversation about one's size or shape of their body that occurs between women of all ages.

Fat talk conversations have four major themes. Corning and Gondoli (2012) noted that fat talk conversations almost always include one or more of the following topics: expressing the fear of gaining weight or becoming fat, exchanging dieting or exercise tips or helpful suggestions, comparing eating or exercise behaviors, and evaluating the appearance of someone not present. Clarke, Murnen, and Smolak (2010) found three

topic areas that regularly arise during fat talk conversations: talk about one's body shape, future weight, or current eating or exercise behaviors. Nichter and Vuvkovic (1994) noted that interjecting a statement about feeling fat becomes a catchall as a way to express a range of feelings, such as feeling poorly or having a bad day. Nichter noted that initiating a fat talk conversation may be a way of asking for confirmation that one is not fat, or seeking social support around feeling guilty for eating poorly or not exercising (2000).

Fat talk is now understood to be a socially acceptable and commonplace conversation among many girls and women in the U.S. (Corning & Gondoli, 2012). Adams (2014) referred to fat talk as a "social epidemic" (para. 2). Researchers have identified several deleterious consequences both of engaging in and hearing fat talk. Engaging in fat talk is associated with increased dieting behaviors, increased preoccupations with food, and an increased drive for thinness and symptoms of eating disorders (Kichler & Crowther, 2009; Thompson et al., 2007). In addition to these associations, fat talk has been found to cause an increase in body dissatisfaction levels in women who are exposed to these conversations (Corning, Bucchianeri, & Pick, 2014).

Although researchers have begun to study the frequency and types of fat talk conversations among men, fat talk is most commonly observed among girls and women in the U.S. (Martz, Petroff, Curtin, & Bazzini, 2009) and, for this reason, will be the focus of the current investigation. However, questions remain about the dynamics of fat talk and how to temper its deleterious outcomes. For instance, although research has been conducted around body dissatisfaction among White and non-White women, little is known about fat talk conversations among non-White women. In most studies

researching fat talk and its impacts, the majority of participants have been White undergraduate university students (i.e., Corning & Gondoli, 2012; Salk & Engeln-Maddox, 2011, 2012). Only a few researchers have investigated the relationship between fat talk and ethnicity and these have focused on differences between students from the U.S., Japan, and Korea (Lee, Taniguchi, Modica, & Park, 2013; Taniguchi & Lee, 2012). In light of the sparseness of research in this area, many questions about race, ethnicity, and fat talk remain.

Very little work has been done to study fat talk conversations among sexual minority women. Although Jankowski, Diedrichs, and Halliwell (2014) studied the differences in frequency and content of fat talk conversations in gay versus heterosexual men, to the author's knowledge, no researchers have studied whether and how fat talk conversations may impact lesbian or bisexual women.

Women with eating disorders have been repeatedly found to engage in frequent social comparisons. Women with eating disorders have also engaged in fat talk (Corning, Krumm, & Smitham, 2006; Ousley, Cordero, & White, 2008) more frequently than women who have not been diagnosed with an eating disorder. While thin women with and without eating disorders have been studied, much less is known about the impact body size or weight may play among women of more diverse body types.

Important definitional and term usages need clarification at the outset of this study. First, the term Body Mass Index (BMI), an index that is calculated by multiplying one's weight in pounds by 703 and then dividing by height in inches squared (Wollner, Blackburn, Spellman, Khaodhiar, & Blackburn, 2010), is used regularly in body image

research. Many researchers have used the terms *normal* and *average* to refer to women with BMIs that fall within the range been deemed normal by the Center for Disease Control and Prevention (CDC, 2014) (i.e., 18.5 to 24.9). However, such labels of *normal* and *average* create a conundrum as these words suggest that the majority of women fall between these ranges. However, given that the average size of women in the U.S. is larger than many cultures, the term *average* may be deceiving. In fact, according to the CDC (2012), the average size of a woman in the U.S. is 16 and the average weight is 166.2 pounds. Furthermore, using such terms tends to idealize those whose weights fall within the smaller BMI range. Further, there are a number of problems with using BMI to classify whether one is of average size or not. The calculation for BMI ignores several factors that can impact one's weight, such as age, sex, amount of muscle mass, and ethnicity (CDC, 2014). However, due to the widespread use and applicability in research, the current investigator plans to use BMI calculations in spite of these limitations.

In the current investigation, when discussing previous studies, original language will be retained, including *average*, *healthy*, and *normal*. However, for the purpose of this investigation, the terms *thin* and *overweight* were used. The investigator used the term *overweight* as it appears to be the term most commonly used in the research literature. The term *thin* was used to describe someone who falls at the edge between the CDC categories of normal and underweight (CDC, 2014). The term *overweight* was used to describe someone that falls at the edge between the CDC categories of overweight and Obese 1 (CDC, 2014). The investigator intentionally avoided the terms *average*, *healthy*,

and *normal* due to the issues previously noted (i.e., *average* and *normal* imply that the majority of women in the U.S. fall into this particular weight range when that is factually inaccurate).

For the most part, fat talk conversations are generally thought to occur between average, or normal-weight, women (Salk & Engeln-Maddox, 2011), with some researchers suggesting that larger women may engage in fat talk less often as a means not to draw attention to themselves and their body size (Nichter, 2000). Some research has been conducted on the impacts of viewing or hearing women who range from thin to overweight engage in fat talk (Corning et al., 2014; Lee et al., 2013; Taniguchi & Lee, 2012). However, little research has been conducted to look specifically at how the size of the person viewing or hearing fat talk impacts their body dissatisfaction levels.

Some researchers have begun to search for ways to counteract or protect women from the impacts of fat talk. Fortunately, some have found that the challenging of fat talk, which include comments such as critiquing women's tendencies to engage in fat talk, as opposed to challenging that the person initiating the fat talk is not actually fat, is linked with lowered levels of body dissatisfaction and guilt (Salk & Engeln-Maddox, 2012).

The use of social networking websites, which are those designed for communicating with friends, peers, family and co-workers (Facebook, 2011a), has exponentially increased in the past decade. Social networking websites include Twitter, Facebook, and My Space. While researchers have studied the association between social networking site use and depression, body image concerns, and other mental health consequences, few other than Taniguchi and Lee (2012) and Lee et al. (2013) have

studied the intricacies of social networking and fat talk. Because both the study by Taniguchi and Lee (2012), and the study by Lee et al. (2013) found that viewing fat talk online impacted participants' body satisfaction levels, it seems even more imperative that the impacts of viewing fat talk conversations through social media websites be investigated.

The current study aimed to fill a number of gaps in the current fat talk literature. To date, only Taniguchi and Lee (2012) and Lee et al. (2013) have studied the varying impacts of race and ethnicity on fat talk conversations and these were limited to participants from Japan, Korea, and the U.S. The current study's first aim was to examine the differences in the impact of viewing fat talk conversations based on one's race or ethnicity.

The current investigation also aimed to extend upon the research conducted by Taniguchi and Lee (2012) and Lee et al. (2013) by analyzing the impacts of viewing fat talk conversations online through a social media website (Facebook) on women. Further, the researcher analyzed the impact of challenging fat talk. Given that Salk and Engeln-Maddox (2012) found that those women who witnessed the challenging of fat talk had lower levels of body dissatisfaction than those who witnessed fat talk that went unchallenged, the impacts of challenging fat talk appear promising. The researcher further aimed to expand upon this literature by determining if similar effects were found when witnessing the challenging of fat talk on a popular social media website.

To date, only a few investigators, such as those conducted by Lee et al. (2013), Corning et al. (2014), and Taniguchi and Lee (2012) have researched the impacts of fat

talk on women of various sizes. These researchers studied the impacts of hearing or viewing women ranging from thin to overweight engage in fat talk. However, the majority of these participants were classified as normal, or of average, weight according to the researchers. The current study aimed to extend this line of research to determine if there are differing impacts of viewing fat talk conversations online based on the size of the person engaging in the fat talk. Further, the current study aimed to examine the differing impacts of viewing fat talk conversations online based on participants' body size.

The research questions that guided the current investigation are as follows:

1. How does exposure to an online fat talk conversation impact body image when the profile user's weight varies from thin to overweight?
2. How does exposure to an online fat talk conversation impact self-objectification when the profile user's weight varies from thin to overweight?
3. How does exposure to an online fat talk conversation that is challenged by a profile viewer impact body dissatisfaction levels?
4. How does exposure to an online fat talk conversation that is challenged by a profile viewer impact self-objectification levels?
5. How does the interaction of the body size of the person engaging in fat talk and the challenge or perpetuation of fat talk impact body dissatisfaction?
6. How does the interaction of the body size of the person engaging in fat talk and the challenge or perpetuation of fat talk impact self-objectification?

7. How does a participant's age, ethnicity, sexual orientation, BMI, and perceived weight impact their body dissatisfaction levels when exposed to fat talk on a social media website?

8. How does a participant's age, ethnicity, sexual orientation, BMI, and perceived weight impact their self-objectification levels when exposed to fat talk on a social media website?

CHAPTER II

LITERATURE REVIEW

Thin Beauty Ideal

Like most Western nations, U.S. culture places a high value on appearance. Being considered physically attractive holds many benefits in society: attractive people are seen as more appealing as romantic partners, they make more money, and are assumed to be more intelligent than those deemed unattractive (Frieze, Olson, & Russell, 1991). Similarly, Thompson and Heinberg (1999) noted that, particularly for women, physical appearance is of utmost importance in Western culture. Because of the importance placed on attractiveness, many women are highly focused on their appearance. While these cultural norms apply to both men and women, women especially are pressured to meet narrow standards for attractiveness. In fact, sometimes women's bodies and appearance evaluations are used to define them as a whole, as opposed to considering other factors (i.e., personality, intelligence, skills) about each individual woman (Fredrickson & Roberts, 1997).

One well-articulated standard in Western culture is the thin beauty ideal. Levine and Smolak (1996) described this ideal as the notion that thinness is a prerequisite to be considered attractive in Western culture. Thompson and Heinberg (1999) noted that a woman's value is often based on her beauty, and for women, beauty is conceptualized as being thin, attractive, young, and fit. Because of such standards, many women in Western

nations are dissatisfied with their bodies. In fact, Rodin et al. (1984) found body dissatisfaction among women to be so common that it became labeled a normative discontent. Although some researchers contend that such widespread body dissatisfaction is due only to individual issues or familial influences (Holmstrom, 2004), it is hard not to recognize the influence culture and societal messages have on women. Cash and Pruzinsky (2004) posited that instead of defining women's higher likelihood to be dissatisfied with their bodies as an individual problem, such dissatisfaction should be seen more as a reflection of the systemic gendered messages communicated to women and girls and the dominant U.S. culture's tendency to objectify women's bodies. Further, Slevec and Tiggemann (2011) posited a sociocultural theory which explains that much of the high levels of body dissatisfaction in women today are due to this unrealistic thin beauty ideal that exists in Western culture.

Body Image

The construct of body image has been studied for over a century, although concurrence on how to define body image took decades to develop. Body image as a construct and topic of research continues to evolve. One of the earliest definitions was generated by Schilder (1950), who described body image as the way in which people picture and perceive their bodies in their mind's eye, or the ways in which one's body appears to him- or herself. Later, researchers suggested that most understand body image as including two major components: perceptual and attitudinal body image (Rucker & Cash, 1992). These authors described perceptual body image as the way in which one perceives or estimates the size of his or her body, including cognitive distortions and

influences from societal standards. Rucker and Cash noted that attitudinal body image includes the feelings, affect, thoughts, and behaviors one has about his or her size or appearance.

Body Image Disturbances

Researchers have seen a steady increase in dissatisfaction with one's body image, particularly for women (Cash & Pruzinsky, 2004). In fact, Garner (1997) found that while 23% of women in 1972 were dissatisfied with their overall appearance, by 1996, 56% of women were dissatisfied with their overall appearance. The fact that the percentage of women who were dissatisfied with their overall appearance more than doubled in just over 20 years prompted many researchers to take a closer look at this phenomenon.

Research on the correlation between body image, including body image disturbances, and other constructs, dates back for many decades. Body image disturbances are correlated with constructs such as eating disturbances, self-esteem, and depression (Cash & Pruzinsky, 1990). Cash and Brown (1987) found that pathological eating is significantly related to body image disturbances. Further, Thompson and Thompson (1986) found a significant and negative correlation between one's subjective estimate of their size, which is a component of body image, and self-esteem. These authors found that the larger the overestimation of her own size a woman had, the lower her self-esteem. Along similar lines, Taylor and Cooper (1986) found a negative relationship between the amount of size overestimation a woman had, or the amount of inaccuracy she had about her true size, and her level of depression.

Body Image and the Thin Beauty Ideal

Given the consequences associated with body image disturbances, the increased rates of women with body image disturbances and dissatisfaction have been a cause for concern, particularly among psychologists. Many researchers have looked to cultural and societal influences to explain the upward trend in dissatisfaction with one's body image. Research has revealed that the pressure placed on women in the U.S. and other Western nations comes with a cost. Levine and Smolak (1996) noted that pressures to be thin can result in body image concerns, affective issues, and disordered eating behaviors in women. Similarly, both Stice and Bearman (2001) and Harrison and Hefner (2006) found that sociocultural pressures for thinness are associated with a number of deleterious consequences such as negative affect, eating disorder symptoms, an increased drive for thinness, and body image disturbances. Garner, Garfinkel, Schwartz, and Thompson (1980) posited that these negative impacts of the thin beauty ideal likely stem from the fact that over time, society's role models and media images portray thinner and thinner women as the standard, while women have been growing physically larger. This process leaves more and more women not fitting into Western culture's standards of beauty and yields increasing numbers of women who are unhappy with their appearance and bodies. Neumark-Sztainer et al. (2002) indicated that body dissatisfaction has become so common that it may seem normal for some women. For instance, Neumark-Sztainer et al. found that 66% of adolescent girls were attempting to lose weight and Cash and Henry (1995) determined that 50% of adult women dislike the way they look.

Body Image Disturbances and Disordered Eating

Disordered eating behaviors have become increasingly common among women, with 1 in every 100 women bingeing or purging at some point in her lifetime in an attempt to lose weight (National Association of Anorexia Nervosa and Associated Disorders, 2014). Further, Becker, Burwell, Herzog, Hamburg, and Gilman (2002) hypothesized that increases in mass media and access to media since the mid-1990s (i.e., television and Internet) may also be influencing the rates of disordered eating and eating disorder symptoms. These researchers found, for example, that adolescent Fijian girls had significant increases in eating disorder symptoms after exposure to Westernized television programming.

Eating disorders, body image disturbances, and disordered eating are more common in women as compared to men. Bordo (2004) argued that fat stigmatization is gendered in nature and women are held to a narrower standard than men when it comes to their appearance. Furthermore, according to the American Psychiatric Association (APA) (2000), men are less likely to be diagnosed with an eating disorder. Wardle, Haase, and Steptoe (2006) studied people in 22 different countries and found that women were more likely to believe they were overweight and more likely to attempt to lose weight than men, regardless of their weight or size. When conducting research across nations in the European Union, McElhone, Kearney, Giachetti, Zunft, and Martínez (1999) found that 50% of men were satisfied with their weight and bodies, compared to 33% of women.

Body image disturbances are found not only to be a risk factor for clinical eating disorders, but are also a major aspect of the disorders themselves (Rosen, 1990).

Similarly, Thompson and Stice (2001) posited that although internalization of the thin ideal is not the sole cause of eating disorders, it can be a major risk factor for the development of eating disorders.

Overview of Eating Disorders

According to the Renfrew Center Foundation for Eating Disorders (2003), it is estimated that 24 million people of all ages and genders struggle with an eating disorder in the U.S. Ousley et al. (2008) noted that eating disorders, body image concerns, and sub-clinical disordered eating occur more in female college students than in any other population, with 25-45% of female collegiate students reporting dysfunctional eating behaviors and attitudes.

Anorexia nervosa. Anorexia is one of the two most commonly known eating disorders. In order to qualify for a diagnosis of anorexia nervosa, one must meet the following criteria, according to the *Diagnostic and Statistical Manual 5*: a fear of becoming fat or gaining weight, refusing to maintain a body weight that could be considered normal or minimally normal based on one's age and height, believing one is larger than they really are or denying the severity of weight loss, not seeing oneself for how she or he truly appears, and not understanding the severity of his or her low body weight (APA, 2013). Although anorexia nervosa is easily recognized and well-known by the general U.S. public, the clinical diagnosis occurs in only .05% of the population in the U.S. Of those individuals diagnosed with anorexia, 10% are men (APA, 2013). In fact, women are 10 times more likely than men to be diagnosed with anorexia nervosa,

although it is arguable that these trends are changing, and the actual incidence rates are unknown for men (APA, 2013).

Bulimia nervosa. Bulimia nervosa is the other most prevalent eating disorder in the U.S. According to the *Diagnostic and Statistical Manual 5*, criteria for bulimia nervosa include: having recurrent episodes of binge eating in which the eating is defined as discrete and/or out of control; inappropriate and repetitive purging behaviors to avoid weight gain. These purging behaviors include misusing laxatives, diuretics, or enemas; self-induced vomiting, fasting, or excessive exercise; during a 3-month time period. The bingeing and purging behaviors must occur at least twice a week; one's evaluation of themselves is highly influenced by their body weight and appearance; and such disturbances cannot occur during an episode of anorexia nervosa (APA, 2013). The lifetime prevalence rate of bulimia nervosa is somewhat higher than anorexia nervosa, occurring in 1-1.5% of the population. Bulimia nervosa occurs much more often in women, as men are only diagnosed 10% of the time (APA, 2013). While previously two types of bulimia were recognized: the purging type and the non-purging type (APA, 2000), bulimia nervosa now only encompasses the purging type. The non-purging type is now described as binge-eating disorder (APA, 2013). Another criterion which differentiates Bulimia Nervosa from Binge-Eating Disorder is that self-evaluation is based off of one's body image, shape, or weight with Bulimia Nervosa (APA, 2013).

Fat Talk

Concurrent with the increase in research on body image and eating disorders among women in the U.S., researchers have also begun to explore how such cultural

messages and ideals have impacted women. Although messages about beauty ideals and standards are communicated in a number of ways (i.e., through media images), social commentary (including weight stigma which emerges from and contributes to the internalization of the thin beauty ideal) and speaking about one's body, particularly the dissatisfaction with it, is one way thin ideals are supported and reinforced (Grabe et al., 2008). Slevec and Tiggemann (2011) agreed and emphasized that messages related to the Western thin beauty ideal are sent not only through mass media, but also via friends and family members. Bailey and Ricciardelli (2010) posited that these conversations represent the internalization of Western culture's values about appearance and thin ideals.

Such conversations, designated as *fat talk* by Nichter and Vuckovic (1994), were originally thought to occur mainly between middle and high school girls. Currently, fat talk conversations are described as any discussion among peers who mutually degrade the size and shape of their bodies (Salk & Engeln-Maddox, 2011). Although most common in groups of young women, researchers have found that these conversations can take place among adolescent girls, young women, older women, and men and boys (Engeln, Sladek, & Waldron, 2013). Salk and Engeln-Maddox (2011) noted that such conversations have become so commonplace that fat talk conversations are instantly recognizable by those who live in Western cultures.

Corning and Gondoli (2012) conceptualized fat talk conversations as including a statement about one's perceived standing compared to another's regarding one's body. Further, these authors emphasized that social comparison, which is common among individuals with low self-esteem, social anxiety, and eating disorders (Corning et al.,

2006), is an integral component of fat talk. Corning and Gondoli (2012) posited that fat talk conversations have four major themes: comparing the eating and/or exercise behaviors of oneself to another, exchanging dieting or exercise strategies or tips, evaluating the appearance of others who are not present, and expressing fear of gaining or becoming overweight. Similarly, Clarke et al. (2010) found fat talk conversations included topics such as current or future weight (i.e., “I will get fat”), eating behaviors (i.e., “I can’t eat this”), and body shape (i.e., “My hips are too wide”).

Ousley et al. (2008) indicated that fat talk conversations are found to be socially acceptable, particularly among women. Corning and Gondoli (2012) described fat talk as a social phenomenon taking place within a group dynamic whereby a predictable response of self-degradation follows another’s initiation of a conversation with negative comments about oneself. Britton, Martz, Bazzini, Curtin, and LeaShomb (2006) conducted a study in which college students read vignettes of a fat talk conversation and predicted how women would respond. Both male and female participants predicted that the most typical response for a woman would be to degrade herself, as opposed to praising herself or saying nothing. Further, Tompkins, Martz, Rochelean, and Bazzini (2009) surveyed female undergraduate students and found that participants predicted women to be most liked by other women if they matched the type of fat talk being used. These participants acknowledged a social pressure which encourages women to either speak positively or negatively about their bodies based on how the rest of the group discusses their bodies. Further, Salk and Engeln-Maddox (2011) found that women

commonly responded with an attempt to convince a fat-talking peer that they were not overweight or fat.

Fat talk conversations have become so prevalent in U.S. culture that some have referred to it as a social epidemic (Adams, 2014). Adams highlighted that fat talk is not limited to the hallways of high school and middle school; it is also projected into homes through mass media, television, and film. Adams noted that the mass media does more than send widespread images and messages reinforcing the thin ideal; a number of television shows and films also model women self-deprecating and engaging in fat talk. Adams noted that with such a high prevalence of fat talk and fat-shaming messages, it is unsurprising that so many women engage in fat talk.

Roles of Fat Talk

Fat talk conversations serve a particular function (Nichter, 2000). For example, women may engage in fat talk conversations because of peer pressure alone or because they are attempting to fit into societal norms pertaining to standards of beauty. Some see fat talk as consistent with social psychologists' ideas about conformity, social norms (Schienker, 1975), and impression management, the attempt to construct a certain perception of oneself through manipulating their speech or actions (Leary et al., 1994). Adams (2014) concurred, and noted that so many women engage in fat talk primarily because other women are engaging in it.

Nichter (2000) also recognized that fat talk can be prosocial, used as a way to show empathy or support to another. Given that engaging in fat talk typically consists of self-disclosure, such states of vulnerability can strengthen interpersonal relationships.

Because of this, Nichter questioned if engaging in fat talk was one way women attempted to find closeness and build connections with other women. Nichter (2000) explored other roles or purposes fat talk conversations may serve. Nichter found that stating the simple words, “I am fat” may describe a wide range of emotions (i.e., disgust, disappointment, sadness, and frustration). Such statements may also be used to encourage a certain response from a peer, such as reassurance that one is not fat.

Who Engages in Fat Talk?

While earlier researchers believed fat talk occurred only among adolescent middle and high school girls (Nichter & Vuckovic, 1994), Corning and Gondoli (2012) noted that fat talk has become a normative aspect of conversation between women and girls characterized by negative discussions of food, weight, body shape, and body size. Salk and Engeln-Maddox (2011) concurred and found that fat talk can occur among all types of women of varying ages. Recent research has investigated whether fat talk may extend beyond White girls and women, whom it was originally thought to impact most.

Gender differences. Although most topics dealing with body image and eating disorders tend to be more associated with women, Muth and Cash (1997) noted that a significant proportion of men are also dissatisfied with their bodies. Because most body image constructs and measures have been constructed to capture women’s experiences, men’s body image disturbances may be overlooked (Cash & Smolak, 2011). For instance, men tend to be less concerned about thinness and instead have a desire for muscularity (Ridgeway & Tylka, 2005; Smolak & Murnen, 2008). Daniel and Bridges (2010) noted that as with women, media influences and standards of beauty influence

men and likely encourage them to be seen as muscular and macho. Pope, Phillips, and Olivardia (2000) promulgated the idea that gender equalization occurring in the U.S. may be influencing the increase in body dissatisfaction among men. As men's statuses shift, they may feel more pressure to obtain a masculine look which includes a muscular, lean body (Pope et al., 2000). Martin and Govender (2011) found that body dissatisfaction among men was positively related to having traditional gender norms and beliefs about masculinity. Olivardia, Pope, and Hudson (2000) found that men suffer from body dysmorphic disorder, defined as perceiving one's body negatively and inaccurately, just as women do. The difference is that men are more likely to see themselves as smaller and less muscular, as opposed to fatter. According to the *Diagnostic and Statistical Manual-5* (American Psychiatric Association, 2013) the rates of body dysmorphic disorder are just slightly higher in women. Prevalence rates for women are at 2.5%, while 2.2% of men will be diagnosed with this disorder. According to the American Psychiatric Association (2013), cultural influences surrounding beauty ideals may influence and relate to this diagnosis, with the muscle dysmorphia specifier responsible for a high percentage of the prevalence rates among men.

Dindia and Allen (1992) found that, in general, women self-disclose more in conversations than men, which arguably increases the opportunities for fat talk to occur among women. Furthermore, self-degradation has been deemed normal in conversations with women (Barwick, Bazzini, Martz, Rocheleau, & Curtin, 2012; Britton, Martz, Bazzini, Curtin, & LeaShomb 2006). Martz et al. (2009) found that U.S. women more frequently hear fat talk conversations and feel more pressure to engage in fat talk than

men. Further, Payne, Martz, Tompkins, Petroff, and Farrow (2011) found that fat talk is more common among women than men. They also found that in the United Kingdom (U.K.) and U.S., fat talk among women is more common than positive talk about one's body. Although both men and women are exposed to negative body talk and fat talk conversations, Martz et al. found that women feel more pressure than men to participate in fat talk conversations.

Because of these differences, more nuanced applications of fat talk definitions are needed to capture better experiences that may vary based on gender. For example, instead of hearing talk about how to lose weight, negative body talk among men may center more on how to gain muscle (Engeln et al., 2013). When this more encompassing definition was used, 25% of the 66 college male participants believed that negative body talk occurred very frequently amongst men (Engeln et al., 2013). Further, men discussed muscularity issues and concerns significantly more than thinness or fear of being fat. Martz et al. (2009) found that compared to 4% of U.K. men, 21.6% of U.S. men reported engaging in negative body talk. Furthermore, Engeln et al. found a positive relationship between the frequency of negative body talk and the drive for muscularity and investment in appearance for men.

Sexual orientation and gender. Morrison, Morrison, and Sager (2004) found that gay men may be at higher risk for body dissatisfaction and striving to be thin compared to their heterosexual counterparts. Silberstein, Mishkind, Striegel-Moore, Timko, and Rodin (1989) found that the gay culture may put particular pressure on men to obtain a physically attractive appearance. Hospers and Jansen (2005) concurred and

suggested that gay men may experience more cultural pressure around being fit and thin than their heterosexual counterparts. Gay men have also reported higher levels of body dissatisfaction and increased amounts of disordered and maladaptive eating behaviors (Carper, Negy, & Tantleff-Dunn, 2010). Studying the specific differences in fat talk conversations between gay and heterosexual men, Jankowski et al. (2014) found that gay men more frequently engage in both positive and negative body talk compared to heterosexual men.

Although some researchers have begun exploring fat talk conversations among gay and heterosexual men, no studies were found on fat talk among bisexual men, bisexual women, or lesbians. Clearly, more research is needed in the area of sexual orientation and fat talk.

Although researchers have found differences in body image concerns and fat talk among heterosexual and gay men, most agree that fat talk and body image concerns are more common among women. Women are less likely to consider themselves attractive when compared to men and have higher levels of body image disturbance and dissatisfaction (Fiengold & Mazzella, 1998), and such body dissatisfaction and disturbances have been repeatedly found to relate to fat talk (Corning et al., 2014).

Racial, Ethnic, and national differences. Ousley et al. (2008) noted that eating disorders and eating pathology are often considered culturally bound (i.e., they are more commonly observed among individuals from Western cultures such as the nations in Western Europe, Australia, South Africa, and the U.S.). Gruys (2012) noted that body

concerns and fat talk are so common among White women that fat talk can be described as a way of *doing gender*, as women are pressured to be both thin and self-deprecating.

Some international research has been conducted regarding similarities and differences in fat talk. When comparing women from the U.S. and the U.K., for example, Payne et al. (2011) found that U.S. women had more exposure and pressure to participate in fat talk than their U.K. counterparts. However, Martz et al. (2009) found that 51% of U.K. women frequently engaged in fat talk, compared to 39.6% of U.S. women.

Lee et al. (2013) researched the impacts of viewing fat talk on a Facebook profile page on both U.S. and Korean women. They selected 137 Korean and 159 U.S. college women for their study. Results revealed that the body satisfaction of the Korean women who viewed an underweight woman engaging in fat talk was significantly lower than those who viewed an overweight woman engaging in fat talk online. The researchers found no significant differences for the U.S. women participants.

Similarly, Taniguchi and Lee (2012) studied the impacts of viewing fat talk on Facebook profiles among 96 U.S. and 103 Japanese college women. The witnessing of thin-promoting messages, which is one version of fat talk, online was correlated with decreased psychological well-being for both the students from the U.S. and the students from Japan. Taniguchi and Lee also found that witnessing thin-promoting messages via Facebook was linked with increases in body dissatisfaction for Japanese women, while this finding was not evidenced among the U.S. women.

Although body image concerns and fat talk have repeatedly been found among White women, the research findings are mixed when it comes to non-White women. Of

note, most of the research conducted to date with non-White women has focused more on body dissatisfaction generally and less on fat talk specifically. For instance, Grabe and Hyde (2006) conducted a meta-analysis of 98 studies and found that although the differences were not large, White women were more dissatisfied with their bodies than non-White women. Further, Grabe and Hyde found that Black and Latina women may feel less pressure to be thin than White women. However, these authors did recognize that Black and Latina women may still feel pressure to have a certain look or body shape (i.e., having curves in certain body parts).

Warren, Gleaves, Cepeda-Benito, del Carmen Fernandez, and Rodriguez-Ruiz (2005) found body dissatisfaction to be lower in Hispanic women, compared to European American women, and argued that cultures that lack focus on the thin beauty ideal can serve as a protective factor against body dissatisfaction and eating disorders. Other researchers have found that being a woman of color may serve as a protective factor against body image disturbances. Abrams and Stormer (2002) found that ethnicity and race can impact one's knowledge and understanding of the societal standard of beauty that suggests that beauty and thinness are synonymous. In fact, in their study of urban Black adolescent girls Abrams and Stormer found that Black girls with diverse friends had higher levels of understanding and greater internalization of the societal standard of beauty when compared to Black girls who mainly had Black friends.

Researchers have found a significant relationship between pressure and drive for thinness, or internalization of the thin ideal, and prevalence of fat talk (Salk & Engeln-Maddox, 2011). Given this positive relationship between the pressure to be thin and fat

talk, it seems plausible that if race or ethnicity serves as a protective factor for internalization of the thin ideal, it may likewise serve as a protective factor against fat talk.

However, definitive conclusions about race and ethnicity cannot be drawn as research on cultural differences in body image is equivocal. For instance, Poran (2006) noted that Black women, in particular, are not protected against body dissatisfaction by Black culture as some researchers have proposed. In fact, Poran revealed Black women's reports of feeling pressure to be thin; the need to compete against women of all races and ethnicities, particularly other Black women, in the realms of beauty and attention; and a concern over what men desire and prefer. In addition, Black women have reported feeling that Black culture and Black women are misrepresented in the mainstream media. Similarly, Frederick, Forbes, Grigorian, and Jarcho (2007) found that there were not significant differences in body shame and body surveillance levels among Asian American, Hispanic, and White women. In fact, the highest levels of body dissatisfaction were reported from those who were furthest from the White and thin beauty ideal (i.e., heavy non-White women) (Frederick et al.). These mixed findings may be in part due to the individual differences across racial and ethnic minorities, differences in racial and ethnic identity formation, amount of exposure to media sources that promote the thin ideal, differences in upbringing, and potential differences in the social environments in which ethnic minority women interact.

Based on the earlier discussion of the relationship between internalization of the thin ideal and fat talk, such mixed findings make it difficult to know if there is similar

prevalence and impact of fat talk among ethnic minority women. Further, research is sparse when specifically studying the cultural differences in fat talk conversations. It is clear more research determining the racial, ethnic, and national differences surrounding fat talk conversations is needed.

Thin versus overweight women. Rudiger and Winstead (2013) found that fat talk appears to be unrelated and undifferentiated by body size and is common among all shapes and sizes of women. Although fat talk has not necessarily been found to be associated with being overweight (Salk & Engeln-Maddox, 2011), some differences between fat talk among normal-weight, thin, and overweight women may exist, although the findings are mixed.

Nichter (2000) proposed that overweight women may engage in fat talk conversations less often than their normal weight counterparts, as it could draw unwanted attention to their bodies. However, Barwick et al. (2012) found that undergraduate students were more surprised when a normal-weight woman compared to an overweight woman engaged in fat talk. Further, Martz et al. (2009) found that overweight and obese women felt more pressure than their normal-weight peers to engage in fat talk.

Other than these few studies described above, the majority of research dealing with fat talk has utilized mainly thin participants. For instance, Salk and Engeln-Maddox (2011) studied 186 female undergraduate students and found 84% of them were in the normal weight range. These researchers found that self-reported frequency of fat talk was associated with increased levels of body dissatisfaction and increased levels of internalization of the thin beauty ideal. The researchers found that the most common

response to fat talk was an attempt to convince the friend that she was not fat, while claiming to be fat themselves. However, it is worth noting that this exchange was studied between two healthy-weight peers.

In a study utilizing 143 female undergraduate college students, Corning and Gondoli (2012) found that engaging in fat talk might be based more on one's body image and likelihood to socially compare. However, these researchers also recruited a sample in which 80% of their participants' weights fell within a normal range. These researchers found a positive and significant relationship between body image concerns and propensity to fat talk. They also found that the tendency to socially compare oneself with another significantly predicted whether one would engage and participate in fat talk or not.

Corning et al. (2014) recruited 139 undergraduate women to study how hearing fat talk from different sizes of women (i.e., thin versus overweight) impacts body dissatisfaction levels. Results revealed that hearing fat talk from all of the women, both thin and overweight, had negative impacts on body dissatisfaction levels of the participants. However, hearing the fat talk from the noticeably thin women had the most detrimental effects on body dissatisfaction. As with the other studies cited in this section, the majority (79%) of this sample was made up of women who were considered normal weight. Much less is known about how fat talk impacts overweight and obese women, a gap in the literature intended to be addressed in the proposed study.

Women with eating disorders. Corning et al. (2006) found that because social comparison in general is more common in individuals diagnosed with an eating disorder,

those with eating disorders may engage in fat talk more frequently as it serves as a form of social comparison. Similarly, Ousely et al. (2008) found that fat talk can assist in differentiating between those with and without a clinical eating disorder diagnosis. The authors found that undergraduate female students with a clinical diagnosis of an eating disorder participated in fat talk conversations significantly more often than those without an eating disorder diagnosis. Further, a variety of different types of fat talk conversations (i.e., focus on another's appearance, ideal exercise and eating habits, fears of becoming fat) were discussed significantly more often by those with an eating disorder diagnosis.

Impacts of Fat Talk

Body Dissatisfaction and Eating Disorders

One of the main consequences associated with fat talk is body dissatisfaction. Being exposed to fat talk conversations is related to increased body dissatisfaction levels, dieting behaviors, preoccupation with food, drive for thinness, and symptoms of bulimia nervosa (Kichler & Crowther, 2009; Thompson et al., 2007). Further, Corning et al. (2014) found that fat talk, more than just being associated with body dissatisfaction and body disturbances, is itself a cause of body dissatisfaction in women.

Among a group of 203 young university women, Rudiger and Winstead (2013) found that fat talk (as measured by a negative body talk questionnaire created by the first author), as compared to positive and self-affirming comments about one's body, was associated with increased levels of disordered eating behaviors and lower levels of body satisfaction. Similarly, Clarke et al. (2010) found that fat talk was negatively related to body esteem, such that higher frequencies of fat talk related to lower body esteem. These

authors also found a significantly positive relationship between fat talk frequency and eating pathology scores. Lastly, they found that one's level of body distress significantly predicted how frequently they engaged in fat talk. Corning and Gondoli (2012) found that one's level of body image concerns significantly predicted the frequency of engaging in fat talk, with higher levels of concerns predicting higher frequencies. Salk and Engeln-Maddox (2011) found a significant and positive relationship between the frequency of fat talk and one's level of body dissatisfaction.

Rudiger (2010) found that fat talk conversations were associated with increased levels of disordered eating and pathological eating. Compeau and Ambwani (2013) studied the relationship among dietary restraint, fat talk, body dissatisfaction, and eating behavior. Body dissatisfaction levels were most impacted by fat talk exposure for those with the lowest levels of dietary restraint. These authors believed that these findings were due to the fact that those with high levels of dietary restraint already had high levels of body dissatisfaction and pathological eating behaviors.

Warren, Holland, Billings, and Parker (2012) studied the impacts of fat talk and stress level among 121 female university students. The researchers found a significant and positive relationship between both fat talk and self-perceived stress and body dissatisfaction levels. In fact, the researchers found that fat talk significantly predicted body dissatisfaction levels more than one's BMI and age. Contrary to their predictions, the authors found that when students had low or moderate self-perceived stress levels, the relationship between fat talk and body dissatisfaction was strengthened. The authors

believed this finding related to the fact that those with high self-perceived stress levels were more likely to already have high levels of body dissatisfaction.

Some researchers have found that body dissatisfaction levels have more to do with the body type of the person engaging in the body talk than the type of body talk itself. In an experimental study, Corning and colleagues (2014) explored how positive and negative body talk impacts body dissatisfaction. Further, these authors studied whether the body size of the confederate engaging in body talk had any impact on body dissatisfaction levels of the participants. Interestingly, these researchers found that being exposed to a thin confederate did significantly increase the participants' body dissatisfaction levels, while exposure to an overweight confederate had no impact on participants' body dissatisfaction levels. Surprisingly, the type of body talk (i.e., fat talk versus positive body talk) did not play a significant role in body dissatisfaction. Although thin women engaging in fat talk did have the greatest impact on body dissatisfaction and larger women speaking positively about their bodies was correlated with the lowest levels of body dissatisfaction, these findings were not significant. The researchers noted that the body type of women engaging in either fat or positive body talk matters significantly, perhaps even more than the nature of the discussion itself.

Stice, Maxfield, and Wells (2003) conducted an experimental study in which 120 female undergraduate students were assigned to a group in which a thin confederate was engaging in fat talk or to a group in which the same thin confederate was engaging in neutral, or non-fat, talk. The researchers found that participants who were exposed to the thin confederate engaging in fat talk had increased levels of body dissatisfaction and a

higher likelihood of resorting to dangerous eating and dieting behaviors. In a similar study, Tucker, Martz, Curtin, and Bazzini (2007) found that body dissatisfaction levels can vary based on the confederate's type of communication, such as self-deprecating, neutral, or self-accepting talk. Tucker et al. found that those paired with a confederate engaging in fat talk had the highest levels of body dissatisfaction.

Although much of the scholarship on fat talk has focused on women, it is noteworthy that some researchers have found similar results among men who engage in fat or negative body talk, which includes disparaging comments about being too thin or not muscular enough (Engeln et al., 2013). Arroyo and Harwood (2012) studied both male and female college students and found that fat talk significantly predicted lower body satisfaction, increased levels of body shame, and increased concerns about body image regardless of gender. Furthermore, those with lower levels of body satisfaction were more likely to engage in fat talk (Arroyo & Harwood, 2012).

Engeln et al. (2013) researched men who engaged in negative body talk. For their study, instead of typical fat talk conversations, negative body talk included topics like appearance-related concerns, disordered eating behaviors, and drive for muscularity. The researchers found that for these university men, engaging in negative body talk was significantly correlated with increased levels of disordered eating behaviors and attitudes, increased drives for muscularity, increased investment in one's appearance, and decreased appearance evaluations. Engeln et al. (2013) also found that even without engaging in negative body talk, just hearing these conversations was correlated with increased levels of body dissatisfactions and decreased body esteem for men.

Self-Objectification

Researchers have begun to explore whether self-objectification is another potential consequence of fat talk conversations. Nowatzki and Morry (2009) explained how objectification theory highlights the ways in which women can be overloaded with sexualized images of women and their bodies, which can lead to an internalization of another's viewpoint. With such internalization, women learn to evaluate themselves based on sociocultural standards of beauty. This internalization of another's perspective, which numerous women in Western society employ, is known as self-objectification. Women begin to be concerned primarily with their appearance, as opposed to their body's competence, which is the start of the self-objectification process (Szymanski, Carr, & Moffitt, 2011). Self-objectification occurs when a woman no longer views herself as a subjective self, or self as agent, but instead as an object (Quinn, Kallen, Twenge, & Fredrickson, 2006).

Fredrickson and Roberts (1997) defined self-objectification as the process by which one is treated and viewed only as a body or object, as opposed to a person, and then internalizes this perspective. Self-objectification can result in one feeling as though they exist only for others to look at and be pleased by. Not surprisingly, evidence suggests that self-objectification overwhelmingly affects more women than men (Szymanski et al., 2011).

Szymanski and Henning (2007) described two routes through which women internalize messages. The first route consists of indirect, and at times subliminal, objectifying messages women are sent through media, peers, family, and friends. The

second route is more direct and includes any sexual abuse or victimization women might endure, such as rape, sexual harassment, or sexual assault (Szymanski & Henning, 2007). Through these direct objectifying routes (i.e., sexual assault), women are treated as objects, and therefore, begin to see or relate to themselves as objects. It is the internalization of these events or messages, in turn, that creates self-objectification (Szymanski et al., 2011).

Self-objectification may be either state or trait-like and can last for a significant period of time (Tiggemann & Boundy, 2008). In fact, Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) asserted that some people are more likely to be preoccupied with their bodies than others, which may reflect having a trait for self-objectification. In a study on former ballet dancers' levels of self-objectification, Tiggemann and Slater (2001) found that even when they were no longer dancing, participants continued to self-objectify and reported increased levels of body surveillance compared to non-dancers. (Tiggemann & Slater, 2001). Another study reported similar conclusions in support of there being both state and trait aspects of objectification; the authors found that certain environments or experiences can engender state self-objectification (Tiggemann & Boundy, 2008). Regarding trait aspects of self-objectification, the authors found that although compliments made all participants feel better, those who had higher levels of self-objectification before the study retained increased levels of self-objectification and body shame after receiving compliments, revealing a trait-like aspect of self-objectification. In other words, levels of self-objectification depend, in part, on the individual (Tiggemann & Boundy, 2008).

In fact, Calogero, Herbozo, and Thompson (2009) found that appearance comments alone can have an effect on one's body image, even when intended as compliments. Specifically, the authors found that appearance criticisms predicted both an increased frequency of body surveillance and body dissatisfaction among female undergraduate college students. Calogero, Herbozo, and Thompson (2009) also found that appearance compliments predicted increased levels of body surveillance and dissatisfaction. It is noteworthy that it was not the frequency of the appearance comments, but the perceived impact of the comments, that affected one's surveillance and satisfaction with their body (Calogero et al., 2009). In other words, depending in part on how someone perceives the comment affects the way it influences their surveillance and satisfaction with their body. The authors noted that when it comes to appearance, because of the potential for harm, it may be better to say nothing than to compliment someone on their looks.

A number of consequences are associated with self-objectification, both physical and psychological. For instance, Moradi (2011) found that self-objectification increases body surveillance (or body monitoring), body shame, anxiety, and appearance anxiety; leads to lower internal awareness; and inhibits the ability to have high motivational states, or flow. Others have found self-objectification correlates with low self-esteem, lower levels of life satisfaction and well-being, lower levels of relationship satisfaction, and increased risk-taking behaviors and self-harm (Breines, Crocker, & Garcia, 2008). Fredrickson and Roberts (1997) suggested that the accumulation of these effects can result in eating disorder development, major depression, and sexual dysfunction.

As previously noted, some researchers have begun to study the relationship between fat talk and self-objectification. Arroyo and Harwood (2012) believed that self-objectification can be both observed and created through fat talk. They posited that fat talk is an extension and “behavioral manifestation” of self-objectification (p. 170). Gapinski, Brownell, and LaFrance (2003) were interested in the impacts of self-objectification on mood, cognitive performance, and motivation, and how hearing fat talk conversations impacts self-objectification levels. The authors found that state self-objectification, such as trying on a bathing suit as opposed to a sweater, had negative impacts on women’s affect, self-efficacy, motivation, and cognitive functioning. Contrary to their predictions, they found that exposure to fat talk actually had a comforting impact on those in the self-objectification condition, as seen by decreased negative affect, as opposed to an exacerbating effect. The authors believed that hearing such negative body talk from others may have allowed the state objectified participants to feel supported and not alone in their objectification. However, those who were not in the state objectified condition--in this case those who wore a sweater--did have increased negative affect after hearing the fat talk conversations. Cory and Burns (2007) also studied the impacts of overhearing a fat talk conversation on self-objectification levels. Also contrary to their hypothesis, no significant impact on one’s self-objectification score was found from hearing a fat talk conversation. The authors suggested that this may be due to the fact that in the instance of being exposed to objectifying material, the fat talk could have been viewed by the women participants as beneficial and a form of social support. Given that

only a few studies to date have researched the complex relationship between fat talk and self-objectification, it is clear that more research in this area is needed.

Other Impacts of Fat Talk

In addition to body dissatisfaction, disordered eating behaviors, eating disorders, and self-objectification, there are a number of other consequences of engaging in fat talk. Gruys (2012), for example, suggested that when larger women engage in fat talk, it may be another form of promoting society's ideas and standards around thinness and the hierarchy based on body size. Grabe et al. (2008) found that fat talk may increase girls' and women's knowledge of the thin ideal, and the thin ideal may be further reinforced through these conversations. Further, Salk and Engeln-Maddox (2011) found a significant and positive relationship between internalization of the thin ideal and frequency of fat talk conversations.

Warren et al. (2005) found that exposure to fat talk has a significant and positive relationship with drive for thinness. Arroyo and Harwood (2012) also found that engaging in fat talk significantly predicted one's scores on a depression assessment. Further, these authors found fat talk predicted self-esteem scores, with high levels of engagement in fat talk predicting lower levels of self-esteem. Arroyo and Harwood also looked at the differences in engaging in fat talk, such as saying something negative about one's own body, versus just hearing others engage in fat talk. They found that saying something negative about one's own body significantly predicted increased levels of depression and pressure to be thin, while hearing others engage in fat talk significantly predicted increased pressures to be thin, but not changes in depression levels.

Rudiger and Winstead (2013) found that engaging in fat talk was positively related to increased levels of rumination about one's body. Further, they found that fat talk was related to increased levels of investment in one's appearance, increased levels of cognitive distortions about one's body, decreased levels of self-esteem, and increased levels of depression (Rudiger & Winstead, 2013).

Benefits of Positive Body Talk and Challenging Fat Talk

While the numerous consequences of fat talk are evident, researchers have begun to reveal the benefits of speaking positively or confidently about one's body in contrast to fat talk. Research has also revealed benefits of challenging fat talk by others when faced with fat talk. For one thing, positive body talk, as opposed to self-degradation, or fat talk, is seen as much more inviting and attractive. For instance, Barwick et al. (2012) found that regardless of the person's weight engaging in positive body talk, the person was seen as having more positive social characteristics and qualities than those who engaged in negative body talk. Furthermore, these authors found that women who challenged a fat talk conversation by responding with positive body comments and self-acceptance were judged by female participants to be the most liked by men.

Salk and Engeln-Maddox (2012) designed a study in which college women either heard two confederates engaging in fat talk, not engaging in fat talk at all, or one engaging in fat talk while the other confederate challenged the fat talk. Participants who overheard the purely fat talk conversation were more likely to themselves engage in fat talk, and they exhibited significantly higher levels of body dissatisfaction and feelings of guilt than those in the other two research conditions. Importantly, those who heard the

conversation which included fat talk challenges had lowered levels of body dissatisfaction and guilt. This finding was observed only when the challenger critiqued women's tendencies to engage in fat talk, as opposed to just arguing that the other confederate was not fat. With these findings, Salk and Engeln-Maddox (2012) argued that hearing such fat talk challenges may potentially serve as a protective factor against the negative impacts of fat talk.

Rudiger and Winstead (2013) found that positive body talk was related to a number of positive effects such as positive body satisfaction, higher friendship quality, less body image distortion, and higher self-esteem among 203 young college women. Similarly, Tucker et al. (2007) found that those who witnessed positive body talk from a confederate had the least amount of body dissatisfaction when compared to those paired with neutral-talking and fat-talking confederates. In fact, because the benefits of challenging fat talk have continually been found through the research, some eating disorder prevention programs are now including education on how to challenge fat talk conversations when faced with them (Compeau & Ambwani, 2013).

Social Networking

In the past several years, social networking has become increasingly popular within the U.S. and around the world. A social networking site is any website that enhances individuals' ability to communicate with friends, co-workers, and family members (Facebook, 2011a). Since the early 21st century, social networking websites such as Twitter, Facebook, LinkedIn, Instagram, My Space, and Pintrest have grown exponentially with users from across the world (Lipsman, Mud, Rich, & Bruich, 2012).

According to Thompson and Lougheed (2012); three-quarters of teenagers and young adults in the U.S. report using at least one social networking website.

For the purpose of this study, Facebook will be the social networking site of focus, given that is the most frequently used social networking site (Rutledge, Gillmor, & Gillen, 2013). In 2011, Facebook had 500 million users with half of those users logging on daily (Facebook, 2011b). Further, Facebook users spend 700 billion minutes per month. The number of Facebook users doubled to one billion users by 2012, representing one out of every seven people in the world, with half of those using daily (Smith, 2012). It is now estimated that Facebook has over 655 million daily users (Facebook, 2013).

Facebook use seems to be particularly popular on college campuses, perhaps not surprising given that Facebook was first developed for use by college students. In fact, Junco (2012) stated that 96% of college students in the U.S. reported using Facebook. Junco (2012) found that college students reported using Facebook anywhere from a half hour to an hour and a half each day, with friend networks ranging anywhere from 200-400. Thompson and Lougheed (2012) also found that Facebook use remains very common on college campuses with first-year students having the strongest ties to Facebook. These authors also found that Facebook use is so prevalent that many students, particularly female students, reported feeling addicted to Facebook. Further, many college students reported spending more time on Facebook than they intended.

Because of such popularity and extensive use, researchers have been exploring the impacts of such a cultural and world-wide phenomenon. However, Brown and Bobkowski (2011) highlighted the fact that research on the impacts of social networking

sites, including Facebook, is still in its infancy. These authors noted that more research is necessary to determine how such frequent use can impact individuals and the culture as a whole. Further, research may assist in determining safe ways to use social networking and social media in general (Brown & Bobkowski, 2011). Although research is limited, some researchers have suggested that social networking use can influence the expectations one places on oneself and are characterized by cultural norms and standards, similar to other forms of media (Taniguchi & Lee, 2012).

Social Networking and Body Image Concerns

Some researchers have studied the relationship between social networking site use and body image concerns. Although the research on the relationship between body image disturbances and social networking use is still relatively limited and novel, there appears to be multiple ways in which social network use in general and Facebook use more specifically may impact body image.

Many researchers have hypothesized that viewing others' Facebook profiles could potentially result in feeling poorly about oneself. Such ideas likely come from research revealing the negative relationship between social comparison and positive thoughts about one's body or body image (Tantleff-Dunn & Gokee, 2002). Rieger et al. (2010) posited that social comparisons, such as those that occur through social networking sites, can indirectly influence one's body image and eating behaviors. Similarly, Smith, Hames, and Joiner (2013) found that maladaptive Facebook use, which includes behaviors such as comparing oneself to others via Facebook profiles and negatively evaluating oneself based on this comparison, was related to body image concerns. Specifically, the

researchers found a positive relationship between maladaptive Facebook use and bulimic symptoms such as overeating and bingeing. They also found that this relationship was mediated by body dissatisfaction (Smith et al., 2013).

On the other hand, Ferguson, Muñoz, Garza, and Galindo (2014) found that peer competition, defined by the authors as “feelings of inferiority in response to other girls” (p. 4), as opposed to television or social media use, was the factor that impacted negative body outcomes such as increased body dissatisfaction and eating disorder symptomatology. However, these authors did find that social media use can still indirectly impact body satisfaction, as social media use had a small predictive relationship with peer competition. In other words, those who used social media more frequently were more likely to be socially competitive with their peers than those who used social media less frequently.

Grabe et al. (2008) conducted a meta-analysis that revealed a strong and significant relationship between the amount of media consumption (via television and magazines) and body shame or body dissatisfaction. Because of such results, others have questioned whether similar impacts can come from utilizing social media and social networking sites, in addition to traditional media sources. Rutledge et al. (2013) found a positive relationship between one’s emotional connection with Facebook and the focus on one’s physical appearance.

Tiggemann and Slater (2013) found that in general, there is a positive relationship between Internet exposure and the internalization of the thin beauty ideal. Further, they found a positive relationship between Internet exposure and body surveillance and drive

for thinness. Tiggemann and Slater found that Facebook users had significantly higher body image concerns than non-Facebook users. Because of this finding, Tiggemann and Slater cautioned that the Internet, including social networking sites, can be another dangerous form of media.

A major aspect of Facebook that appears to be impactful is the photographs users post. Junco (2012) noted that a large portion of time spent on Facebook is either viewing or posting photographs. Rutledge et al. (2013) posited that the vast number of photographs displayed via Facebook likely put pressure on users to have a certain appearance, or at the very least, prompt users to focus more on their appearance. In fact, Thompson and Loughheed (2012) found that viewing Facebook pictures can result in negative thoughts about one's body image. Similarly, Haferkamp and Kramer (2011) found that looking at profile pictures of others deemed attractive was related to decreases in positive thoughts and increased negative affect compared to when participants viewed a profile picture of someone who was judged to be unattractive.

Facebook use has also been linked to eating disorders and eating disorder symptomatology. Keel and Forney (2013) noted that social networking site use, and Facebook in particular, combines two major triggers for those with eating disorders: media and peers. In a study of 421 female undergraduate students, Bair, Kelly, Serdar, and Mazzeo (2012) examined whether viewing image-saturated Internet media had a similar impact on body disturbance and dysfunctional eating as viewing magazines and traditional media sources. Image-focused Internet and magazine use were defined as the total number of hours a participant spent viewing fashion, fitness, or celebrity content in

the previous month. The researchers found a significant and positive correlation between viewing images on the Internet and body disturbances and eating pathology. More specifically, a positive relationship was seen between image-focused Internet use and eating pathology, whereas a non-significant relationship was found between image-focused magazine use and eating pathology. Further, a significant and positive relationship was found between image-focused Internet use and body dissatisfaction. Lastly, image-focused Internet use was positively and significantly correlated with internalization of the thin ideal (Bair et al.).

Mabe, Forney, and Keel (2014) noted that with the increases in social networking use, women now have a continuous arena for social comparison and reinforcement of the thin ideal from peers online. Further, these researchers studied the link between Facebook use and eating disorder symptomatology in 960 female undergraduate students. Mabe et al. asked participants to fill out a self-report questionnaire which inquired about their amount of Facebook use per week, in total minutes. The researchers found a significant, positive relationship between Facebook use and eating disorder symptoms.

Mabe et al. (2014) also conducted an experimental design to test whether spending 20 minutes on Facebook, as opposed to 20 minutes on a Wikipedia page, could influence levels of state and trait anxiety and eating disorder symptomatology. They studied 84 female college students and, unlike in their first study, the researchers did not find significance. Mabe et al. believed that their lack of significance in this study was likely due to their relatively low number of participants.

In a study of 600 male and female Facebook users conducted by the Center for Eating Disorders at Sheppard Pratt (2012), 32% of users were upset after comparing pictures of themselves to pictures of friends on Facebook. Further, the authors found that 37% believed they need to change parts of their body after comparing themselves to others on Facebook. Forty-four percent wished they had a similar body weight or shape as a friend after viewing photographs on Facebook. Fifty-one percent felt increasingly self-conscious when viewing photographs of themselves on Facebook. Lastly, 44% of participants noted feeling self-conscious at social events knowing that pictures taken during the event may later be posted to Facebook.

Social networking and self-objectification. As research has revealed increasingly strong connections between social networking use and body image concerns, some have questioned whether social networking and social media may also impact self-objectification levels. Further, researchers have examined how the rise in self-portrayal and self-communication, via social networking sites, may impact girls' and women's self-objectification (Castells, 2007).

Swim, Hyers, Cohen, and Ferguson (2001) found that women and girls encounter sexually objectifying social interactions through which they are judged on their appearance alone, at least once a week, which is three times more often than occurs for men and boys. Such findings have led some to question whether similar objectifying social interactions can occur online through use of social networking sites. Vanderbosch and Eggermont (2012) found a positive correlation between amount of time spent on social networking sites and self-objectification in adolescent girls, although causation

should not be inferred from their findings. de Vries and Peter (2013) took this line of research a step further by studying the impacts of viewing objectifying media content and portraying posts or pictures of oneself to an online audience on self-objectification. Participants were either primed with objectifying material, or not primed, and participants were told that their images would either be seen by an online audience, or be seen by no audience at all. The researchers found that those who portrayed themselves to an online audience had significantly higher levels of self-objectification when primed by objectifying media content (i.e., magazine advertisements) than those who were not primed and portrayed posts and pictures to no audience. This finding reveals that the combination of viewing objectifying material and posting aspects of oneself online can significantly impact self-objectification levels (de Vries & Peter, 2013).

Social Networking and Depression

Social networking site use may also be related to symptoms of depression. Some researchers have compared Facebook statuses involving disclosures of depression symptoms to an actual *Diagnostic and Statistical Manual IV (DSM-IV-TR)* diagnosis of depression (APA, 2000). Moreno et al. (2011) found that 25% of their college participant sample displayed symptoms of depression on their Facebook profiles that were consistent with a *DSM-IV* diagnosis of depression (APA, 2000). They also found that those who displayed depression symptoms on their profile were more likely to fit the *DSM-IV* criteria for depression than those who did not post about their symptoms.

Feinstein et al. (2013) found that there are a number of behavioral interactions that can occur on Facebook such as active interactions (i.e., Facebook chatting) and

passive interaction (i.e., gaining information about others via looking at their profile pages). Feinstein et al. found that rumination was significantly associated with social comparisons done via Facebook. Further, social comparisons via Facebook were also positively associated with symptoms of depression. Davila et al. (2012) believed that the quality of Facebook use, as opposed to mere time spent on Facebook, should be studied when researching the relationship between social networking use and depression. They found that self-reports of negative Facebook interactions were associated with symptoms of depression significantly more than self-reports of positive Facebook interactions. Some researchers have seen a relationship between time spent on Facebook and depressive symptoms. For instance, Chou and Edge (2012) found that those who spent more time on Facebook were more likely to believe that others were better off than they were.

Social Networking and Other Mental Health Consequences

There are other mental health consequences associated with social networking site use beyond depression and body image disturbances. For instance, Manago, Taylor, and Greenfield (2012) studied the links between Facebook use and a number of psychological factors such as self-esteem, life satisfaction, and narcissism. Thompson and Lougheed (2012) found a positive relationship between Facebook use and self-reported stress. Furthermore, Kalpidou, Costin, and Morris (2011) found that among first-year college students, there is a negative relationship between the amount of Facebook use and academic and emotional adjustment. In other words, the more Facebook use a first-year

student exhibited, the less capable of emotionally and academically adjusting a student was.

Niwa and Mandrusiak (2012) looked specifically at support groups for self-injurers on Facebook and the impacts on the group members. Self-injury is the act of harming one's physical self in a way which is considered non-life threatening and is not intended to commit suicide (Haines & Williams, 2003). This behavior occurs most frequently in people aged 18-22 and usually begin during adolescence (White, Trepal-Wollenzier, & Nolan, 2002). Self-injury can also be referred to nonsuicidal self-injury (NSSI), self-harm, self-mutilation, or deliberate self-harm. After studying the content and interactions of four self-injury groups on Facebook for 3 months, Niwa and Mandrusiak found a number of negative impacts of utilizing or being a member of this type of group on Facebook. For example, many non-members gained access to the group and made condemning, mocking, or hateful remarks members could view. The researchers also found a number of in-group and out-group attitudes with frequent harassment and verbal abuse occurring on the group page. The authors argued that some of the posts could be unintentionally positively reinforcing members to self-injure through compassion and by paying attention to those who injure. Additionally, the researchers found that some members and non-members openly encouraged members to self-injure. While the authors reported that some members found this group to be supportive of this highly stigmatized behavior, the negative impacts appeared to outweigh the positive.

Facebook use also appears to be linked and related to interpersonal and relational violence. Lyndon, Bonds-Raacke, and Cratty (2011) studied stalking behaviors on

Facebook among college students. The researchers found that 67% of their college sample admitted to taking part in at least one or two covert provocation behaviors. Such behaviors included looking through ex-partners' photographs, posting song lyrics or quotes in attempt to taunt an ex-partner, creating status updates that are specifically intended to make one's partner jealous, and writing on an ex-partner's wall in an attempt to specifically hurt or taunt one's ex-partner. Further, Lyndon et al. found that 18% of their sample publicly harassed their ex-partner via Facebook. The authors' definition of harassment via Facebook included behaviors such as spreading false rumors about the ex-partner, asking to be unblocked by the ex-partner, falsely changing their relationship status, or posting embarrassing pictures of the ex-partner. Further Lyndon et al. found that 18% of participants reported venting, complaining, or posting spiteful comments about their ex-partners via Facebook. While Facebook use alone does not cause relational violence, it clearly provides another avenue for problematic behaviors.

Fat Talk and Social Media

While little research on fat talk on social media has been conducted to date, Taniguchi and Lee (2012) specifically looked at the impacts of witnessing fat talk on Facebook in 96 female college students from the U.S. and 103 female college students from Japan. These authors found that regardless of one's culture, witnessing thin-promoting messages (i.e., messages about diet tips and suggestions for how to lose weight) was correlated with decreased psychological well-being. They also found that for Japanese students, witnessing thin-promoting messages via Facebook was linked with increases in body dissatisfaction, while this finding was not present for the students from

the U.S. The authors believed the lack of significant findings in the U.S. students may have been due to the differences in cultures (i.e., individualistic versus collectivistic). They noted that the thin-discouraging messages (i.e., “What?! You look beautiful as you are!”) were directed toward the Facebook profile owner, as opposed to those witnessing the thin-promoting messages. Taniguchi and Lee (2012) argued that because of their individualistic cultural upbringing, the students from the U.S. may have had an easier time than the Japanese students dismissing the thin-promoting messages.

In a similar study, Lee et al. (2013) researched the impacts of viewing fat talk on a Facebook profile page among a sample of 159 female undergraduate students from the U.S. and 137 female undergraduate students from Korea. These researchers found that Korean women who viewed an underweight woman engaging in thin-promoting messages had significantly lower body satisfaction levels than those who viewed an overweight woman engaging in thin-promoting messages online. However, no differences were seen in these conditions for the U.S. women. Consistent with the explanation Taniguchi and Lee (2012) provided, Lee et al. believed that the absence of significant results in the students from the U.S. was due to the influence of their individualistic culture. Further, these researchers believed that the Korean women were likely more sensitive to the thin-promoting due to the fact that they were raised in a collectivistic culture.

Positive Impacts of Social Networking Use

While a number of negative impacts or consequences of social networking exist, the impacts of social networking use are not all negative. There appears to be some benefits of social networking use, too.

Likely the most common and obvious benefit of social networking use is the ability to socially interact with others and network. Although social networking online is undoubtedly different than face-to-face social interactions, there still appears to be social benefits from interacting with others online. Seligman (2011) noted that keeping in touch with friends and family has become much easier through social networking sites. Such a benefit is understandable, particularly for those who have friends and family who live afar. Seligman also highlighted the fact that social networking makes communicating with others easier when one is on a tight or time-constricted schedule. For instance, if one does not have time to meet with a friend in person, social networking allows one to message a friend at times that are convenient.

O’Keeffe and Clarke-Pearson (2011) noted that social networking can enhance one’s creativity by allowing people to share their ideas and interests with a more diverse group of people than would be possible without social networking sites. Further, these authors discussed the opportunities for philanthropic work that come from social networking sites. For instance, one can post articles or links to websites for charities or causes in which they are interested.

As previously noted, a number of support groups exist on Facebook. Regardless of the struggle one may be experiencing, one can likely find a group of others who may

be going through a similar struggle. Niwa and Mandrusiak (2012) noted that many find comfort and support through the variety of support groups that exist online through social networking sites such as Facebook.

Joinson (2008) found that Facebook users report a number of benefits of using the social networking sites, such as social connection (learning about what friends are currently doing, or reconnecting with old friends), sharing identities with others (i.e., communicating with others who are similar to oneself), and social investigating (i.e., meeting new people through social networking). Ellison, Steinfield, and Lampe (2007) found that users of Facebook report having increased levels of resources through social relationships (i.e., social capital). Further, Valenzuela, Park, and Kee (2009) found that Facebook use was correlated with increased levels of social trust, civic engagement, and life satisfaction. Mazer, Murphy, and Simonds (2007) found a significant and positive correlation between Facebook use and college student motivation, positive climate levels in the classroom, and affective learning.

In addition to the individual benefits, there are a number of positive impacts of social networking use in the realm of business. For example, social networking has become a common avenue for networking and making connections with others in one's field (Bodell & Hook, 2011). In fact, Bodell and Hook indicated that social networking use has become an essential aspect of networking for entrepreneurs. Others have discussed additional benefits such as the ways in which Facebook and other social networking sites have become a major avenue for creativity, marketing, and advertisement (Rolland & Parmentier, 2013).

Summary and Rationale for the Current Study

The thin beauty ideal is widespread not only through mass media (i.e., the Internet, television, and film) but also through daily social interactions with peers, co-workers, friends, and family. One way the thin beauty ideal is promulgated through social interactions is through fat talk conversations. Since the mid-1990s, fat talk conversations have been researched and found to be commonplace among women of all ages (Salk & Engeln-Maddox, 2011). Salk and Engeln-Maddox described fat talk as conversations which include two or more individuals who mutually degrade their bodies. Because these conversations have become so widespread, these authors noted that they are easily recognizable as fat talk by both men and women in the U.S. Fat talk conversations include a number of themes such as the comparison of eating and exercise behaviors, exchange of dieting and eating tips, physical evaluation of those who are not present, and expression of fear of gaining weight or becoming fat (Corning & Gondoli, 2012).

Fat talk conversations are ubiquitous among many women and some men in the U.S. and there appear to be a number of impacts and consequences of engaging in fat talk. Fat talk has been correlated with body dissatisfaction (Salk & Engeln-Maddox, 2011). Moreover, fat talk conversations have been found to be related to a number of other consequences including an increased drive for thinness (Arroyo & Harwood, 2012) and body rumination (Rudiger & Winstead, 2013).

Research on the impacts of social networking site use has also grown over the last several years with the increase in popularity of sites like Facebook. While it offers some benefits to its users, social media appears to be another venue for the spread of the thin

beauty ideal. Further, researchers have begun to study the impacts of routinely viewing pictures and descriptions of others online. Some researchers have found negative impacts of Facebook use, particularly around body image (Smith et al., 2013).

Such findings have led some researchers to question whether viewing fat talk online, through social networking sites, would have similar impacts on women as engaging in these conversations in person. To date, only two studies have researched the impacts of viewing fat talk conversations on Facebook.

Taniguchi and Lee (2012) and Lee et al. (2013) have explored the impacts of viewing fat talk conversations online among women from the U.S. However, while these authors studied the impact of viewing statements about weight loss and discussion around tips for weight loss specifically, other forms of fat talk through social media have not yet been studied. The current investigation aims to study the impact of viewing fat talk conversations on social media.

Given all of the negative impacts of fat talk (i.e., body dissatisfaction, disordered eating behaviors, eating disorders, self-objectification, and increased drive for thinness), it seems imperative that a solution for fat talk be found. Some hopeful findings have come from the research studying the challenging of fat talk. In an experimentally designed study which included a condition in which a confederate challenged fat talk by critiquing the act of engaging in self-deprecating conversations, Salk and Engeln-Maddox (2012) found that those women who witnessed the challenging of fat talk in a laboratory setting exhibited less body dissatisfaction and less guilt and were less likely to replicate the fat talk behavior compared to those in conditions in which fat talk was not challenged.

In light of the salubrious potential of such findings, the current study aimed to extend upon the fat talk challenging research by examining whether similar benefits are evidenced when viewing fat talk challenging behavior online through a social networking site. Most studies involving body dissatisfaction, including the two that focused on social media (Lee et al. 2013; Taniguchi & Lee, 2012) and several others (i.e., Arroyo & Harwood, 2012; Salk & Engeln-Maddox, 2011; Warren et al., 2012) have utilized female students at a college or university as participants. Although recruitment for the current study included university students, its aim was to broaden the participant population to include a more diverse group of women from around the U.S.

Furthermore, to the researcher's knowledge, only two studies to date have explored the differing impacts of fat talk based on one's demographic differences. Lee et al. (2013) and Taniguchi and Lee (2012) each compared the differing impacts of fat talk in undergraduate students from the U.S. to Korean or Japanese students. However, no studies to date have compared White and non-White women within the U.S. In fact, many studies have relied upon a disproportionate amount of White women as participants (Arroyo & Harwood 2012; Corning et al., 2014; Salk & Engeln-Maddox, 2011; Salk & Engeln-Maddox, 2012). The current study utilized a more ethnically diverse sample in order to compare the potential differences in the impacts of fat talk among differing racial and ethnic groups. Further, no studies to date have explored fat talk and sexual orientation, which the current study aimed to explore.

To date, only two studies to have researched the differing impacts of engaging or viewing weight loss discouragement or encouragement online with women of different

sizes (Lee et al., 2013; Taniguchi & Lee, 2012) and no studies to date have explored the impacts of viewing challenges to fat talk online through a social media website with women of different sizes. The current study aimed to explore the impacts of viewing both overweight and thin women engaging in fat talk conversations online.

Most studies on fat talk have also been limited by their use of thin women. A number of researchers (i.e., Corning et al., 2014; Corning & Gondoli, 2012; Salk & Engeln-Maddox, 2011) have reported that the vast majority of their participants were of average weight. Researchers have expressed concern about limiting studies about size to thin women and stressed the importance of including fat women in such studies (Fikkan & Rothblum, 2012). The present study explored how viewing fat talk online, including challenging fat talk, impacts women representing a diverse range of body sizes.

The present study also aimed to add to the fat talk and social media literature by studying the impacts of viewing fat talk conversations online, by a thin and overweight woman, through social networking (i.e., Facebook) for women. In each of the following hypotheses, the conversations refer to online conversations that occurred between Facebook users, with a woman in the Facebook profile picture initiating a fat talk conversation with her profile viewers. The person in the profile picture was either a thin or an overweight woman and the fat talk conversations were either continued or

challenged by simulated profile viewers. The following hypotheses, based on the literature, were offered:

Hypothesis 1. It was predicted that those who viewed a thin woman engaging in fat talk would have significantly higher levels of body dissatisfaction than those who viewed an overweight woman engaging in fat talk.

Hypothesis 2. It was predicted that those who viewed a thin woman engaging in fat talk would have significantly higher levels of self-objectification than those who viewed an overweight woman engaging in fat talk.

Hypothesis 3. Participants who viewed the challenging of fat talk would have significantly lower levels of body dissatisfaction than those who viewed the perpetuation of fat talk.

Hypothesis 4. Participants who viewed the challenging of fat talk would have significantly lower levels of self-objectification than those who viewed the perpetuation of fat talk.

Table 1

Hypotheses 5 and 6

	Continued/Perpetuated	Challenged
Thin	Highest Body Dissatisfaction/Self-Objectification	3 rd Highest Body Dissatisfaction/Self-Objectification
Overweight	2 nd Highest Body Dissatisfaction/Self-Objectification	Lowest Body Dissatisfaction/Self-Objectification

Hypotheses 5 and 6 are depicted in Table 1.

Hypothesis 5. Participants who viewed a thin woman engaging in fat talk that is perpetuated by profile viewers would have the highest level of body dissatisfaction. Those who viewed an overweight woman engaging in fat talk that was perpetuated by profile viewers would have the next highest levels of body dissatisfaction. Those who viewed a thin woman who initiated fat talk that was then challenged by profile viewers would have the next lowest levels of body dissatisfaction; and those who viewed an overweight woman who initiated fat talk that was then challenged by profile viewers would have the lowest levels of body dissatisfaction.

Hypothesis 6. Participants who viewed a thin woman engaging in fat talk that was perpetuated by profile viewers would have the highest levels of self-objectification. Those who viewed an overweight woman engaging in fat talk that was perpetuated by profile viewers would have the next highest levels of self-objectification. Those who viewed a thin woman who initiated fat talk that was then challenged by profile viewers would have the next lowest levels of self-objectification; and those who viewed an overweight woman who initiated fat talk that was then challenged by profile viewers would have the lowest levels of self-objectification.

Hypothesis 7. It was predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict body dissatisfaction beyond that predicted by the conditions of the experiment.

Hypothesis 8. It was predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict self-objectification beyond that predicted by the conditions of the experiment.

CHAPTER III
METHODOLOGY

Participants

Seven hundred and seventy-nine self-identified women signed up to complete the study. After removing 166 participants with any portion of missing data throughout the study and those who incorrectly answered validity questions, a total of 613 women ranging in age from 18 to 35 years old ($M = 20.48$, $SD = 3.95$) completed the study fully and were retained for the analyses. One hundred and forty one (23%) participants identified as Black or African American, 266 (43.4%) participants identified as White, and 206 (33.6%) participants identified as Latina or Hispanic. See Table 2 for descriptive statistics on the categorical demographic variables in this study, and see Table 3 for the descriptive statistics on continuous demographic variables.

Table 2

Descriptive Statistics for Education, Ethnicity, and Sexual Orientation

		Frequency	Percent
Education	High School Graduate	386	63
	Associate's Degree	29	4.7
	Bachelor's Degree	42	6.9
	Master's Degree	30	4.9
	Doctorate	9	1.5
	Not Specified/Other*	117	19
Total		613	100

(continued)

Ethnicity			
	African American	141	23
	White	266	43.4
	Hispanic/Latina	206	33.6
Total		613	100.0
Sexual Orientation			
	Bisexual	25	4.1
	Gay	2	.3
	Lesbian	9	1.5
	Heterosexual	557	90.9
	Queer	2	.3
	Other	18	2.9
Total		613	100.0

$n = 613$; Not Specified/Other *= includes no responses for education, n/a responses, or those indicating a GED. Other = indicates that participant did not identify as either bisexual, lesbian, gay, heterosexual, or queer.

Table 3

Descriptive Statistics for Sample Demographics: Continuous Variables

	Mean	Range	Standard Deviation
Variable			
Age in years:	20.48	18-35	3.95
Participant BMI*	25.04	15-58	5.59
Reported Weight in Pounds	147.11	92-330	39.6

$n = 613$; BMI = Body Mass Index. *Calculated from participant self-described height and weight

Participants were recruited from both a Southwestern U.S. public university primarily for women ($n = 481$, 78.5%) and online through the social media website Facebook, ($n = 132$, 21.5%). To be eligible to participate, women needed to identify as White, Black, or Latina and range in age from 18 to 35. Consistent with the study's

design, the investigator limited the sample to White, Black, or Latina participants in order to match each participant with a particular profile picture image consistent with their race/ethnicity. Research has shown that internalization of the societal ideals impact body image disturbances (Harrison & Hefner, 2006), and Warren et al. (2005) found that mismatched ethnic backgrounds may prevent internalization. In other words, non-White women viewing images of White women may not internalize social beauty messages and therefore the incongruence may serve as a protective factor from experiencing body dissatisfaction. Recent demographic data from the university where recruitment occurred indicated that nearly half of the more than 15,000 students are non-White and 89% are female (*TWU Fact Sheet*, 2012).

Participants were randomly assigned to one of four experiential groups. One group of participants were randomly placed into a condition in which they viewed a thin, or normal weight, woman engaging in fat talk that was perpetuated by another profile viewer ($n = 162$, 26.4%). Another group of participants were placed in a condition in which they viewed an overweight woman who engaged in fat talk which was then perpetuated by another profile viewer ($n = 143$, 23.4%). Another group of participants were placed into a condition in which they viewed a thin, or normal weight, woman engage in fat talk which was then challenged by a profile viewer ($n = 169$, 27.6%). The final group of participants were placed into a condition where an overweight woman engaged in fat talk, which was then challenged by another profile viewer ($n = 139$, 22.7%).

Instrumentation

Participants completed a self-report demographic questionnaire, a brief body image questionnaire, and two psychometrically validated surveys.

Demographic Questionnaire

An author-generated demographic questionnaire (see Appendix A) was created to gather descriptive information about the participants in the study. The brief questionnaire contained questions related to participants' age, gender, race/ethnicity, height, weight, and sexual orientation.

Project EAT Questions

Each participant answered a total of three questions (see Appendix B), selected from the Project EAT. These three questions were selected to provide more information about how participants view and perceive their own body shape and weight, as well as to see how much importance participants place on their weight. Project EAT is a 10-year longitudinal study, in which researchers analyzed the factors associated with young people's weight, physical activity levels, and dietary behaviors in more than 20,000 participants (Larson et al., 2011). Although no reliability or validity analyses were available on these selected individual questions, the questions are frequently utilized in the research literature and the instrument itself has psychometric support. For example, the test-retest reliability was $>.7$ and the Cronbach's alphas were $>.7$ for the majority (83%) of the proposed scales (Larson et al., 2011). The internal consistency in the current study was ($\alpha = .72$), which is considered satisfactory (Connelly, 2011).

Perceived weight is assessed using a 5-point Likert scale with responses ranging from “very underweight” to “very overweight.” Weight importance is assessed with the question: “During the past six months, how important has your weight and shape been in how you feel about yourself?” A higher numbered response to the question is indicative of greater importance placed on weight and connection between weight and self-concept.

Self-Objectification Questionnaire

Self-objectification was measured by the Self-Objectification Questionnaire (see Appendix C) (SOQ) (Noll & Fredrickson, 1998). This questionnaire instructed participants to rank ten attributes about themselves on a 10-point Likert scale in order of most important to their self-concept to least important to their self-concept, with 10 being the most important. The ten attributes consist of five competence-related attributes (i.e., health, strength, physical condition, physical fitness level, and energy level), and five appearance-related attributes (i.e., sex appeal, weight, physical attractiveness, body measurements, and firm or sculpted muscles). To calculate the final score on the questionnaire, the sum of the competence ranks were subtracted from the sum of the appearance ranks. Final scores can range from -25 to 25, and the higher the final score, the more individuals focus on their appearance, which in turn is interpreted as degree of self-objectification (Noll & Fredrickson, 1998). In the current study, the overall mean was ($M = -2.28$). Such a score falls below the 0, the midpoint of the scale, and indicates that the overall scores for this sample reflected slightly more focus on body competence and reflected lower levels of self-objectification. According to Noll and Fredrickson (1998), the SOQ has adequate construct validity as it has been shown to correlate with

other widely-utilized measures such as the Body Image Assessment (Williamson, Barker, Bertman, & Gleaves, 1995). The internal consistency in the current study was ($R = .70$), which is considered appropriate according to Aiken (1985). The internal consistency for this measure was calculated by computing the reliability for the whole scale, using the standardized equation, which was based on the sum of the correlations for the competency items (.25) and appearance items (.17). In the current study, there were no significant differences between groups (e.g., based on ethnic background, weight, age, BMI, sexual orientation, university versus non-university students) on the SOQ. However, there was a difference that approached significance between those recruited from a Southwestern university in the U.S. predominantly for women and those recruited from social media. This finding will be elaborated upon in the Results chapter.

Eating Disorders Inventory-3

Body Dissatisfaction was measured with the Body Dissatisfaction subscale of the Eating Disorder Inventory-3 (see Appendix D) (EDI-3) (Garner, 2004). The Body Dissatisfaction subscale of the EDI-3 is a 10-item subscale which measures one's overall dissatisfaction with their body shape and size, including particular regions of the body which are primarily of concern of those with eating disorders (i.e., stomach, hips, and thighs). Participants indicated how satisfied or dissatisfied they are with various parts of their body (i.e., "I think my thighs are too large") on a 6-point Likert scale ranging from 1 (*always*) to 6 (*never*) (Garner, 2004). Participants were assigned either 0, 1, 2, or 3 points for answers of *sometimes*, *rarely*, *never* (0), *often* (1), *usually* (2), and *always* (3). Scores ranging from 0-7 are considered low, scores ranging from 8-30 are considered moderate,

and scores ranging from 31-40 are considered high. Higher scores are indicative of greater dissatisfaction with one's body. A total of 132 participants (21.5%) received scores in the low range, 459 (74.9%) participants received scores in the moderate range, and 22 (3.6%) participants had scores in the high range. While there were no significant differences between groups when groups were separated by sexual orientation, age, and recruitment source (university vs. social media), there were significant differences between groups on the EDI-3 Body Dissatisfaction subscale when separated by race/ethnicity, weight, and BMI that are described in the Results chapter. The test-retest reliability for the EDI-3 Body Dissatisfaction subscale is $r = .98$ and has strong convergent validity (Garner, 2004). The internal consistency in the current study was ($\alpha = .83$), which is considered satisfactory (Connelly, 2011).

Procedure

Following approval from the Institutional Review Board, participants were recruited through SONA, an online system used to recruit and provide undergraduate students access to studies and through the social networking site Facebook. Participants were told the study was about the impacts of viewing online social media conversations between women. The use of deception was employed in order to reduce demand characteristics and response biases. The participants were shown a brief debriefing screen after completing the study. All surveys and questionnaires were posted online through PsychData, a secure data-collection website. Participants accessed the Facebook profile webpage online. Before beginning the study, all participants provided informed consent (see Appendix E), which specified that their participation in the study was completely

voluntary and that they were free to stop participation at any point throughout the study with no penalty. After agreeing to participate, participants were first asked to identify their race/ethnicity and gender. At that point, the secure data collection website selected the Facebook profile page where the participant was directed based on their racial/ ethnic information. White, Black, and Latina participants were sent to one of 12 Facebook profile pages (see Appendix I) created by the investigator. Each page consisted of either a thin or overweight woman in the profile picture engaging in fat talk that was then either continued or challenged by another profile. There were a total of six different images used for the person in the profile picture who was initiating the fat talk: a thin White woman, a thin Black woman, a thin Latina woman, an overweight White woman, an overweight Black woman, and an overweight Latina woman. Participants viewed the image of a thin or an overweight woman of their same racial/ethnic background. The image utilized for the profile picture image of the person challenging or perpetuating the fat talk was a neutral, non-person image.

With permission granted from the authors, the fat talk conversation that was used was adapted from the script used in a similar study (Salk & Engeln-Maddox, 2012). The conversation included the person in the profile picture first stating: “I feel so fat. I hate my thighs, and I really wish my stomach were flat,” followed by the profile viewer stating, “Yeah, me too. I wish my stomach was flat.” By contrast, in the fat talk challenge condition, the profile viewer stated, “Oh come on. You’re definitely not fat. I know we all say things like that but I don’t understand why. I just wish we focused on other things”

(Salk & Engeln-Maddox, 2012, p. 640). The original study was conducted in a laboratory setting, while the current study replicated the design on-line.

All photos of the women in the profile picture were created by a graphic designer specifically for this study. The graphic designer and the investigator worked together to select three different photos taken from a stock-photo website provided by the graphic designer of an overweight, Latina, Black, and White woman. The designated photos were selected to fall between the CDC's overweight and obese categories (CDC, 2014). The graphic designer then created three enhanced photos of the same three women, edited and enhanced to appear thin. All of the women were in their early 20s as this is the age in which rates of body dissatisfaction and eating disorders are particularly prevalent, as well as consistent with other investigations in this area of study. All other features (hair, height, clothing) of the woman in the images remained consistent with the original photos.

	Obese		Obese		Obese		Over- Weight		Normal- Weight		Under- Weight	
	3		2		1							

Figure 1. CDC categories

After viewing one of the 12 different Facebook profile pages, participants completed a demographic questionnaire, three questions from the Project EAT (Larson et al., 2011), the SOQ (Noll & Fredrickson, 1998), and the Body Dissatisfaction Subscale of the EDI-3 (Garner, 2004). Further, participants were asked a series of questions aimed to distract them from the purpose of the study. The three distracting items that were utilized

included: “Please evaluate the encounter between the person in the profile picture and the profile viewers,” “How typical is this type of conversation on Facebook?” and “How appropriate was it for the person in the profile picture to post information about her body online?” Distracting items were answered immediately after participants viewed the Facebook profile page. Participants answered each of the distracting items in a fill in the blank format with an expandable text box up to 150 words. After completion of the study, participants were provided with a list of referral sources (see Appendix F) in the event they wanted to speak with a mental health professional and a brief debriefing statement to explain the use of deception in the study (see Appendix G). As with the fat talk script, the debriefing statement was also adapted from Salk and Engeln-Maddox’s (2012) study.

Analysis

Before the initial investigation was conducted, preliminary analyses were conducted. Pilot testing on each of the images of the women in the profile pictures was done in order to determine if each woman, Black, Latina, and White, was considered equally attractive. Attractiveness comparisons only compared the women in the same weight category. Pilot testing was conducted with 56 students from a public university primarily for women in the Southwest region of the U.S. Each profile picture (i.e., a Black, White, and Latina woman) was rated by participants who identified as that race/ethnicity. Furthermore, pilot testing was conducted in order to verify that images were viewed appropriately in terms of weight status. In other words, images of thin women were rated as thin, whereas images of an overweight woman were rated as overweight. Pilot testing was conducted on the non-person profile image used for the

person either challenging or perpetuating the fat talk. Pilot tests were run on a number of images (i.e., siding, cement, sand) to determine which images were considered to be the most neutral. Once the most neutral image was determined, the investigator used that image for the profile picture of the person either challenging or perpetuating the fat talk.

The study design was a 2x2 factorial design. The independent variables were the weight status of the person engaging in the fat talk online and the challenging or continuation of fat talk. The dependent variables were body dissatisfaction, as measured by the Body Dissatisfaction subscale of the EDI-3 (Garner, 2004), and self-objectification, as measured by the SOQ (Noll & Fredrickson, 1998).

Descriptive statistics were run on all variables; means, ranges, and standard deviations (SD) were run on all continuous variables and frequencies and percentages were run on all categorical variables.

The statistical analyses for the first six hypotheses were 2 (thin vs. overweight) x 2 (fat talk continued vs. fat talk challenged) between subjects Analysis of Variances (ANOVAs), one on the Body Dissatisfaction Subscale of the EDI-3 and one on the SOQ. The last two hypotheses utilized exploratory linear regressions to examine the impact of variables other than the independent variables such as age, BMI, sexual orientation, and perceived weight (as measured by the Project EAT questions) on body dissatisfaction and self-objectification. Specific analysis plans by hypothesis are presented below.

Hypothesis 1, which predicted that those who viewed a thin woman engaging in fat talk would have significantly higher levels of body dissatisfaction than those

who viewed an overweight woman engaging in fat talk, was tested by a between subjects ANOVA.

Hypothesis 2, which predicted that those who viewed a thin woman engaging in fat talk would have significantly higher levels of self-objectification than those who viewed an overweight woman engaging in fat talk, were tested by a between subjects ANOVA.

Hypothesis 3, which predicted that participants who viewed the challenging of fat talk would have significantly lower levels of body dissatisfaction than those who viewed the perpetuation of fat talk, was tested by a between subjects ANOVA.

Hypothesis 4, which predicted that participants who viewed the challenging of fat talk would have significantly lower levels of self-objectification than those who viewed the perpetuation of fat talk, was tested by a between subjects ANOVA.

Hypothesis 5, which predicted that participants who viewed a thin woman engaging in fat talk that was perpetuated by profile viewers would have the highest level of body dissatisfaction; that those who viewed an overweight woman engaging in fat talk that was perpetuated by profile viewers would have the next highest levels of body dissatisfaction; that those who viewed a thin woman who initiated fat talk that was then challenged by profile viewers would have the next lowest levels of body dissatisfaction; and that those who viewed an overweight woman who initiated fat talk that was then challenged by profile viewers would have the lowest levels of body dissatisfaction, were tested with a between subjects ANOVA.

Hypothesis 6, which predicted that participants who viewed a thin woman engaging in fat talk that was perpetuated by profile viewers would have the highest levels of self-objectification; that those who viewed an overweight woman engaging in fat talk that was perpetuated by profile viewers would have the next highest levels of self-objectification; that those who viewed a thin woman who initiated fat talk that was then challenged by profile viewers would have the next lowest levels of self-objectification; and that those who viewed an overweight woman who initiated fat talk that was then challenged by profile viewers would have the lowest levels of self-objectification, were tested by a between subjects ANOVA.

Hypothesis 7, which predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict body dissatisfaction levels beyond that predicted by the independent variables, was tested with a multiple regression. Each racial/ethnic participant group (i.e., Latina, Black, and White) was examined independently.

Hypothesis 8, which predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict self-objectification levels beyond that predicted by the independent variables, was tested with a multiple regression. Each racial/ethnic participant group (i.e., Latina, Black, and White) was examined independently.

CHAPTER IV

RESULTS

Preliminary Analyses

Pilot Testing

Pilot testing on each of the images of the women in the profile pictures was conducted in order to determine if each woman, Black, Latina, and White, was considered equally attractive. Attractiveness comparisons only compared the women in the same weight category. Pilot testing was conducted with 56 students from a public university primarily for women in the Southwest region of the U.S. Each profile picture (i.e., a Black, White, and Latina woman) was rated by participants who identified as that race/ethnicity. Furthermore, pilot testing was conducted in order to verify that images were viewed appropriately in terms of weight status. In other words, images of thin women were rated as thin, whereas images of an overweight woman were rated as overweight. Participants were shown three different images of women who were either overweight or thin and of the same race/ethnicity as the participant. Participants were asked two questions, one asking to rate the weight of each image and one asking participants to rate the attractiveness of each image. Participants were asked to rate each image on a 5-point Likert scale, with 1 being considered very unattractive, and 5 being considered very attractive. Weight status was also rated on a 5-point Likert scale with 1 being considered very underweight, and 5 being considered very overweight. Pilot testing

was also conducted on the non-person profile image used for the person either challenging or perpetuating the fat talk. Pilot tests were run on a number of images (i.e., siding, cement, sand) to determine which images were considered to be the most neutral. Ultimately, the image of the siding was seen as the most neutral and chosen for the study. Images with overall means that were closest to the appropriate weight status category, which also had relatively equal attractiveness ratings to other images across racial groups, were selected as the profile pictures of those engaging in fat talk for the actual study. See Table 4 below for overall means from pilot study.

Table 4

Pilot Study Overall Means

Image	Means								
	Black			White			Latina		
	1	2	3	1	2	3	1	2	3
Q1									
Overweight	3.9	4.25	3.92	4	3.42	4.5	3.56	4	4.25
Normal	3.5	3.4	3	3	2.5	4	3.14	3.2	3.56
Q2									
Overweight	2.9	3.92	3.25	3.78	3.33	3.17	2.78	3.5	3.42
Normal	3.17	3.63	3.11	4	3.13	3.22	3.57	3.88	3.33

Note: Q1= How would you define this woman's weight? Q2=How would you describe this woman's level of attractiveness? For both Q1 and Q2, participants were asked to rate each image on a five point Likert Scale, with 1 considered very underweight (Q1) or very unattractive (Q2), and 5 considered very overweight (Q1) or very attractive (Q2).

Descriptive Statistics

Means and standard deviations were calculated for all continuous variables (dependent variables) on measures used in this study (see Table 5).

Table 5

Descriptive Data for Dependent Variables

	Mean	Possible Range	Actual Range	Standard Deviation
Variable				
SOQ Final Score	-2.3	-25.0 - 25.0	-25.0 – 25.0	12.9
EDI BD Final Score	14.6	0 - 40	0 - 40	8.2

Note: SOQ = Self-Objectification Questionnaire; EDI BD = Eating Disorder Inventory-3, Body Dissatisfaction scale

Scores on the SOQ reflect one's level of self-objectification. Scores can range from -25 to 25, with higher positive scores reflecting more focus on one's appearance, which in turn, reflect higher levels of self-objectification. The overall mean score for the current sample was -2.3, which indicates an overall low self-objectification score. Scores on the EDI BD reflect one's level of body dissatisfaction. Scores range from 0 to 40, with scores ranging from 0 to 7 reflecting low levels of body dissatisfaction, scores ranging from 8 to 30 reflecting moderate levels of body dissatisfaction, and scores ranging from 31 to 40 reflecting high levels of body dissatisfaction. The overall mean score of the current sample was 14.6, which indicates a score in the low-moderate range of body dissatisfaction.

Differences between groups on the EDI-3 Body Dissatisfaction subscale and the SOQ for ethnicity, age, sexual orientation, weight, BMI, and recruitment from a university or not, were also calculated. There were no significant differences between groups based on ethnic background, weight, age, BMI, sexual orientation, or university versus non-university-recruited participants on the SOQ. However, there was a difference

that was approaching significance $t(611) = 1.77, p = .078$, between those recruited from a Southwestern university in the U.S. predominantly for women and those recruited from social media ($M = -.53$), with those recruited from the university predominantly for women reporting less self-objectification ($M = -2.76$).

There were no significant differences between groups on the EDI-3 Body Dissatisfaction subscale for sexual orientation, recruitment from a university or not, and age. However, there were significant differences between ethnic groups, weight, and BMI on the EDI-3 Body Dissatisfaction subscale. A one-way ANOVA determined significant differences in scores on the EDI-3 Body Dissatisfaction subscale between groups based on weight: $F(113, 499) = 1.94, p = .000$.

A one-way ANOVA determined significant differences in scores on the EDI-3 Body Dissatisfaction subscale between groups based on BMI: $F(346, 249) = 1.45, p = .001$.

Lastly, a one-way ANOVA determined significant differences in scores on the EDI-3 Body Dissatisfaction subscale between groups based on race/ethnicity: $F(2, 610) = 5.51, p = .004$. There were differences in body dissatisfaction such that White ($M = 14.94$) and Latina ($M = 15.55$) participants had significantly higher body dissatisfaction scores than Black ($M = 12.71$) participants, higher-weight participants had significantly higher body dissatisfaction than those weighing less, and participants with higher BMIs had significantly higher body dissatisfaction than those with lower BMIs. See Table 6 for descriptive data and racial/ethnic group differences on the EDI-3 Body Dissatisfaction subscale.

Table 6

Ethnicity and EDI-3 BD Scores

Group	<i>n</i>	<i>M</i>	<i>SD</i>	Minimum	Maximum
Black	141	12.71*	7.34	0	29
White	266	14.94**	8.34	0	40
Latina	206	15.55**	8.26	0	40
Total	613	14.63	8.15	0	40

Note: M = Mean; SD = Standard Deviation; * indicates significantly differed from the White group; ** indicates significantly differed from the Black group.

Analyses for Major Hypotheses

Hypothesis 1. The researcher predicted that those who viewed a thin woman engaging in fat talk would have significantly higher levels of body dissatisfaction than those who viewed an overweight woman engaging in fat talk. The mean body dissatisfaction score for those who viewed a thin woman engage in fat talk was 15.03, while the mean body dissatisfaction score for those who viewed an overweight woman engage in fat talk was 14.17. This hypothesis was not supported: $F(1, 611) = 1.67, p = .195$. After additional exploratory analyses revealed that participant race/ethnicity significantly predicted body dissatisfaction scores, an additional ANCOVA analysis was run to determine if there were significant impacts of weight when race/ethnicity was controlled for. This was not supported: $F(1, 607) = 1.66, p = .199$.

Hypothesis 2. The researcher predicted that those who viewed a thin woman engaging in fat talk would have significantly higher levels of self-objectification than

those who viewed an overweight woman engaging in fat talk. The mean self-objectification score for those who viewed a thin woman engage in fat talk was -2.48, while the mean self-objectification score for those who viewed an overweight woman engage in fat talk was -2.04. This hypothesis was not supported: $F(1, 611) = .179, p = .672$.

Hypothesis 3. The researcher predicted that participants who view the challenging of fat talk would have significantly lower levels of body dissatisfaction than those who view the perpetuation of fat talk. The mean body dissatisfaction score for those who viewed the challenging of a fat talk conversation was 15.06, while the mean body dissatisfaction score for those who viewed the continuation of a fat talk conversation was 14.21. This hypothesis was not supported: $F(1, 611) = 1.66, p = .198$. After additional exploratory analyses revealed that participant race/ethnicity significantly predicted body dissatisfaction scores, an additional ANCOVA analysis was run to determine if there were significant impacts of fat talk challenging when race/ethnicity was controlled for. This was not supported: $F(1, 607) = 1.21, p = .271$.

Hypothesis 4. The researcher predicted that participants who view the challenging of fat talk would have significantly lower levels of self-objectification than those who view the perpetuation of fat talk. The mean self-objectification score for those who viewed the challenging of a fat talk conversation was -1.57, while the mean self-objectification score for those who viewed the continuation of a fat talk conversation was -2.99. This hypothesis was not supported: $F(1, 611) = 1.906, p = .168$.

Hypothesis 5. The researcher predicted that participants who viewed a thin woman engaging in fat talk that was perpetuated by profile viewers would have the highest level of body dissatisfaction; that those who viewed an overweight woman engaging in fat talk that was perpetuated by profile viewers would have the next highest levels of body dissatisfaction; that those who viewed a thin woman who initiated fat talk that was then challenged by profile viewers would have the next lowest levels of body dissatisfaction; and that those who viewed an overweight woman who initiated fat talk that was then challenged by profile viewers would have the lowest levels of body dissatisfaction. The mean body dissatisfaction score for those who viewed an overweight woman engaging in fat talk that was challenged was 14.30, while the mean body dissatisfaction score for those who viewed a thin woman engage in fat talk that was challenged was 15.68. The mean body dissatisfaction score for those who viewed an overweight woman engaging in fat talk that was continued was 14.04, while the mean body dissatisfaction score for those who viewed a thin woman engage in fat talk that was continued was 14.35. This hypothesis was not supported for either weight condition: $F(1, 609) = 1.62, p = .203$ or the fat talk condition: $F(1, 609) = 1.44, p = .231$. After additional exploratory analyses revealed that participant race/ethnicity significantly predicted body dissatisfaction scores, an additional ANCOVA analysis was run to determine if there was a significant interaction effect of weight and fat talk challenging when race/ethnicity was controlled for. This was not supported: $F(1, 607) = .61, p = .434$.

Hypothesis 6. The researcher predicted that participants who viewed a thin woman engaging in fat talk that was perpetuated by profile viewers would have the highest levels of self-objectification; that those who viewed an overweight woman engaging in fat talk that was perpetuated by profile viewers would have the next highest levels of self-objectification; that those who viewed a thin woman who initiated fat talk that was then challenged by profile viewers would have the next lowest levels of self-objectification; and that those who viewed an overweight woman who initiated fat talk that was then challenged by profile viewers would have the lowest levels of self-objectification. The mean self-objectification score for those who viewed an overweight woman engaging in fat talk that was challenged was -.96, while the mean self-objectification score for those who viewed a thin woman engage in fat talk that was challenged was -2.07. The mean self-objectification score for those who viewed an overweight woman engaging in fat talk that was continued was -3.09, while the mean self-objectification score for those who viewed a thin woman engage in fat talk that was continued was -2.91. This hypothesis was not supported for either the weight condition: $F(1, 609) = .20, p = .655$ or the fat talk condition: $F(1, 609) = 2.05, p = .153$.

Hypothesis 7. The researcher predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict body dissatisfaction levels beyond that predicted by the independent variables. This hypothesis was partially supported. The regression model determined that perceived weight significantly predicted body dissatisfaction level: $F(4, 606) = 62.64, p = .000$. The model also found that race/ethnicity predicted body dissatisfaction level: $F(1, 611) = 9.53, p =$

.002. See Table 7 for ANOVA Results of Hypothesis 7 showing that perceived weight significantly predicted body dissatisfaction levels. See Table 8 for Correlation coefficients for major variables (e.g., EDI total raw score, age, sexual orientation, participant BMI, and perceived weight), and see Table 9 for means and regression weights for each of these major variables.

Table 7

ANOVA Table for Hypothesis 7

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	11759.4	4	2939.9	62.640	.000
Residual	28441.0	606	46.9		
Total	40200.4	610			

Table 8

Correlation Coefficients for Major Variables

	EDI Total Raw Score	Age	Sexual Orientation	Participant BMI	Perceived Weight
EDI Total Raw Score	1				
Age	.065	1			
Sexual Orientation	.011	.036	1		
Participant BMI	.401**	.094*	.065	1	
Perceived Weight	.535**	.120**	.021	.663**	1

Note: EDI = Eating Disorder Inventory; BMI = Body Mass Index; Perceived Weight = as measured by question 12 of the Project EAT questionnaire. * = Correlation is significant at the 0.05 level. ** = Correlation is significant at the 0.01 level.

Table 9

Regression Weights and Means

	<i>B</i>	Beta	Mean
EDI Total Raw Score	-	-	14.61
Age	.000	.000	20.48
Sexual Orientation	-.030	-.004	-
BMI	.117	.081	25.03
Perceived Weight	5.017	.484	-
Ethnicity	1.36	.124	-

Note: EDI = Eating Disorder Inventory; *B* = unstandardized weights; Beta = standardized weights

Hypothesis 8. The researcher predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict self-objectification levels beyond that predicted by the independent variables. This hypothesis was partially supported. The regression model determined that participant's BMI and perceived weight significantly predicted self-objectification level: $F(4, 606) = 4.73, p = .001$. See Table 10 for ANOVA Results of Hypothesis 8, which reveal that both perceived weight and participant's BMI significantly predicted self-objectification. See Table 11 for Correlation coefficients for major variables (e.g., SOQ final score, age, sexual orientation, participant BMI, and perceived weight), and see Table 12 for means and regression weights of these major variables.

Table 10

ANOVA Table for Hypothesis 8

Model	Sum of Squares	df	Mean Square	<i>F</i>	Sig.
Regression	3049.8	4	762.5	4.728	.001
Residual	97728.4	606	161.3		
Total	100778.2	610			

Table 11

Correlation Coefficients for Major Variables

	SOQ Final Score	Age	Sexual Orientation	Participant BMI	Perceived Weight
SOQ Final Score	1				
Age	.060	1			
Sexual Orientation	-.036	.036	1		
Participant BMI	.002	.094**	.065	1	
Perceived Weight	.123**	.120**	.021	.662**	1

Note: SOQ = Self-Objectification Questionnaire; BMI = Body Mass Index; Perceived Weight = as measured by question 12 of the Project EAT questionnaire. ** = Correlation is significant at the 0.01 level.

Table 12

Regression Weights and Means

	<i>B</i>	Beta	Mean
SOQ Final Score	-	-	-2.2422
Age	.159	.049	20.48
Sexual Orientation	-.416	-.034	-
BMI	-.321	-.140	25.03
Perceived Weight	3.485	.212	-
Ethnicity	-.564	-.033	-

Note: SOQ = Self-Objectification Questionnaire; *B* = unstandardized weights; Beta = standardized weights.

CHAPTER V

DISCUSSION

In the discussion that follows, a summary of findings are provided and are integrated with the current literature and theory. Implications for research, training, and practice are noted, as are the strengths and limitations of the study. A final set of conclusions are presented at the end of the chapter.

Summary of Major Findings

The current investigation aimed to fill gaps in the literature by studying the impacts on women who viewed the fat talk conversations of overweight and thin women on Facebook. These fat talk conversations were either perpetuated or challenged by other Facebook users. Participants viewed either a thin or a fat woman who was of the same ethnicity as the participant. The impact on one's body dissatisfaction and self-objectification after viewing either a thin or overweight person engaging in fat talk that was either perpetuated or challenged was measured by 2 (thin vs. overweight) by 2 (fat talk continued vs. fat talk challenged) between subjects ANOVA. Two additional ANOVAs were run to measure differences between groups to assess body dissatisfaction and self-objectification. The impact of variables other than the independent variables, such as age, BMI, sexual orientation, and perceived weight (as measured by a Project EAT question) on body dissatisfaction and self-objectification were measured using a multiple regression.

The results failed to confirm any of the first six hypotheses, which in sum predicted that one's body dissatisfaction and self-objectification levels would be significantly and differentially impacted by whether they viewed a normal weight versus overweight person engaging in fat talk that was either perpetuated or challenged.

The seventh and eighth hypotheses, which predicted that variables such as age, ethnicity, BMI, sexual orientation, and perceived weight would significantly predict levels of body dissatisfaction and self-objectification, beyond that of the independent variables, were partially supported.

In particular, one's perceived weight, as measured by one question on the Project EAT questionnaire, significantly predicted one's score on the Body Dissatisfaction scale of the EDI, such that the higher one's perceived weight, the higher her score on the Body Dissatisfaction scale of the EDI was. Racial and ethnic background also significantly predicted a participant's score on the Body Dissatisfaction scale of the EDI, with Latina and White women having significantly higher body dissatisfaction scores than Black women. Furthermore, BMI and perceived weight significantly predicted scores on the SOQ. The higher one's perceived weight, the higher she scored on the SOQ, reflective of a positive relationship between perceived weight and self-objectification. There was also slightly positive relationship between BMI and SOQ score, such that the higher one's BMI, the higher her score was on the SOQ. In sum, BMI and perceived weight predicted self-objectification and perceived weight and race/ethnicity predicted body dissatisfaction. No other demographic variables significantly predicted one's body dissatisfaction nor self-objectification levels.

Integration with Existing Literature

There were a number of reasons provided in the literature to support the prediction that those who viewed a thin woman engage in fat talk conversations would have higher levels of body dissatisfaction than those who viewed an overweight woman engage in fat talk. For instance, Corning et al. (2014) found that size levels of a confederate engaging in fat talk differentially impacted body dissatisfaction levels in participants. Specifically, these researchers found that exposure to a thin confederate engaging in fat talk conversations significantly increased participants body dissatisfaction levels, while exposure to an overweight confederate engaging in fat talk did not. Similar results were found in a study that included similar methodology to the current study, viewing fat talk conversations through social media. Specifically, Lee et al. (2013) found that Korean women who viewed an underweight woman engaging in thin-promoting messages had significantly higher body dissatisfaction levels than those who viewed an overweight woman engaging in thin-promoting messages online.

In the current study, it was also predicted that those who viewed a normal weight woman engage in fat talk would have higher levels of self-objectification than those who viewed an overweight woman engage in fat talk. However, these predictions were not supported in the findings of the current study, such that no significant difference was found between those who viewed a thin woman engage in fat talk versus those who viewed an overweight woman engage in fat talk in terms of either body dissatisfaction levels or self-objectification levels.

There are a number of potential explanations for the lack of significance found among the hypotheses tested experimentally in this investigation. One explanation may be in the methodology of the study itself. It is possible that although instructions were given to participants to view the Facebook profile page carefully, which contained the fat talk conversations, there was no way to enforce such instruction and participants could have quickly clicked past viewing the fat talk conversations and moved on to the questionnaires immediately. Along a similar vein, even if a participant viewed the profile page for an extended period of time, this length have time might not have exposed participants to a significant enough stimulus to impact their body dissatisfaction and self-objectification levels, such as in studies where participants witnessed fat talk and fat talk challenging conversations live (Salk & Engeln-Maddox, 2012), as opposed to online. If fat talk challenging interrupts a schema, the common social norms for how one is to respond to fat talk being initiated, there may be something vital about viewing the fat talk and fat talk challenging that is less successful at interrupting a schema than witnessing it live. There are a number of potential variables that differ between the online interaction/fat talk conversation in this study and an interaction effect in person, which may cause less of an impact on body dissatisfaction and self-objectification levels. For instance, there is likely less emotional salience involved in viewing a conversation online versus in person due to the lack of non-verbal communication (e.g., body language and voice intonation). For instance, some researchers have argued that the majority of communication comes from non-verbal communication and things beyond the actual words used (Mehrabian & Ferris, 1967).

The fact that participants did not know the women engaging in the fat talk and fat talk challenging conversations in the current study, may have also led to a lesser impact on participants' body dissatisfaction and self-objectification. Perhaps, viewing an actual Facebook friend or peer engage in such conversations may have more of an emotional impact, and therefore, potentially more of an impact on body dissatisfaction and self-objectification levels.

Further, although Lee et al. (2013) found that Korean participants' levels of body satisfaction were significantly impacted when viewing a thin woman engage in thin-promoting messages, they did not find a relationship among their participants from the U.S. The explanation the authors provided was that within their collectivist culture, the Korean participants might have been more sensitive to the thin-promoting messages than the participants from the U.S. Although questions about nationality and acculturation were not included in the current study, it is possible that the majority of participants grew up in and identified with the U.S, a more individualistic culture, which may have impacted the findings in the current study. However, interestingly, the Black participants, who arguably have a more collectivistic culture in the U.S. when compared to White women, actually had lower levels of body dissatisfaction than White women. Such results appear to be opposite of those in the Lee et al. (2013) who argued that the collectivistic culture of the Korean participants may have been the reason they were seemingly more sensitive to the thin-promoting messages. Because of the lack of similar findings in the current study, it seems reasonable to explore the idea that there is something beyond the collectivistic nature of the Korean students that may have been

impacting the impact of viewing the thin-promoting messages. It may be the case that the thin beauty ideal is more pronounced within Asian cultures than African American cultures. Further, although body image concerns are still present within Black American culture, Capodilupo (2015) argued that such body comparisons are more often based on things such as skin tone and hair, as opposed to body weight, which is more commonly seen in White and Asian cultures.

Because Salk and Engeln-Maddox (2012) found positive implications of positive body talk and more specifically regarding the current study, fat talk challenging, it was predicted that those who viewed the challenging of fat talk versus the perpetuation of fat talk would have significantly lower levels of body dissatisfaction and significantly lower levels of self-objectification. The researcher also anticipated seeing an interaction effect in that those who viewed a thin woman engaging in fat talk that was perpetuated would have the highest levels of body dissatisfaction and highest levels of self-objectification. These predictions were also not supported in the findings in that no significant difference was seen between those who viewed challenging versus perpetuation of the fat talk and those who viewed a thin versus overweight woman. Similar explanations can be given for the lack of significant findings here. If participants quickly viewed the Facebook profile pages, then little to no impact would likely occur. Also, regardless of the fact that one viewed a challenge to the fat talk conversation versus a continuation, viewing this page for only moments at a time may not have been a significant enough stimulus to impact one's overall body dissatisfaction and self-objectification levels. A number of variables may have to change in order for viewing the fat talk conversation, as opposed to

witnessing the conversation live, to be enough of a stimulus to interrupt the enactment of a schema or priming for the common social response to the initiation of fat talk (e.g., continuation of the fat talk). Possibilities include viewing the conversation for an extended period of time, viewing a conversation by someone personally known (e.g., a friend or family member on Facebook), or viewing the conversation multiple times (e.g., a fat talk conversation showing up multiple times on a Facebook newsfeed). More research is needed to explore all of the potential manipulations to determine which would result in a more significant stimulus.

Another potential issue in methodology which might explain the lack of significant findings may be in the fact that only a between-group comparison was conducted among participants and no pretests or posttests were completed. For instance, it may be possible that participants had significant changes in both their body dissatisfaction and self-objectification levels before and after viewing the Facebook profile page and fat talk conversation. However, it is impossible to determine if such changes occurred without a pretest and posttest. Such tests were not provided due to the concern that such questionnaires would prime participants while looking at the profile pages, and response biases might have occurred. While response bias was likely avoided, significant findings may have also been missed as there was no way to determine the impact of viewing the fat talk conversations without first being aware of participant's baseline levels of body dissatisfaction and self-objectification.

It seems apparent that live exposure to fat talk conversations and challenging may have more significant implications for women. Numerous researchers have found that

those exposed to fat talk conversations have had negative impacts on their body satisfaction levels (Corning et al., 2014; Kichler & Crowther, 2009; Thompson et al., 2007) though there has not been widespread support that exposure to fat talk conversations significantly impacts one's self-objectification levels. In fact, in two previous studies that predicted participants' levels of self-objectification being significantly increased after exposure to fat talk, findings revealed the opposite occurring. Gapinski, Brownell, and LaFrance (2003) found that exposure to fat talk while being placed in a state objectifying environment, through trying on a bathing suit, had no significant impact on participant's affect level. Cory and Burns (2007) also found no significant impact on one's self-objectification levels when overhearing a live fat talk conversation. The authors suggested that the fat talk could have been viewed by the women participants as beneficial and a form of social support rather than being harmful. Furthermore, there were no previous studies, to the researcher's knowledge, that studied the impacts of viewing fat talk conversations online through social media on one's self-objectification level.

Another aspect of the sample in this study was that the majority of the sample (78.5%) was recruited from a Southwestern U.S. public university primarily for women, most of whom were psychology majors. Because of the unique setting, it is possible that more students identify as feminist than might at a traditionally co-educational university. While there is no way to clarify whether participants identified as feminist or not as this was not a question in the demographic questionnaire, there is some support for feminist identification serving as a protective factor for body image disturbances. For instance,

Mahalik, Morray, and Coonerty-Femiano (2005) posited that feminist women might challenge and question traditional gender roles, which emphasize bodies, appearance, and thinness. Further, Murnen and Smolak (2009) conducted a meta-analysis and found a strong association between feminist identity and positive body attitudes. They also found a significantly negative relationship between feminist identity and measures related to eating problems. While no significant differences in body dissatisfaction levels were observed between the participants recruited from the university predominantly for women versus those that were not, there were differences in self-objectification levels approaching significance with those recruited from the university predominantly for women scoring lower on the measure of self-objectification compared to participants not recruited from the university. While the significance may not have reached statistical significance, it could arguably be considered clinically significant (Ranganathan, Pramesh, & Buyse, 2015) and may reflect an environmental advantage of attending a university primarily for women.

Furthermore, regardless of from where participants were recruited, because there have been some tentative attempts toward more promoting body acceptance in the broader U.S. culture (Penney & Kirk, 2015), participants in general may have lower levels of body dissatisfaction and lower levels of self-objectification than we may have seen in years past. In fact, the basic descriptive statistics support this idea in that the mean score for the SOQ was -2.3 and the mean score on the Body Dissatisfaction scale of the EDI-3 was 14.6. The negative mean score on the SOQ demonstrates that the overall average score was indicative of more focus on one's body competence versus

appearance, (Noll & Fredrickson, 1998). Furthermore, the mean score of 14.6 on the Body Dissatisfaction Scale of the EDI-3 falls in the low-moderate range (Garner, 2004). According to Penney and Kirk (2015) there has been recent paradigm shift in the public health sphere of the U.S. away from the traditional approaches to weight management, which include beliefs around weight being closely tied to health, and the idea that anyone can lose weight and keep weight off if the proper diet and exercise is utilized. Instead, there has been some movement towards the tenets espoused by the Health at Every Size (HAES) movement, which promotes spending more time on self-compassion, acceptance around one's body, and intuitive eating (Puhl & Heuer, 2009). Such movement has slowly begun to spread into the broader culture and media as evidenced by commercials focusing on appreciating and accepting one's body (Bahadur, 2014), placing a plus-size model on one of the covers of *Sports Illustrated* swimsuit edition (Feldman & Oliver, 2016), and new, slightly larger body types of Barbie dolls (Dockterman, 2016). With such paradigm shifts in both public health and the broader culture, small and meaningful changes may also be evidenced in the thin beauty ideal, the internalization of the thin ideal, and consequently, women's body image and self-objectification, changes potentially evidenced in the current study.

The final two hypotheses, which predicted that a participant's ethnicity, age, sexual orientation, BMI, and perceived weight would all significantly predict body dissatisfaction and self-objectification levels beyond that predicted by the conditions of the experiment, was partially supported. Participants' age and sexual orientation did not significantly predict their body dissatisfaction or self-objectification levels. However,

there were significant differences between groups scores on the EDI-3 BD scale, specifically between White and Black participants and Black and Latina participants. Race/ethnicity significantly predicted scores on the EDI-3 BD scale such that White participants reported more body dissatisfaction than Black participants, findings consistent with Grabe and Hyde's (2006) meta-analysis. However, unexpectedly, the results of the current study revealed that Latina participants had the highest scores on the EDI-3 BD, although not statistically significantly higher than White participants. This finding contradicts previous findings by Warren et al. (2005) who found that Latina women had lower body dissatisfaction than White women.

Similarly, age was a variable which did not significantly predict participant's scores on body dissatisfaction and self-objectification scales. While this finding was surprising given findings suggesting that late adolescent and young adult women between the ages of 15-40 are at highest risk for body image issues (Fredrickson & Roberts, 1997), several possibilities exist for why a lack of significance was found. Because of the fact that the ages of participants ranged from 18-35 with an average of 20.48 years and the majority (85.6%) between 18 and 24, the range itself may not have been large enough to detect a significant impact.

Lastly, sexual orientation did not significantly predict body dissatisfaction or self-objectification levels. The exploration of the relationship between sexual orientation and body dissatisfaction and self-objectification was somewhat novel as previous research on self-objectification has been conducted primarily with heterosexual women and sexual minority men (see, for example, Haines et al., 2008). While in this particular sample

sexual orientation did not significantly predict body dissatisfaction and self-objectification levels, this relationship should be further explored with a sample with more variance in sexual orientation included, as roughly only 10% of the sample in the current study identified with an orientation other than heterosexual.

While sexual orientation and age did not significantly predict body dissatisfaction and self-objectification levels, participants' perceived weight (the degree to which they rated themselves as under-, normal, or overweight) did significantly predict body dissatisfaction level and self-objectification level. Furthermore, BMI significantly predicted self-objectification and a trend was observed towards significantly predicting body dissatisfaction levels. Such findings are supported in the research literature such that BMI and perceived weight have been positively correlated with body dissatisfaction (Yates, Edman, & Aruguete, 2004). The finding that both BMI and perceived weight significantly predicted self-objectification is also supported in the literature such that some researchers have found an indirect relationship between BMI and self-objectification (Calogero, 2004) or used BMI as a co-variate that was controlled for when studying the relationship between self-objectification and body satisfaction (Frederick et al., 2007; Quinn et al., 2006).

Implications for Theory

Fat talk, which has been defined by Salk and Engeln-Maddox (2011) as conversations which include two or more individuals who are mutually degrading their own bodies, has become commonplace and easily recognizable within the U.S. among both men and women. According to Corning and Gondoli (2012), fat talk conversations

can include a number of themes such as exchanging dieting and eating tips, physically evaluating those who are not present, comparing of eating and exercise behaviors, and expressing fear of gaining weight or becoming fat. Such conversations are not inconsequential; in fact, exposure to fat talk conversations is related to dieting behaviors, increased body dissatisfaction levels, preoccupation with food, drive for thinness, and symptoms of eating disorders such as bulimia nervosa (Kichler & Crowther, 2009; Thompson et al., 2007).

In recent years, the amount of research conducted on social networking and the impacts of regularly viewing social media has increased exponentially. Such research has also included the potentially negative impacts of viewing social media on one's body image (Smith et al., 2013). Many have argued that social comparison theory (Festinger, 1954), the idea that people commonly compare themselves to like others, is especially prevalent within social media and social networking. Tantleff-Dubb and Gokee (2002) found a negative relationship between social comparison and positive thoughts about one's body.

Further, Perloff (2014) found that the combination of individual vulnerability characteristics (e.g., low self-esteem, depression, internalization of the thin beauty ideal) and amount of social media use do lead to increased body dissatisfaction and eating disorder symptomology. Rieger et al. (2010) argued similarly that social comparisons, which occur through social media, can indirectly influence body image and eating behaviors. However, unlike these previous studies, the current study found differing

results. Specifically, no significant impact on body dissatisfaction or self-objectification levels were seen from viewing the social media pages with fat talk conversations.

The current study aimed to broaden the research literature on fat talk and social media in a number of ways. First, the fact that only two previous studies (Lee et al., 2013; Taniguchi & Lee, 2012) researched the impacts of viewing fat talk/thin-promoting conversations online through social media websites, meant that there was a relatively large gap in the fat talk and social media research literature. The largest aim of the current study was to broaden research examining these impacts of viewing, versus engaging in or overhearing, fat talk conversations using a U.S. sample. In neither of the two previous similar studies were any significant impacts of viewing fat talk conversations found on body dissatisfaction when solely looking at the participants from the U.S. Taniguchi and Lee (2012) and Lee et al. (2013) posited that the collectivistic culture that the Korean and Japanese students allowed for them to be more sensitive to the thin-promoting messages. However, in the current study, the arguably more collectivistic Black women had lower body dissatisfaction scores overall, so it may have in fact been the combination of collectivistic culture and the presence of a thin beauty ideal for the Asian women in Taniguchi and Lee (2012) and Lee et al.'s (2013) studies. What remains unanswered is whether there is something about the viewing, versus overhearing or witnessing fat talk live, that creates a protective factor for the potential negative impacts of fat talk.

Lastly, the current study aimed to extend upon what is known about objectification theory (Fredrickson & Roberts, 1997) and fat talk by exploring how

viewing fat talk and fat talk challenging conversations online through social media, impacted women's self-objectification levels. In previous studies, contrary to the researcher's predictions, exposure to fat talk actually had a comforting impact on those placed in a self-objectification condition, or no impact, as opposed to an exacerbating effect (Cory & Burns, 2007; Gapinski et al., 2003). The current study found similar results such that there was no significant differences in self-objectification levels between those that viewed an overweight woman engage in fat talk versus a thinner woman. There was also no significant difference between self-objectification levels in those who viewed the continuation of fat talk versus those who viewed the fat talk challenging. So as with the previously mentioned studies, contrary to predictions, there was no significant impact on self-objectification levels by viewing fat talk or fat talk challenging conversations.

Implications for Practice

There are a number of recommendations that the American Psychological Association ([APA], 2007) made to psychologists to guide their work with girls and women that are relevant to the current investigation. First, being aware of and familiar with the ways in which other diversity variables (e.g., age, ethnicity, socioeconomic status, sexual orientation, size, and ability) can impact therapy is necessary for psychologists working with girls and women (APA, 2007). Specifically, the finding in the current study around the significant role race/ethnicity appears to play in body dissatisfaction as operationalized by weight (e.g., Black participants having significantly lower body dissatisfaction than White and Latina participants), are important factors to keep in mind. Further, recent research has revealed that while Black women have body

image concerns and compare themselves to other Black women, the type of body image concerns appear to be based less on weight and more based on other factors (e.g., having long, straight hair and lighter skin tone) (Capodilupo, 2015). These findings undergird the importance of not assuming Black women adhere to the White standards of beauty. Further, even if a Black female client is not struggling with body image issues around weight, psychologists should be aware of the potential for the presence of other body image concerns.

Psychologists should also be attentive to the extent to which girls and women may engage in and witness fat talk among her and her friends and family. As ubiquitous as fat talk conversations are among women (Salk & Engeln-Maddox, 2011), fat talk conversations or discussions about one's body may arise naturally from the client without specific exploration by the psychologist. It is possible that a psychologist may witness a client having such a conversation (e.g., while in the waiting room with a friend, in group psychotherapy, while conducting outreach programs on university campuses). Discussing fat talk and its impact on clients, particularly girls and women, is important to process and explore. Additionally, fat talk conversations and the desire to engage in such conversations can be normalized, while simultaneously incorporating psychoeducation around the negative impacts of such conversations. Conversely, conversations around the power of challenging fat talk conversations can both educate and empower clients to make impactful changes in their own life and the lives of others.

It is also important for psychologists to be aware of the thin beauty ideal and the societal pressure placed on all women to achieve such an ideal (Cash & Pruzinsky, 2004).

Psychologists should understand the impact that media and the societal standard of beauty can have on all girls and women and understand that a girl or woman's physical and mental health may be highly impacted by economic, societal, and cultural factors (APA, 2007). While mass media is often seen as the source of thin-promoting messages (Grabe et al., 2008), fat talk conversations between women can also contribute to the increased internalization of the thin beauty ideal and increased body dissatisfaction among women. Given that a substantial number of girls and women utilize social media daily (Facebook, 2011a), such experiences may display an opportunity for discussion and processing in therapy. In fact, Perloff (2014) found that the interactive nature, presence of peers, and multitude of visual images present with social media all impact body image and body dissatisfaction via peer normative processes and negative social comparisons. Given such results, it may be important for psychologists and their clients to discuss such negative implications of social media use and for psychologists to provide psychoeducation around the potential impacts of regularly viewing social media sites.

In addition to such understanding and awareness, it is important to assess and explore how such standards and societal expectations might impact female clients. Initiating such conversations might allow not only for a further process of normalization, but also the processing of one's emotions tied to such societal messages and pressures. The current study's findings did not support the idea that viewing fat talk conversations through social media has a significantly negative impact on one's self-objectification and body dissatisfaction levels. While more research is needed, it is possible that having distance from witnessing a fat talk conversation live, and rather than viewing such a

conversation through social media, may protect clients from having negative impacts on their body dissatisfaction and self-objectification. However, it is likely still worth exploring client's amount of social media exposure and exposure to fat talk on social media, as some researchers have found significant impacts for some participants, particularly those from collectivistic cultures (Lee et al., 2013; Taniguchi & Lee, 2012).

Psychologists should also be aware of the fact that girls and women are at a much higher risk for developing eating disorders, depression, and anxiety disorders than boys and men and that they seek mental health services at a much higher rate than men (APA, 2007). Along with having the aforementioned knowledge and awareness, the APA (2007) recommends that psychologists work towards being sensitive to gender biases and strive to empower the girls and women with whom they work.

Implications for Training

While being exposed to electronic conversations about fat talk may not negatively impact women as expected, there still appear to be a number of clear consequences of engaging in fat talk or overhearing fat talk conversations (Kichler & Crowther, 2009). Accordingly, instructors should make trainees aware of how prevalent such consequences are for those exposed to fat talk. Those in training roles should stay apprised of the fat talk and social media literature and explore and discuss these with trainees, as well as trainees' beliefs and ideas about fat talk perpetuated on social media.

Furthermore, although no significant difference was seen between body dissatisfaction and self-objectification levels in participants who viewed fat talk that was perpetuated versus fat talk that was challenged, there is still much evidence outside of the

current study to support the benefits of fat talk challenging (Barwick et al., 2012; Salk & Engeln-Maddox, 2012). Those in training roles should discuss with students why fat talk challenging can have significant benefits. Further, such discussions can expose trainees to potential forms of empowerment and social justice, consistent with the tenets of feminism and Counseling Psychology (Kennedy & Arthur, 2014).

Given that the most scholarship regarding fat talk conversations is relatively recent (Corning et al., 2014; Corning & Gondoli, 2012; Thompson et al., 2007), few trainees may be aware of the negative impacts and consequences of fat talk conversations. Facilitating such discussion about fat talk, in itself, may enhance awareness of trainees to not only stop engaging in fat talk themselves, but also help to challenge others to discontinue these conversations when they see it.

Implications for Research

An aim of this study was to determine the impact of one's demographic variables on self-objectification and body dissatisfaction. While more research has been done on the relationship between racial/ethnic background and body image, less research has been done on the relationship between racial ethnic background and self-objectification. Further, little research has been conducted on the relationship between sexual orientation and body dissatisfaction and self-objectification (Haines et al., 2008). In spite of limited research, Davids and Green (2011) found that bisexual men and women, heterosexual women, and gay men and lesbians had significantly higher levels of body dissatisfaction than heterosexual men. However, others, such as Rothblum (2014), have noted mixed results regarding differences in body dissatisfaction and body image concerns between

lesbian and heterosexual women. This researcher, in spite of the mixed results, encouraged lesbian women to take the lead in beginning to remove weight stigma.

In the current study, sexual orientation did not significantly predict neither self-objectification nor body dissatisfaction levels. While further exploring the relationship between sexual orientation, body dissatisfaction, and self-objectification was one aim of this study, the lack of more variance of sexual orientation among the participants may have been an impediment to detecting a relationship. Conversely, it may be that sexual orientation serves as a protective factor for body image disturbances and self-objectification; however, further research using larger non-heterosexual samples is needed to draw more definitive conclusions.

As noted, the stimulus used (e.g., viewing one short conversation on a Facebook profile page for an undetermined amount of time) may not have been a strong enough stimulus to alter body dissatisfaction and self-objectification levels. Therefore, future research should further explore the impacts of increasing the stimulus in different ways. For instance, it may be that if one saw a longer fat talk/fat talk challenging conversation, or multiple fat talk and fat talk challenging conversations over time, more of an impact might be seen on self-objectification and body dissatisfaction levels. Furthermore, if the researcher could have ensured participants spent some degree of time looking at the Facebook page, results may have been different. Lastly, viewing fat talk conversations by peers, friends, or family, may make the viewing of that conversation more emotionally salient, and therefore, potentially allowing for more of an impact on body dissatisfaction and self-objectification levels.

Another manipulation of experimental design that may have an impact would be to change the language used within the fat talk. Although the script for the current study was directly taken from a study which found significant impacts in their results (Salk & Engeln-Maddox, 2012), it may be that the language used in the fat talk conversation may impact body dissatisfaction and self-objectification such that future researchers may vary language (e.g., using more emotionally-charged language) to see if the focus and nature of the script employed has an effect.

Although, consistent with most studies in this area of scholarship, Body Mass Index (BMI) was used as a variable in this study, recent literature has discussed the importance of refraining from the sole use of BMI in practice due to the inaccurate nature of BMI measurements. For instance, Tomiyama, Hunger, Nguyen-Cuu, and Wells (2016) specifically explored the amount of cardiometabolic health misclassifications when using BMI alone. These researchers found that over 70 million people are misclassified as either cardiometabolically unhealthy or healthy when BMI is used as the sole measure. These researchers encouraged policymakers to consider moving away from the use of BMI as an isolated measure of health.

Strengths of the Study

In most previous studies on fat talk and self-objectification, the majority of the participants have been White undergraduate students (Arroyo & Harwood 2012; Corning et al., 2014; Moradi & Huang, 2008; Salk & Engeln-Maddox, 2011; Salk & Engeln-Maddox, 2012). The current study had a much more ethnically diverse sample, with less than half of the sample identifying as White. Additionally, the current study researched

the differences in the impact of viewing fat talk based on one's racial/ethnic background. Also noteworthy is that the current study utilized both a university and a non-university sample. This study also studied the impact of viewing fat talk conversations with women of different sizes, something few others have done. The diversity of the sample and the novelty of exploring the electronic manifestation of fat talk conversations contributes uniquely to the fat talk literature.

Lastly, the fact that this study researched the impacts of viewing fat talk conversations online through social media on U.S.' participants' self-objectification makes it unique, and the only study to date, to the researcher's knowledge, to do so. While the results from the experimental conditions did not prove to be significant, the novelty of the study and the exploratory findings regarding ethnicity, BMI, perceived weight, and the potential buffering impact of attending a university primarily for women all contribute to the literature.

Limitations of the Study

There were a number of limitations in the present study. First of all, because data were collected online, the researcher had little control over the data collection process. The researcher was unable to control whether the same participants participated numerous times. Also, there was no way to determine if participants accurately filled out demographic information (i.e., age, gender, race/ethnicity, height, weight, education, etc.).

The fact that the majority of the participants (78.5%) came from a university predominantly for women may have impacted the results. While there is no way to

determine the number of participants who identified with feminist ideologies, it may be that those participants who attend a university predominantly for women are somehow inherently different than the general population of women. Moreover, the finding that the university participants reported less self-objectification than those recruited from social media reveals a difference in the two groups.

The fact that there was no built in mechanism to guarantee participants viewed the profile pages with the fat talk conversations for at least a few moments was another limitation of the study. Specifically, there was no way to know how long participants actually viewed the Facebook profile pages and it is possible that participants quickly clicked through the page in spite of directions telling them to do otherwise. Further, it is possible that because of the brevity of the conversation itself and the lack of emotionally intense language, this conversation may not have served as a significant enough stimulus to create changes in body dissatisfaction and self-objectification levels.

A final limitation was the fact that the images selected for the profile pictures may not have fallen perfectly between the CDC categories of Overweight I and Obese for the overweight woman images, and the CDC categories of normal and underweight for the thin woman images (CDC, 2014). For instance, none of the overweight images selected from the pilot study testing were given an average ranking of a 5, which represented “very overweight,” and none of the thin images selected from the pilot study testing were given a score below a 3, which represented “normal weight.” In other words, the discrepancy between the thin and overweight images may not have been sufficient to have had a significant impact on viewers.

Conclusion

Fat talk conversations, defined as discussions in which two or more people mutually degrade their own bodies (Salk & Engeln-Maddox, 2011), have become increasingly commonplace among women in the U.S. Such conversations are also associated with a number of consequences including increased preoccupation with food, increase in dieting behaviors, drive for thinness, body dissatisfaction, and eating disorder symptomology (Kichler & Crowther, 2009; Thompson et al., 2007). However, some researchers have found that engaging in or overhearing the challenging of such fat talk conversations can actually serve as a protective factor against the previously discussed consequences (Salk & Engeln-Maddox, 2012).

While no significant results were found on body dissatisfaction and self-objectification of viewing continued or challenged fat talk in an overweight or thin woman, the final two hypotheses were partially supported. Specifically, participants' perceived weight did significantly predict body dissatisfaction, and both BMI and perceived weight significantly impacted self-objectification levels. Moreover, exploratory findings revealed that participants' race/ethnicity also significantly predicted their body dissatisfaction levels and although not statistically significant, large differences were observed in levels of self-objectification based recruitment source, with those recruited from a university predominantly for women having lower levels of self-objectification than those recruited from social media. Continued research should be conducted to discover the potential impacts of viewing fat talk conversations and fat talk challenging. It may be particularly important to attempt to control the amount of time one views a

conversation in order to increase the likelihood of participants actually paying close attention to the viewing of fat talk through social media. Future research should also include a more varied sample in terms of sexual orientation, as the current study may have not had enough sexual minorities to truly determine if sexual orientation could significantly affect body dissatisfaction and self-objectification. Lastly, given rates of eating disorders, the sexualization of girls and women, and restrictive standards of beauty in our culture, more research examining potential protective factors and prevention of fat-talk conversations, self-objectification, body dissatisfaction, and disordered eating is needed.

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Appendix A

Demographics Questionnaire

Demographics Questionnaire

Type a check next to the box which best describes you, or type in your answer:

1. Age: _____
2. Gender:
☐ Woman
☐ Intersex
☐ Transgender
☐ Male to Female
3. Race/Ethnicity:
☐ African/African American/Black, non-Hispanic
☐ European/White, non-Hispanic
☐ Hispanic/Latino(a)
4. Sexual Orientation:
☐ Heterosexual
☐ Lesbian
☐ Gay
☐ Bisexual
☐ Queer
☐ Other (specify: _____)
5. Highest Degree Earned: _____
6. Your Personal Annual Income, before taxes: _____
7. Parents' Annual Income, before taxes: _____
8. Weight in pounds: _____
9. Height: _____ Feet _____ Inches

Appendix B

Project EAT Questions

Body Satisfaction

1. How satisfied are you with your:

1 = very dissatisfied

5 = very satisfied

- a. height
- b. weight
- c. body shape
- d. waist
- e. hips
- f. thighs
- g. stomach
- h. face
- i. body build
- j. shoulders

2. During the past six months, how important has your weight or shape been in how you feel about yourself?

- 1 Weight and shape were not very important
- 2 Weight and shape played a part in how I felt about myself
- 3 Weight and shape were among the main things that affected how I felt about myself
- 4 Weight and shape were the most important things that affected how I felt about myself

3. At this time, do you feel that you are:

- 1 very underweight
- 2 somewhat underweight
- 3 about the right weight
- 4 somewhat overweight
- 5 very overweight

Appendix C

Self-Objectification Questionnaire

The Self-Objectification Questionnaire

We are interested in how people think about their bodies. The questions below identify 10 different body attributes. We would like you to *rank order* these body attributes from that which has the *greatest impact* on your physical self-concept (rank this a "9"), to that which has the *least impact* on your physical self- concept (rank this a "0").

Note: It does not matter *how* you describe yourself in terms of each attribute. For example, fitness level can have a great impact on your physical self-concept regardless of whether you consider yourself to be physically fit, not physically fit, or any level in between.

Please first consider all attributes simultaneously, and record your rank ordering by writing the ranks in the rightmost column.

IMPORTANT: *Do Not Assign the Same Rank to More Than One Attribute/*

When considering your *physical self-concept*...

9 = greatest impact
8 = next greatest impact
1 = next to least impact
0 = least impact

1. What rank do you assign to physical coordination? _____
2. What rank do you assign to health? _____
3. What rank do you assign to weight? _____
4. What rank do you assign to strength? _____
5. What rank do you assign to sex appeal? _____
6. What rank do you assign to physical attractiveness? _____
7. What rank do you assign to energy level (e.g., stamina)? _____
8. What rank do you assign to sculpted muscles? _____
9. What rank do you assign to physical fitness level? _____
10. What rank do you assign to measurements (e.g., chest, waist, hips)? _____

Appendix D

The Body Dissatisfaction Subscale of the Eating Disorder Inventory-3

Due to the EDI-3 (Garner, 2004) being copyrighted material, a copy of the Body Dissatisfaction subscale cannot legally be included as an appendix. However, permission and rights were granted to utilize this survey by Psychological Assessment Resources (PAR).

Appendix E
Informed Consent

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Impacts of Viewing Online Social Media Conversations between Women
Investigator: Ally Wade, M.A. (972) xxx-xxxx or awade1@twu.edu
Advisor: Debra Mollen, Ph. D....(940) 898-2317

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ally Wade's dissertation at Texas Woman's University. The purpose of this study is to obtain more knowledge about Facebook users' responses to various posts and threads.

Research Procedures

For this study, you will view a Facebook profile page and be asked questions about your opinions about the page as well as complete a total of 3 instruments. A short demographic questionnaire will also be included. When you get to the bottom of each screen, click "next" to move to the next set of questions. Your total time commitment in this study is estimated to be between 15 and 20 minutes.

Potential Risks

Potential risks related to your participation in the study include fatigue, embarrassment, and psychological or emotional discomfort while completing the survey packet. You may take a break (or breaks) while completing the surveys at anytime, to avoid fatigue. You may stop answering any of the questions if you start to experience embarrassment or discomfort from the survey questions. A list of referral sources will be made available to you in the event you wish to discuss your discomfort with a mental health professional.

Loss of confidentiality is another potential risk of participating in this study. However, confidentiality will be protected to the extent that is allowed by law. Completion of surveys will take place online, in any location of your choosing. Your responses and personal information are private and will be kept confidential. Your personal information, including your name and contact information, will not be included in the actual survey materials. If you want to receive a summary of the results upon completion of the study, you will be directed to a different website within PsychData to enter your name and email address. This will ensure that no personal information will be connected with your survey responses. Your name will not be used on any survey material; instead, a participation ID number will be given. Only the principal investigator will have access to your personal information. You should be aware that there is a potential risk of loss of confidentiality in all e-mail transactions. However, all e-mails will be deleted after completion of the investigation in order to minimize this risk.

It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. No names, or other identifying information, will be included in any publication.

Finally, loss of time is another potential risk of participating in this research project. Again, your participation is completely voluntary and you can withdraw from the study at any time without penalty.

If you have any problems or concerns, you are free to contact the principal investigator at anytime. You should let the researchers know right away if you have a concern or problem, and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

You may discontinue answering the surveys at anytime without penalty, and your participation is completely voluntary. As a benefit for your participation, you can request to receive a summary of the results, via email, at the completion of the study.

Questions Regarding the Study

If you have any questions about the research study or informed consent information, you can contact the researcher and she will promptly answer. The contact information for the researcher is at the top of this form. If you have any questions about the way this study has been conducted, or your rights as a participant in this research, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu. You are also welcome to print a copy of this consent form to keep for your records.

Appendix F

List of Referral Sources

Links to Mental Health Professionals:

<http://www.psychologytoday.com>

<http://locator.apa.org/>

Link to the National Eating Disorders organization:

<http://www.nationaleatingdisorders.org/get-help-today/>

Referral Source Contact Information:

Texas Woman's University Counseling Center
West Jones Hall
P.O. Box 425350
Denton, TX 76204
Phone: (940) 898-3801

Counseling Center of Denton
1512 Scripture Street
Denton, TX 76201
Phone: (940)-382-5328

Appendix G

Debriefing

Thank you for your participation in the study. Now that you have completed the study we want you to have a better idea about what we were studying. We are interested in the impacts of viewing fat talk conversations on social networking sites. Fat talk conversations are commonly occurring among women and consist of women devaluing or criticizing parts of their body, or their exercise or eating behaviors.

Research has shown that taking part in, or hearing, these conversations can impact factors related to body image. We wanted to see if viewing these conversations online can have the same impacts, and this is why we asked you to complete these different questionnaires.

If at all possible, we would like for you to refrain from discussing this study's purpose and aims to other potential participants. Again, we appreciate your time and your willingness to participate. If you have any questions feel free to email the investigator at awadel@twu.edu.

Appendix H
Recruitment Letter

Title: Research Help Requested: Impacts of Viewing Online Social Media Conversations between Women

Hello, my name is Ally Wade. I am currently a doctoral candidate in the Counseling Psychology program at Texas Woman's University. I am conducting research about the impacts of viewing online conversations between women on social media websites. The purpose of the study is to obtain more knowledge about Facebook users' responses to various posts and threads. The title of my study is: Impacts of Viewing Online Social Media Conversations between Women.

If you are a **Black, White, or Latina woman, between the ages of 18 and 35, and willing to fill out a short survey online**, please consider participating in this study. Your contribution will be extremely beneficial for gaining knowledge about the impacts of viewing fat talk and fat talk challenging online.

Because your participation is completely voluntary, you may withdraw from the study at any time. If you are interested in participating, you will be directed to a Facebook profile page. After viewing the page, you will fill out an informed consent form, an online questionnaire about demographic information, and three other questionnaires.

To participate, click below and follow the instructions on the website. The study should take between 15 and 20 minutes to complete. [website goes here]

If you are interested in how the study turns out, you can request a summary of the results after the study is completed. If you have any questions, please contact me at awade1@twu.edu or XXX-XXX-XXXX.

Thank you for your interest and time.

Ally Wade, M.A.

Appendix I
Stimulus Photos











