



Brief research report

Who is most likely to fat talk? A social comparison perspective

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ABSTRACT

Negative talk about food, weight, or the body that occurs commonly among women – *fat talk* – is gaining increasing attention. Whereas its negative eating pathology and body esteem correlates have received continued empirical validation, what is not yet known is who is most likely to fat talk. We propose that social comparison processes underlie and motivate much of fat talk. In a sample of 143 college women, we found evidence for the role of social comparison. First, having a stronger tendency to socially compare directly predicts fat talk. Second, as a woman's body image concerns increase, her likelihood of engaging in fat talk increases, and this is intensified if she has a greater tendency to socially compare. Finally, social comparison propensity begins to exert its exacerbating effects at surprisingly low levels of body image concern. Results are discussed in terms of the advantages of using a social comparison perspective to better understand fat talk.

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Introduction

Almost 20 years ago, Nichter and Vuckovic (1994) first drew attention to a now highly recognizable cultural phenomenon that commonly characterizes women's conversations. Identified by those authors as a part of middle-school girls' interactions, *fat talk* refers now more broadly to the regular conversational banter in which many adolescent girls and women engage which is characterized by negative talk about food, weight, or the body. Fat talk, although normative, is not innocuous. It is positively correlated with elevated eating pathology scores (Clarke, Murnen, & Smolak, 2010; Rudiger, 2010) and, not surprisingly, then, women who show more distress about their bodies also engage more frequently in fat talk (Clarke et al., 2010; Rudiger, 2010; Salk & Engeln-Maddox, 2012).

Fat talk clearly is a social phenomenon. It is by definition a dyadic or group exchange (i.e., it is not merely private, negative self-talk); it reasonably can be assumed to be culture-bound (i.e., occurring in cultures that idealize thin bodies); and, it generally is limited to a particular demographic (i.e., girls and women). Fat talk is also a social phenomenon in that a first conversant's self-defeating eating or body remark predictably elicits a similarly self-defeating statement from the second conversant. Whether that first remark is in response to a perceived inability to properly confine one's appetitive urges, lament over one's infidelity to one's exercise regimen, or the presence of a third party whose appearance seems closer to

the thin ideal, an initial fat talk remark directs girls' and women's conversation toward their own self-abasement.

An experiment by Tucker, Martz, Curtin, and Bazzini (2007) points precisely to just these consequences. After listening to a confederate peer make an assessment of her body, college women were required to then rate their own bodies on a 1–10 scale. Results indicated that participants rated their bodies in relation to how the confederate had rated hers: Participants paired with a self-derogating confederate rated their bodies as worse than participants paired with a self-accepting confederate. One woman's negative body talk actually elicits negative body talk on the part of her conversant.

Social Comparison is Integral to Fat Talk

Social comparison is the process of using information about others to derive conclusions about the self (Festinger, 1954). And whereas virtually everyone engages in social comparison, some people are much more prone to it (Gibbons & Buunk, 1999). People who do compare themselves a lot to others generally are more unsure of themselves: They have lower self-esteem and more social anxiety, public self-consciousness, neuroticism, and sensitivity to other people's behaviors (Gibbons & Buunk, 1999). Too, women with eating disorder symptoms have a greater tendency to use social comparison than do their peers (Corning, Krumm, & Smitham, 2006).

We contend that social comparison is integral to the fat talk process. Fat talk is inherently a statement about one's perceived standing in comparison to real or imagined others with regard to some aspect of the self (e.g., regulation inabilities, body shape or weight, wish for caloric riddance). That is, one's fat talk

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verbalizations simply reveal the results of that comparison – i.e., that one is doing worse than some self-selected standard. Indeed, in some cases when women and girls engage in fat talk, they literally are exchanging comparative statements. Two friends might, for example, exchange these comments: First friend: “My arms are so fat and flabby; no matter what I do, they are so embarrassing.” Second friend: “At least you can wear a regular bathing suit to the pool. I have to wear long shorts to cover my huge thighs.” The subtexts can only be inferred but a reasonable surmise is, First friend: “I believe my arms are worse than other women’s.” Second friend: “I too am below an acceptable standard of attractiveness and, in my case, it is because of my thighs, which are a worse problem than your arms.” Additionally, conversants may use fat talk conversations to judge the magnitude of their own perceived transgressions and shortcomings. As one woman discloses her recent faltered attempt at restraint, her conversation partner learns about herself (i.e., that she is similar to, better than, or worse off than her friend in this regard). Finally, fat talk comments may draw in girls and women who are especially attuned to using social information for self-evaluation. Such a girl or woman may be more vulnerable to fat talk because she already is prone to comparing herself with others. She likely spends more time mentally making comparisons to standards and is more facile with comparative processes. When others then provide social comparison information – via fat talking – she joins in with relative fluency and ease.

Purpose of This Study

The consistency of the correlation between distress over one’s body image and fat talk (e.g., Clarke et al., 2010; Rudiger, 2010) points to elevated body image concern as a reasonable starting point for predicting fat talk engagement. Additionally, however, it is likely that fat talk relies to some extent on social factors for its production and maintenance. We propose that a primary factor that sets the stage for engaging in such mutual and reinforcing, self-degrading fat talk conversation is a propensity for comparing oneself to others.

We hypothesize that: (a) consistent with prior findings, body image concerns will be positively related to engagement in fat talk; (b) social comparison propensity will be positively related to engagement in fat talk; and (c) having a stronger propensity to socially compare will exacerbate the body image concerns – fat talk relation. If one has a vulnerability (e.g., regarding the presentableness of one’s body), and as a matter of habit relies on social information as a means of checking oneself (i.e., has a strong social comparison tendency), continual checking of that vulnerability would be expected, in this case, through engaging in socially-sanctioned, self-abasing discussions of the body (i.e., fat talk).

Method

Participants, Design, and Procedure

Participants were 143 undergraduate women (age range = 18–22; $M[SD] = 19.06[1.24]$) solicited from a mid-size, Midwestern university. This correlational study was administered online and advertised as a study about oneself and one’s perceptions. Informed consent was obtained via an electronic form and compensation was given in the form of course extra-credit. The study was approved by the university’s institutional review board.

Most participants identified as European American ($n = 100$); smaller numbers identified as Latina ($n = 14$), Asian American ($n = 8$), African American ($n = 5$), Native American ($n = 1$), or other ($n = 15$). The mean body mass index (BMI) was in the normal range

at 22.20 ($SD = 2.7$); indeed, 80.42% were classified as of normal weight. Few were underweight (5.59%) or obese (1.49%), and 12.59% were overweight.

Measures

Body image concerns. Body image concerns were assessed via the combination of the Body Dissatisfaction scale and Drive for Thinness scale of the Eating Disorders Inventory (EDI; Garner, Olmsted, & Polivy, 1983). The composite 16-item body image concerns scale reflects not only one’s attitude toward one’s body parts, but also an uneasiness with food consumption and weight gain. All items use a scale that ranges from 0 (*never*) to 5 (*always*), with higher scores indicating, in the present study, greater body image concerns. Cronbach’s alpha for the composite scale was estimated at .92.

Social comparison propensity. The Iowa-Netherlands Comparison Orientation Measure (INCOM; Gibbons & Buunk, 1999) was used to assess individual differences in the propensity to make social comparisons across life domains. The INCOM contains 11 items (e.g., “I often try to find out what others think who face similar problems as I face”) and the response scale ranges from 1 (*I disagree strongly*) to 5 (*I agree strongly*). Items are summed, and higher scores indicate a greater tendency to engage in social comparison. Evidence of the measure’s construct validity and sound internal consistency and temporal reliability is offered across a series of development studies (Gibbons & Buunk, 1999). It has been shown to be correlated, for example, with scores on measures of neuroticism, self-monitoring, public and private self-consciousness, and social anxiety. Cronbach’s alpha in the present study was estimated at .83.

Fat talk. The 9-Item Fat Talk Scale (Clarke et al., 2010) was used to assess the tendency to engage in fat talk with friends. Each item describes a different situation in which fat talk may occur. The respondent indicates how frequently her own response would be similar to those of “Naomi,” a friend in the scenario. The response scale ranges from 1 (*never*) to 5 (*always*) and higher scores, summed from the items, indicate a greater tendency to fat talk. Sound evidence of the scale’s construct validity, temporal reliability, and internal consistency are provided in its development studies (see Clarke et al., 2010). In the present study, Cronbach’s alpha was estimated at .90.

Results

As expected, the substantive study variables were significantly inter-correlated. Body image concerns were strongly positively correlated with engagement in fat talk ($r = .64, p < .0001$) and moderately correlated with social comparison propensity ($r = .26, p = .002$), and the latter was moderately correlated with engagement in fat talk ($r = .35, p < .0001$). (Missing data were imputed via mean imputation.) Descriptive statistics of the measured variables are presented in Table 1.

The hierarchical regression test (see Table 1) included BMI as a covariate because in some research BMI has been correlated with engagement in fat talk (e.g., Rudiger, 2010) and in other research it has not (e.g., Clarke et al., 2010). BMI was entered alone in Model 1. Results show that it accounted for none of the variance in fat talk. In Model 2, body image concerns and social comparison propensity were added as predictors; this model accounted for 46% of the variance in fat talk. Finally and most substantively, in Model 3, the product term was added and, indeed, a significant interaction was found. This model accounted for 48% of the variance in fat talk, and was a significant advance upon the previous model. The

Table 1
Descriptive statistics of measured variables and hierarchical multiple regression analyses predicting engagement in fat talk.

Predictor	<i>M (SD)</i>	Model 1		Model 2		Model 3	
		<i>B</i>	<i>SE(B)</i>	<i>B</i>	<i>SE(B)</i>	<i>B</i>	<i>SE(B)</i>
BMI	22.20 (2.7)	-.01	.25	-.40*	.19	-.36	.19
Body image concerns	36.29 (15.29)			.32****	.03	-.17	.23
Social comparison propensity	40.57 (6.25)			.22**	.08	-.16	.19
Body image concerns × social comparison propensity						.01 [†]	.01
<i>R</i> ²		.00		.46		.48	
<i>F</i> for change in <i>R</i> ²		.00		7.21**		4.68*	

Note: BMI was assessed via self-report (*range* = 16.91–31.75); body image concerns were measured via a composite of the Body Dissatisfaction and Drive for Thinness subscales of the Eating Disorders Inventory (*range* = 4–74); social comparison propensity was measured via the Iowa-Netherlands Comparison Orientation Measure (*range* = 21–52); and fat talk was measured using the Fat Talk Scale (*M(SD)* = 21.76(7.89); *range* = 9–43). When the models were re-run excluding BMI as a covariate, results were unchanged: Significance levels of all parameter estimates remained the same and the *R*² values of the two models, in respective sequence, were .45 and .47. The significance of the change-in-*R*² *F*-test too remained the same.

[†] *p* < .05.
^{**} *p* < .01.
^{***} *p* < .001.
^{****} *p* < .0001.

form of this interaction was as hypothesized: A stronger tendency to socially compare raises the likelihood of fat talk as body image concerns increase (see Fig. 1).

To better understand the nature of the interaction, the Johnson–Neyman (1936) approach was used to identify regions of significance. This approach defines values of the predictor variable at which the moderator interacts with it to exert a significant effect on the dependent variable. Using the computational tool provided by Preacher, Curran, and Bauer (2006), the region of significance was calculated as ranging from –62.08 to 29.73 on the body image concerns scale. (The simple slopes are significant outside, not inside, this region.) In the present data, the lower bound of the region is theoretical only (i.e., –62.08 does not exist on the body image concerns scale), so only the upper bound is of practical significance. Specifically, it indicates that the effect of social comparison propensity on engagement in fat talk is significant at the body image concerns score of 29.73 (i.e., approximately $-.75$ *SD*) and above. Stated differently, the pernicious relation between body image concerns and fat talk is exacerbated by elevated social comparison tendencies at levels of body image concerns that are actually not at all very high – a finding that is of practical relevance for 78% of the sample.

Discussion

The purpose of this study was to gain a better understanding of the phenomenon of fat talk, with a particular focus on revealing

who is more likely to engage in such discourse. We proposed that social comparison processes underlie and at least in part motivate engagement in fat talk. This study revealed that social comparison propensity exacerbates even mildly body-image-concerned women's likelihood of engaging in fat talk.

Implications and Future Directions

These results mean that women mostly likely to engage in body- and food-related self-abasement are those who have relatively more body discomfort with their bodies and also look outwardly to their social environments to make self-assessments. As suggested earlier, a woman more prone to social comparison may be more likely to engage in fat talk conversations because, first, comparative discourse in general is simply more familiar to her. If her body too, however, is a source of personal concern and distress, then comparative discourse regarding eating, weight, or the body has an even greater likelihood of drawing her attention and engaging her. This is because people engage in social comparison in domains that personally matter (Festinger, 1954). When other women freely provide body- and eating-related social comparison opportunities, she may join in effortlessly. These factors may also prompt her to more frequently initiate fat talk conversations.

Social comparison theory too suggests a variety of reasons for seeking social information. As just one example, people derive information from both upward and downward comparisons. Per-

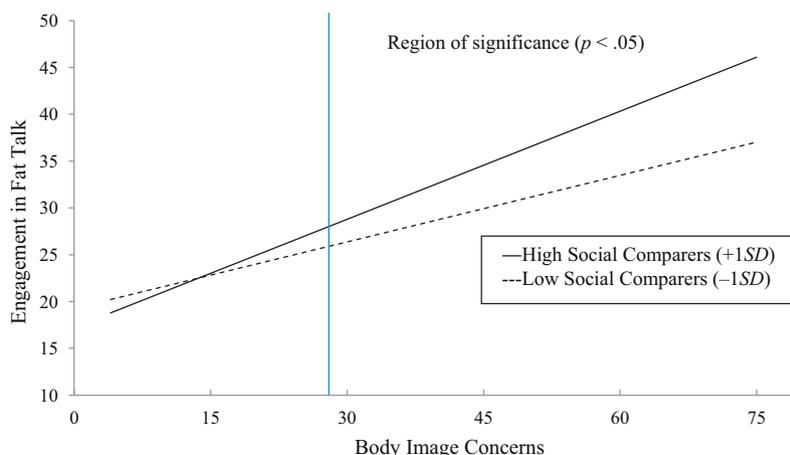


Fig. 1. Social comparison propensity exacerbates the body image concerns – fat talk relation. Note: The vertical line indicates the level of the predictor variable (body image concerns) at which the moderator (social comparison) begins to yield a significant effect. (The interaction is significant to the right of this line.)

haps women engage in and use fat talk conversations to judge the magnitude of their own body- and food-related violations (i.e., to assess whether one is better than or worse off than her friend in some regard). Future studies should focus on disentangling women's and girls' motives for engaging in fat talk. Related, it likely would be informative to test the more specific construct, physical appearance-based social comparison, for its moderating potential.

Important for future work is our unanticipated finding that exacerbation of the body image concerns–fat talk relation by social comparison propensity occurred at body image concern levels that are not actually high – that is, exacerbation occurred at body image concern levels below even the sample mean. If this finding holds in other samples, researchers should test experimentally whether being placed in a social-comparison-provoking situation evokes spontaneous fat talk even from those who are not highly concerned about their body image.

Limitations

Some limitations of this study should be considered. First, college women comprised the sample, and these women predominantly were European American. Whereas these populations were selected because they are known to engage in fat talk (e.g., Salk & Engeln-Maddox, 2011), the results cannot then be confidently generalized to other groups. Second, this study relied on self-report and therefore is beset by the same problems as are all self-report based studies (e.g., accuracy, common method bias). Use of other-reports (e.g., friends') would minimize some of these possibilities. Alternately, use of behavioral observation, in which an opportunity to engage in fat talk serves as a behavioral indicator of this variable, also could be used. Finally, these correlational data do not permit causal inferences (e.g., fat talk might promote social comparison), and, therefore, embedding a behavioral opportunity to fat talk within an experimental design would have the additional advantage of permitting causal inferences.

Conclusion

Fat talk appears to rely on social processes for its production and maintenance. We proposed that a primary factor that sets the stage for engaging in such mutual, self-degrading fat talk conversation is a strong propensity for social comparison. Indeed, this study provided empirical evidence in favor of this notion. This study aids our understanding of who is most likely to fat talk, and provides impetus and direction for a more scrutinizing investigation of fat talk from a social comparison perspective.

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