

What Did She Just Say?:

Development of Vignettes That Effectively Manipulate Women's Fat Talk in the Context of  
Heterosexual Relationships

by

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## WHAT DID SHE JUST SAY? 2

### Abstract

“Fat talk” is defined as a negative critique of one’s physical appearance with friends and family. There is limited research on fat talk in the context of romantic relationships; only two studies have examined men’s perceptions of women engaging in fat talk using vignettes. The present study developed and validated vignettes capable of manipulating various levels of fat talk by a heterosexual woman with her male partner in the context of a committed romantic relationship. A 2 (Gender: male or female) X 3 (Vignette: 1) Excessive fat talk 2) Minimal fat talk or 3) Self-accepting body talk between-subjects design was used to examine men’s and women’s perceptions of a target woman’s 1) likeability, 2) perceived body size (Pulvers, 2004, rating scale), and 3) perceived amount of fat talk using the Fat Talk Questionnaire (FTQ; Royal, MacDonald, & Dionne, 2013). Findings suggest that these vignettes are a valid method of manipulating fat talk for use in future research regarding fat talk within heterosexual relationships. When the target woman engaged in excessive fat talk, she was seen as less likeable and participants perceived her body size to be greater – indicating that minimal levels of fat talk may be normative.

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What Did She Just Say?:

Development of Vignettes That Effectively Manipulate Women's

Fat Talk in the Context of Heterosexual Relationships

Fat talk is described as a conversation that conveys dissatisfaction and negative thoughts towards one's own physical appearance (Nichter & Vuckovic, 1994). The term was coined by Nichter and Vuckovic in 1994 during focus groups that were conducted in a group of eighth grade girls (Nichter, 2000). Nichter found that not only were eighth grade girls using fat talk, but women of all ages participated in this phenomenon. Fat talk is commonly found and experienced in the presence of women, even though some men report being exposed to fat talk (Martz, Petroff, Curtin, & Bazzini, 2009). In addition, women experience more pressure to participate in fat talk scenarios compared to men (Martz et al., 2009). From a study sampling men and women from the US and UK, women were more likely to report frequently hearing or perceiving pressure to engage in fat talk than men in both countries (Payne, Martz, Tompkins, Petroff, & Farrow, 2011).

This phenomenon occurs across a wide range of women and is not limited to young adult women and or thin women as previously thought. Studies have found that fat talk can be heard in populations of women who are overweight, obese, young and old (Engeln & Salk, 2016). In addition, research has found that body dissatisfaction remains relatively stable across the adult life span. Consequently, some women engage in fat talk throughout their adulthood (Engeln & Salk, 2016). A study conducted by Salk and Engeln-Maddox (2011) found that from a total of 186 undergraduate women ranging from ages 18 to 23, 80% of the women surveyed indicated they engaged in fat talk with their friends.

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### **Associations of Fat Talk**

Initially, Nichter and Vuckovic (1994) explained why women used this type of language by proposing five functions of fat talk. The authors state that fat talk can be used in a situation as a way to defer a person's guilt about their own weight or to gain reassurance from their friends. They suggest that women use fat talk as a means of expressing negative emotions without blatantly saying them as well as a method to fit in socially. Lastly, they propose that women use fat talk to gain group belongingness (Nichter & Vuckovic, 1994).

In addition to the proposed functions of Nichter and Vuckovic, research indicates that fat talk is linked to several negative effects. Tzoneva, Forney, and Keel (2015), found that men reported experiencing less fat talk than women; however, greater exposure to fat talk was associated with increased disordered eating for both men and women. This association between fat talk and disordered eating was found to be weaker in men compared to women and weaker in older individuals compared to younger individuals. The positive association between fat talk and disordered eating in men and women from late adolescence to midlife proposes the need for intervention programs in both men and women throughout the lifespan (Tzoneva et al., 2015). Researchers have found that engaging in fat talk is correlated with increased thin ideal internalization, appearance based comparisons, body surveillance and decreased body esteem (Mills & Fuller-Tyszkiewicz, 2016). In a survey of undergraduate women, Salk and Englen-Maddox (2011) demonstrated that the frequency of engaging in fat talk was associated with higher levels of body dissatisfaction and internalization of the thin ideal. Research has found that fat talk is associated with lower body satisfaction, higher depression levels and a perceived sociocultural pressure to be thin (Arroyo & Harwood, 2012).

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There are also indications that appearance factors associated with the source of fat talk can differentially impact a listener. For example, Corning, Bucchianeri, and Pick (2014) found that despite elevated levels of body dissatisfaction occurring after hearing both thin and overweight women fat talk, body dissatisfaction was highest when women overheard thin women fat-talking rather than larger women engaging in the behavior.

In addition to women participating in fat talk with one another, research has studied how fat talk plays a role in sibling relationships. Greer, Campione-Barr, and Lindell (2015) examined the association between siblings' positive and negative body related disclosures with their relationship quality and personal self-esteem. Regardless of disclosure valence, the sibling body-related disclosures were positively related to better quality relationships. They found that adolescent siblings who reported positive or negative body-related disclosures to their sibling had higher body esteem – especially for females

These results contradict many previous findings, but researchers hypothesize that these results may be due to the value that women place on intimate relationships. However, Greer et al. (2015) also found that siblings who were on the receiving end of the disclosures reported lower levels of body esteem. Even if the disclosure was positive, researchers state this could lead to an upward comparison. Indeed, Festinger (1954) noted that there are two types of social comparisons, upward comparisons and downward comparisons. Upward comparisons are when individuals compare themselves to someone who is better (e.g., a high school soccer player comparing their own skills to the skills of a college or professional soccer player) than themselves. On the other hand, downward comparisons are when individuals compare themselves to someone who tends to not be as adept (Festinger, 1954). This means that one of the siblings is comparing themselves to the “better” or more body positive sibling and in turn, feeling worse about their body (Greer et al., 2015). Researchers state

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that this could be problematic, especially for girls and younger siblings because of societal norms for girls to compete with others for certain beauty standards (Greer et al., 2015). Overall, this research suggests that sharing body image disclosures with a sibling, whether positive or negative, impacts their perceived relationship quality; yet, being on the receiving end of these disclosures could harm a child's self-esteem.

Research shows that fat talk possesses a strong reciprocity norm (Shannon & Mills, 2015). In a study by Tompkins, Martz, Rocheleau, and Bazzini (2009), participants read one of four vignettes and then rated the likeability of one of the characters in the vignette. Participants in this study rated the character as more likeable when she used positive body talk, but participants expected that the other characters in the vignette would like her better if she fat talked. Findings indicated that women may believe that their personal opinions differed from the perceived opinions of other women. In the social psychology literature, this effect is called pluralistic ignorance, which is when most individuals in a group privately reject a norm, but mistakenly assume that many others accept the norm (Miller & McFarland, 1987). Tompkins et al. (2009) showed evidence that women are aware of the norm to fat talk and still engage in it due to pressure to conform, but personally like when other women use positive body talk. Pluralistic ignorance may play a role in maintaining a norm of fat talk (Shannon & Mills, 2015). Salk and Engeln-Maddox (2011), found that almost all college women engage in fat talk with friends, but women believed that other groups of college aged females were engaging in fat talk more often than they did with their own friends.

Even though it is normative for women to engage in fat talk, many women like when other women use body acceptance compared to fat talk (Tompkins et al., 2009). Barwick, Bazzini, Martz, Rocheleau, and Curtin (2012) found that women prefer other women who engage in

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positive body talk rather than fat talk. Furthermore, the researchers found that women who engaged in positive body talk were perceived to have more socially desirable personality characteristics (Barwick et al., 2012).

### **Previously Developed Ways of Measuring Fat Talk**

In the past, there have been numerous scales that measure levels of fat talk. The Fat Talk Questionnaire (FTQ) was developed to quantitatively evaluate negative body-related conversations in college-aged women (Royal, MacDonald, & Dionne, 2013). This measure was based on focus groups and interviews that were conducted on fat talk. In the FTQ, participants were asked about comments that they would say when they are with their close female friends who are of similar weight. For example, one of the items reads, “When I’m with one or several close female friend(s), I complain that my arms are too flabby.” There are 14 items each rated on a 5-point Likert scale from 1 being “never” to 5 being “always.” The higher the score a respondent receives, the greater indication of a higher frequency of fat talk. This questionnaire was found to be highly reliable with a good internal consistency,  $\alpha = .93$  and test-retest reliability of  $r = .90$  measured across two weeks, demonstrating that scores remain consistent over time (Royal et al., 2013). Convergent validity was assessed by examining the correlations between similar measures such as the Fat Talk Questionnaire and the Body Shape Questionnaire, Revised Restraint Scale, Social Physique Anxiety Scale, Fat Talk Scale, and the Objectified Body Consciousness Scale. Researchers found that scores on the FTQ were moderately correlated with body dissatisfaction ( $r = .79$ ), self-objectification ( $r = .60$ ), restrained eating ( $r = .64$ ), and social physique anxiety ( $r = .69$ ). Discriminant validity was determined by verifying that there was no correlation between fat talk and social desirability,  $r = -.001$ , a construct that

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should not be related. This scale has been used frequently in populations of young women from ages 19 to 32 (Shannon & Mills, 2015).

In addition, The Fat Talk Scale (FTS; Clarke, Murnen, & Smolak, 2010) is a quantitative measure of body self-disparagement. The FTS includes nine short vignettes in which a young woman, “Naomi,” expresses and responds to weight concerns in various social situations with a female friend. For example, one of the items reads, “Naomi is having a bad day. She just does not feel herself and she is kind of down. While walking to class one of her friends says that she looks nice today. She replies, ‘No, I’m having a fat day’.” These vignettes were established using a focus group and a pilot study for improvement (Shannon & Mills, 2015). The participants were asked to rate the frequency in which they would behave in a similar way as the women would in the vignette. Each of the nine scenarios used a 5-point Likert scale (1 = always; 5 = never). The FTS was found to have good internal consistency reliability ( $\alpha = .90$ ) and test-retest reliability ( $r = .82$ ) over a five-week period (Clarke et al., 2010). Researchers found that scores on the FTS were moderately to largely correlated with fear of negative evaluation ( $r = .39$ ), silencing the self ( $r = .37$ ), eating attitudes ( $r = .62$ ), objectified body consciousness — surveillance ( $r = .53$ ) and objectified body consciousness — shame ( $r = .56$ ), supporting that the scale had reasonable construct validity. Fat talk scores were not strongly associated with self-reported BMI values ( $r = -.07$ ), confirming discriminant validity. Lastly, incremental validity was supported because the measure predicted variance in body shame and eating disorder symptoms above and beyond other measures of self-objectification among college women (Clarke et al., 2010).

The Online Fat Talk Scale (Walker et al., 2015) is the online version of the Fat Talk Scale developed by Clarke et al. (2010). Cronbach’s alpha was .91, suggesting strong internal consistency of its items. One example of the nine-scenario scale is, “Naomi and her friends post

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photographs on Facebook from a recent dance or party... Another friend writes that she hates her thighs. Naomi replies with something that she hates about her own body”. Respondents rate whether they would respond comparably to the main character Naomi on a 5-point Likert scale with 1 being “never” to 5 being “always” (Walker et al., 2015). The higher the score a participant receives, the higher the frequency in which they would behave in a similar way as the women would in the vignette.

The Male Body Talk Scale (Sladek, Engeln, & Miller, 2014) was designed to assess male muscle talk and fat talk. This scale was developed using previously validated measures of male body image and open-ended discussions reported by participants in previous male body image studies (Sladek, Engeln, & Miller, 2014). There are 16 items on the scale that load onto two subscales: a Muscle Talk subscale and a Fat Talk subscale. The scores on the Male Body Talk subscales demonstrated strong internal consistency in a sample of adult men: Muscle Talk subscale ( $\alpha = .93$ ) and the Fat Talk subscale ( $\alpha = .95$ ). Researchers found that scores on the Muscle Talk subscale were positively correlated with upper body dissatisfaction ( $r = .22$ ), drive for muscularity ( $r = .54$ ), muscle dysmorphia symptoms ( $r = .58$ ) and investment in appearance ( $r = .27$ ), demonstrating convergent validity. Additionally, they also found that scores on the Fat Talk subscale were positively correlated with upper body dissatisfaction ( $r = .52$ ), muscle dysmorphia symptoms ( $r = .20$ ) and eating disordered attitudes and behaviors ( $r = .39$ ), demonstrating convergent validity. The authors found no significant correlations between the Male Body Talk subscale scores with neuroticism and separately for socially desirability, signifying good discriminant validity between men’s body talking and constructs that should not be related. Researchers found scores on the Male Body Talk Scale predicted upper body dissatisfaction, muscle dysmorphia symptoms and disordered attitudes and behaviors above and

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beyond the drive for muscularity or upper body dissatisfaction – demonstrating incremental validity. Furthermore, researchers found a moderate degree of temporal stability across 2 - 4 weeks on the Muscle Talk subscale ( $r = .67$ ) and on the Fat Talk subscale ( $r = .65$ ) in a sample of college aged men, which means that male body talk is consistent over time (Sladek, Engeln, & Miller, 2014). There are 16 items each rated on a 7-point Likert scale from 1 being “never” to 7 being “always.” The higher the score a participant receives, the greater indication of a higher frequency of fat talk and muscle talk.

The Family Fat Talk Questionnaire (FFTQ; MacDonald, Dimitropoulos, Royal, Polanco, & Dionne, 2015) was based on the original Fat Talk Questionnaire (Royal et al., 2013) that had a 14-item measure of peer fat talk. The FFTQ seeks to measure negative body related conversations that occur between female adolescents within the family. Items in the scale were adapted in two ways to assess both sides of fat talk conversations within the family. First, the items assessed behaviors that the respondent had observed during the past year in his or her family members. Second, the items assessed the respondent’s own behaviors when interacting with his or her family members over the past year. The total scale has two factors each containing eight items; the first factor reflects the fat talk displayed by the respondent’s family members (Family subscale) and second factor measures the respondent’s own behavior (i.e., Self-subscale). These Family and Self subscales were found to be significantly correlated ( $r = .34$ ,  $p = .002$ ) indicating that they represent two independent but related constructs. Researchers found that scores on the Family subscale in the FFTQ were significantly correlated with measures of peer fat talk ( $r = .31$ ), body dissatisfaction ( $r = .27$ ), body shame ( $r = .22$ ), social physique anxiety ( $r = .24$ ), establishing good convergent validity with related constructs. In addition, they found that scores on the Self-subscale in the FFTQ were significantly correlated

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with measures of peer fat talk ( $r = .59$ ), body dissatisfaction ( $r = .63$ ), body shame ( $r = .44$ ), social physique anxiety ( $r = .50$ ), restrained eating ( $r = .43$ ) and BMI ( $r = .25$ ), again supporting convergent validity with related constructs. Neither the Family nor Self subscales were correlated with social desirability, indicating good discriminant validity. Temporal validity was assessed by looking at the frequency of fat talk across a two-week period. McDonald et al. (2015) found that scores were stable over two weeks for both subscales: Self,  $r = .80$ ,  $p < .001$ ; Family,  $r = .76$ ,  $p < .001$ . Sixteen items are rated on a 5-point scale from 1 being “never” to 5 being “always” (MacDonald et al., 2015). The higher the score a participant receives, the greater indication of a higher participation of fat talk around their family while also hearing a greater amount of fat talk being expressed by their families.

The Negative Body Talk Scale, developed by Engeln-Maddox, Salk, and Miller (2012) measures how often women engage in negative conversations about their weight and shape of their bodies in a dialogue with friends. This scale was developed by reviewing literature on fat talk and engaging in informal observations of female peers. Multiple types of fat talk were identified: weight related complaints about the size/shape of one’s own body and expressions of the need to reshape one’s body through diet or exercise. The scale has 13 items and two subscales: the first subscale is the Body Concerns subscale. This scale measures the tendency for participants to express concerns about the size or shape of their body. The second subscale is the Body Comparison subscale. It measures the tendency for participants to vocalize negative comparisons of their body with others. Discriminant validity was assessed by looking at the relationship between the Negative Body Talk scale scores and social desirability; results found no statistically significant correlations between the two ( $r = -.16$ ). Data indicated that the Negative Body Talk scale scores positively correlated with body surveillance ( $r = .30$ ), body

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shame ( $r = .29$ ), a measure of internalization of the thin ideal ( $r = .43$ ) and on the Fat Talk Scale ( $r = .68$ ), indicating good convergent validity between these measures. In addition, results found a positive correlation between Negative Body Talk scale scores and body dissatisfaction ( $r = .40$ ) and eating disordered behavior ( $r = .44$ ), indicating incremental validity. Total scores on the Negative Body Talk scale showed a moderate degree of temporal stability across 4-6 weeks,  $r = .68$ ,  $p < .001$ . Thirteen items are rated on a 7-point scale ranging from 1 being “never” to 7 being “always.” The higher the score a participant receives, the greater indication of a higher frequency of negative body talk. This scale is optimal for use in populations of undergraduate college students (Shannon & Mills, 2015).

#### **Romantic Relationships and Fat Talk**

There is limited research within the realm of fat talk and romantic relationships. Only two studies have examined men’s perceptions of women engaging in fat talk within the literature. Men and women are both aware of the societal norm that encourages women to participate in fat talk (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006). In a study by Britton et al. (2006) participants were given a vignette that contained a conversation between college females who were displaying a typical fat talk conversation. Researchers found that both male and female participants thought the target woman would be more likely to self-degrade, or fat talk, compared to using self-accepting body talk in front of her friends. This, in turn, would lead the other women to like her. On the other hand, participants thought that men would like the target female the most if she used a self-accepting response.

In addition, another study examined men’s perceptions of women engaging in fat talk (Mikell & Martz, 2016). Participants in this study were given a vignette that contained a hypothetical dating scenario for young men to read about their attraction to a target woman named Brittany.

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As one independent variable, male participants either read a vignette in which they overheard Brittany either fat talk with her college classroom friends or they read a scenario whereby they overheard Brittany engaging in self-accepting body talk with her classroom friends. The authors found that men who overheard Brittany fat talk thought she had poorer mental health than the men who overheard the female use self-accepting language. Tangentially, the researchers found that when the female was described as being leaner as opposed to larger, the male participants' desire for a more committed relationship was stronger (Mikell & Martz, 2016).

In conclusion, while there are several validated measures to examine self-reported existing fat talk among groups of women and within familial contexts that are currently available, there is not a method available that allows for researchers to manipulate levels of fat talk in order to examine how this affects men's impressions of women's fat talk. The present study aims to fill the gaps in the current literature by developing vignettes capable of expressing various levels of fat talk by a heterosexual woman with her male partner in the context of a committed romantic relationship. It will use a modified version of an established fat talk scale as the dependent variable to determine if the new vignettes of fat talk in romantic relationship respond in validity.

### **Current Study**

This study allows one to examine how varying levels of a woman's fat talk, as depicted in vignettes, affect the perceptions of men and women about the target woman's (Jessica) fat talk. A 2 (gender: male & female) by 3 (vignette: excessive fat talk, minimal fat talk, or self-accepting body talk) between subjects statistical design was used to examine men and women's perceptions of a target woman's varying level of fat talk. As dependent variables, the design determined whether Jessica's level of fat talk affected participants' perceived level of Jessica's fat talk using a modified version of the Fat Talk Questionnaire. As a second dependent variable,

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the design assessed whether the independent variables affected the target woman and the male partner's likeability, separately. The third dependent variable determined if the target woman's level of fat talk affected participants' perception of her body size. I hypothesized that as fat talk became more prominent, in the three vignettes, both men and women would perceive Jessica, the target woman, as engaging in higher levels of fat talk on the Modified Fat Talk Questionnaire. I also hypothesized that as Jessica's level of fat talk increased across the three vignettes, her likeability would then be lower. On the other hand, I hypothesized that as Jessica's level of fat talk varied between each vignette, higher or lower, the male partner's likeability would remain constant. Lastly, I hypothesized that higher levels of fat talk used by Jessica would result in a larger perceived body size of Jessica by participants.

### **Method**

#### **Participants**

One hundred and twenty-four participants ( $n = 76$  men;  $n = 48$  women) were recruited through Amazon Mechanical Turk in a between subjects design to establish the validity of the three vignettes by experimentally manipulating the target woman's level of fat talk. For future studies to use this as a basis for examining communication in heterosexual relationships, participants who identified as homosexual were removed from the data set and those remaining identified as heterosexual only. There were a total of 106 heterosexual participants in this study ( $n = 63$  men;  $n = 43$  women). Of the 106 participants who indicated their ethnicity, 53 of the participants identified as Caucasian, 4 participants identified as African American or Black, 4 participants identified as Hispanic or Latino and 45 participants identified as Hawaiian or Pacific Islander. The average age of the sample was 31.09 ( $SD = 6.90$ ) years. In addition, the sample was relatively well educated; .9% had completed some high school, 6.6% had completed high school,

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9.4% had completed some college, 5.7% had obtained their associate's degree, 56.6% had obtained their bachelor's degree, 19.8% had obtained their master's degree and .9% had obtained a professional degree. This study obtained approval from Appalachian State University's Institutional Review Board (IRB) on May 22nd, 2017 (Appendix A).

### **Materials**

**Relationship Vignettes.** Each participant was randomly assigned to one of three vignettes as one independent variable. These vignettes were created to entail a long-term romantic relationship between two fictional characters, Jessica and Michael. The vignettes will vary to show Jessica engaging in either excessive levels of fat talk (Appendix B), minimal levels of fat talk (Appendix C) or self-accepting body talk (Appendix D).

**Modified Version of the Fat Talk Questionnaire.** As the first dependent variable, participants in this study completed a modified version the FTQ (Royal et al., 2013) from the perspective of the target woman, Jessica. The FTQ, as previously described, was developed to quantitatively assess negative body-related conversations between girls and or young women. An item from the FTQ states, "When I'm with one or several close female friend(s), I complain that my stomach is fat." In our modified version of the FTQ, it states "When I'm with my husband Michael, I complain that my stomach is fat." The entire modified version of the Fat Talk Questionnaire is located in Appendix E. The questionnaire has 14 items each rated on a 5-point Likert scale from 1 being "never" to 5 being "always." Higher scores indicate greater fat talk (Royal et al., 2013).

**Likeability Scale.** As the second dependent variable, participants completed a three-item likeability scale to assess participant's likeability of Jessica and Michael (see Appendix F). This scale was created by the researcher. The first question asks, "To what extent did you like

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Jessica?" Participants rate their answer on a 5 point Likert Scale from 1 being "none" to 5 being a "great deal." These items serve as manipulation checks to make sure that participants' ratings of these characters differ based on the level of fat talk displayed in the vignette.

Signaling items. As the third dependent variable, participants completed a two-item signaling scale to assess participant's perception of how much Jessica cares and feels about her physical appearance (see Appendix G). This scale was created by the researcher. The first question asks, "How much do you think Jessica cares about her physical appearance?"

Participants rate their answer on a 5 point Likert Scale from 1 being "none" to 5 being a "great deal." These signaling elements serve to measure if participants recognized the level of fat talk in each vignette according to the varying level of fat talk that Jessica portrayed.

Pulvers' Figure Rating Scale. As the fourth dependent variable, participants completed Pulvers' Figure Rating Scale (Pulver et al., 2004) as a metric of Jessica's perceived size (see Appendix H). This scale shows nine female bodies that were specifically designed to represent multiethnic women. The figures gradually get larger as the reader moves from left to right across the page and scores underneath the women range from 1 to 9 with larger numbers signifying a larger body size. Participants chose a score based on their perception of Jessica's perceived body size in the vignette. Pulvers and colleagues (2004) demonstrated that this scale has convergent validity ( $r = .91$ ), meaning that there were high correlations between body image figures and weight classification of the figures. In addition, it was found to have adequate internal consistency among raters ( $\alpha = .95$ ) and that the items were highly related to each other demonstrating interrater agreement ( $r = .85$ ). Researchers demonstrated that this scale has adequate criterion validity and found that it was positively correlated with both the Williamson

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and Stunkard scales among men ( $r = .79$  and  $r = .89$ ) and women ( $r = .92$  and  $r = .90$ ), meaning that scores from both scales had similar correlations and accuracy (Pulvers et al., 2004).

Demographic Questionnaire. A five-item demographic measure was created by the researcher to assess information such as gender, ethnicity, age, sexual orientation, and education level. The demographic questionnaire can be found in Appendix I.

### **Procedure**

Participants were recruited from MTurk and directed to a study called "Communication Styles in Heterosexual Relationships" on Qualtrics that was completed electronically. First, participants were asked to read and agree to the consent form presented before they were able to continue further in the survey (Appendix J). Participants were randomly assigned within gender to one of the three vignette conditions pertaining to Jessica's level of fat talk: excessive, minimal, or self-accepting body talk. Participants were required to stay on the vignette screen for at least 30 seconds to allow for an adequate amount of time for reading. Participants could not go back to the vignette after they clicked the next button and moved forward. Each participant read the vignette they were given and afterwards completed the Modified Fat Talk Questionnaire from Jessica's perspective, Likability Scale, Pulvers Figure Rating Scale (2004) from their perspective of Jessica's perceived size, and answered the demographic measures. The study took approximately 10 minutes to complete and participants were paid 30 cents for their participation.

### **Results**

In order to measure the effect of the level of fat talk in each of the three dependent variables, The Modified Version of the Fat Talk Questionnaire, Likeability Scale, Pulvers Figure Rating Scale, three separate 2 (gender: male or female) X 3 (vignettes: excessive fat talk, minimal fat talk, or self-accepting body talk) Factorial ANOVAS were run on the dependent variables. It was

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expected that participants would perceive Jessica as participating in a greater level of fat talk in the excessive fat talk condition compared to the minimal fat talk and self-accepting body talk conditions. In addition, I hypothesized that participants would perceive Jessica as engaging in a greater level of fat talk in the minimal fat talk condition than the self-accepting body-talk condition. Results from the factorial ANOVA indicated that there was a significant main effect on the level of perceived fat talk, using the Modified Version of the Fat Talk Questionnaire in the body talk condition  $F(2, 100) = 11.60, p < .001, \eta$

$p$

$2 = .188$ . According to post hoc comparisons

using the LSD test, participants perceived Jessica as taking part in a greater level of fat talk when they were in the excessive fat talk condition ( $M = 43.45, SD = 10.02$ ) compared to those who were in the minimal fat talk condition ( $M = 37.80, SD = 11.85, p = .041, d = .51$ ). In addition, the

LSD test found that Jessica was perceived as taking part in a greater level of fat talk when participants were in the excessive fat talk condition ( $M = 43.45, SD = 10.02$ , compared to those who were in the self-accepting body talk condition ( $M = 30.14, SD = 14.08, p < .001, d = 1.1$ ). Furthermore, the LSD test revealed that participants perceived Jessica as taking part in a greater level of fat talk when they were in the minimal fat talk condition ( $M = 37.80, SD = 11.85$ ) rather than when they were in the self-accepting body talk condition ( $M = 30.14, SD = 14.08, p = .012, d = .59$ ; See Figure 1).

It was expected that in the excessive fat talk condition, participants would rate Jessica as being the least likeable and have lower scores on the rating scale, whereas in the self-accepting fat talk conditions, participants would like Jessica the most and rate her higher on the scale. I predicted that participants in the minimal fat talk condition would have ratings in the middle of the two, or about average. I predicted that across conditions, ratings of Michael's likeability would remain constant. Significant main effects were found when examining the likeability of

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Jessica. My statistical analysis from the factorial ANOVA found that there was a significant main effect for the body talk condition,  $F(2,100) = 3.25$ ,  $p = .043$ ,  $\eta$

$p$

$2 = .061$ . Post hoc analyses

using the LSD test revealed that participants liked Jessica less in in the excessive fat talk condition ( $M = 3.29$ ,  $SD = 1.04$ ) compared to participants who were in the self- accepting body talk condition ( $M = 3.93$ ,  $SD = .88$ ,  $p = .006$ ,  $d = -.66$ ; See Figure 2). On the other hand, the LSD test did not reveal that liking Jessica significantly increased or decreased between participants in the self-accepting body condition ( $M = 3.93$ ,  $SD = .88$ ) and participants in the minimal fat talk condition ( $M = 3.69$ ,  $SD = .90$ ,  $p = .311$ ,  $d = .269$ ) or between participants in the excessive fat talk condition ( $M = 3.29$ ,  $SD = 1.04$ ) compared to participants who were in the minimal fat talk condition ( $M = 3.69$ ,  $SD = .90$ ,  $p = .072$ ,  $d = -.41$ ). Lastly, in all three conditions, Michael's likeability remained constant no matter which vignette participants were given  $F(2, 100) = .26$ ,  $p = .769$ .

Finally, I predicted that those in the minimal fat talk condition would have scores that fall between the other two averages of the excessive fat talk condition and the self-accepting fat talk condition. Statistical analyses indicated that there was a significant main effect for the body talk condition in terms of Jessica's perceived body size using the Pulvers scale,  $F(2, 99) = 9.24$ ,  $p < .001$ ,  $\eta$

$p$

$2 = .157$ . Post hoc analysis using the LSD test indicated that Jessica's rating on Pulvers scale was significantly higher, meaning participants perceived her as being larger, when participants were in the excessive fat talk condition ( $M = 4.52$ ,  $SD = 1.23$ ) compared to those who were in the minimal fat talk condition ( $M = 3.69$ ,  $SD = .96$ ,  $p = .002$ ,  $d = .752$ ; See Figure 3). In addition, the LSD test also indicated Jessica's rating was significantly higher on Pulvers scale when participants were in the excessive fat talk condition ( $M = 4.52$ ,  $SD = 1.23$ ) rather than in the self-accepting body talk condition ( $M = 3.57$ ,  $SD = 1.17$ ,  $p = .001$ ,  $d = .791$ ). On the other

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hand, analyses did not reveal that Jessica was rated higher or lower on Pulvers Scale when participants were in the minimal fat talk condition ( $M = 3.69$ ,  $SD = .96$ ) or when they were in the self-accepting body talk condition ( $M = 3.57$ ,  $SD = 1.17$ ,  $p = .689$ ,  $d = .112$ ).

### **Discussion**

Fat talk has been studied in the past 25 years using a variety of research methodologies manipulating fat talk as independent variables as well as the development of a variety of measures to capture fat talk as a dependent variable in experimental research. Previous literature has not focused on how fat talk can affect the perceptions of men and women in committed heterosexual relationships. In the past, research on fat talk has focused on individuals, friends, and families.

This study was able to validate newly developed vignettes that effectively manipulated the level of fat talk by a woman, “Jessica,” in the context of a committed heterosexual relationship with her husband “Michael.” Results indicated that participants accurately perceived Jessica as taking part in a greater level of fat talk in the excessive fat talk condition, when she used more fat talk when talking about her weight to her husband Michael, compared to the minimal fat talk condition and the self-accepting fat talk condition. Participants also perceived Jessica as using more fat talk when they were in the minimal fat talk condition compared to participants who were in the self-accepting body talk condition. Thus, these findings indicate that participants recognized the varying level of fat talk that Jessica communicated within each condition. The more Jessica fat talked, the higher the participants rated her on the Modified Fat Talk Scale. These results suggest that these vignettes are a valid method of manipulating fat talk for use in future research regarding fat talk within heterosexual relationships.

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Interestingly, Jessica's perceived likeability also varied as a function of how much she engaged in fat talk while conversing with her husband in the vignettes. Participants liked Jessica the least when she was participating in excessive fat talk relative to when she said more positive and self-accepting things about her appearance. In fact, the effect sizes comparing these differences were considered to be medium in strength. This is consistent with previous research that has found that women who engage in positive, self-accepting body talk have been perceived to have more socially desirable characteristics (Barwick et al., 2012). In the past, women have preferred other women who use positive, self-accepting language rather than using fat talk (Barwick et al., 2012). In addition, previous research has found that participants have viewed a female character as more likeable when she used positive body talk, but participants expected that other people would like her better if she fat talked (Tompkins et al., 2009). On the other hand, research has found that individuals anticipate that other women will self-degrade, or use fat talk in front of their friends instead of using positive body language (Britton et al., 2006). By using fat talk, individuals thought that other women would like them more. This may be a possible explanation in why likeability decreases when excessive fat talk is used, but minimal levels of fat talk are still accepted. Therefore, it appears that the pluralistic ignorance effect applies to how people's impression of a person's likeability is a function of their fat talk. Lastly, I found that body size may be perceived as larger when a woman engages in high levels of fat talk. Jessica's excessive fat talk language gave participants the impression that she was larger in body size than when Jessica did not engage or barely engaged in disparaging comments about her appearance to her husband. In the past, research has found that those who fat talk rather than use self-accepting language have been viewed as having poorer mental health by men (Mikell & Martz, 2016). While I did not focus on mental health, this finding may be a

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potential link to the stigmatization surrounding obesity and excessive fat talk. My results found that when Jessica used positive, self-accepting body talk or low levels of fat talk, it was more acceptable in the heterosexual population – meaning that Jessica was seen as having a “normal” body weight. On the other hand, when Jessica complained to her husband about her weight more often, participants viewed her as having a bigger body.

Results from the present study suggest that participants were inclined to be more forgiving of Jessica talking to her husband, Michael, about her weight when she used self-accepting body language and low amounts of fat talk rather than excessive amounts of fat talk. When comparing Jessica’s likeability and body size after she used small amounts of fat talk or self-accepting body language, there were no differences – indicating that participants viewed small amounts of fat talk and self-accepting body language equally. This knowledge could inform future interventions that small amounts of fat talk could be more acceptable among the population than excessive levels. The fact that my participants were forgiving and perhaps even accepting of lower levels of fat talk speaks to its normative nature in our culture. Further, smaller levels of appearance critique in women may signal humility to others; admitting to others one’s flaws may make women seem human even if they otherwise seem self-confident. Previous research has shown that women are aware of this norm to fat talk, yet still engage in it due to the pressure to conform (Tompkins et al., 2009). Excessive critique, on the other hand, may signal poor self-esteem and perhaps poorer mental health. There are currently no studies that have compared fat talk with other self-degenerating talk in another domain to examine if fat talk just sounds like excessive complaining.

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### **Future Research**

In order to further knowledge about how varying levels of fat talk can affect the perceptions of men and women, future research needs to be done. Specifically, future research should investigate how varying levels of a woman's fat talk affect her perceived life satisfaction. In the past, increased exposure to fat talk has been linked to several negative effects such as disordered eating (Tzoneva et al., 2015), lower body dissatisfaction, higher depression levels and perceived sociocultural pressures to be thin (Arroyo & Harwood, 2012). Yet, none of these studies look at how varying levels of fat talk could affect a woman's life satisfaction. This could play a crucial role in understanding the effects of excessive fat talk. In addition, future research should be conducted to examine how varying levels of fat talk affects one's perceived attractiveness. In the present study, we found that participants perceived the target woman to have a higher body weight and decreased likeability when she used excessive amounts of fat talk, yet it would be interesting to see if her perceived level attractiveness would differ based on various levels of fat talk. Previous research has shown that when a female has been described as leaner as opposed to larger, males have had a stronger desire for a committed relationship with her (Mikell & Martz, 2016). While a woman's perceived attractiveness may potentially be affected by varying levels of fat talk, it could also affect her perceived relationship and sexual satisfaction. If perceived body size increases and likeability decreases with the usage of excessive fat talk, future research should investigate if varying levels of fat talk affect a target woman's relationship and sexual satisfaction. Extant literature suggests that women with poor body image, who likely fat talk more, tend to have more sexual dysfunction than women with positive body image (Wiederman, 2012). It makes sense that women who feel good about themselves and their appearance might be less sexually inhibited and have more positive sexual responses to their partner. Conversely,

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women with poor body image are more likely to be caught up in critical thoughts of their appearance in sexual situations and thus, have less effective sensuality and sexual response to their partner (Quinn-Nilas, Benson, Milhausen, Buchholz, & Gonclaves, 2016). Future research could examine how fat talk is associated with a women's perceived sexual responsiveness or dysfunction, and whether men are aware of this possible connection. Lastly, future research should examine how varying levels of fat talk affect the romantic relationships of men and women. Since most fat talk research is based on friends and family, such as siblings and peers, this opens up a potential line of research in a new population of individuals.

### **Limitations**

While the current study provides a method to measure levels of fat talk within heterosexual relationships, there are several limitations. First, the current study used vignettes and perceptions of the participants. I did not manipulate fat talk in the real world or examine how such dialogue affects real romantic relationships. To offset this limitation, future research could use an ecological momentary assessment, which involves collecting data in real time and in a real world situation. By using this approach, it would allow the participant to report responses based on real life events that involve fat talk. Researchers could use once a day diaries, meaning that participants could reflect on their previous day or researchers could use event contingent recording, meaning that when fat talk or a signal occurred in one's daily life the participant would record their response (Moskowitz & Young, 2006). One study in particular conducted by Fardouly, Pinkus, and Vartanian (2017), used an ecological momentary assessment to examine how appearance comparisons influence women's body image. In this study, participants completed several questionnaires multiple times a day concerning specific occurrences in their daily life (Fardouly et al., 2017). This could be a better way to study fat talk in a real-world

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situation to understand how such dialogue affects real romantic relationships. An additional limitation of this study was that only heterosexual relationships were studied. Further research needs to broaden the scope to other relational types. Lastly, the Modified Fat Talk Questionnaire is a self-reported measure that relies on participant's responses. While it has been shown to be very reliable, there is likely some variability due to the self-responsive nature of the questionnaire.

### **Conclusion**

This study has created a valid measure that manipulates fat talk to be used in future research regarding fat talk in heterosexual relationships. My analysis has provided new findings that likeability is affected when the level of fat talk of an individual varies and that perceptions of body size can be influenced by the severity of fat talk. Given the negative perceptual and behavioral outcomes that are associated with these negative body dialogs, it is important to continue to develop methodological means that accurately depict their occurrence and impact.

## 27 WHAT DID SHE JUST SAY?

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### 32 WHAT DID SHE JUST SAY?

Figure 1. Jessica's Perceived Level of Fat Talk

50

45

40

35

30

25

20

15

10

5

0

Excessive FT

$p < .001, d = 1.1$

$p = .041, d = .51$

$p = .012, d = .59$  43.45

37.80

30.14

Minimal FT SA Body Talk

### 33 WHAT DID SHE JUST SAY?

Figure 2. Jessica's Likeability

$p = .006, d = -.66$

4

3.93

3.8

3.69

3.6

3.4

3.29

3.2

3

2.8

Excessive FT Minimal FT SA Body Talk

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p = .002, d = .75

5

p = .001, d = .79

4.52 4.5

4

3.69

3.57 3.5

3

2.5

2

1.5

1

0.5

0

Excessive FT Minimal FT SA Body Talk

Figure 3. Jessica's Rating on Pulvers Scale

## 35 WHAT DID SHE JUST SAY?

### Appendix A To: Madison Morsch Psychology

#### CAMPUS EMAIL

From: IRB Administrator Date: 5/22/2017 RE: Notice of IRB Exemption

STUDY #: 17-0283 STUDY TITLE: Communication Styles in Heterosexual Relationships

Exemption Category: (2) Anonymous Educational Tests; Surveys, Interviews or Observations

This study involves minimal risk and meets the exemption category cited above. In accordance with 45 CFR 46.101(b) and University policy and procedures, the research activities described in the study materials are exempt from further IRB review.

All approved documents for this study, including consent forms, can be accessed by logging into IRBIS. Use the following directions to access approved study documents.

1. Log into IRBIS 2. Click "Home" on the top toolbar 3. Click "My Studies" under the heading "All My Studies" 4. Click on the IRB number for the study you wish to access 5. Click on the reference ID for your submission 6. Click "Attachments" on the left-hand side toolbar 7. Click on the appropriate documents you wish to download

Study Change: Proposed changes to the study require further IRB review when the change involves:

- an external funding source,
- the potential for a conflict of interest,
- a change in location of the research (i.e., country, school system, off site location),
- the contact information for the Principal Investigator,
- the addition of non-Appalachian State University faculty, staff, or students to the research team,  
or
- the basis for the determination of exemption. Standard Operating Procedure #9 cites examples of changes which affect the basis of the determination of exemption on page 3.

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**Investigator Responsibilities:** All individuals engaged in research with human participants are responsible for compliance with University policies and procedures, and IRB determinations. The Principal Investigator (PI), or Faculty Advisor if the PI is a student, is ultimately responsible for ensuring the protection of research participants; conducting sound ethical research that complies with federal regulations, University policy and procedures; and maintaining study records. The PI should review the IRB's list of PI responsibilities.

**To Close the Study:** When research procedures with human participants are completed, please send the Request for Closure of IRB Review form to [irb@appstate.edu](mailto:irb@appstate.edu).

If you have any questions, please contact the Research Protections Office at (828) 262-2692 (Robin).

Best wishes with your research.

#### **Websites for Information Cited Above**

Note: If the link does not work, please copy and paste into your browser, or visit <https://researchprotections.appstate.edu/human-subjects>.

1. Standard Operating Procedure #9:

<http://researchprotections.appstate.edu/sites/researchprotections.appstate.edu/files/IRB20SO P920Exempt%20Review%20Determination.pdf>

2. PI responsibilities:

<http://researchprotections.appstate.edu/sites/researchprotections.appstate.edu/files/PI20Responsibilities.pdf>

3. IRB forms: <http://researchprotections.appstate.edu/human-subjects/irb-forms>

## 37 WHAT DID SHE JUST SAY?

### Appendix B

Michael and Jessica met their junior year of college and dated for 3.5 years before getting married. They have now been married for 4 years and have one three-year-old son, James. The couple has “date night” every Friday night because their toddler has overnight visits with his grandparents on this day. As Jessica likes to say jokingly, “date night” saves their marriage. They made dinner reservations earlier in the week, and both Michael and Jessica were excited to spend time together. While chatting over their meal, Michael told Jessica how James threw a tantrum when he picked him up from school earlier,

“I told him that he had to put his toys away before we went to grandma’s house for the night. He was on the floor screaming, but I kept calm. After I put him in timeout, he finally cleaned them up. I have never felt so mad!”

Jessica said, “Ugh! That’s so frustrating. I know the feeling. It sounds like you handled that a lot better than I would have. I’m impressed!”

Further into the conversation, Jessica and Michael talked about how delicious the fresh bread rolls were. As Jessica buttered her second roll she said, “I really shouldn’t do this, but it’s so good! I have to go to the gym tomorrow after eating this. It’s going straight to my hips.” They ordered a chocolate dessert to share after finishing their meal and agreed that the dessert was “to die for.”

Jessica exclaimed, “I dread going to the gym tomorrow, but I’ll need to work this meal off after eating so much.”

Michael and Jessica decided to go shopping after dinner. Every summer, they plan a week to take off work so that they can go on a family beach vacation. This year they have a trip planned to Florida, and it’s the first year James will really be able to enjoy the ocean. Their vacation is coming up in two weeks, and they must pick up a new swimsuit for James because he has grown so much in the past year. As they walk into the mall, Jessica notices the women’s swimwear displayed on the mannequins to the right.

Jessica told Michael, “Look at those bikinis! I like that one. It’s my favorite color too.” Michael replied, “I think you would look great in that.” Jessica responded, “Then I would have to buy a new cover-up, to hide my fat stomach.” Michael winked at Jessica. “You would look hot either way in that bikini, you should get it!”

Jessica said, “Yeah, right!” as she rolled her eyes at Michael and looked upset. “Let’s go look for a suit for James.”

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### Appendix C

Michael and Jessica met their junior year of college and dated for 3.5 years before getting married. They have now been married for 4 years and have one three-year-old son, James. The couple has “date night” every Friday night because their toddler has overnight visits with his grandparents on this day. As Jessica likes to say jokingly, “date night” saves their marriage. They made dinner reservations earlier in the week, and both Michael and Jessica were excited to spend time together. While chatting over their meal, Michael told Jessica how James threw a tantrum when he picked him up from school earlier,

“I told him that he had to put his toys away before we went to grandma’s house for the night. He was on the floor screaming, but I kept calm. After I put him in timeout, he finally cleaned them up. I have never felt so mad!”

Jessica said, “Ugh! That’s so frustrating. I know the feeling. It sounds like you handled that a lot better than I would have. I’m impressed!”

Further into the conversation, Jessica and Michael talked about how delicious the fresh bread rolls were. As Jessica buttered her second roll she said, “I really shouldn’t do this, but it’s so good! I may need to go to the gym tomorrow after eating this.” They ordered a chocolate dessert to share after finishing their meal and agreed that the dessert was “to die for.”

Jessica exclaimed, “I’m glad I’m going to the gym tomorrow after eating all of this. I’ll need to work it off.”

Michael and Jessica decided to go shopping after dinner. Every summer, they plan a week to take off work so that they can go on a family beach vacation. This year they have a trip planned to Florida, and it’s the first year James will really be able to enjoy the ocean. Their vacation is coming up in two weeks, and they must pick up a new swimsuit for James because he has grown so much in the past year. As they walk into the mall, Jessica notices the women’s swimwear displayed on the mannequins to the right.

Jessica told Michael, “Look at those bikinis! I like that one. I don’t have a swimsuit that is made like this, so maybe I should try it on.”

Michael replied, “I think you would look great in that.” Jessica responded, “Then I would have to buy a new cover-up to be able to wear it in public.”

Michael winked at Jessica. “You would look hot in that bikini, you should get it!” Jessica said, “Yeah right!” as she grinned at Michael and laughed. “Let’s go look for a suit for James.”

## 39 WHAT DID SHE JUST SAY?

### Appendix D

Michael and Jessica met their junior year of college and dated for 3.5 years before getting married. They have now been married for 4 years and have one three-year-old son, James. The couple has “date night” every Friday night because their toddler has overnight visits with his grandparents on this day. As Jessica likes to say jokingly, “date night” saves their marriage. They made dinner reservations earlier in the week, and both Michael and Jessica were excited to spend time together. While chatting over their meal, Michael told Jessica how James threw a tantrum when he picked him up from school earlier,

“I told him that he had to put his toys away before we went to grandma’s house for the night. He was on the floor screaming, but I kept calm. After I put him in timeout he finally cleaned them up. I have never felt so mad!”

Jessica said, “Ugh! That’s so frustrating. I know the feeling. It sounds like you handled that a lot better than I would have. I’m impressed!”

Further into the conversation, Jessica and Michael talked about how delicious the fresh bread rolls were. As Jessica buttered her second roll she said, “I was so hungry after being at the gym today, eating really helped fill me up.” They ordered a chocolate dessert to share after finishing their meal and agreed that the dessert was “to die for.”

Jessica exclaimed, “That meal was so good! So worth it!” Michael and Jessica decided to go shopping after dinner. Every summer, they plan a week to take off work so that they can go on a family beach vacation. This year they have a trip planned to Florida, and it’s the first year James will really be able to enjoy the ocean. Their vacation is coming up in two weeks, and they must pick up a new swimsuit for James because he has grown so much in the past year. As they walk in the mall, Jessica notices the women’s swimwear displayed on the mannequins to the right.

Jessica told Michael, “Look at those bikinis! I like that one, maybe I should try it on.” Michael replied, “I think you would look great in that.” Jessica smiled, “Then I would have to buy a new cover-up; none of mine match it.” Michael winked at Jessica. “You would look hot in that bikini, you should get it!” Jessica said, “Yeah, you’re right!” as she grinned at Michael and laughed. “Let’s go look for a suit for James.”

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### Appendix E

#### **Fat Talk Questionnaire (Modified Version)**

We are interested in the comments that Jessica states about her body when she is with her husband Michael. Read the questions below as if you are Jessica and then proceed to answer them as if you were Jessica. Please answer honestly:

1. When I'm with my husband Michael, I complain that my arms are too flabby.

Never Rarely Sometimes Often Always

2. When I'm with my husband Michael, I complain that my stomach is fat.

Never Rarely Sometimes Often Always

3. When I'm with my husband Michael, I criticize my body compared to thin models in magazines.

Never Rarely Sometimes Often Always

4. When I'm with my husband Michael, I complain that my body is out of proportion.

Never Rarely Sometimes Often Always

5. When I'm with my husband Michael, I complain that I hate my whole body.

Never Rarely Sometimes Often Always

6. When I'm with my husband Michael, I complain that I am fat.

Never Rarely Sometimes Often Always

7. When I'm with my husband Michael, I complain that I should not be eating fattening foods.

Never Rarely Sometimes Often Always

8. When I'm with my husband Michael, I complain that I've gained weight.

Never Rarely Sometimes Often Always

9. When I'm with my husband Michael, I complain that my clothes are too tight.

Never Rarely Sometimes Often Always

10. When I'm with my husband Michael, I complain that I need to stop eating so much.

Never Rarely Sometimes Often Always

41 WHAT DID SHE JUST SAY?

11. When I'm with my husband Michael, I criticize my body compared to my friend's bodies.

Never Rarely Sometimes Often Always

12. When I'm with my husband Michael, I complain that I feel pressure to be thin.

Never Rarely Sometimes Often Always

13. When I'm with my husband Michael, I complain that my body is disgusting.

Never Rarely Sometimes Often Always

14. When I'm with my husband Michael, I complain that I'm not in shape.

Never Rarely Sometimes Often Always

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Appendix F

Instructions: Answer each question by using the following scales.

1. To what extent did you like Jessica?

1 2 3 4 5 None Little Some A lot A Great Deal

2. To what extent did you like Michael?

1 2 3 4 5 None Little Some A lot A Great Deal

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Appendix G

Instructions: Answer each question by using the following scales.

3. How much do you think Jessica cares about her physical appearance?

1 2 3 4 5 None Little Some A lot A Great Deal

4. How do you think Jessica feels about her physical appearance?

1 2 3 4 5 Very Poor Poor Neutral Good Very Good

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Appendix H

Instructions: Based on the vignette, indicate Jessica's perceived body size by choosing the letter underneath the figure that best describes Jessica:

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Appendix I

1. Indicate your gender:

a. Male b. Female c. Transgender

2. Indicate your ethnicity:

a. White b. African-American or Black c. Hispanic or Latino d. Asian e. Native American f. Hawaiian or Pacific Islander g. Other

i. Please specify: \_\_\_\_\_

3. What is your age? \_\_\_\_\_

4. What is your sexual orientation?

a. Heterosexual b. Homosexual c. Bisexual d. Other

i. Please specify: \_\_\_\_\_

5. Indicate your highest level of education:

a. Some High School b. High School Diploma/GED c. Some College d. Associate's Degree e. Bachelor's Degree f. Master's Degree g. Professional Degree (PhD, MD, etc.)

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### Appendix J

Consent to Participate in Research Communication Styles in Heterosexual Relationships  
Principal Investigator: Denise Martz, Madison Morsch, Cassidy Miles  
Department: Psychology  
Contact Information: Denise Martz, 828-262-2272 ext. 429, martzdm@appstate.edu

You are being invited to take part in a research study about communication patterns in heterosexual relationships. If you participate in this study, you will be one of about 100 people to do so. By conducting this study, we hope to learn more about communication patterns and relationship satisfaction that will inform future studies about heterosexual relationships. The research procedures will be conducted at Appalachian State University through a survey program, Qualtrics. You have been recruited through Amazon's Mechanical Turk to participate in this study, which will take ~10 minutes.

What are possible harms or discomforts that I might experience during the research? To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

What are the possible benefits of this research? There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by furthering our knowledge about communication patterns in heterosexual relationships.

Will I be paid for taking part in the research? You will be paid 30 cents for participation in this study. In order to be compensated, you must complete this study.

How will you keep my private information confidential? We have collected your MTurk survey information through Qualtrics, and your identity will remain anonymous. That means that no one, not even members of the research team, will know that the information you gave came from you.

Who can I contact if I have questions? The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator at (828) 262-2272 ext. 429. If you have questions about your rights as someone taking part in research, contact the Appalachian Institutional Review Board Administrator at 828-262-2692 (days), through email at irb@appstate.edu or at Appalachian State University, Office of Research and Sponsored Programs, IRB Administrator, Boone, NC 28608.

Do I have to participate? What else should I know? Your participation in this research is completely voluntary and will be indicated by proceeding to participate on MTurk. If you choose not to volunteer, there will be no penalty and you will not

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lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. A copy of this consent form is yours to keep.

Appalachian State University's Institutional Review Board has determined this study to be exempt from IRB oversight.

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