

“S/HE’S GOT IT GOIN’ ON”:  
EXPLORING ETHNIC DIFFERENCES IN BODY TALK

A Thesis  
by  
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## Abstract

### “S/HE’S GOT IT GOIN’ ON”: EXPLORING ETHNIC DIFFERENCES IN BODY TALK

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The ever-widening gap between the ideal body portrayed in the media and the body possessed by the typical American has contributed to growing body dissatisfaction among both women and men. Current body image literature is indicative of contradictory findings for women and men of varying ethnicities (e.g., research suggests that Black women possess higher body esteem, yet other evidence refutes this finding). The term *fat talk* is used to identify a conversational style that appears to give voice to the discrepancy between the ideal body and the body possessed by most Americans. The current study used an online survey of age- and weight-representative U.S. adult men ( $n = 1,982$ ) and women ( $n = 2,001$ ) to assess whether participants in various racial/ethnic groups differed significantly on 1) exposure to and 2) pressure to engage in each of 3 body talk scenarios: negative (i.e., “fat talk”), self-accepting, and positive. Results of one-way ANOVAs indicated that Black and Hispanic women reported higher exposure to self-accepting and positive body talk than did White women, while White women reported more pressure to engage in fat talk than Black women did. This is consistent with ethnic differences found in the body image literature suggesting worse body image for White women while

espousing pride and personal individualization of beauty and style among Black and Hispanic women (i.e., “got it goin’ on”). Asian/Pacific Islander men reported the highest levels of pressure to engage in each form of body talk, while Black men reported significantly higher likelihood of exposure to self-accepting and positive talk relative to White men. Further exploration of varying forms of body talk holds promise for the development of culturally sensitive prevention and treatment efforts for body image, obesity, and disordered eating.

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## Table of Contents

Abstract.....	iv
Acknowledgments.....	vi
Foreword.....	viii
Introduction and Literature Review.....	3
Methods.....	19
Results.....	22
Discussion.....	28
Limitations.....	45
References.....	51
Tables.....	64
Figure.....	69
Appendix.....	70
Vita.....	71

## **Foreword**

This thesis is written in accordance with the style of the *Publication Manual of the American Psychological Association (6<sup>th</sup> edition)* as required by the Department of Psychology at Appalachian State University

**“S/he’s Got it Goin’ On”:**

**Exploring Ethnic Differences in Body Talk**

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### Abstract

The ever-widening gap between the ideal body portrayed in the media and the body possessed by the typical American has contributed to growing body dissatisfaction among both women and men. Current body image literature is indicative of contradictory findings for women and men of varying ethnicities (e.g., research suggests that Black women possess higher body esteem, yet other evidence refutes this finding). The term *fat talk* is used to identify a conversational style that appears to give voice to the discrepancy between the ideal body and the body possessed by most Americans. The current study used an online survey of age- and weight-representative U.S. adult men ( $n = 1,982$ ) and women ( $n = 2,001$ ) to assess whether participants in various racial/ethnic groups differed significantly on 1) exposure to and 2) pressure to engage in each of 3 body talk scenarios: negative (i.e., “fat talk”), self-accepting, and positive. Results of one-way ANOVAs indicated that Black and Hispanic women reported higher exposure to self-accepting and positive body talk than did White women, while White women reported more pressure to engage in fat talk than Black women did. This is consistent with ethnic differences found in the body image literature suggesting worse body image for White women while espousing pride and personal individualization of beauty and style among Black and Hispanic women (i.e., “got it goin’ on”). Asian/Pacific Islander men reported the highest levels of pressure to engage in each form of body talk, while Black men reported significantly higher likelihood of exposure to self-accepting and positive talk relative to White men. Further exploration of varying forms of body talk holds promise for the development of culturally sensitive prevention and treatment efforts for body image, obesity, and disordered eating.

**“S/he’s Got it Goin’ On”:****Exploring Ethnic Differences in Body Talk**

Overweight and obesity are growing areas of interest among researchers and health professionals in multiple disciplines, and continue to be a major health concern for many Americans (Flegal, Carroll, Ogden, & Curtin, 2010; Petroff, Martz, Webb, & Galloway, 2011). One facet of these areas of interest is the ever-widening gap between the ideal body portrayed in popular media compared to the body types for the majority of American women (e.g., Kronenfeld, Reba-Harrelson, Von Holle, Reyes, & Bulik, 2010; Nouri, Hill, & Orrell-Valente, 2011; Petroff et al., 2011) and American men (e.g., Leone et al., 2011). Furthermore, subsequent personal dissatisfaction with body image has often been referred to as normative discontent (Rodin, Silberstein, & Striegel-Moore, 1985) and has been associated with an array of adverse consequences, including eating disorders, disordered eating, and other forms of psychopathology (e.g., Nouri et al., 2011).

One expression of body dissatisfaction that occurs in everyday social circles has been labeled *fat talk* and may serve as an additional social expression of personal body image dissatisfaction (e.g., Britton, Martz, Bazzini, Curtin, & Leashomb, 2006; Martz, Petroff, Curtin, & Bazzini, 2009; Nichter, 2000; Petroff et al., 2011; Tucker, Martz, Curtin, & Bazzini, 2007). Originally conceptualized by Mimi Nichter (2000) in her seminal book, *Fat Talk: What girls and their parents say about dieting*, the term is used to identify a conversational style that appears to give voice to the discrepancy between the average woman’s size and that of the ideal thin physique (Martz et al., 2009). Engaging in this conversational style has been proposed to serve a number of functions for women: eliciting social support, providing a cathartic release of guilt over eating

certain foods, establishing an in-group, and managing one's impression during social conversation (Nichter, 2000). However, research examining the validity of these functions of fat talk is in its infancy.

Prior research on fat talk using a vignette has demonstrated that female participants believed other female participants would engage in fat-talk when it was ongoing (Britton et al., 2006). Female participants' public disclosure of their body image in a female dyad also varied according to the style presented by a female confederate (i.e., self-derogate, self-accept, and self-aggrandize conditions; Tucker et al., 2007). Recent research examining gender differences in a large-scale, age representative sample found that women reported more exposure to fat-talk scenarios and greater pressure to participate in them compared to men (Martz et al., 2009). Particularly, they found that 31% of women and 11% of men reported a high exposure to fat talk in their social circles. Furthermore, 28.1% of men and 71.9% of women reported pressure to engage in fat talk that was ongoing in a vignette.

### **Fat Talk: Conceptualization and Measurement Issues**

Scientific studies of body talk to date have employed creative measures such as vignettes in attempts to measure the fat talk phenomenon. One study found that the overwhelming majority of both male and female participants believed that a target female would respond in kind to self-degrading body talk instigated by a group of female peers (Britton et al., 2006). Yet another recent study found that 93% of college women reported engaging in fat talk, with one third reporting *Frequent* or *Very Frequent* engagement (MacDonald Clarke, Murnen, & Smolak, 2010).

While most research on body talk has focused on middle-school or college-aged women, a large-scale, age-representative national survey of 4,014 male and female adults used brief vignette-style conversations to assess likelihood of hearing and pressure to engage in a variety of body talk, including negative (i.e., fat talk: “My butt is fat”), self-accepting (i.e., “I feel okay about my body”), and positive (i.e., “I really like my body”) scenarios. A clear gender discrepancy was demonstrated: Of those endorsing both high likelihood of hearing and high pressure to engage in fat talk, 71.9 % were women and 28.1 % were men (Martz et al., 2009). Interestingly, they also found that both overweight and obese women reported higher pressure to engage in fat talk compared to average or underweight women, perhaps suggesting that these women felt additional pressure to comment on their perceived visible flaws. The authors noted, however, that these women responded to a fat talk scenario which had already been instigated, thereby precluding assumptions regarding whether these women were more likely to generate fat talk conversations themselves.

Again, while clear gender and weight differences have been demonstrated, nothing is known regarding ethnic differences in the likelihood of hearing and pressure to engage in this potentially deleterious form of body talk. As suggested by MacDonald Clarke et al. (2010), individual differences in fat talk are likely indicative of individual differences in social motives for engaging in fat talk. These authors found that scores on a quantitative measure of fat talk were positively associated with both self-silencing behavior and fear of negative evaluation. Furthermore, fat talk scores were found to negatively correlate with empowerment, suggesting that girls and women who feel empowered by means other than their bodies might be less concerned with self-

disparagement (MacDonald Clarke et al., 2010). These findings demonstrate a clear need for the examination of the variability and implications of fat talk among diverse groups of women.

### **Gender Differences in General Communication and Body Dissatisfaction**

In a similar vein, between-gender differences in general communication style and use of language have been documented. For example, women's speech contains more "powerless language:" a tentative speech used to avoid the perception of having a strong opinion or firm commitment (Lakoff, 1975). Powerless language entails frequent use of verbal and nonverbal hesitations, formal language, tag questions, hedges and intensifiers (Areni & Sparks, 2005; Hosman & Siltanen, 2006; O'Barr, 1982). As the name suggests, use of powerless language typically results in the disempowerment of the speaker (Lakoff, 1975). For example, whereas a powerful speaker may proclaim, "I feel good about how I look. Let me try on that bathing suit," a powerless speaker would be more likely to state, "I think that maybe my body is pretty good, you know? I think it would probably be okay to try on a bathing suit, don't you think?" (DeStefano, 2007).

While women tend to use more powerless language in general, a few pertinent indicators demonstrate clear gender discrepancies: disclaimers and tag questions. Disclaimers are introductory statements that excuse, explain, or ask understanding or tolerance of the content that will follow (Eakins & Eakins, 1978). The use of disclaimers has been affiliated with the concept of submissive, polite feminine language (Eakins & Eakins, 1978; Pearson, 1985). Women tend to use disclaimers when remarking on content areas in which they are presumed to have little or no expertise (e.g., automechanics). For example, whereas a woman might be more likely to say, "I don't

know, I'm no mechanic, but you may have a problem with your starter," a man would be more likely to simply state, "You need to get your starter replaced."

Yet another example of powerless language, tag questions are comprised of a clause, an auxiliary verb, a pronoun, and an interrogative. Their use has long been attributed to female "genderlect" as a sign of hesitation, lack of confidence, and need for approval (Lakoff, 1973). Much like fat talk, tag questions have been hypothesized to serve the functional role of building solidarity and support among women (Coates, 1998). For example, a woman may use the following leading tag question to gain affirmation and support from her peers: "This extra weight isn't my fault. It's always going to happen to us during the holidays, don't you think?" (DeStefano, 2007).

Overarching gender differences can also be seen within many psychological contexts, including body image and satisfaction with one's body. Historically, body dissatisfaction was thought to be an exclusively feminine concern. Researchers documented that cultural norms communicated through the mass media, friends, family, colleagues, and even strangers, were pervasive. These cultural ideals have long placed a strong emphasis on female appearance, and have encouraged women to display themselves as aesthetic/sexual objects (i.e., objectification theory; Fredrickson & Roberts, 1997). The overt emphasis placed on feminine appearance is thought to have stemmed from associations with the ability to reproduce successfully--which is most pronounced from ages 15-40 (Fredrickson & Roberts, 1997). While the pubertal weight gain experienced by boys leads to increased muscle mass and is therefore desirable, the pubertal weight gain experienced by girls has been linked to body dissatisfaction (Celio, Zabinski, & Wifley, 2002). Indeed, research has demonstrated that gender differences in

levels of body dissatisfaction begin to appear around age 13 and remain apparent beyond middle adulthood (Tiggeman & Pennington, 1990). While evolutionary psychology might suggest that signs of fertility are advantageous to women, some psychologists have highlighted interesting implications for the modern woman: Restricting weight might be an unconscious attempt to delay reproduction as women continue to gain sexual and financial liberation (McGuire, 1998). Among animals, extreme thinness is a sign of infertility; as such, one might expect that men would not be attracted to women of extreme thinness (Etcoff, 2000). Perhaps thinness signals a more youthful figure in populations of overweight and obese women since weight gain is often a function of age and previous childbearing.

Furthermore, thinness has also been connected to socioeconomic status in Western cultures where food is overabundant and abstaining would in theory require discipline and self-control (Etcoff, 2000). Interestingly, the opposite has been found in developing countries, where access to food is limited and adiposity, rather than thinness, is equated with status, resources and the absence of disease (Etcoff, 2000; Martz, Curtin, & Bazzini, 2012). While a healthy body weight may signal advantageous reproductive signs (i.e., absence of disease), body weight approaching obesity may predispose women to infertility by inhibiting spontaneous ovulation and increasing the likelihood of other pathophysiologic states (Pasquali, Gambineri, Vicennati, & Pagotto, 2010).

Recently, however, research has begun to highlight the growing presence of body dissatisfaction among men—specifically, concerns regarding both weight and muscularity (e.g., Grossbard, Neighbors, & Larimer, 2011; Pope, Phillips, & Olivardia, 2000). As early as childhood, men are presented with idealized images of the male body

with very muscular figures containing miniscule amounts of body fat. Pope et al. collected G. I. Joe figurines over three decades and found that the 1960s figure was significantly less muscular than the 1990s figure. If G.I. Joe's measurements were extrapolated to a 5'10" male, his chest would have grown by 11 inches and his biceps by 3 inches each (Pope et al., 2000). Furthermore, literature has linked male body image disturbance to an array of maladaptive behaviors, including excessive supplement use, cosmetic surgery, anabolic steroid use, and unhealthy dieting practices (Pope et al., 2000). A study of 842 college students found that men perceived other men to be heavier and desired a heavier figure than the actual norms. Men in the sample also reported their current figure to be significantly less muscular than their ideal figure. Conversely, women in the study perceived other women to be thinner than they, and desired a thinner personal figure than actual norms (Grossbard et al., 2011). Thus, both genders, at younger ages, appear to exaggerate their own internalization of body image norms.

Another timely study of 389 Australian adults found that while women were more dissatisfied with their bodies than men, men placed greater importance on their body appearance than women (Mellor, Fuller-Tyszkiewicz, McCabe, & Ricciardelli, 2010). Nearly one-third of men and one-half of women reported body dissatisfaction at both time points of the study, yet men were less dissatisfied with their bodies than women. One potential explanation is that men may have more realistic expectations regarding whether they will achieve the male image ideal (Mellor et al., 2010). Nonetheless, these findings add to current literature highlighting growing body image dissatisfaction among males (e.g., Grossbard et al., 2011) especially with regard to specific variants (i.e., muscle size dissatisfaction). The aforementioned findings give salience to the continued

importance of assessing socioculturally-influenced body dissatisfaction and body talk with particular regard to body shape, weight, and size within and between each gender.

### **Ethnic Differences in Body Dissatisfaction**

#### **Ethnic Differences Among Men**

Studies have documented that body image dissatisfaction among men is dissimilar among racial groups as early as grade school, with black schoolchildren selecting significantly larger “ideal sizes” than white schoolchildren (Corson & Andersen, 2002). In adolescence, black male participants differed from white male participants by selecting a larger body size ideal, dieting less often, giving fewer subjective reports of being overweight, and selecting women with higher body mass indices as girlfriends (Thompson, 1996). Shortly afterward, researchers found that children aged 8-12 years old in the U.S., Israel, and Australia reported a similar drive for thinness, with 33% of boys wishing to be thinner and 24% of boys having attempted weight loss (Rolland, Farnill, & Griffiths, 1997).

A recent study sought to examine predictors of adolescent male body image dissatisfaction from a holistic model incorporating interpersonal, intrapersonal, and social measures. A sample of 330 high school male participants (grades 9-12) with notable representation from multiple ethnic groups completed a 32-item self-report measure that assessed each of the three core constructs listed above. Participants reported a strong desire for muscularity and often sought reassurance concerning their appearances (Leone et al., 2011). Furthermore, 68.2% expressed a desire for body perfection while over 60% indicated that they were critical of their body (Leone et al., 2011). No significant differences were found between White and non-White male participants on measures of

body image dissatisfaction. They also found that having fewer social relationships and an inability to cope with criticism or teasing was related to less satisfaction with body image, further emphasizing the importance of positive social and interpersonal factors in the understanding of body image dissatisfaction.

### **Ethnic Differences Among Women**

Body dissatisfaction among women in the U.S. is pervasive and has been referred to as normative discontent (Rodin et al., 1985). A longitudinal study demonstrated that non-Black women's body satisfaction has continually fallen from the 1980s through the mid 1990s (Cash et al., 2004), another study found that both White and Hispanic women in the U.S. reported more body dissatisfaction than Black women (Grabe & Hyde, 2006). Given these findings, it appears that Black women may have better body image than other ethnic groups despite having larger body sizes on average.

In her seminal study of fat talk, body image, and dieting among a diverse group of adolescent girls, Mimi Nichter (2000) sought to examine the cultural ideals that were enforced by parents at home and reinforced by peers at school. She found that these ideals were not uniform across ethnicity. Nichter and colleagues administered surveys and conducted semi-structured interviews with 240 eighth and ninth grade girls in urban Arizona over a period of three years. Most girls were in the lower to upper middle class. Seventy percent identified as white, 10% identified as Latina, 5% identified as Asian, Black, or Native American, while 15% chose not to identify their ethnicity. Areas explored focused primarily on body image, dieting, and smoking, as they related to the individual girl, and as the girl perceived teenage behavior in general. Nichter found that variability among girls from different groups (within and between ethnicity) was

expressed not in terms of body shape, but in terms of dress, style, hair, and music. Based on girls' self-reports, the desire for thinness was pervasive across ethnic (i.e., White, Latina) and cultural (i.e., mod, skater, stoner, prep) groups.

Given the minute (1%) representation of Black girls, additional research funding was secured during year three to implement a similar study of body image, cultural ideals, and dieting among 50 Black adolescent girls. Nichter (2000) noted important cultural differences in the socialization of Black girls in that they are socialized to perform dual roles (i.e., nurturing caretaker and financial provider) and are encouraged, from a young age and from multiple avenues (e.g., family, peers, religious communities), to move beyond the internalization of racial denigration to develop pride in themselves. Nichter (2000) described Black communities as de-emphasizing the pursuit of goals that are impossible to obtain and that foster competition and envy among women. Rather, Black communities were more likely to promote the construction of identity through personal creativity and style. Importantly, while individuality is respected and encouraged, Nichter (2000) believes it is overshadowed by a strong sense of community within Black culture.

Nichter (2000) found that while dieting practices reported resembled those of White and Latina girls, Black girls expressed much greater satisfaction with their weight than did their White or Latina counterparts. Unlike White and Latina girls, Black girls did not perceive themselves to be overweight when their weight fell within normal parameters. Only 15% of normal-weight Black girls expressed dissatisfaction with their bodies, compared to over 90% of normal-weight White girls who endorsed body dissatisfaction on a similar question regarding body shape (Nichter, 2000). These findings are aligned with prior research of Black adult women aged 25-64: 40% of

women in overweight categories (as defined by BMI) considered their figures to be attractive or very attractive (Kumanyika, Wilson, & Guilford-Davenport, 1993).

While research has demonstrated a significant discrepancy between actual and ideal body size for both Black and White college women (e.g., based on the selection of ethnically-neutral figure scale stimuli), further examination utilizing qualitative methods (i.e., intra-ethnicity focus groups) reflected core themes of body acceptance grounded in an individually constructed personal ideal (Webb, Warren-Findlow, Chou, & Adams, under review). Webb and colleagues used a mixed methods design to explore ethnicity and ideal body size comparisons among 35 Black and White college women at a large, southeastern state university. Small, intra-ethnic focus groups of 4-6 participants were conducted after each completed a quantitative measure (i.e., selection of figural stimuli) of current and desired body size. Focus groups were used to explore why each ethnic group of women chose preferred figures in addition to which figures they believed the other-ethnicity group chose and why. Black women suggested that White women would choose smaller ideal figures, and cited both extreme examples from the media (e.g., celebrities; high-fashion models) and the frequency of fat talk that they observed in White women. Strikingly, Black women commented that their conflict with body size “could be equal, it’s just that Whites express it more than we do (Webb et al., under review; p. 21).” Another Black participant acknowledged that “while fat talk may not occur as frequently among Black women, they may still engage internally in negative self-talk related to their body size (Webb et al., under review; p. 28).”

Indeed, White women reported that they had never observed Black women engaging in fat talk. White women further acknowledged that their Black counterparts

exuded body confidence and pride, and cited the preferences of Black men (i.e., for larger women) as a primary influence (Webb et al., under review). Despite the discrepancy found between current and ideal body sizes, Black women expressed high levels of body acceptance and self-confidence (Webb et al., under review), which is aligned with prior research findings for younger girls (e.g., Nichter, 2000).

While literature has demonstrated that White women have traditionally evidenced more body dissatisfaction than their Black counterparts (e.g., Grabe & Hyde, 2006), Black women have increasingly undergone procedures such as liposuction and breast augmentation surgery, with a 6% increase in number of procedures from 2009 to 2010, a rate similar to White women (American Society of Plastic Surgeons, 2011). Historically, Black women have been thought to be “protected” from the sociocultural pressures of thinness due to the cultural acceptance of a fuller-figured, more curvaceous body ideal. A recent study of female college students conducted by Overstreet, Quinn, and Agocha (2010) found that dissatisfaction with discrepancy from a curvaceous body ideal (e.g., breasts, buttocks, and distribution of weight) differentially influenced negative appearance concerns in both White and Black women. Although both groups of women preferred an hourglass silhouette, Black women preferred this ideal to be more curvaceous, while White women preferred a more slender ideal (yet still curvaceous). Both groups of women were affected (i.e., reported lower body satisfaction) by the discrepancy between actual and ideal breast size and body weight, while Black women who were discrepant (i.e., lean) from a curvaceous lower body shape evidenced greater dissatisfaction than those who were not. Hence, recent research has not shown Black women to be immune from body dissatisfaction. Moreover, the authors note that Black

women with a strong cultural identity may be more susceptible to buttock size dissatisfaction (e.g., desiring larger buttocks; Overstreet et al., 2010).

Kronenfeld et al. (2010) conducted a recent study with 4,023 female U.S. residents ages 25-45 and found that mean BMI was highest among Black women, followed by American Indian/Alaska Native, Hispanic, Other, White, Native Hawaiian or other Pacific Islander, and Asian/Pacific Islander, respectively. The participants were asked to choose current and preferred silhouettes, which were given a value of 1-9, with 1 being the smallest value. Asian and Black women chose a significantly smaller current silhouette compared to the referent silhouette (e.g., mean current silhouette chosen by White women) when controlling for BMI. Black women chose smaller silhouettes to represent their current figures than did White women with equivalent BMIs. Both Black women and “Other” race women preferred larger silhouettes than the referent White group even after controlling for BMI. No significant differences were found between Hispanic and Non-Hispanic groups for current silhouettes, preferred silhouettes, or discrepancy scores. These findings are consistent with previous literature indicating higher body satisfaction among Black women (e.g., Cash et al., 2004) and social and cultural norms influencing the acceptance of a larger body size in Black women (i.e., Becker, Yanek, Koffman, & Bronner, 1999).

Studies on body dissatisfaction among Asian American women have yielded contradictory findings. Some studies have shown lower incidence of eating disorders and body dissatisfaction in Asian American women, citing their ethnic minority status as a protective role (Nouri et al., 2011). However, there is a growing trend of Asian American

women who aspire to the Western thin ideal, and furthermore, some Asian American women have thinner body ideals than White women (Nouri et al., 2011).

Nouri et al. (2011) sought to examine differences in body dissatisfaction, media exposure, and internalization of the thin ideal between Asian American and White U.S. college women. They found that Asian American women reported lower rates of watching thin-ideal TV and reading thin-ideal magazines than their White counterparts. Asian American women also reported lower rates of body dissatisfaction that was not accounted for by level of acculturation (measured by language spoken in the home). However, Asian American women reporting higher BMIs also reported more body dissatisfaction, which also related to the extent to which these women had internalized the Western thin ideal. These findings seem to counter previous research indicating minority status as a protective factor against internalization of the Western thin ideal for some women (e.g., Warren, Gleaves, Cepeda-Benito, del Carmen Fernandez, & Rodriguez-Ruiz, 2005).

Hispanic body image is a fast-growing area of research, with the role of the family and its relationship to food and body image in Latino culture described by many researchers (Altabe & O'Garro, 2002; Jane, Hunter, & Lozzi, 1999). While maternal identification has been found to be associated with better body image and self-esteem for both Hispanic and White girls (e.g., Hahn-Smith & Smith, 2001), two factors may interact which place Latina women at risk for internalization of the thin ideal: gender role and cultural fatalism (Altabe & O'Garro, 2002; Avila & Avila, 1995; Kempa & Thomas, 2000). The Latina gender role has been characterized by submissiveness, self-sacrifice, and restraint; and identification with a more feminine traditional gender role is associated

with more body image and eating disturbances (Altabe & O'Garro, 2002; Avila & Avila, 1995). Furthermore, cultural fatalism has been described as a Latino value that stems in part from the Catholic belief system that life is hard and people should accept their fate with grace and await their reward in heaven (Kempa & Thomas, 2000). These two factors taken together, coupled with the thin ideal, may leave Hispanic women more vulnerable to the development of poor body image because they may be less likely to question their traditional family values than their White counterparts (Altabe & O'Garro, 2002).

### **Fat Talk and Body Dissatisfaction**

While the ideal feminine body portrayed by the media has gradually grown thinner, American women have gradually grown larger (Grabe & Hyde, 2006), creating an increasing discrepancy between the body desired and the body possessed by most American women. One way women may give voice to this discrepancy is by engaging in fat talk. Participation in fat talk seems consistent with traditional feminine roles that normally embrace concerns about appearance and relationships (Crawford, 2001; MacDonald Clarke et al., 2010; Tannen, 1990). Women's participation in fat talk may serve a dual role, in that it communicates shared values while at the same time eliciting social support from peers (Nichter, 2000).

As mentioned previously, objectification theory (Fredrickson & Roberts, 1997), or the idea that societal objectification of women's bodies leads to women's self-objectification of their bodies, has been related to increased body shame, which in turn results in increased risk for eating disorders (MacDonald Clarke et al., 2010). Fat talk has been described as a behavioral manifestation of self-objectification (Gapinski, Brownell, & LaFrance, 2003; MacDonald Clarke et al., 2010), and research has demonstrated that

exposure to fat talk results in exacerbated self-objectification (Gapinski et al., 2003). It is likely, therefore, that fat talk is positively correlated with actual body distress (MacDonald Clarke et al., 2010), and its presence as well as its potential relation to ethnicity warrants further empirical scrutiny.

### **The Current Study**

The current study examines differences among ethnicities in fat/negative body talk as the vocal extension of body image—an important addition to prior literature examining fat talk which has focused primarily on White, college-aged female samples (e.g., Britton et al., 2006; MacDonald Clarke et al., 2010; Tucker et al., 2007) implementing White confederates (e.g., Tucker et al., 2007) and utilizing White-normed scales (e.g., MacDonald Clarke et al., 2010). Indeed, the current study seeks to examine body talk from a variety of vantage points, inclusive of ethnicity.

This study addressed limitations of extant literature by examining ethnic differences in three forms of body talk including fat talk separately for women and men. Furthermore, this study examined correlates of perceived pressure to engage in negative body talk within ethnic groups separately for women and men. The study design is a within gender (women and men separately) analysis of ethnic similarities and differences (quasi-experimental independent variable) across three valences of body talk (negative, self-accepting, positive) for two dependent variables: likelihood of hearing and pressure to engage in each form of talk; Refer to Figure 1. The study also examined by gender and by individual ethnicity if BMI and exposure to body talk were related to pressure to engage in body talk as an exploratory step in understanding the nature of body talk for each of these groups.

## **Hypotheses**

Given the absence of literature documenting potential ethnic differences in body talk, analyses were largely exploratory. However, consistent with prior literature indicating that White women report higher levels of body dissatisfaction than their other-ethnicity counterparts (i.e., Kronenfeld et al., 2010; Roberts, Cash, Feingold, & Johnson, 2006), it was hypothesized that White women would demonstrate the highest mean scores in terms of likelihood of hearing and pressure to engage in fat talk relative to all other races combined. It was also hypothesized that the linear relationship between BMI and pressure to engage in fat talk would be strongest within White women. Due to the dearth of literature examining ethnic differences in body dissatisfaction among men (e.g., Leone et al., 2011), analyses for each of the body talk scenarios, in addition to correlational analyses between BMI and pressure to engage in body talk, were purely exploratory.

## **Methods**

### **Participants**

Participants included 4,014 U.S. citizens who were at least 18 years of age. All information was self-reported. Those with anatomically impossible combinations of height, weight, and waist size and who misreported desired weight loss (e.g., desire to weigh zero pounds) were excluded from analyses. After participants with incomplete responses were removed, 3,983 participants (2,001 women, 50.2%; 1,982 men, 49.8%) aged 18 – 87 years ( $M = 45.28$ ;  $SD = 15.69$ ) remained in the final data set.

The majority of participants were White with some representation from other ethnic backgrounds. To compare the current sample's representativeness to the U.S.

population, the first number presented after race is the percentage of our participants, whereas the second number is the percentage reported by the U.S. Census Bureau (2001): White (83.4%; 75.1%), Black (5.7%; 12.3%), Asian/Pacific Islander (5.1%; 3.6%), Hispanic/Chicano/Latino (3.5%; 12.5%; U.S. Census Bureau notes that Hispanics may be of more than one race hence their percentages add up to over 100%), multiethnic (1.3%; 7.9%), and Native American/Indian (0.9%; 0.9%). While White and Asian individuals were well represented, other minority groups were underrepresented.

Considering the median household income was \$52,029 according to the U.S. Census Bureau (2009), our sample was close in representation. Numbers in parentheses represent the percentage of households falling into each range in the last published census. Participants reported their total family income per year with 29% (36.0%) at less than \$35,000, 21.1% (14.1%) between \$35,000 and \$49,999, 22.2% (18.1%) between \$50,000 and \$74,999, 11.9% (11.5%) between \$75,000 and \$99,999, 7.7% (11.9%) between \$100,000 and \$149,999, 3.6% (0.1%) at or above \$150,000, and 4.5% chose not to disclose this information. There was some variance in how reflective these participants were of the general population, namely in overrepresentation among households earning between \$35K and \$49,999.

Participant employment status was as follows: 45.8% indicated full-time employment, 11% indicated part-time employment, 5.3% were students, 10.1% identified as full-time homemakers, 20.1% reported they were retired, and 7.7% were currently not employed. Participant education ranged from eighth grade or less (0.3%), some high school (2.3%), high school graduate (21.9%), some college (36.5%), college graduate (26.6%), and post-graduate study (12.4%).

## Materials

**Body talk survey.** The proposed study will use data from a large-scale, cross-sectional descriptive survey called Psychology of Size sponsored by Slim Fast™. Designed by Martz and The Segmentation Company (2007), this web-based survey contained over 130 self-report items designed for use with male and female participants. Survey items included a basic demographic measure and items assessing attitude toward current body image, size, and weight concerns. The focus of the proposed study was on the body talk items. Respondents were asked to read and respond to each of the following three scenarios: (1) Fat talk scenario—“Imagine you are in a group of friends/coworkers who were saying *negative* things about their bodies (i.e., ‘My butt is fat’); (2) Self-accepting scenario—“Imagine you are in a group of friends/coworkers who were saying *self-accepting* things about their bodies (i.e., ‘I feel okay about my body’); (3) Positive scenario—“Imagine you are in a group of friends/coworkers who were saying positive things about their bodies (i.e., ‘I really like my body’).”

**Likelihood variable.** After reading each scenario, participants were asked to report, “How likely would this scenario occur in your life?” using the following Likert-type continuum (*1=never; 2=sometimes, 3=usually, 4=frequently, 5=very frequently*).

**Pressure variable.** After reading each scenario, participants were asked to report “how much pressure would you feel to say negative things (changed to ‘positive things’ or ‘self-accepting things’ for respective scenarios) about your body in this group?” using the following Likert-type continuum (*1=none; 2=maybe some; 3=some; 4=a lot; 5=extreme*).

## Procedure

Participants (who were all U.S. citizens and 18 years of age or older) were previously enrolled in an online research panel to serve as participants in a variety of polling activities. E-mail blasts entitled “Health and Wellness Survey” were sent between May 11 and May 18, 2007 to this group inviting them to participate according to certain demographic quotas (i.e., age stratification; equal number of males and females). Participants were not informed of Slim Fast™’s connection to the survey or that it was termed “Psychology of Size.” Consent was inherent in the voluntary completion of the online survey and participants were awarded a \$1 PayPal™ credit for their time. Institutional Review Board exempt approval for use of this archival data was received on March 23, 2012 (refer to Appendix).

## **Results**

### **Preliminary Results**

A one-way analysis of variance (ANOVA) indicated that BMI varied significantly by race among women,  $F(5, 1995) = 8.89, p < .001, \eta_p^2 = .02$ . Post-hoc pairwise comparisons indicated that Black women reported significantly higher mean BMIs relative to White women (refer to Table 1). Post-hoc pairwise comparisons also indicated that Asian/Pacific Islander women reported significantly lower mean BMIs relative to women of all other races. A second one-way ANOVA indicated that BMI varied significantly by race among men,  $F(5, 1976) = 12.37, p < .001, \eta_p^2 = .03$ . Post-hoc pairwise comparisons indicated several unique differences: Men identifying as Native American/Indian reported significantly higher mean BMIs relative to men of all other racial/ethnic groups, while men identifying as Asian/Pacific Islander/Pacific Islander reported significantly lower mean BMIs relative to men of all other racial/ethnic groups.

### Analyses for Women

Six one-way analyses of variance (ANOVAs) were run within-gender to determine whether White women differed significantly from other races (collapsed initially into one group) on each of the dependent variables (i.e., likelihood of hearing and pressure to engage in varying forms of body talk) for each body talk scenario. In cases where differences were significant, additional one-way ANOVAs with ethnicity expanded were conducted. Tukey's post-hoc pairwise comparisons were then evaluated to determine specific between-group effects, and finally Cohen's  $d$  was calculated utilizing G\*Power software (Faul, Erdfelder, Lang, & Buchner, 2007) as a post-hoc measure of between-group effect size.

**Negative body talk scenario.** A one-way analysis of variance (ANOVA) failed to yield significant differences between White ( $M = 2.74$ ,  $SD = 1.26$ ) and other-ethnicity ( $M = 2.70$ ,  $SD = 1.22$ ) women in likelihood of hearing negative body talk,  $F(1, 1999) = 0.32$ ,  $p = .57$ ,  $\eta_p^2 < .01$ . However, a second one-way ANOVA indicated a significant difference between White ( $M = 2.31$ ,  $SD = 1.18$ ) and other-ethnicity ( $M = 2.08$ ,  $SD = 1.18$ ) women in perceived pressure to engage in negative body talk,  $F(1, 1999) = 8.47$ ,  $p = .004$ ,  $\eta_p^2 = .01$ , such that White women felt significantly more pressure to engage in disparaging body talk versus their other-ethnicity counterparts.

Given this finding, a follow-up ANOVA with ethnicity expanded (i.e., across all six racial/ethnic categories) was conducted and was again significant,  $F(5, 1995) = 5.29$ ,  $p < .001$ ,  $\eta_p^2 = .01$ . Post-hoc pairwise comparisons evaluated by Tukey's HSD indicated that White women reported significantly more pressure to engage in disparaging body

talk than did their Black female counterparts with moderate effect sizes ( $d = 0.41$ ; see Table 2).

**Self-accepting body talk scenario.** A one-way ANOVA indicated significant differences between White ( $M = 2.07$ ,  $SD = 0.96$ ) and other-ethnicity ( $M = 2.47$ ,  $SD = 1.13$ ) women in the likelihood of hearing self-accepting body talk,  $F(1, 1999) = 39.96$ ,  $p < .001$ ,  $\eta_p^2 = .02$ , such that other-ethnicity women reported a higher likelihood of exposure to self-accepting body talk. A follow-up one-way ANOVA with ethnicity expanded was conducted to explore which group(s) of ethnic minority women reported significantly higher exposure to self-accepting body talk,  $F(5, 1995) = 11.45$ ,  $p < .001$ ,  $\eta_p^2 = .03$ . Post-hoc pairwise comparisons adjusted by Tukey's HSD indicated that Black women reported a significantly higher likelihood of hearing self-accepting body talk relative to their White and Biracial female peers.

A second one-way ANOVA failed to detect significant differences between White ( $M = 2.09$ ,  $SD = 1.06$ ) and other-ethnicity ( $M = 2.14$ ,  $SD = 1.08$ ) women in perceived pressure to engage in self-accepting body talk,  $F(1, 1999) = 0.36$ ,  $p = .55$ ,  $\eta_p^2 < .01$ .

**Positive body talk scenario.** A one-way ANOVA indicated significant differences between White ( $M = 1.80$ ,  $SD = 0.93$ ) and other-ethnicity ( $M = 2.15$ ,  $SD = 1.08$ ) women in the likelihood of hearing positive body talk,  $F(1, 1999) = 32.29$ ,  $p < .001$ ,  $\eta_p^2 = .02$ , such that other-ethnicity women reported a higher likelihood of hearing positive body talk than did their White counterparts. Given that other-ethnicity women reported a significantly higher likelihood of hearing positive body talk, a follow-up one-way ANOVA with ethnicity expanded was conducted and was again significant,  $F(5, 1995) = 7.70$ ,  $p < .001$ ,  $\eta_p^2 = .02$ . Further exploration utilizing Tukey's post-hoc pairwise

comparisons indicated that both Black and Hispanic/Chicana/Latina women reported a significantly higher likelihood of hearing positive body talk than did the White participants.

A one-way ANOVA indicated significant differences between White ( $M = 1.95$ ,  $SD = 1.06$ ) and other-ethnicity ( $M = 2.17$ ,  $SD = 1.18$ ) women in perceived pressure to engage in positive body talk,  $F(1, 1999) = 9.64$ ,  $p = .002$ ,  $\eta_p^2 = .01$ , such that other-ethnicity women reported higher perceived pressure to engage in positive body talk. An additional follow-up ANOVA with ethnicity expanded was conducted and was again significant,  $F(5, 1995) = 2.92$ ,  $p = .01$ ,  $\eta_p^2 = .01$ . Tukey HSD post-hoc pairwise comparisons indicated that Hispanic/Chicana/Latina women reported significantly more pressure to engage in positive body talk than did their White female peers.

**BMI and pressure to engage in body talk.** Given prior literature documenting positive linear relationships between BMI and pressure to engage in body talk (e.g., Martz et al., 2009), Pearson's bivariate correlations were run within each ethnicity for each body talk scenario. Correlations between BMI and pressure to engage in each form (i.e., negative, self-accept, positive) of body talk are presented in Table 3. Native American/Indian women demonstrated the strongest relationships (i.e., positive) between BMI and pressure to engage in each form of body talk. White women demonstrated a small, yet statistically significant, positive relationship between BMI and pressure to engage in negative body talk.

To test the hypothesis that White women would demonstrate a stronger relationship between BMI and pressure to engage in negative body talk versus other-ethnicity women combined, an additional correlation between BMI and pressure to

engage in negative body talk was run for non-White women,  $r(270) = .01, p = .84$ .

Fisher's  $z$  transformation determined that the correlations did not differ significantly,  $z = 1.4, p = .08$ .

#### **Likelihood of hearing and pressure to engage in each form of body talk.**

Pearson's bivariate correlations were conducted between likelihood of hearing and pressure to engage in the varying forms of body talk within each race. Significant positive relationships were found for women within each race, with the exception of women identifying as either Native American/Indian or Biracial; please refer to Table 4.

#### **Analyses for Men**

Six one-way analyses of variance (ANOVAs) were run within-gender to determine whether ethnic groups differed significantly on each of the dependent variables for each body talk scenario. Tukey's post-hoc pairwise comparisons were evaluated in cases where differences were significant. Cohen's  $d$  was then calculated as a post-hoc measure of between-group effect size utilizing G\*Power software (Faul et al., 2007) and is reported in each respective table.

**Negative body talk scenario.** A one-way analysis of variance (ANOVA) indicated that likelihood of hearing negative body talk among men varied significantly by race,  $F(5, 1976) = 2.99, p = .01, \eta_p^2 = .01$ . Further evaluation utilizing Tukey's post-hoc pairwise comparisons indicated that Asian/Pacific Islander men reported significantly higher exposure to negative body talk than did their White counterparts (refer to Table 5.) A second one-way ANOVA indicated that perceived pressure to engage in negative body talk also varied significantly by race,  $F(5, 1976) = 5.25, p < .001, \eta_p^2 = .01$ . Further analysis utilizing Tukey's post-hoc pairwise comparisons again indicated that

Asian/Pacific Islander men reported significantly higher perceived pressure to engage in disparaging body talk versus their White male peers (refer to Table 5).

**Self-accepting body talk scenario.** A one-way ANOVA indicated significant differences among men by race in likelihood of hearing self-accepting body talk,  $F(5, 1976) = 11.81, p < .001, \eta_p^2 = .03$ . Further evaluation utilizing Tukey's post-hoc pairwise comparisons indicated that men identifying as Black, Native American/Indian, or Asian American/Pacific Islander reported significantly higher likelihood of exposure to self-accepting body talk than did their White male peers. A second one-way ANOVA also indicated significant differences among men by race in terms of perceived pressure to engage in self-accepting body talk,  $F(5, 1976) = 6.53, p < .001, \eta_p^2 = .02$ . Post-hoc pairwise comparisons evaluated by Tukey's HSD correction indicated that men identifying as Asian American/Pacific Islander reported significantly higher perceived pressure to engage in self-accepting body talk than did their White male peers.

**Positive body talk scenario.** A one-way ANOVA indicated that likelihood of hearing positive body talk varied significantly by race,  $F(5, 1976) = 11.78, p < .001, \eta_p^2 = .03$ . Further analysis utilizing Tukey's HSD post-hoc pairwise comparisons indicated that men identifying as Black or Asian/Pacific Islander were significantly more likely to hear positive body talk than their White male peers; refer to Table 5. A second one-way ANOVA indicated that perceived pressure to engage in positive body talk also varied by race,  $F(5, 1976) = 6.00, p < .001, \eta_p^2 = .02$ . Tukey's HSD post-hoc pairwise comparisons indicated that men identifying as either Black or Asian/Pacific Islander reported significantly higher perceived pressure to engage in positive body talk than did their White male peers.

**BMI and pressure to engage in body talk.** Given prior literature documenting positive linear associations between BMI and pressure to engage in body talk (e.g., Martz et al., 2009), Pearson's bivariate correlations were run within each ethnicity to explore relationships between BMI and pressure to engage in body talk for each scenario. Small, yet significant, positive associations were found between BMI and pressure to engage in negative body talk for both Asian/Pacific Islander and White men. Additionally, a significant negative relationship between BMI and pressure to engage in positive body talk was demonstrated among White men; refer to Table 3.

**Likelihood of hearing and pressure to engage in each form of body talk.** Lastly, the current study examined whether exposure to and pressure to engage in fat talk were intercorrelated within race for each body talk scenario. Pearson's bivariate correlations were conducted among likelihood of hearing and pressure to engage in the varying forms of body talk within each race. Significant positive associations were found among all racial/ethnic groups except for men identifying as Native American/Indian (refer to Table 4).

### **Discussion**

The purpose of the current study was to extend the current literature by examining the perceived presence and pressure to engage in varying forms of body talk (e.g., negative, self-accept, positive) among an ethnically-diverse, age-representative sample of men and women in the U.S. Namely, the current study sought to expound upon an intriguing line of research (e.g., Britton et al., 2006; MacDonald Clarke et al., 2010; Martz et al., 2009; Tucker et al., 2007) concerning a self-degrading form of body talk, colloquially termed "fat talk" (e.g., Nichter, 2000). Although early conceptualizations of

fat talk were limited by gender and ethnic differences in the body image literature, recent empirical research has added evidence for an association between fat talk, thought to be the social extension of body image, and poor body esteem (Arroyo & Harwood, 2012; MacDonald Clarke et al., 2010), guilt (Salk & Engeln-Maddox, 2012), depression (Arroyo & Harwood, 2012), and disordered eating symptoms (MacDonald Clarke et al., 2010; Gapinski et al., 2003).

While literature examining body image and the prevalence of eating disorders among ethnically diverse women has emerged (e.g., Kronenfeld et al., 2010), literature examining similar constructs among men is in its infancy (e.g., Leone et al., 2011). Additionally, literature examining potential ethnic similarities and/or differences in varying forms of body talk is non-existent. Along these lines, the current study presented a novel contribution to the literature by proffering a cross-sectional analysis of varying forms of body talk among both women and men of multiple ethnic groups. In an attempt to further explore and begin to understand ethnic comparisons regarding body talk, current BMI, in addition to associations between likelihood of hearing body talk compared to perceived pressure to engage in such talk, was considered within each population and scenario.

Our results indicated that Black and Hispanic women reported higher exposure to self-accepting and positive body talk than did White women, while White women reported more pressure to engage in fat talk than Black women did. This is consistent with ethnic differences found in the body image literature, suggesting worse body image for White women while espousing pride and personal individualization of beauty and style for Black and Hispanic women. Additionally, we found that Asian/Pacific Islander

men reported the highest levels of pressure to engage in each form of body talk. We hypothesize that this somewhat novel finding is perhaps due to smaller frames, on average, among Asian men of varying ethnicities, in addition to the historically consistent emasculated presentation of Asian men in the mass media. Finally, Black men reported significantly higher likelihood of exposure to self-accepting and positive talk relative to White men. Due to limitations of the current study, it is unclear whether this talk was initiated by and/or occurring among a group of men versus a group of women—especially given our findings for women (i.e., Black women also reported more exposure to self-accepting and positive body talk). Ensuing sections further explore these novel yet preliminary findings.

### **Body Talk Among Women**

**White women.** As was expected given prior findings (e.g., Cash et al., 2004; Grabe & Hyde, 2006; Kumanyika et al., 1993; Nichter, 2000), women identifying as White reported significantly more pressure to engage in disparaging body talk, but with moderate effect sizes, than did their Black counterparts. Furthermore, both Black and Hispanic women reported a significantly higher likelihood of exposure to self-accepting and positive body talk than White women, even though Black women reported significantly larger body sizes on average. Other than our small sample of Native American women ( $n = 10$ ), White women were the only ethnic group to demonstrate a significant positive relationship between current BMI and pressure to engage in negative body talk. This relationship is consistent with the current body image literature suggesting the pervasiveness of the thin ideal and dissatisfaction with heavier body weight among White women. Previous research has pointed to both the mass media and

the romantic preferences of White men for a slender yet curvy female body shape (Kronenfeld et al., 2010; Overstreet et al., 2010) as positively influencing the slender ideal, while other research has emphasized the preferences of Black heterosexual men for fuller-figured Black female partners (e.g., Webb et al., under review).

While Martz et al. (2009) noted that overweight and obese women reported more pressure to engage in negative body talk than their normal weight or underweight counterparts in this analogous sample, it would appear from the current findings that simply considering body size does not render a complete picture. Echoing the trends initially documented by Nichter (2000) and those recently observed by Webb et al. (under review), the current findings suggest that White women remain significantly more dissatisfied with their bodies (cf. Kronenfeld et al., 2010), as evidenced by perceived pressure to engage in fat talk, relative to their other-ethnicity (e.g., Black) counterparts. However, one must not eschew the previously proposed cultural functions of fat talk (Nichter, 2000; e.g., establishing an in-group, maintaining rapport, eliciting social support), including how body image dissatisfaction may serve a positive role (e.g., increased motivation for exercise; LePage & Crowther, 2010). The current results do, however, suggest that the cultural phenomenon of both hearing and experiencing pressure to engage in “fat talk” exists primarily among White women.

**Black and Biracial women.** Consistent with several studies purporting less body dissatisfaction among Black women (e.g., Cash et al., 2004; Grabe & Hyde, 2006; Kronenfeld et al., 2010; Nichter, 2000), women identifying as Black reported significantly less pressure to engage in negative body talk relative to their White counterparts, again despite reporting larger body sizes on average (e.g., Kronenfeld et al.,

2010). However, Black women demonstrated a small, yet significant, positive relationship between exposure to and pressure to engage in negative body talk. Small yet significant relationships between likelihood and pressure were also observed for each of the self-accepting and positive body talk scenarios. Although not tested directly in this study, perhaps having less exposure to hearing negative body talk leads to a different conversational norm and hence less personal pressure to participate in fat talk. Additionally, these low correlations may perhaps indicate an exposure to body talk through broader mediums (e.g., mass media; social surroundings), while a lack of subsequent pressure to participate might be mediated by ethnic identity.

Indeed, a recent qualitative study by Webb et al. (under review) documented Black college women's observance of White college females' frequent engagement in disparaging body talk (*fat talk*) and described the occurrence of this phenomenon as a primary source of higher body dissatisfaction among White females on college campuses. There is some evidence within the communications literature suggesting differential influences of parenting style on ethnic communication patterns (e.g., authoritarian parenting styles typically employed by Black families are thought to promote a mutually responsive and interconnected mother-child interaction style; Deater-Deckard, Dodge, Bates, & Pettit, 1996; McLoyd, 1990). Nichter (2000) noted that Black girls in her study were well-aware of the differences between White and Black parent-child interactions, with several Black girls noting, "I got White friends that say stuff to their mothers I would never dream of saying." Other researchers have described how Black mothers establish themselves as "adults in charge." Given the reality of the hostile environment, many Black mothers enforce strict rules to protect their daughters, while at the same time

teaching them to be self-reliant and resourceful (Cauce et al., 1996). The strength and perseverance fostered among these Black girls by their mothers are thought to be important elements of their healthy self-esteem (Ward, 1996). Empirical work examining ethnic differences among parent-child interactions and its influence on body image development would be highly valuable for the development of culturally sensitive interventions to reduce fat talk and that target body image, eating disorders, and obesity.

In addition to reporting significantly less pressure to engage in negative body talk, Black women also reported a significantly higher likelihood of exposure to both self-accepting and positive body talk relative to their White and Biracial counterparts. This finding is also aligned with prior research demonstrating a positive sense of self-worth (American Association of University Women, 1991; Kumanyika et al., 1993; Nichter, 2000), body acceptance (Webb et al., under review), and self-confidence (Nichter, 2000; Webb et al., under review) among Black women. Additionally, in her work, Nichter (2000) found that Black girls consistently received compliments from other Blacks of both sexes for “having it goin’ on.” Comments were received from people of close and casual acquaintance, in public and in private, suggesting that Black girls receive far more positive than negative feedback about how they look from their families and friends. As with negative body talk, perhaps exposure to conversational norms promoting body acceptance and pride among Black women have in turn led to more pressure to engage in such rhetoric.

The interesting interplay evidenced by Black women’s larger overall body sizes and concomitant exposure to self-accepting and positive body talk contributes to a growing body of research highlighting the influence of socio-cultural norms in both the

development of an individually-constructed beauty ideal and the romantic preferences of larger female body sizes by Black heterosexual men (Becker et al., 1999; Nichter, 2000; Overstreet et al., 2010; Webb et al., under review). In other words, regardless of body size, Black women are valued by their culture when they are perceived to be “making what they have work for them” or when “they got it goin’ on.”

Though prior research has indeed indicated that Black women report higher body acceptance on average, recent work has found that Black women may be more likely than previously thought to report dissatisfaction with specific body parts (e.g., buttock size; Overstreet et al., 2010). Future research might aim to examine Black women’s body image through a more nuanced, socio-cultural lens that might allow for an exploration of specific body areas and features that Black women may find unsatisfactory.

Additionally of interest was the finding that Black women reported a significantly higher likelihood of exposure to self-accepting body talk relative to women identifying as Biracial. A recent study of college students found that overweight Biracial/Multiethnic women endorsing binge eating behavior reported both the highest levels of anxiety (i.e., relative to White and Black students) and body dissatisfaction relative to Black women (Ivezaj et al., 2010). Biracial/Multiethnic women also reported higher levels of appearance evaluation and shape concerns relative to Black women, yet at levels that were on par with White women (Ivezaj et al., 2010). If conversational norms (i.e., engagement in negative body talk) do in fact serve as a proxy indicator for body esteem, as has been previously demonstrated (e.g., Arroyo & Harwood, 2012; MacDonald Clarke et al., 2010), then one may presume that the current findings are aligned with those of Ivezaj et al. (2010), who found lower body esteem among Biracial/Multiethnic women.

One potential explanation for these findings is that Biracial/Multiethnic women's shared racial and cultural identity places them at greater risk for internalizing mainstream thinness and beauty ideals relative to their Black counterparts. For example, these women may fail to be equally engendered with traditional Black cultural ideals promoting a strong sense of self-worth and individual beauty that is valued by one's greater community. There is, however, an important caveat: Larger body size acceptance has been linked to both higher rates of obesity and an underestimation of one's current body size among Black women (Chandler, Abood, Dae, & Cleveland, 1994; Rusher & Cash, 1992; Schieman, Prudrovsky, & Eccles, 2007; Schuler et al., 2008), which unfortunately in many cases translates to higher incidence of obesity-related health conditions such as diabetes, hypertension, and coronary artery disease. It is clear that the study of body image, and proposed social extensions of that image (e.g., body talk), among Biracial/Multiethnic women warrants further empirical inquiry.

**Hispanic women.** Previous research has noted concern regarding the internalization of traditional gender roles by Hispanic women, which in turn has been linked with poor body image (e.g., Altabe & O'Garro, 2002; Avila & Avila, 1995). Despite the belief of some experts that eating disorders (e.g., Franko, Becker, Thomas, & Herzog, 2007) and poor body image (Altabe & O'Garro, 2002; Avila & Avila, 1995; Gillen & Lefkowitz, 2011; Kempa & Thomas, 2000) are on the rise among Hispanic women, women in the current sample evidenced both a significantly higher likelihood of hearing, and subsequent pressure to engage in, positive body talk relative to White women. In fact, the Hispanic women in the current sample demonstrated the strongest

relationships between exposure to self-accepting and positive body talk and subsequent pressure to engage in it.

A potential explanation for the current findings is that the internalization and pervasiveness of traditional feminine gender roles characterized by submissiveness, self-restraint, and family values among Hispanic women has in fact served as a protective factor rather than a risk factor, which has been suggested by some (e.g., Gillen & Lefkowitz, 2011). Perhaps the maternal identification inherent in this community, which has been linked with better body image and self-esteem for Hispanic girls (Hahn-Smith & Smith, 2001), has indeed served to bolster body-esteem, much in the same way that has already been demonstrated for Black women (e.g., Nichter, 2000). Moreover, cultures where women idealize a feminine/curved physique while men idealize a masculine/muscular physique may lead to more enhanced body esteem for women with larger curvier feminine bodies. Indeed, a study of Black and Hispanic community women found no significant differences in self-reports of body image, eating-disordered behaviors, and associated psychological domains (e.g., depression; physical appearance anxiety; Hrabosky & Grilo, 2007). At least in terms of the social context, it would appear that both Hispanic and Black women are privy to environments promoting personal body pride and acceptance. However it remains unclear whether this phenomenon exists solely among audiences of Hispanic women, or whether Hispanic men, or men and women of other ethnic groups, are also present. A further examination of these social contexts, in addition to the potential impact of level of acculturation, is needed.

**Asian/Pacific Islander women.** Though between-group comparisons failed to yield statistically significant differences among women identifying as Asian/Pacific

Islander for any of the body talk scenarios, Asian women nonetheless demonstrated moderately strong positive associations between exposure and pressure to engage in each form of body talk. Somewhat contradictory to prior findings (e.g., indicating that Asian American women report more body dissatisfaction at higher BMIs; Nouri et al., 2011), Asian women in the current sample did not indicate more perceived pressure to engage in body talk at larger body sizes—yet note that they were the only female ethnicity within a normal weight range. While not directly examined in this study, a potential explanation for the current findings could be the age diversity in our cohort, as previous work (e.g., Nouri et al., 2011) has focused mainly on college-aged women. These women were perhaps more likely to be both more frequently exposed to Western media overvaluing the thin-ideal (i.e., TV, magazines) and report higher body-consciousness given their current life trajectory relative to their older age-mates.

**Native American/Indian women.** While the very limited sample size ( $n = 10$ ) makes generalizability and the drawing of conclusions problematic, no significant differences were found among exposure to and pressure to engage in the varying forms of body talk for Native American women, yet strong positive relationships were observed between current BMI and pressure to engage in all three forms of body talk (e.g., negative, self-accept, positive). Native American/Indian women also reported the highest mean BMIs, falling within the obese range. This is consistent with previous research documenting that both Native American and Black women generally report larger mean BMIs relative to White women (e.g., Whitt, DuBose, Ainsworth, & Tudor-Locke, 2004). However, an important caveat should be noted: One Native American woman in our sample with a self-reported BMI of 60 endorsed the highest perceived pressure to engage

in all three forms of body talk. While a positive linear trend was generally observed among Native American women's current BMI and pressure to engage in body talk, it is likely that the magnitude of the observed correlations were impacted by this particular participant.

Also aligned with prior findings (e.g., Whitt et al., 2004), Native American/Indian women in the current sample were more likely to report having larger households (i.e., number of dependents) and being full-time homemakers relative to women of other ethnic/racial backgrounds. Research examining cultural attitudes toward and individual experiences of body image is a considerable gap in the current literature and merits further scholarly attention.

### **Body Talk Among Men**

While literature examining ethnic differences in women's body satisfaction is emerging (e.g., Kronenfeld et al., 2010), very little is known regarding potential ethnic differences in men's body dissatisfaction. One study pointed to the importance of social and interpersonal factors in determining body image satisfaction among a diverse group of adolescent men, yet found no differences based on ethnicity (Leone et al., 2011). Along these lines, the present study provided an exploratory examination of varying forms of body talk, thought to serve as a measure of body satisfaction (MacDonald Clarke et al., 2010) among an ethnically-diverse, age-representative sample of men in hopes of aiding the current understanding of men's body image and/or how men do or do not express this phenomenon in interpersonal situations.

**White men.** Despite some prior evidence to the contrary (e.g., Grossbard et al., 2011), the current findings indicated that men identifying as White reported significantly

less exposure to negative, self-accepting, and positive talk than did some groups (e.g., Asian; Black; Native American/Indian) of male peers. This is quite surprising given the combination of the current findings for White women (i.e., significantly higher pressure to engage in negative body talk relative to other-ethnicity groups) and those of Martz et al. (unpublished manuscript) indicating that the majority of men were picturing a female speaker in all three body talk scenarios. Of note, White men also failed to demonstrate significant relationships between BMI and pressure to engage in any form of body talk, despite reporting BMIs in the overweight range on average.

Perhaps dominant group membership (i.e., White and male) serves as a protective factor for White men while concomitantly serving as a liability for women. Though media images of muscular men are reportedly on the rise (Grossbard et al., 2011; Pope et al., 2000), these images frequently include men of other races, and body sizes portrayed as acceptable among White men (e.g., in films) encompass a much wider range than those portrayed as acceptable for females (e.g., thin; hourglass). Another possibility is that White men simply do not feel pressure to engage in discussions regarding their bodies. Given the lack of pressure reported to engage in each of the body talk scenarios, the current findings suggest that body image conversations are not prominent in the minds of White men in the U.S.

**Black men.** The Black men in this sample reported significantly more exposure to both self-accepting and positive body talk relative to their White male peers, with moderate effect sizes. This is consistent with what was found among the Black women in the current sample, who also reported significantly higher exposure to both self-accepting and positive body talk relative to White female peers. Additionally, the Black men in our

sample reported significantly more *pressure*, yet only slightly more, to engage in positive body talk relative to their White male counterparts.

Of particular intrigue was the finding that Black men reported slightly more pressure to engage in positive talk relative to their White male peers. For men, positive talk could refer to instrumental qualities of the body (i.e., athleticism) as opposed to referring to “looks” as it might for women. Given the findings of Martz et al. study (unpublished manuscript; i.e., that most men were envisioning a male speaker in the positive body talk scenario), it would appear that the Black men in this study felt pressure to respond in kind to positive body talk presented by another man. It is important however to note that the majority of the participants in that sample were White college-aged students, with very small representation (4%) of Black students. Findings of the Martz et al. (unpublished manuscript) study then must be extrapolated with caution to the middle-aged Black men in the current sample.

Perhaps the Black men in the current sample were simply echoing the positive body-esteem and pride evidenced by women of similar descent, or perhaps they were reporting comparable norms for themselves as groups of men. Of note, the Black men in the current sample did demonstrate significant, positive, moderately sized relationships between likelihood of hearing and pressure to engage in each of the body talk scenarios, with the strongest relationship observed for self-accepting body talk. These associations serve as evidence in support of a similar sociocultural phenomenon among Black men themselves (i.e., body size acceptance; e.g. Gillen & Lefkowitz, 2011), though future research should seek to clarify this relationship. Of course, given that effect sizes were small ( $d = 0.28$ ) and comparisons just passed statistical significance, it is not entirely

improbable that the differences found are the result of a very large sample size. As has been made exceedingly clear for women, qualitative research examining communication styles and body talk norms among ethnically-diverse groups of age-representative men is needed.

**Hispanic/Chicano/Latino men.** Though there were no significant overall ethnic differences for Hispanic/Chicano/Latino men among the body talk scenarios, Latino men nevertheless demonstrated small- to moderately-sized positive relationships between likelihood of exposure and pressure to engage in each of the body talk scenarios, with the strongest relationships observed within the self-accepting scenario. That is, our findings suggest that self-accepting body talk is indeed heard and a part of cultural conversations among Latino men.

The current results appear discrepant from prior findings indicating that ethnic minority groups of men (including Hispanics) report higher levels of body image concern and equivalent levels of weight-related body concerns relative to White men (Ricciardelli, McCabe, Williams, & Thompson, 2007). With respect to gender differences, a recent study of an ethnically-diverse college student sample found significantly divergent body ideals (i.e., women desired to be smaller) among Latino men and women, yet findings were mixed with regard to satisfaction with current body size among the men—some desired to be smaller, while others desired to be larger (Gillen & Lefkowitz, 2011). Still other studies have suggested the impact of body build, level of acculturation, socioeconomic status, media exposure, and muscular versus lean body ideals on body image satisfaction regardless of racial or ethnic group identification (Ricciardelli et al., 2007). Perhaps prior studies demonstrating equivalent or exceeding levels of body

dissatisfaction among Hispanic/Latino men relative to White men are indicative instead of differences in acculturation and acclimation to Western mainstream ideals. In other words, Hispanic/Latino men steeped in the collegiate culture of U.S. college campuses might have more greatly internalized Western mainstream ideals relative to their older male counterparts whom were represented in the current sample.

**Asian/Pacific Islander men.** Consistent with recent literature purporting higher rates of body shame among Asian/Pacific Islander men (e.g., Boisvert & Harrell, 2012), men identifying as Asian/Pacific Islander in the current sample reported a significantly higher likelihood of hearing and subsequent pressure to engage in negative body talk relative to White men. They also demonstrated a modest yet significant positive relationship between current BMI and pressure to engage in negative body talk, providing further support for the positive association already demonstrated between body dissatisfaction and BMI among Asian/Pacific Islanders (e.g., Nouri et al., 2011). Of note, Asian/Pacific Islander men had significantly lower BMIs than men of all other ethnicities and were the only “normal” weight ethnic group (mean BMI between 18-25; Centers for Disease Control and Prevention [CDC], 2012) in the current sample, as were their female counterparts.

Research examining body image, body change strategies, and weight concerns among Asian men has been inconsistent, partly due to a lack of discrimination between ethnic groups of Asian men (e.g., Japanese, Chinese, Filipino; c.f. Ricciardelli et al., 2007) consistent with the lack of a more refined ethnic categorization in the current study. Some studies have found that Japanese and Chinese men, who tend to have smaller builds, prefer larger body sizes (Yang, Gray, & Pope, 2005), while Filipino men, who tend to

have larger builds (and BMIs), often prefer smaller body sizes (Edman & Yates, 2005; Yates, Edman, & Aruguete, 2004). In addition to having smaller frames overall, Asian men tend to have less muscular physiques than do White men, which may exacerbate body dissatisfaction (Kuo, 2005). Indeed, literature has pointed to mainstream media images of Asian men that have been particularly emasculating and frequently desexualized, with their bodies often portrayed as small and weak (Chen, 1996, 1999). Given the paradoxical nature of many Asian men's body dissatisfaction (i.e., desiring to be larger rather than smaller), it is possible that the negative body talk perceived by men in the current sample was more closely related to parts of their bodies perceived as diminutive (e.g., "I wish my chest was larger") rather than the predominantly-white, gender-specific example provided (i.e., "My butt is fat."). Well-validated, non-biased, gender-specific, and racially appropriate scales of body talk are much needed to clarify these findings in future research.

Interestingly, Asian/Pacific Islander men also reported significantly higher exposure and pressure to engage in each of the self-accepting and positive body talk scenarios relative to White men. Positive associations between exposure and pressure to engage in both the self-accept and positive talk scenarios were also observed, with the strongest relationship demonstrated in the self-accept condition. While no evidence thus far points to body acceptance and pride among Asian men, some research has documented fewer body image concerns among Asian men relative to White men (Altabe, 1998; Cachelin et al., 2002; Yang et al., 2005).

In sum, the current findings both support and extend the current body image literature among Asian men. Certainly, Asian men perceive themselves (and perhaps their

female counterparts as well, depending on the sex of the perceived speaker) to be more body-preoccupied than do their White male peers, as evidenced by their proclivity to engage in varying forms of body talk including negative, self-accepting, and positive body talk. Given prior literature highlighting the emasculation of the Asian male in Western mainstream media and the previously proposed links among men of other ethnicities in the current sample (i.e., that perhaps Black men were responding in kind to positive body talk presented by another male), it could be surmised that the perceived pressure to engage in both self-accepting and positive body talk by the Asian/Pacific Islander men in the current sample might be an attempt to claim or reclaim the virility perceived as lost via mechanisms of mainstream Western culture.

**Native-American/Indian men.** Native American/Indian men in the current sample reported a significantly higher likelihood of exposure to self-accepting body talk relative to White men with large effect sizes. Despite our small sample size, this finding nonetheless is surprising given prior contradictory findings indicating higher body dissatisfaction among Native American adolescent men relative to White adolescent men (Neumark-Sztainer et al., 2002; Smith & Krejci, 1991; Story, French, Resnick, & Blum, 1995). However, Native American/Indian men in the current sample evidenced significantly higher mean BMIs relative to men of all other ethnicities, which is consistent with prior literature indicating higher BMIs among Native American men relative to White men (e.g., Neumark-Sztainer et al., 2002; Story et al., 1995). The lack of associations between BMI and pressure to engage in body talk, and also between likelihood of exposure and subsequent pressure to engage in body talk perhaps suggests that the Native American/Indian men in the current sample were reporting on self-

accepting talk witnessed among their respective female peers (e.g., Martz et al., unpublished manuscript).

With regard to prior literature indicating poor body satisfaction among adolescent Native American/Indian men relative to their White peers, the current findings echo what other researchers have already suggested (e.g., Riccardelli et al., 2007; Ring & Firman, 1998)—that is, higher levels of body dissatisfaction may have been indicative of problems associated with feelings of displacement and alienation in urban areas, and a loss of both ethnic identity and supportive community (Ring & Firman, 1998) rather than body image-specific concerns. Clearly, future research exploring unique gender contributions in perceptions of body image and body talk among Native American/Indian populations is warranted.

**Biracial men.** The current analyses failed to yield significant findings among the body talk scenarios nor correlations for men identifying as Biracial.

### **Limitations and Future Directions**

These novel yet preliminary findings must be considered in light of important limitations, including failure to categorize and further define the referenced peer group. In each of the vignettes (e.g., negative, self-accept, positive body talk), were women envisioning an all-male audience, an all-female audience, or mixed company? Martz, Stack, Varner, and Faw (unpublished manuscript) surveyed 151 college students using the vignettes employed here in addition to items that assessed gender bias. They found that in the negative (*fat talk*) body talk scenario, the majority of women envisioned an all-female peer group, and 100% of women envisioned a female rather than a male speaking negatively regarding their own body. In both the self-accepting and positive body talk

scenarios, the majority of women imagined a mixed-gender group of peers and a female speaker. From these findings it would appear that women perceive negative body talk or *fat talk* as an exclusively feminine phenomenon, propagated by and occurring mostly within homogenous groups of women. These findings are aligned with previously identified functions of fat talk among women (e.g., eliciting social support; creating an “in group;” Nichter, 2000). However, it is important to note that the sample reported in Martz et al. (unpublished manuscript) consisted of over 90% White college students in rural Appalachia. Furthermore, the race/ethnicity of the identified “speaker” and peer group within each body talk scenario remains unidentified. No research to date has examined ethnically-diverse groups regarding the perceived race of neither the speaker nor the audience in each of the vignettes. Findings of the Martz et al. (unpublished manuscript) study then must be extrapolated with caution to the current age-, geographically-, and ethnically-diverse sample.

While the sample size was large, some ethnic groups, such as Native American/Indian and Biracial, were under-represented, though were represented at percentages on par with recent U.S. Census data (U.S. Census Bureau, 2009). Additionally, we failed to discriminate between ethnic groups within-race (i.e., Filipino, Japanese, Chinese ethnicities were all categorized as “Asian”), which might have led to more specific between-group differences (e.g., Ricciardelli et al., 2007). Moreover, the absence of a measure of ethnic identity was a primary limitation. Indeed, prior research has documented the importance of peer group ethnic composition (e.g., heterogeneous vs. homogeneous) among body image in adolescent females (i.e., Black girls with heterogeneous peer groups reported higher awareness and internalization of dominant

societal standards; Abrams & Stormer, 2002). It is therefore possible that many of the current findings are perhaps attributable to unassessed identification with ethnic culture. Furthermore, the examples given in each of the body talk scenarios (e.g., “My butt is fat”) could have interacted with both race and gender, therefore again posing limitations on generalizability of the current findings. Future research will want to further delineate these important predictor variables as we gain more understanding of how people of varied ethnicities do or do not engage in body talk.

Additionally, the current study failed to identify sexual orientation, precluding an examination of the potential impact of sexual preference on both exposure to and pressure to engage in varying forms of body talk. Neither did we examine potentially significant ethnic between-group differences in income or level of education, possibly presenting a further confound. Future studies will want to account for these important socio-demographic variable as well as aim to develop well-validated, non-biased, gender-specific, and culturally/ethnically appropriate psychometric measures of body talk that might also consider sexual orientation and preferences.

It is especially important to highlight that, while psychometrically-sound measures of fat talk have very recently been developed (e.g., MacDonald Clarke et al., 2010; Engeln-Maddox, Salk, & Miller, 2012), these measures were unavailable during data collection for the current study. Unfortunately, the vignettes employed in the current study have not been normed or validated. Therefore, critical psychometric properties (i.e., validity, reliability) remain unknown. However, the above-referenced scales have been developed and normed on mostly heterosexual, White female college students in the U.S.,

again highlighting the critical need for incorporating diversity in the way we conceptualize and measure body talk.

The current study was not developmental in nature and therefore did not examine age as a potential predictor of proclivity to engage in body talk. However, given current literature suggesting many potentially age-related differences in body dissatisfaction among multiple gender and ethnic groups (e.g., Chen & Jackson, 2012; Riccardelli et al., 2007), this line of inquiry provides an intriguing opportunity for future scholarly work.

Along these lines, we would like to highlight the limitations of using BMI as a metric of current health and fitness. As others have found (e.g., Brunt & Rhee, 2008), BMI, used in isolation, can be a poor predictor of overall health, especially for younger individuals. For example, Brunt and Rhee noted that while the college men in their study were more than three times more likely to have BMIs in the overweight or obese range [relative to women], many of the men were exercise science majors and tended to be more muscular and therefore heavier than expected based solely on body composition. Indeed, it is important to acknowledge the limitations of BMI as a crude measure of overall physical fitness as well as the importance of salient sociocultural variables in preferred body size and composition.

Another limitation of the current study was the within-subjects design and therefore the inability to determine whether one form of body talk impacted another. Furthermore, vignette order (e.g., negative, self-accepting, and positive talk) was not counterbalanced, perhaps introducing further confounds. In other words, did exposure to positive or self-accepting body talk limit or discourage pressure to engage in negative body talk? Significant correlations observed suggest this possibility. In addition to

examining broader cultural differences in communication style in general (e.g., how differential parenting styles and other family/cultural variables may affect dyadic communication styles; Deater-Deckard et al., 1996; McLoyd, 1990) future research might seek to further examine the co-occurrence of varying forms of body talk. Specifically, qualitative research examining these important communication styles and norms among groups of Native American/Indian, Hispanic/Latino, and Multiethnic/Multiracial groups is needed.

Lastly, the current investigation failed to examine body talk regarding specific areas of dissatisfaction, such as buttocks, breasts, hips, thighs, stature, or muscularity. These are important areas to consider in the examination of body dissatisfaction, as research has identified gender- and ethnicity-specific areas of dissatisfaction among women (e.g., buttocks and breasts; Overstreet et al., 2010) and men (e.g., biceps, chest; McCabe & Riccardelli, 2004; Pope, Olivardia, Gruber, & Borowiecki, 1999). It is likely that the example given in the current investigation for negative body talk (i.e., “My butt is fat”) is too gender-specific and ethnocentric (i.e., toward White women), serving as further evidence in support of the development of ethnic- and gender-specific measures of body talk as it may seek to measure body image dissatisfaction.

Though the correlational nature of the present study prohibits clinical inferences, the current findings nevertheless shed light on important sociocultural differences in the social expression of body image. Indeed, likelihood of exposure and perceived pressure to engage in negative body talk appears to be more salient among certain ethnic groups and genders (e.g., Asian men; White women), while the same is true for self-accepting and positive forms of body talk (e.g., men; Black women). Further clarification of the

functions and/or consequences of *all* forms of body talk (negative, self-accepting, and positive) among ethnically-diverse groups of individuals with varying sexual orientations will aid the development of future prevention and treatment efforts aimed at reducing body dissatisfaction and disordered eating.

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Table 1

*Mean BMI and Statistically Significant Differences by Race Within Gender.*

		1	2	3	4	5	6
	<i>M</i>	29.11	31.07	28.75	22.72	33.33	28.45
	<i>(SD)</i>	(7.87)	(7.80)	(6.34)	(4.92)	(11.80)	(5.25)
1	28.66 (6.55)		0.25**		0.97***		
2	28.12 (6.35)				1.28***		
3	28.54 (7.39)				1.06***		
4	24.86 (5.33)	0.64***	0.56***	0.57***		1.17***	1.13**
5	33.49 (13.48)	0.46***	0.51***	0.46**	0.85***		
6	28.33 (8.30)				0.5*	0.46**	

*Note.* 1 = White; 2 = Black; 3 = Hispanic/Chicano/Latino; 4 = Asian/Pacific Islander; 5 = Native American/Indian; 6 = Biracial. Men are presented below the diagonal; women above. Effect sizes (Cohen's *d*) are presented in cells. \* =  $p < .05$ ; \*\* =  $p < .01$ ; \*\*\* =  $p < .001$ .

Table 2

*Mean Scores by Race for Each Body Talk Scenario Among Women (n = 2,001).*

<b>Variable</b>	<b>Mean</b>	<b>SD</b>	<b>F (total)</b>	<b>p-value</b>	<b>Sig. diffs</b>	<b>Cohen's d</b>
<b>Negative Talk Likelihood</b>						
White (1)	2.75	1.26				
Black (2)	2.52	1.27				
Hispanic/Chicano/Latino (3)	2.93	1.20				
Asian/Pacific Islander (4)	3.00	1.10				
Native American/Indian (5)	2.20	1.03				
Biracial (6)	2.62	1.20				
<b>Negative Talk Pressure</b>						
			5.29	<.001	1 > 2***	0.41
White	2.31	1.18				
Black	1.85	1.07				
Hispanic/Chicano/Latino	2.39	1.26				
Asian/Pacific Islander	2.49	1.21				
Native American/Indian	1.50	0.71				
Biracial	1.92	1.32				
<b>Self-accepting Talk Likelihood</b>						
			11.45	<.001	2 > 1***	0.56
White	2.07	0.96				
Black	2.69	1.25			2 > 6*	0.53
Hispanic/Chicano/Latino	2.30	0.99				
Asian/Pacific Islander	2.29	0.76				
Native American/Indian	2.90	1.10				
Biracial	2.04	1.22				
<b>Self-accepting Talk Pressure</b>						
White	2.09	1.06				
Black	2.10	1.15				
Hispanic/Chicano/Latino	2.44	1.12				
Asian/Pacific Islander	2.27	0.86				
Native American/Indian	1.90	0.88				
Biracial	1.42	0.76				
<b>Positive Talk Likelihood</b>						
			7.70	<.001	2 > 1***	0.42
White	1.80	0.93				
Black	2.23	1.13			3 > 1*	0.35
Hispanic/Chicano/Latino	2.16	1.14				
Asian/Pacific Islander	1.96	0.82				
Native American/Indian	2.60	1.07				
Biracial	1.96	1.08				
<b>Positive Talk Pressure</b>						
			2.92	.01	3 > 1*	0.36
White	1.95	1.06				
Black	2.14	1.25				
Hispanic/Chicano/Latino	2.36	1.23				
Asian/Pacific Islander	2.18	1.01				
Native American/Indian	2.20	1.03				
Biracial	1.81	1.02				

Note. \* $p < .05$ ; \*\*\* $p < .001$ ; NS = non-significant

Table 3

*Associations (Pearson's  $r$ ) Between Body Mass Index (BMI) and Pressure to Engage in Varying Forms of Body Talk by Race.*

Pressure Variable	BMI Correlation ( $r$ )	
	Women ( $n = 2,001$ )	Men ( $n = 1,982$ )
White	( $n = 1729$ )	( $n = 1594$ )
Negative talk pressure	.102**	.091**
Self-accept talk pressure	.009	-.047
Positive talk pressure	-.013	.090**
Black	( $n = 126$ )	( $n = 101$ )
Negative talk pressure	.171	.047
Self-accept talk pressure	.155	.058
Positive talk pressure	.109	-.003
Hispanic/Chicano/Latino	( $n = 61$ )	( $n = 80$ )
Negative talk pressure	.085	-.063
Self-accept talk pressure	-.144	-.017
Positive talk pressure	-.150	-.025
Asian/Pacific Islander	( $n = 49$ )	( $n = 153$ )
Negative talk pressure	-.017	.172*
Self-accept talk pressure	.185	-.012
Positive talk pressure	.229	-.039
Native American/Indian	( $n = 10$ )	( $n = 27$ )
Negative talk pressure	.704*	.074
Self-accept talk pressure	.793**	.020
Positive talk pressure	.662*	-.193
Biracial	( $n = 26$ )	( $n = 27$ )
Negative talk pressure	-.136	-.253
Self-accept talk pressure	-.273	-.365
Positive talk pressure	-.196	-.31

Note. \* =  $p < .05$ ; \*\* =  $p < .01$

Table 4

*Associations (Pearson's  $r$ ) Between Likelihood of Hearing and Pressure to Engage in Varying Forms of Body Talk by Race.*

Likelihood Variable	Pressure Variable Correlation ( $r$ )	
	Women ( $n = 2,001$ )	Men ( $n = 1,982$ )
White	( $n = 1729$ )	( $n = 1594$ )
Negative talk	.524**	.535**
Self-accept talk	.342**	.513**
Positive talk	.308**	.546**
Black	( $n = 126$ )	( $n = 101$ )
Negative talk (likelihood)	.254**	.495**
Self-accept talk (likelihood)	.217*	.576**
Positive talk (likelihood)	.221*	.478**
Hispanic/Chicano/Latino	( $n = 61$ )	( $n = 80$ )
Negative talk	.484**	.312**
Self-accept talk	.513**	.586**
Positive talk	.540**	.359**
Asian/Pacific Islander	( $n = 49$ )	( $n = 153$ )
Negative talk	.486**	.412**
Self-accept talk	.389**	.668**
Positive talk	.488**	.511**
Native American/Indian	( $n = 10$ )	( $n = 27$ )
Negative talk	.152	.122
Self-accept talk	.104	.003
Positive talk	.280	.200
Biracial	( $n = 26$ )	( $n = 27$ )
Negative talk	.357	.499**
Self-accept talk	.112	.443*
Positive talk	.248	.802**

Note. \* =  $p < .05$ ; \*\* =  $p < .01$

Table 5

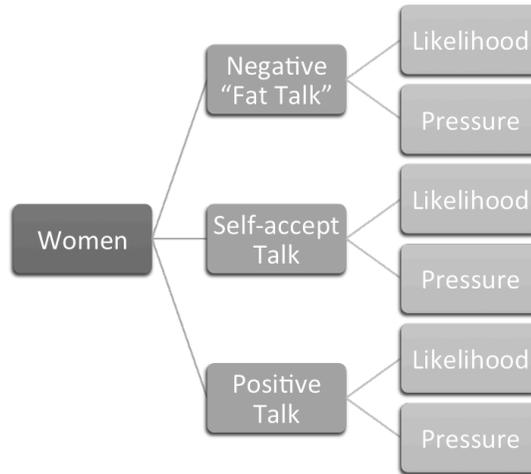
*Mean Scores by Race for Each Body Talk Scenario Among Men (n = 1,982).*

Variable	Mean	SD	F (total)	p-value	Sig. diffs	Cohen's d
<b>Negative Talk Likelihood</b>			2.99	.01	4 > 1*	0.26
White/Caucasian (1)	2.00	1.02				
Black (2)	2.24	1.29				
Hispanic/Chicano/Latino (3)	2.06	1.04				
Asian/Pacific Islander (4)	2.28	1.10				
Native American/Indian (5)	2.15	1.29				
Biracial (6)	2.22	1.05				
<b>Negative Talk Pressure</b>			5.25	<.001	4 > 1***	0.36
White/Caucasian	1.74	0.96				
Black	1.93	1.20				
Hispanic/Chicano/Latino	1.94	1.07				
Asian/Pacific Islander	2.10	1.02				
Native American/Indian	2.15	1.32				
Biracial	1.85	1.17				
<b>Self-accepting Talk Likelihood</b>			11.81	<.001	2 > 1***	0.44
White/Caucasian	1.95	0.92				
Black	2.42	1.21			5 > 1***	0.76
Hispanic/Chicano/Latino	2.23	1.03			4 > 1**	0.31
Asian/Pacific Islander	2.27	1.11				
Native American/Indian	2.78	1.25				
Biracial	2.41	1.08				
<b>Self-Accepting Talk Pressure</b>			6.54	<.001	4 > 1***	0.41
White/Caucasian	1.88	1.00				
Black	2.16	1.18				
Hispanic/Chicano/Latino	2.05	1.11				
Asian/Pacific Islander	2.31	1.11				
Native American/Indian	2.19	1.00				
Biracial	2.15	1.23				
<b>Positive Talk Likelihood</b>			11.78	<.001	2 > 1***	0.46
White/Caucasian	1.83	0.94				
Black	2.36	1.33			4 > 1***	0.43
Hispanic/Chicano/Latino	2.13	1.16				
Asian/Pacific Islander	2.26	1.06				
Native American/Indian	2.33	1.07				
Biracial	2.07	1.24				
<b>Positive Talk Pressure</b>			6.00	<.001	2 > 1*	0.28
White/Caucasian	1.84	1.02				
Black	2.17	1.30			4 > 1***	0.39
Hispanic/Chicano/Latino	1.99	1.19				
Asian/Pacific Islander	2.25	1.11				
Native American/Indian	2.00	1.07				
Biracial	2.07	1.47				

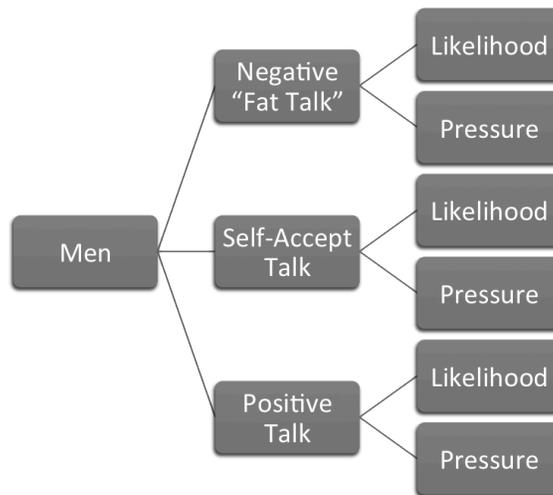
Note. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

Figure 1. Visual Representation of Within-Gender Study Design

Panel A



Panel B




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*Figure 1.* Panel A depicts six one-way ANOVAs run for women with race collapsed. Of these, 4 were statistically significant, and follow-up ANOVAs with race expanded were conducted. Panel B depicts six one-way ANOVAs run for men, with race expanded.

## Appendix

## IRB Exemption Approval

**To:** Mallory Forman

CAMPUS MAIL

**From:** Jessica Yandow, Office of Research and Sponsored Programs

**Date:** 3/23/2012

**RE:** Notice of IRB Exemption

**Study #:** 12-0236

**Study Title:** A Comparative Analysis of Ethnic Differences in Fat Talk

**Exemption Category:** (4) Collection or Study of Existing Data, If Public or Unable to Identify Subjects

This submission has been reviewed by the IRB Office and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b). Should you change any aspect of the proposal, you must contact the IRB before implementing the changes to make sure the exempt status continues to apply. Otherwise, you do not need to request an annual renewal of IRB approval. Please notify the IRB Office when you have completed the study.

Best wishes with your research!

CC:

Denise Martz, Psychology

### **Vita**

Mallory J. Forman was born in Louisville, KY and is the daughter of Melinda Roberts Fletcher and Jeffrey P. Forman. She is engaged to Michael A. Fiery, Jr. Mallory received her B.A. in Psychology from the University of North Carolina at Charlotte, Magna Cum Laude, with Honors in Psychology in 2010. After receiving her M.A. in Clinical Health Psychology from Appalachian State University in 2013, Mallory plans to receive her PhD in Clinical Health Psychology from the University of North Carolina at Charlotte. Her main clinical and research interests lie within the fields of obesity, eating behaviors, body image, mindfulness, and emotion regulation.