



Gender Comparisons of Fat Talk in the United Kingdom and the United States

By: **Denise M. Martz, Lucinda O. Payne, K. Brooke Tompkins, Anna B. Petroff & Claire V. Farrow**

Abstract

This study compared different forms of body talk, including “fat talk,” among 231 university men and women in central England (UK; n=93) and the southeastern United States (US; n=138). A 2 (gender) by 2 (country) repeated measures ANOVA across types of body talk (negative, self-accepting, positive) and additional Chi-square analyses revealed that there were differences across gender and between the UK and US cultures. Specifically, UK and US women were more likely to report frequently hearing or perceiving pressure to engage in fat talk than men. US women and men were also more likely to report pressure to join in self-accepting body talk than UK women and men.

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Introduction

Body dissatisfaction and drive for thinness are commonplace among Western cultures where thin ideals for physical attractiveness are emphasized among women (Swami et al. 2010). Based in feminist theory, McKinley (2002) proposed that women's tendency for more body image dissatisfaction compared to men's is not individual pathology, but rather a "systematic" gendered "social phenomenon" driven by the United States (US) culture's imperative to objectify the female body (p. 55). This body objectification leads many girls and women to treat their bodies as a project that always requires attention and modification (Brumberg 1997). Despite the relatively small amount of body image research in men compared to women, studies have demonstrated that men also experience body dissatisfaction (Cash 2002; Olivardia et al. 2004; Smolak et al. 2005). In contrast to the drive for thinness in women (Wertheim et al. 2008), men experience body dissatisfaction due to the drive for muscularity (Smolak and Murnen 2008) and often engage in strategies to increase body muscle and size (McCreary and Sasse 2000). Literature has clearly demonstrated that women in the US experience body dissatisfaction because of exposure to unrealistic beauty ideals portrayed in the media (Grogan 2008), and that the drive for muscularity in men is most related to internalization of media ideals (Daniel and Bridges 2010).

Women, in particular, often express said body image concerns through discussions in all-female groups, a phenomenon Nichter and Vuckovic (1994) termed "fat talk." They believe that US middle school girls engage in this dialogue as part of a social norm in order to be accepted by the group and to avoid appearing conceited (Nichter 2000). Similarly, Britton et al. (2006) found that both male and female US university students expect other

women to respond with negative body talk in a fat talk discussion, suggesting the existence and awareness of a fat talk social norm for women. Moreover, Martz et al. (2009) demonstrated that more US women report having heard fat talk and feel more pressure to join in fat talk conversations compared to men. Yet there is no research examining if this gender discrepancy is unique to US culture. It is possible that this phenomenon of fat talk appears in the United Kingdom (UK; English), as the English report high levels of body dissatisfaction and similar gender-specific weight concerns as in the US (Mautner et al. 2000; Wardle and Johnson 2002). Considering that the fat talk norm has been suggested as a possible function of, or a source of, body dissatisfaction in the US (Britton et al. 2006; MacDonald Clarke et al. 2010; Ousley et al. 2008; Stice et al. 2003; Tucker et al. 2007), it is imperative to identify fat talk that may be present in other countries. This study is the first to investigate fat talk outside the US, specifically in the UK.

Although Nichter (2000) purports that fat talk in US adolescent girls serves more positive social and psychological functions and may help dispel body image dissatisfaction, fat talk discourse can also have negative emotional consequences for women and perhaps for men. For example, Stice et al. (2003) reported that when engaging in conversation with a confederate, US women felt worse about their bodies after hearing a thin, attractive confederate talk negatively about her body. Ousley et al. (2008) were the first to associate fat talk with disordered eating. They surveyed randomly selected US male and female college students and were able to compare students with either bulimia or eating disorder- not otherwise specified diagnoses to students without eating pathology. They used a self-developed fat talk scale that assessed five areas: self-comparison to ideal eating and exercise habits, fears of becoming overweight, how eating and exercise habits compare to others, evaluations of others' appearances, and meal replacements and muscle-building strategies. They found that students with an eating disorder diagnosis reported spending more time engaging in each of the five fat talk areas compared to the students without an eating disorder diagnosis. Thus, we see that verbal expressions of body dissatisfaction are associated with temporary or lasting emotional problems for women and perhaps men.

Similarly, MacDonald Clarke et al. (2010) developed a fat talk scale assessing 17 scenarios whereby a target female named "Naomi" converses with female friends and engages in different forms of fat talk. Participants made frequency ratings as to how similar to Naomi they would have responded in such scenarios. Positive psychometric properties were reported and increased fat talk was associated with higher levels of fear of negative peer evaluation, body shame, body surveillance, and eating disorder symptoms; higher levels of reported tendency to silence one's thoughts,

actions, and feelings; and higher levels of passive acceptance of sexism. Higher levels of fat talk were negatively associated with a sense of empowerment and body esteem. Thus, young women's reports of how often they would engage in fat talk were associated with their personal body image and eating behavior.

Although men and women are aware that fat talk is normative for women in the US, participants believe themselves to be immune to it. Britton et al. (2006) found a discrepancy between how young US college women (and men) thought that others would respond to fat talk versus how they would themselves respond. Both the male and female participants surmised that a target female would conform to a group's fat talk; yet they themselves did not chose the fat talk option over other conversational options for how they believed that they would respond in that situation. Furthermore, there is emerging research suggesting alternative norms for female body image. Women in today's society must choose between acknowledging personal shortcomings against societal beauty standards, or risking social rejection by abandoning the beauty ideal in an effort to be unique and to gain independence (Strahan et al. 2008). Through the use of hypothetical conversations, Tompkins et al. (2009) found that female participants appreciated a target woman's self-accepting body talk more than fat talk in a vignette about body image, suggesting an alternative norm of body acceptance that competes with the known fat talk norm in the US.

Although it is thought that fat talk is a gendered phenomenon, to date only one study (Martz et al. 2009) has investigated the likelihood of hearing fat talk and pressure to engage in fat talk between females and males. Results indicated that US adult women experience a greater likelihood of hearing fat talk and more pressure to engage in fat talk when compared to US adult men (Martz et al. 2009). The present study aims to compare these same gender differences, but to do so cross-culturally across participants from the US and the UK, and also to compare fat talk with self-accepting and positive forms of body talk.

Cross-Cultural Comparisons of Body Image

Cross-cultural research on body image satisfaction has identified expected gender patterns across multiple nations. For example, in a 22-country study of university students, women were more likely to perceive themselves as overweight when compared to men, regardless of their current Body Mass Index (BMI); and men were also less likely to feel overweight or to attempt to lose weight, even when they were overweight or obese (Wardle et al. 2006). McElhone et al. (1999) also found that in European Union nations, only 31% of women were satisfied with their weight compared to approximately half of men. These

findings suggest that there are similar gender differences in body dissatisfaction across cultures, thus prompting our investigation about how the negative, self-accepting, and positive expressions of body image may arise in other countries.

Specifically, there has been no research to date examining fat talk, self-accepting talk, or positive talk in the UK, despite the high levels of body dissatisfaction reported in UK samples (Wardle and Johnson 2002). Eating behaviors in the UK have been associated with the perceived attitudes and expressions of others, concepts that are likely linked to fat talk. For example, in UK samples, the attitudes of others have been shown to be important predictors of drive for thinness (Ahern et al. 2008) with social comparisons and perceived pressure to lose weight influencing eating behaviors even in UK adolescents (Halliwell and Harvey 2006). Gender comparisons in the UK also yield interesting differences which reflect gender comparisons identified in the US, with concerns about being overweight more prevalent among UK women compared to UK men, and with more women reporting that they feel overweight or are trying to lose weight (Wardle and Johnson 2002). Indeed, research from the UK suggests that normal weight women are more likely to favor losing weight, while normal weight UK men are more likely to prefer a slightly higher weight (Wardle and Johnson 2002). This data from the UK suggests that body dissatisfaction is a common phenomenon, is influenced by the perceived attitudes and pressures of others, and is more prevalent among women.

Summary

Although the US and the UK have similar levels of body image-related weight concerns in comparison to other nations (Mautner et al. 2000; Wardle et al. 2006), to date there has been no research examining gender comparisons or cross-cultural similarities or differences in fat talk between the US and the UK, since all extant fat talk research has focused exclusively on US samples. The present study therefore aimed to investigate these cross-cultural comparisons by exploring the likelihood of hearing different forms of body talk and perceived pressure to join in conversations concerning body talk among female and male university students in the UK and the US. We used the same rudimentary scale as Martz et al. (2009) that assessed likelihood of hearing three different forms of body talk (positive, self-accepting, and negative) in one's social circles using a 5-point rating, as well as perceived pressure to engage in these three forms of body talk using a 5-point rating. Past literature indicates that fat talk is a phenomenon associated with women of "normal weight BMI" (see MacDonald Clarke et al. 2010; Nichter 2000); yet it is unknown how body size may influence fat talk. Hence, BMI

was controlled for as a covariate in this research. Given previously identified gender differences in fat talk and body dissatisfaction (Martz et al. 2009; McElhone et al. 1999; Wardle et al. 2006), it was hypothesized that, controlling for BMI, women in the US would report a greater likelihood of hearing and greater perceived pressure to engage in fat talk compared to US men (Hypothesis 1). Additionally, considering research showing similar body image trends between individuals in Western countries, it was hypothesized that, controlling for BMI, women in the UK would also report a greater likelihood of hearing and greater perceived pressure to engage in fat talk compared to UK men (Hypothesis 2). All cross-cultural analyses were exploratory.

Method

Participants

Researchers collected data from 231 students from the psychology participant pools at midsized universities located in central England ($n=93$; 72% women, 28% men) and the southeastern US ($n=138$; 73% women, 27% men). Prior to collecting data, researchers gained ethical approval for each study (UK: Ethical Advisory Committee; US: Institutional Review Board). Demographic information is summarized in Table 1. The variables of BMI and age were not normally distributed thus requiring nonparametric data comparisons. When compared by gender, separate Mann-Whitney tests indicated no significant differences in BMI between the UK and US samples, $U=4463.00$, ns , $r=-.12$, nor were there any differences in age, $U=4851.50$, ns , $r=-.04$, suggesting reasonable matching in body size and age which could have an impact on variables related to body talk. Matching the racial demographics of both regions, most participants (89.24% English, 92.03% US) self-identified their ethnicity as non-Hispanic White.

Measures

Body Talk Survey (Appendix)

Participants completed a modified version of a questionnaire previously used by Martz et al. (2009). This 29-item survey, entitled "University Health" in the UK and "Perception of Body Image Among College Students" in the US, was intended to assess body image concerns and opinions on societal beauty norms. The current study examined six survey items embedded within the larger survey. These individual items assessed the participants' likelihood of hearing and perceived pressure to join in negative, self-accepting, and positive body talk within group discussions.

Table 1 Demographic summary by nationality and gender for Body Mass Index (BMI) and age

Measure	English		US	
	Women (<i>n</i> =67)	Men (<i>n</i> =26)	Women (<i>n</i> =101)	Men (<i>n</i> =37)
	BMI			
Mean	22.34	24.04	23.75	24.54
Standard deviation	2.70	4.38	4.65	5.25
Minimum	18.00	18.84	15.81	16.74
Maximum	29.66	39.66	42.51	45.04
	Age			
Mean	18.85	18.88	19.73	20.60
Standard deviation	2.24	1.56	1.15	5.19
Minimum	18.00	18.00	19.00	19.00
Maximum	33.00	25.00	25.00	50.00

BMI = weight in kilograms divided by height in meters squared (Centers for Disease Control and Prevention 2010). When compared by gender, there were no significant differences between English and US participants.

Body Mass Index (BMI)

Researchers measured the height and weight of English participants. Participants in the US reported their height and weight on the questionnaire described above. All height and weight data were converted into BMI scores (weight in kilograms divided by height in meters squared; Centers for Disease Control and Prevention 2010).

Procedures

The current study was part of a larger project investigating health practices of university students in both the UK and the US. All participants received class research credit for taking part in the study. The procedures used were country-specific due to differing ethical review board policies. English students were emailed their consent forms and questionnaires according to university and departmental policy. Students completed the questionnaires in their own time and returned the consent forms and questionnaires to researchers for research credit. Trained research assistants then measured students' heights and weights in a private setting. US students received research credit after completing their questionnaires at a scheduled time in a university

classroom setting consisting of 15–30 students per session. Students self-reported their height and weight at the end of the questionnaire.

Design

The current study used a quasi-experimental research design. The two quasi-independent variables were the participant's country of residence (UK or US) and the participant's gender, which was nested within each country. The six dependent variables were the likelihood of hearing and pressure to engage in each of the three types of body talk scenarios (negative, self-accepting, and positive). Since each participant completed ratings for each type of body talk, these three measures were considered a within-subjects variable for both likelihood of hearing and pressure to engage in the three forms of body talk.

Results

Mean scores for each subscale by gender and country are reported in Table 2. We used a 2 (gender) by 2 (country) repeated measures analyses of covariance (RM-ANCOVA)

Table 2 Means and standard deviations for likelihood of hearing and pressure to engage in negative, self-accepting, and positive body talk

Measure	English		US	
	Women (<i>n</i> =67)	Men (<i>n</i> =26)	Women (<i>n</i> =101)	Men (<i>n</i> =37)
	Likelihood			
Negative	3.22 (1.06) _a	1.73 (.78) _b	3.11 (1.19) _a	2.49 (1.02) _b
Self-accepting	1.99 (.71) _c	1.96 (.87) _c	2.26 (.74) _d	2.46 (1.04) _d
Positive	1.54 (.66) _c	1.81 (.94) _c	1.95 (.85) _d	2.05 (.85) _d
	Pressure			
Negative	2.48 (1.09) _a	2.00 (1.00) _b	2.65 (1.14) _a	1.65 (.82) _b
Self-accepting	2.00 (.80) _c	1.85 (.88) _c	2.36 (.98) _d	2.39 (.99) _d
Positive	1.82 (.98)	1.88 (.91)	2.09 (.95)	1.89 (.91)

Each subscale is based on a 5-point scale where higher numbers indicate greater likelihood or pressure. Significant differences between cells are indicated with a and b subscripts for gender and c and d subscripts for country using repeated measures ANOVA $p \leq .01$. Other differences were not significant.

across type of body talk (negative, self-accepting, positive) for both the likelihood and pressure variables with BMI as a covariate.

Likelihood of Hearing Body Talk

Results for likelihood of hearing body talk rendered a gender by country by type of talk interaction, Wilks' Lambda $F(2, 225)=3.21, p=.042, np^2=.028$. Because pairwise comparisons suggested significant differences whereby everyone reported a greater likelihood of hearing negative body talk ($M=2.64$) than self-accepting talk ($M=2.17$) with both of those more than positive talk ($M=1.84$), $F(1, 226)=9.88$, all p 's $<.001$, the gender by country interactions were explored further separately by each type of body talk. Since BMI was not a significant covariate in the former analysis, it was not added as a covariate for the following post-hoc analyses.

In order to examine our assumptions that US (Hypothesis 1) and UK (Hypothesis 2) women were more likely to hear negative body talk than US and UK men, a 2 (gender) by 2 (country) ANOVA for likelihood of hearing negative body talk was performed, yielding a significant main effect for gender, $F(1, 227)=7.11, p=.008, np^2=.030$, whereby women reported a higher likelihood of hearing negative talk compared to men. A 2 (gender) by 2 (country) ANOVA for likelihood of hearing self-accepting body talk yielded a main effect for country, $F(1, 227)=10.2, p=.002, np^2=.043$, whereby participants in the US had higher ratings ($M=2.36$) compared to those in the UK ($M=2.00$). A 2 (gender) by 2 (country) ANOVA for likelihood of hearing positive body talk yielded a main effect for country, $F(1, 227)=7.32, p=.007, np^2=.031$, with participants in the US reporting a greater likelihood of hearing positive body talk ($M=2.00$) than those in the UK ($M=1.70$). In sum, women in the US are most likely to hear all forms of body talk.

Pressure to Engage in Body Talk

The same RM-ANOVA for pressure to engage in body talk yielded a gender by country by type of talk interaction, Wilks' Lambda $F(2, 224)=3.46, p=.033, np^2=.030$. Pairwise comparisons of the within subjects variable, type of talk, was significant, $F(1, 225)=6.94, p=.009$, so each post-hoc pair was evaluated further. While pressure to engage in fat talk was higher ($M=2.19$) than positive talk ($M=1.93, p=.011$), and pressure to self-accept was higher ($M=2.15$) than positive talk ($M=1.93, p<.001$), there was no significant difference between pressure to fat talk and pressure to self-accept, $p=.663$.

Due to these collective differences, the gender by country interactions were explored separately for each type of body talk. To investigate our theory that US (Hypothesis

1) and UK (Hypothesis 2) women would be more likely to experience pressure to engage in negative body talk than US and UK men, a 2 (gender) by 2 (country) ANOVA for pressure to engage in negative body talk yielded a significant interaction, $F(1, 226)=2.65, p=.012, np^2=.012$, whereby women reported higher levels of pressure to engage in negative body talk compared to men. The interaction with country was composed of similar means between men and women in the UK, but women in the US had higher scores than women in the UK, and men in the US had lower scores than men in the UK. A 2 (gender) by 2 (country) ANOVA for pressure to engage in self-accepting body talk yielded a main effect for country, $F(1, 227)=10.7, p=.001, np^2=.045$, whereby men and women in the US reported more pressure ($M=2.4$) than those in the UK ($M=1.9$). A 2 (gender) by 2 (country) ANOVA for pressure to engage in positive body talk yielded no main or interaction effects. Overall, women from both countries were more likely than men to feel pressure to engage in negative body talk (Hypotheses 1 and 2). In addition, US participants reported more pressure to engage in self-accepting body talk than did UK participants.

Gender by Country Comparisons of Those with Higher Levels of Likelihood of Hearing Body Talk and Pressure to Engage in Body Talk

In order to capture the college students for whom body talk was most salient, and to be consistent with the Martz et al. (2009) methodology, responses for each variable were dichotomized as high or low on likelihood of hearing and pressure to join in each type of body talk. Participants who answered "frequently" or "very frequently" were categorized as having a "high" likelihood of hearing body talk, and those who reported "a lot" or "extreme" were categorized as having "high" perceived pressure to engage in each type of body talk. The percentage of participants who reported high levels of likelihood of hearing and perceived pressure to join in each type of body talk are reported in Table 3.

Across countries, Chi-square analyses indicated that women were 4.29 times more likely to report high levels of exposure to negative body talk than men, $\chi^2(1, N=231)=15.84, p<.001$. Additionally, women in both countries were 3.86 times more likely to report high perceived pressure to engage in negative body talk than men, $\chi^2(1, N=231)=7.28, p<.01$. Within each country, there were no significant differences between genders for exposure to, or pressure to engage in, self-accepting or positive body talk. Yet, between countries US women and men were 6.39 times more likely to report pressure to join in self-accepting talk when compared to English women and men, $\chi^2(1, N=231)=7.61, p<.01$.

Table 3 Percentage of participants reporting high likelihood of hearing and high pressure to engage in negative, self-accepting, and positive body talk

Measure	English		US	
	Women (<i>n</i> =67)	Men (<i>n</i> =26)	Women (<i>n</i> =101)	Men (<i>n</i> =37)
	High Likelihood			
Negative	51.0 _a	4.0 _b	39.6 _a	21.6 _b
Self-accepting	6.0	8.0	7.9	13.5
Positive	3.0	4.0	6.9	5.4
	High Pressure			
Negative	21.0 _a	12.0 _b	21.8 _a	2.3 _b
Self-accepting	1.5 _c	4.0 _c	11.9 _d	16.2 _d
Positive	6.0	4.0	8.9	5.4

Significant differences between cells are indicated with a and b subscripts for gender and c and d subscripts for country using Chi-Square $p < .01$. Other differences were not significant.

Discussion

Nichter and Vuckovic (1994) coined the term fat talk in the previous decade, yet only formative research on the social psychological functions of fat talk or other forms of body talk has been produced since then. Given the negative association between fat talk and well-being, it seems imperative that researchers study this phenomenon more extensively. Previously published studies have focused almost exclusively on girls or women in the US. This study advances our understanding of gender differences in familiarity with and pressure to engage in fat talk, with unique cross-cultural comparisons between university participants in the US and the UK. As expected, our results suggest that fat talk is a more feminine, rather than masculine, conversational phenomenon for university students and appears to be more common in both countries than self-accepting or positive body talk. Cross-culturally, we found that US men and women reported more exposure to and pressure to engage in self-accepting body talk than English men and women, and US men and women reported more exposure to positive body talk than English men and women. These findings are important because they expand our understanding of body dissatisfaction by illustrating how English and US men and women differ.

The gender discrepancy identified here is consistent with the Martz et al. (2009) study of an age-representative sample of US adults. Notably, in this study, 51% of English women and 39.6% of US women reported “frequently” or “very frequently” hearing fat talk, compared to 4% of English and 21.6% of US men. Though both US women and men assumed fat talk to be a normative response for women (Britton et al. 2006), only 21% of women surveyed reported personally experiencing “a lot” or “extreme” pressure to engage in negative body talk.

Such gender differences were not surprising, as previous research has demonstrated that US men often report experiencing less body dissatisfaction than women (Feingold and Mazzella 1998; Pruzinsky and Cash 2002).

Similarly, research on body image in the UK indicates that British men were less likely to perceive themselves as overweight or to attempt to lose weight, compared to women, regardless of their actual weight (Wardle and Johnson 2002). With regard to fat talk, research suggests that few US men report feeling pressure to engage in fat talk, though they report some exposure to fat talk discussions (Martz et al. 2009). This is the first study to demonstrate that, as in the US, English women are significantly more familiar with hearing fat talk and feel more pressure to engage in such conversation compared to English men. While these findings may be related to body dissatisfaction differences between men and women, they may also reflect social norm differences with men perceiving less pressure to talk about their body fat and women feeling more pressure to engage in fat talk because other women are engaged in such discussions. Future research should examine how actual weight or BMI and body image dissatisfaction interact with cultural factors in predicting varied forms of body talk.

When considering these findings, it is important to note that though men may not report pressure to engage in fat talk, and though they may report less body dissatisfaction in general as compared to women, recent research has demonstrated that men are experiencing increasing levels of body dissatisfaction (Cash 2002; Olivardia et al. 2004; Smolak et al. 2005). In contrast to females, men of low BMI are at greatest risk for body dissatisfaction and are more likely to engage in behaviors to increase muscularity (Jones and Crawford 2006; Smolak et al. 2005). McCreary and Sasse (2000) found that males had a higher drive for muscularity than females, that this drive was related to strategies to increase body muscle and size, and that the drive for muscularity was unrelated to the drive for thinness. When considering that males experience body dissatisfaction for largely differing reasons than females (muscularity vs. thinness), it is understandable that men would report hearing little fat talk in group conversations, and report even less pressure to engage in fat talk. Instead,

they likely engage in conversations about muscularity, as demonstrated by Jones and Crawford (2006), who assessed males' and females' appearance conversations and body talk among friends. Interestingly, they found that males talk with their friends about muscle building more often than females discuss dieting with their friends (but not more often than general appearance discussions among females). Future research on the pressure felt by males and females to engage in various types of body talk should assess and consider the types of body talk most commonly used by each gender. Moreover, future research is needed to determine the predictors and consequences of "muscularity talk" in men, as fat talk in women has been a primary focus of body talk research in recent years.

When comparing the cross-cultural results of this study, US participants reported more pressure to engage in self-accepting talk than English participants. In fact, 11.9% of US women and 16.2% of US men reported high pressure to engage in self-accepting body talk, compared to 1.5% of English women and 4.0% of English men. Thus, US participants were 6.39 times more likely to report pressure to join in self-accepting body talk than were English participants. As ethnographic research has previously demonstrated that middle school girls who deviate from the norm of negative body talk may be judged as conceited (Nichter 2000), perhaps this finding reflects varying levels of cross-cultural standards for confidence and modesty and possible developmental effects as younger people progress into adulthood. Future research should further examine this finding to determine if these cultural differences are unique to more positive forms of body talk or are part of a more global cultural communication pattern (e.g. people in the US are expected to express confidence whereas English are expected to express humility).

The above finding supports the existence of newly discovered norms for US women to express fat talk and/or self-acceptance of their bodies in social conversations (Tompkins et al. 2009). In fact, US women seem to struggle with a conflict between two cultural standards: one that represents a traditional feminine role of being nurturing and inclusive (Jost and Kay 2005), and one increasingly popular role that represents independence and uniqueness (Crocker et al. 2003; Markus and Kitayama 1991; Strahan et al. 2008). Recently, researchers in the US have explored self-accepting body talk and positive body image (Wood-Barcalow et al. 2010). Women in the US may feel more pressure to engage in self-accepting body talk due to the recent importance placed on female independence and body image acceptance in the US, whereas such pressure may not be as salient in the UK. In the future, researchers may wish to examine how cultural context affects exposure to such conversations and in what situations people experience pressure to engage in either form of body image dialogue.

While extending our understanding of cultural similarities in body talk between the UK and the US, the present study has limitations. Research on fat talk is in its infancy and there is no scientific consensus on how best to measure any form of body talk. We used the same survey as Martz et al. (2009); yet the real world validity of these hypothetical vignettes is unknown. Moreover, MacDonald Clarke et al. (2010) have a validated measure of fat talk developed for female participants, but its ability to accurately tap into gender differences is unknown. We believe that additional ethnographic research would likely increase the validity of future fat talk measures. This research is also limited by the fact that the types of body talk were not counterbalanced and that UK BMI was measured, whereas US BMI was self-reported. In addition, because all participants were university age, it is unknown if these results are generalizable to other ages. Additional research examining non-university participants would be helpful in advancing our understanding of the development of body talk across the lifespan. Additionally, although we used our measure to ascertain gender comparisons, our measure of body talk has not been systematically developed in a way to ensure its validity for women, for men, and especially not direct comparisons between the genders. For example, there was nothing in the body talk scale tapping into concerns about muscularity.

Overall, this research suggests that fat talk appears to have a presence in both countries with women reporting more familiarity and pressure to engage in this type of dialogue compared to men. Although this study provides unique evidence for fat talk in England, future work is needed to understand the lower levels of pressure to engage in self-accepting body talk reported by English students. Given recent documentation of pressures for self-acceptance in the US (Tompkins et al. 2009), further research should investigate the presence or absence of a similar trend in the UK, while also studying the reasons for why these seemingly competing norms emerge. In addition, research is needed to understand why fat talk appears to be a feminine form of discourse. Perhaps fat talk is a normal female conversational style emphasizing the disclosure of personal information, while demonstrating personal modesty, and showing reassurance and support in friendships, each embedded in a culture that objectifies the female body (Carli 1982; Dindia and Allen 1992; Eagly 1987; Janoff-Bulman and Wade 1996; McKinley 2002; Tannen 1990). Note the finding, however, that these participants reported having heard more fat talk than they felt compelled to engage in it, which is consistent with the Martz et al. (2009) study of an age-representative sample of US adults. In addition, Tompkins et al. (2009) discovered that university females appreciated a target female more when she engaged in positive body talk as opposed to fat talk. Perhaps our cultures are locked into

thinking that women “should” engage in fat talk in order to be liked and accepted in female social circles, yet we really respect and would prefer hearing more positive talk, knowing that positive attitudes about one’s body might foster higher self-worth and general well-being. Future research should explore this possible discrepancy more thoroughly with the ultimate goals of reducing fat talk, encouraging more self-accepting body talk, and improving female body image and self-esteem, thereby reducing vulnerability for eating disorders.

Considering our findings of cross-cultural similarities between the UK and the US by gender for fat talk and the national difference in pressure to self-accept one’s body image, additional cross-cultural research, beyond the UK and the US, should continue to investigate the various verbal expressions of body image. Currently, we do not know how cultural norms relate to body ideals or how body image interacts with actual body sizes to form conversational strategies in varied cultural contexts. Further cross-cultural research on body talk would enrich our understanding of cultural similarities and differences.

Acknowledgements The first author received funding support from an International Student Research Grant within the Office of Student Research, the Graduate Student Association Senate, and the Wiley Smith Family, all administered through Appalachian State University. We thank these groups for their longstanding and generous support of student research. Aside from funding support, these groups had no involvement in any part of this publication.

Appendix

Fat Talk Scenario

Imagine you are in a group of friends/coworkers who were saying *negative* things about their bodies (For example, “My butt is fat”).

How likely would this scenario occur in your life?

Never	Sometimes	Usually	Frequently	Very Frequently
1	2	3	4	5

How much pressure would you feel to say *negative* things about your body in this group?

None	Maybe Some	Some	A Lot	Extreme
1	2	3	4	5

Self-accepting Scenario

Imagine you are in a group of friends/coworkers who were saying *self-accepting* things about their bodies (For example, “I feel okay about my body”).

How likely would this scenario occur in your life?

Never	Sometimes	Usually	Frequently	Very Frequently
1	2	3	4	5

How much pressure would you feel to say *self-accepting* things about your body in this group?

None	Maybe Some	Some	A Lot	Extreme
1	2	3	4	5

Positive Scenario

Imagine you are in a group of friends/coworkers who were saying *positive* things about their bodies (For example, “I really like my body”).

How likely would this scenario occur in your life?

Never	Sometimes	Usually	Frequently	Very Frequently
1	2	3	4	5

How much pressure would you feel to say *positive* things about your body in this group?

None	Maybe Some	Some	A Lot	Extreme
1	2	3	4	5

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