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6 Theorizing Fat Talk

Intrapersonal, Interpersonal, and Intergroup Communication About Groups

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Women frequently reference weight in their talk (e.g., “I’m so fat”). This chapter reviews the literature on weight-related communication—*fat talk*—and presents a conceptual model describing the antecedents and consequences of engaging in communicative interactions about weight at the individual, relational, and social identity levels. Our model expands previous understandings by proposing that fat talk needs to be understood as a psychological, interpersonal, and collective phenomenon. By investigating and acknowledging the causes, consequences, and processes of fat talk, we anticipate potential in altering individuals’ and society’s ideas, expectations, and discourse about the ideal body image.

The disproportionate value placed on personal attractiveness, particularly for women, result in a sociocultural pressure to fit that ideal (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999; Tiggemann, 2012). Messages and pressures from the media, family, and peers have made women’s bodies an important component of how they evaluate themselves and others and focus particularly on weight as an important component of attractiveness (Harrison, Taylor, & Marske, 2006; McCabe & Ricciardelli, 2001; Tiggemann, Polivy, & Hargreaves, 2009). These messages promote sociocultural pressures and standards and serve to construct an environment of weightist discourse. Weightist messages influence individuals’ self-perceptions, with women across the life span being dissatisfied with their bodies, having negative beliefs about their own physical attraction, and striving to fit the idealized body image (Cahill & Mussap, 2007; Durkin & Paxton, 2002; Harrison & Hefner, 2006). Consequently, concern and anxiety about appearance is linked to many questionable physical health activities (e.g., unhealthy dieting and supplement use, clinical eating disorders, cosmetic surgery, extreme exercising) and mental health issues such as depression, anxiety, sexual dissatisfaction, and low self-esteem (Davison & McCabe, 2005; Delinsky, 2012; Tantleff-Dunn & Linder, 2012; Weiderman, 2012).

Because women's bodies are tied to their sense of self and self-worth and because of concerns and dissatisfaction with their bodies, women's communication often focuses on appearance-related issues (Martz, Petroff, Curtin, & Bazzini, 2009; Nichter, 2000). In this chapter, we focus particularly on research concerning communication about weight. In doing so, we (a) discuss *fat talk* as a ritualized and problematic behavior among women; (b) discuss social identity and social categorization of people into groups and the varying levels of categorization; (c) discuss weight as a categorical system that is frequently communicated about and that carries stigma; and (d) present a conceptual model that explicates the connections between communication, category systems, and outcomes at three levels of categorization (personal, relational, social group). The conceptual model puts forth possible antecedents and consequences of communication about weight, specifically exploring what motivates women to engage in fat talk and what the consequences of fat talk may be.

Fat Talk

Brief references to "feeling fat" or "needing to drop a few pounds" are frequent in women's casual conversation; indeed, interpersonally disparaging oneself is a normative practice among women (Martz et al., 2009; Nichter, 2000). Such references are known as *fat talk*: ritualistic conversation about one's own and others' bodies (e.g., "I'm so fat!" "No you're not. I'm the one who is fat!"). These comments are defined as "speaking *negatively* about one's body" (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006, p. 247, emphasis added) and involve "explicit *negative* self-statements, physical appearance complaints, and weight management tips" (Martz et al., 2009, p. 34, emphasis added). Thus, fat talk conversations can include negatively valenced comments about one's own weight, shape, or diet; what one's eating and exercise habits should be; fears of becoming out of shape or overweight; how one's eating and exercise habits compare to others'; and other people's shape and appearance (Nichter, 2000; Ousley, Cordero, & White, 2008).

Fat talk conversations take place among women more than men (Martz et al., 2009; Payne, Martz, Tompkins, Petroff, & Farrow, 2010), occur across all ages (ranging from adolescence into adulthood; Nichter, 2000; Stice, Maxfield, & Wells, 2003), and occur among women who suffer from eating disorders, who are normal weight, and who are overweight (Martz et al., 2009; Nichter, 2000; Stice et al., 2003). Individuals with eating disorders engage in fat talk more frequently than others (at least once a day; Ousley et al., 2008); however, individuals who do not have eating disorders also frequently make fat talk comments (Ousley et al., 2008; Salk & Engeln-Maddox, 2011). Nearly all college women (93%) report engaging in fat talk, with about a third of them stating that fat talk is frequent or very frequent (Salk & Engeln-Maddox, 2011). Further, women report that *normal weight* women are the most frequent participants in fat talk (Nichter, 2000; Nichter & Vuckovic, 1994).

Research exploring the social and interpersonal conditions in which fat talk occurs shows that fat talk is a normative and expected behavior (Britton et al., 2006; Tompkins, Martz, Rocheleau, & Bazzini, 2009). Women conform to peer norms and engage in fat talk to "fit in" (Britton et al., 2006; Nichter, 2000; Tucker, Martz, Curtin, & Bazzini, 2007). Women report feeling pressure to make negative comments about themselves more than positive or self-accepting comments (Martz et al., 2009); those who do not conform to this norm are perceived to "think they are better than" their peers (Nichter, 2000). Alas, engaging in these normative interactions is problematic because of the negative nature of the talk (Martz et al., 2009)—the specific tone and content of fat talk messages perpetuate negative self-perceptions (e.g., "I'm so fat," "My ass is huge"). For instance, Gapinski, Brownell, and LaFrance (2003) found that women experience exacerbated self-objectification after hearing another person make fat talk comments, and Arroyo and Harwood (2012) found that the act of making fat talk comments predicts negative health outcomes.

As in Arroyo and Harwood's (2012) communication perspective on fat talk, this chapter frames fat talk as a collaborative process in which weight- and appearance-related issues are shared among women. We propose that fat talk informs women's understandings of their bodies; it is the means by which women construct, come to terms with, and fall victim to societal ideas about the meaning of weight. Moreover, we propose that making evaluative and disparaging comments about oneself falls in line with objectification theory's central premise that women communicatively treat their bodies as objects that should be evaluated (Fredrickson & Roberts, 1997). Fat talk is a behavioral manifestation of body ideals and evaluation; that is, fat talk is a means of self-objectification (Arroyo & Harwood, 2012). As such, this chapter discusses the implications of sending and receiving weight-related messages for our selves, our relationships, and the social groups to which we belong. We incorporate an identity perspective to the understanding of fat talk because how individuals feel about themselves and the groups they belong to are expressed and enacted in their communication (Hecht, 1993).

Social Identity and Categorization

Social identity theory (Tajfel & Turner, 1986) is the dominant theoretical perspective on psychological processes surrounding group identifications. The theory states that individuals understand their social worlds in terms of categories; they categorize themselves into some of the categories (ingroups with which they identify) and categorize others either as fellow ingroup members or as outgroup members—members of different categories. These identifications serve as the basis for social comparisons by which individuals aim to increase positive distinctiveness: the perception that the ingroup is both different from and better than the outgroup on some valued dimension.

Self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987) builds on social identity theory and explains the cognitive processes by

which specific groups gain salience and importance at certain moments. Specifically, the theory suggests that specific identities become active as a result of accessibility and fit. Accessibility can be situational or context specific; for example, trying on a swimsuit or wedding dress may make a person's weight and body shape identities more salient. Accessibility can also be chronic, such that, for some people, their weight group membership is important in most areas of their lives (e.g., people with eating disorders). Fit can occur as a function of existing stereotypes and ongoing activity. For instance, seeing an overweight person eating an ice cream would make weight salient because of perceived fit between their weight and stereotypes of gluttony. Seeing two families on a beach—one all skinny and the other one all overweight—would likewise raise the salience of weight given both the physical clustering by weight and its particular visibility in a beach setting.

Social identity theory and self-categorization theory both argue that categorization processes operate at different levels of abstraction ranging from the individual to the collective: Depending on accessibility and fit, individuals categorize others and the self into group-level categories (e.g., fat/thin, old/young, Black/White) or as unique individuals (e.g., Angel, Elizabeth). Categorizations of self correspond to *identity*—the specific conceptualization of self that is operating in a given context. When individuals categorize themselves and those around them as individuals and operate in terms of personal identities, their ensuing judgments and behaviors will be at the *individual level*. At this level, individuals are operating in terms of their own unique attributes and roles. At other times, relationships may be most central. Individuals will categorize others and themselves in terms of relational identities (e.g., family member, girlfriend), and ensuing judgments and behaviors will operate at the *relational level*. At a higher level of abstraction, individuals may operate in terms of social groups (e.g., Republican, Democrat, woman, man), and those broader categorizations will drive behavior at the *social identity level* (Turner et al., 1987). As this chapter develops, we will describe further the ways in which levels of self-categorizations affect interpersonal communicative processes surrounding weight and the implications for individual-level outcomes, relational processes, and group-based phenomena. In making this connection, we integrate Hecht's (1993) communication theory of identity and build on the foundational work of Giles, who pioneered the integration of intergroup and interpersonal principles (Giles, 2012; Giles, Coupland, & Coupland, 1991; Giles, Reid & Harwood, 2010).

Communication and Identity

Communication is a significant part of the categorization process: Individuals talk about others and themselves in terms of categories, and those discussions contribute to the elaboration and reification of the category systems (Giles, Reid, & Harwood, 2010). For instance, labeling someone as "fat" invokes social norms to which that person might feel obliged to conform and

stereotypes concerning the individual's abilities and characteristics (e.g., being lazy). Hecht's (1993) communication theory of identity adds to psychological theories of identity and categorization by specifying mutual influences between identity and communication and the interpenetration of different identity levels. Hecht and colleagues (Hecht, Collier, & Ribeau, 1993; Hecht, Jackson, & Ribeau, 2003) conceptualize identity as communication, as opposed to seeing identity and communication as unidirectional influences on one another. Thus, Hecht's (1993) communication theory of identity is a useful foundation for this chapter because our model will argue that, through communications and identity, individuals have different attitudes about and motivations for engaging in communication about their weight.

Hecht (1993) says that there are several loci of identity: (a) Personal identity refers to individuals' self-concepts or self-images; (b) enacted identity refers to individuals' performed or expressed identity—people enact and exchange their identities through communication; (c) relational identity refers to how individuals develop their identities based on how others view them, through relationships with others or through identification with the relationship; and (d) communal identity refers to how a collective group of individuals define their identity. Hecht's identity frames mirror the levels of identities from social identity and social categorization theory, further supporting the role that each plays in understanding social and personal behaviors. Although similar to the previously discussed layers of identity, Hecht's (1993) approach brings communication more centrally into this arena by reminding us that communication is not merely a product of psychological categorization processes but rather that identity is fundamentally formed, reformed, and manifested at all of these levels in communication (Hecht, Jackson, & Pitts, 2005).

Although we build heavily from the work of Hecht and Giles (among others), our chapter offers some significant advances. First, we delve more deeply and specifically into the area of weight as a significant personal and social identity concern—one that has received relatively little attention from scholars concerned with communication and identity. Second, we present a more formal model of connections between communication, identity, and other important social constructs (e.g., attitudes). While we endorse the idea of communication and identity as being intertwined and "interpenetrated" (Hecht, 1993), we lean toward separating the intrapersonal and interpersonal components of identity and communication. In this sense, our work is probably more similar to work by Giles, for instance, in the intergenerational arena (Giles, Williams & Coupland, 1990).

Categorizing Bodies in Terms of Weight

Weight is particularly interesting in the context of a chapter examining the construction and communication of category systems. First, weight is continuous, and people move gradually along the underlying continuum. However, specific regions on the continuum are treated as static categories in many contexts (e.g.,

people with certain body types are “fat”). Hence, we suspect that communicative processes “police” the boundaries between constructed categories on the continuum (Giles & Reid, 2005). Second, some regions of the continua are associated with prejudice (e.g., obesity, disordered eating). This prejudice manifests in attitudes about other people, as well as attitudes about *self* when self shows signs of gaining/losing “too much” weight. Third, weight is associated with multibillion-dollar industries designed to avoid, defer, or conceal stigmatized physical signs (ABC News, 2012; Marketdata Enterprises Inc., 2011). The cosmetics, cosmetic surgery, and diet product industries consume massive economic activity and (via advertising) function to perpetuate stigmas concerning weight. Fourth, weight has legitimate health issues associated with it—obesity is increasingly understood to represent significant health risks to individuals (Centers for Disease Control and Prevention, 2012; Flegal, Carroll, Ogden, & Curtin, 2010). However, and echoing our point about prejudice, the health issues associated with weight have perhaps come to overshadow other important aspects of group membership. One driving idea behind this chapter is that weight and appearance are phenomena about which we *talk* quite a bit—in contrast perhaps to categories such as race or disability, which appear to be less convenient fodder for conversation. As such, weight as a category and frequent topic of conversation make it a particularly important issue that needs to be understood in terms of a *communication* process that interacts with other attitudinal and motivational processes.

Communicating Weight Identity

In order to present a model by which we explain the causes and consequences of weight-related communication, it is important to discuss and differentiate comments people make about their bodies. In this section, we review the small literature on actual talk related to weight, organized within a preliminary typology of fat talk based on the literature and some of our own data. Our data involved 138 participants (age = 18–70+ years old) completing open-ended responses about the comments they hear and say about age and weight. Each participant separately provided three examples of comments that they both *say* and *hear* about weight; thus, a total of 828 comments were provided. To capture the central topics, themes, and structures of fat talk, the responses were analyzed and categorized by the two authors by consistent themes and topics. We used a grounded theory approach (Glaser & Strauss, 1967), although our approach was also informed by our knowledge of the literature on weight-related communication. Our examination of these responses led us to the preliminary typology in Table 6.1.

We focus particularly on how communication can be understood on three levels of identity discussed in the earlier section on categorization (personal, relational, social group). However, we do not believe it is productive to treat communication as only working on one level of identity at any point in time. Any specific message might be used at any level and a message driven by

Table 6.1 A Preliminary Typology and Examples of Fat Talk

Type	Fat Talk Example
Routinized talk	<i>Gotta shed those holiday pounds; one more won't make any difference.</i>
Truisms, aphorisms, etc.	<i>You are what you eat; the freshman 15.</i>
Self-identifying with a group or stage	<i>I'm overweight; I'm 120 pounds.</i>
Evaluating self	<i>It's so depressing I can't drop five pounds; I shouldn't eat this.</i>
Accounts (justifications/rationalizations)	<i>It's genetic; I can't start a diet until after the holidays.</i>
Describing change	<i>I lost 8 pounds since you last saw me! You're looking very svelte.</i>
Seeking feedback	<i>Do I look fat in this? Do you see how much weight I've gained?</i>
Evaluating interlocutor	<i>Are you pregnant? You're so skinny.</i>
Talking about other people	<i>She really shed the baby weight quickly; that guy doesn't need a dessert!</i>
We-talk	<i>We've got more to love; fat and proud!</i>
Talking about groups as abstractions	<i>Fat people are so funny; obesity is a social crisis.</i>
Expression of fears	<i>I'd hate myself if I got fat.</i>
Discussing coping/mobility strategies	<i>Try the Atkins diet! A balanced diet and exercise . . .</i>

motivations at one level may have implications at other levels of identity. Hecht et al.'s (2005) presentation of the communication theory of identity acknowledges the interpenetration of layers of identity with layers sometimes complementing and sometimes contradicting one another. Language use is sufficiently unpredictable, multifunctional, and contextually variable that most comments might be driven by motivations at any level (or all three). Nonetheless, some regularities occur in fat talk and relate in reliable (if not definitive) ways to the levels of identity; we mention those as appropriate. Next, we briefly describe the thirteen types of fat talk comments in our typology while simultaneously reviewing the literature in this area.

Fat talk is *routinized talk*. As with other forms of phatic talk (Laver, 1975), routinized references to weight build on shared understandings and establish common ground for moving a conversation along. Fat talk comments occur habitually, at least in some peer groups, and individuals become comfortable conversing in this manner (Nichter & Vuckovic, 1994). Thus, weight, although stigmatized in its own way, also provides shared ground with which “everyone” struggles and can relate. At times, we suspect forms of this talk are relatively mindless, involving minimal conscious reflection about weight status, similar to the manner in which phatic “How are you?” inquiries typically involve little intrinsic curiosity as to actual well-being.

Routinized talk is related to the *truisms and aphorisms* we have about weight (e.g., “you are what you eat”). They are flexible in nature, being used to describe or refer to self, or for more general social discourse. For instance, the “Freshman 15” refers to the amount of pounds purportedly gained during the first year of college (Brown, 2008). Despite research debunking this “fact” (Butler, Black, Blue, & Greteback, 2004), such truisms retain cultural power through media and interpersonal discourse and can influence expectations and fears about weight.

People sometimes make *self-identifying* comments about their weight. Simply stating “I’m fat” serves multiple functions. This phrase can be used to provide an outlet for negative emotions (e.g., expressing that one is stressed or depressed; an intrapersonal process), to seek and provide feedback (e.g., hoping to hear confirmations from peers that one really is *not* fat; an interpersonal process), and establish a group identity (e.g., if a response is elicited to mitigate discomfort and build group solidarity; a social identity process; Nichter, 2000).

Evaluating self in terms of weight can derive from emotional expression motivations or can be a response to actual-ideal discrepancies. Fat talk can reveal a person’s dissatisfaction and preoccupation with weight, as well as initiate sense making concerning the type of person s/he is. Normal weight and anorexic women alike make comments about wanting to be thinner—“oh my gosh, look at my stomach sticking out,” “there’s something wrong with me” (Chesters, 1994, p. 451). Such negative comments directly tap into self-worth and can have negative effects on self-perceptions. In other cases, people make self-accepting comments; one of Smith-Jackson, Reel, and Thackeray’s (2011) respondents reported, “I get in my bra and underwear and I stand and look at the mirror for like 20 minutes . . . I say, ‘This is who I am. Nothing is changing. This is me’” (p. 339). Such statements express and organize individual level cognitions and self-categorizations concerning one’s body. The effects of these statements depend substantially on their valence and whether they are framed as claiming or ceding control (e.g., “wishing” to be thinner or weight-related guilt versus self-acceptance; Jolanki, 2008).

Our talk sometimes serves to explain or justify ourselves (*accounts/justifications*). Weight itself is sometimes a phenomenon in need of explanation: People need (or feel the need) to account for and explain their weight (“It’s a hormone thing”). Nichter (2000) notes that fat talk is used to relieve guilt or provide a justification when eating certain foods: Saying “Look how big of a pig I am” before eating a large meal can be seen as an apology and explanation for overindulging.

People sometimes make comments about how they have escaped from or have worked hard to avoid stigmatized aspects of weight. Comments *describing change* may serve cathartic personal and relational functions as they are other-directed and emphasize positive or (less commonly) negative changes. Salk and Engeln-Maddox (2011) found that weight talk often elicits responses that suggest taking action together to lose weight (e.g., “Do you want to go to the gym together?” “We should diet together!”). Such comments emphasize

the malleability of weight and enhance self-efficacy in weight loss (Crandall, Nierman, & Helb, 2009). Descriptions of change undermine the groupness of weight-specific identities, acknowledging the slippery nature of the boundaries between skinny and fat.

When we are uncertain, we may ask others to (dis)confirm our beliefs about self (*seeking feedback*). At the personal level, people engage in these conversations as a way to seek social validation and to uphold their self-view (Swann, 1983). One reason for asking “Does this make me look fat?” is to hear confirmations from others that one really is not fat (Nichter, 2000). However, seeking feedback typically occurs within relationships, and the relational stakes may be higher than the personal stakes. A wife asking a husband, “Does this make my butt look big?” presents herself and her husband with a communicative situation that could have negative relational consequences. In this area, fat talk research has strong links to well-mined areas of interpersonal and relational communication such as social support and social influence, particularly insofar as relational partners reinforce and support one another’s (un)healthy behaviors and cognitions.

As a complement to seeking feedback, we often must provide feedback to the other as well (*evaluating interlocutor*). Most such communication is positive, including denial (“Shut up! No you’re not!”) and direct compliments (“You look fantastic!”; O’Dougherty, Schmitz, Hearst, Covelli, & Kurzer, 2011; Salk & Engeln-Maddox, 2011). These comments reflect personal and relational aspects of fat talk, but evaluating the interlocutor can also implicate the intergroup level as well by making explicit which group the person fits into (the ingroup, the fatties, or the outgroup, the skinnies).

Much of the empirical literature on weight-related talk has focused on presentations and evaluations of self—probably reflecting an underlying interest in how people existentially cope with their own weight. But sometimes individuals evaluate people who are not present (*talking about other people*). Evaluations of other people’s weight and appearances are reported to be the most frequent fat talk comments (e.g., “Look how much weight she gained. She looks terrible!”, Ousley et al., 2008). Evaluative comments serve as a means of social comparison (e.g., “Look how skinny she is, and I am so fat”), and also can emphasize group solidarity, providing an avenue for friends, partners, and groups to strengthen their closeness by emphasizing shared beliefs and opinions (Foster, 2004; Leaper & Holliday, 1995). Although talking about third parties is virtually absent from the fat talk literature, third parties constitute exemplars of categories; we suspect that this form of talk does interesting work in constructing and maintaining categorical boundaries concerning weight.

We-talk offers the paradigm case of a social-identity-level communication phenomenon. “We” includes others who share a categorization with the speaker—all skinny people, all fat people. Thus, we-talk is a communicative pronouncement of group membership that carries at a minimum a message of not being alone (collective membership) and can carry a message of pride (building group solidarity). On the pathological end of this, Borzekowski, Schenk, Wilson, and Peebles (2010) examine discourse in pro-ana (pro-anorexia) websites.

They provide a number of examples indicating a collective identity among the individuals on these sites that reflects both ingroup pride and support and outgroup denigration (e.g., "It is not us who is at fault; they kill their bodies with fats and grease but we give our bodies nothing at all, so, you see, we really are the purest of the pure nothing but skin and bones"). Such comments reveal an awareness of stereotypes, as well as a sense of solidarity with others who fall victim to the stereotypes. Such talk challenges established negative ideas related to anorexia and builds shared social identity. Similarly, Nichter (2000) reports that saying "I'm so fat" can be used to establish group identity among adolescent girls; by making this comment, a response from a peer is elicited to mitigate the discomfort a person feels, consequently building group solidarity by sharing positive comments. This solidarity can serve as a means of certainty for those involved, signifying that the people involved are supportive and that the group is cohesive. By being a part of this group, people become certain with which group they should identify with in terms of weight.

Sometimes fat talk involves *talking about groups as abstractions*: groups and group-related phenomena become topics of conversation independent of a specific person. Such talk may reflect general social concerns (e.g., current discussions of obesity as a societal problem). It may also be an attempt to place a personal experience within a broader social context. Weightist jokes would fit comfortably in this category, as well as more explicit prejudicial statements. All such forms of talk emphasize ingroup versus outgroup identities and elaborate on intergroup relations.

Discussing coping/mobility and expression of fears both capture dimensions of fat talk as social identity processes. As described earlier, the fact that individuals currently inhabit an unstigmatized region of the continua (e.g., skinny) does not mean that they will not one day inhabit the stigmatized region (fat). Hence, weight offers a unique space for talk about moving *between* categories and apprehension about future possible category membership. People with eating disorders regularly express fears about becoming overweight (Ousley et al., 2008). This fear is grounded in the physical but also the social aspects of weight (e.g., friendships and romantic relationships; Crandall et al., 2009): fear of fatness is an aspect of Crandall's (1994) anti-fat attitudes measure. Discussions of coping/mobility strategies deserve considerably more attention, given their close theoretical ties to Tajfel and Turner's (1986) suggestions concerning how stigmatized group members cope with their low status. Trying to move out of a group (lose weight: "I've got to shed some pounds"), creatively interpreting group membership ("We have more to love"), and even engaging in social competition ("Fat Pride!") are communicatively constructed options that merit attention by communication scholars.

It is important to note that our typology is not meant to be an exhaustive list; we are certain that other forms of fat talk occur. These types of talk are neither mutually exclusive nor easily distinguishable; at times a single utterance will invoke multiple forms of reference to weight with specific ensuing effects. Our goal in presenting this typology is simply to illustrate as much diversity as we

find in our data and the empirical literature and to begin a discussion of the variety of functions served by this talk at various levels of identity.

A Model of the Determinants and Consequences of Fat Talk

We have presented weight as a category and as an identity system and have discussed the ways in which individuals communicatively express and construct their weight at different levels of identity. We now present a conceptual model of the antecedents and consequences of engaging in fat talk. The model in Figure 6.1 portrays the process by which daily communication propagates and resists sociocultural pressures to be (or appear to be) thin and attractive. As is clear from the bar spanning the top of the model, the entire theoretical process is seen to be occurring in a context of a society that emphasizes a narrow definition of physical attractiveness, resulting in sociocultural pressures related to objectification. In a society that objectifies women's bodies, women learn to self-objectify (i.e., treat their bodies as objects that should be evaluated; Fredrickson & Roberts, 1997). In this instance, engaging in fat talk is a behavioral manifestation of self-objectification (Arroyo & Harwood, 2012). Therefore, in the context of sociocultural pressure and objectification, the general model (see the bolded, second row in Figure 6.1) predicts that identity influences the salient attitude objects in a situation, which in turn shape motivations for engaging in fat talk; such fat talk comments are then predicted to be associated with both positive and negative outcomes.

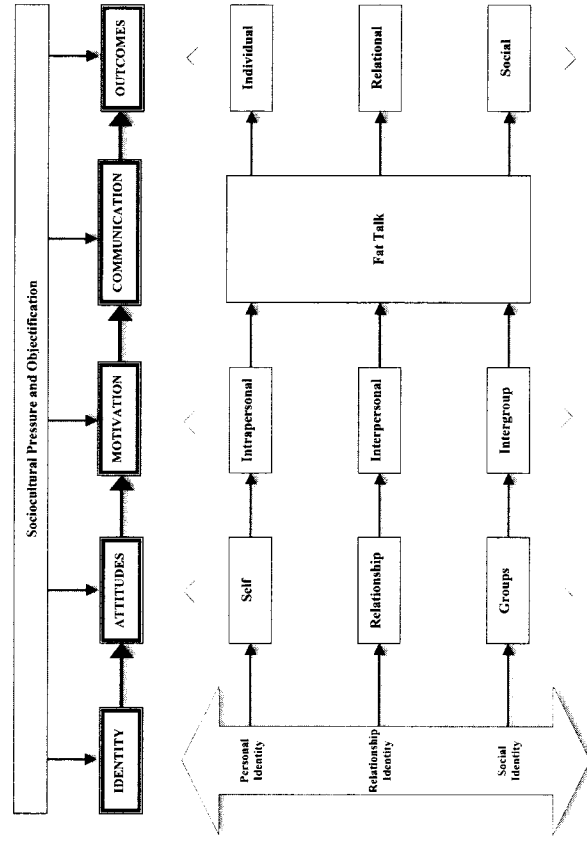


Figure 6.1 Schematic model of the determinants and consequences of fat talk

The reasons why people self-categorize at one level rather than another were discussed earlier and are specified in greater detail in the self-categorization literature (Turner et al., 1987). As this is a continuum, the levels of identity are not mutually exclusive. For example, self-esteem (the intrapersonal level) may influence one to seek social validation (the interpersonal level). The following sections, however, separate the levels for clarity. In addition, scholarship in this area typically assumes some level of consistency across levels of identity (Turner et al., 1987). People acting at the intrapersonal level will typically operate at that level in terms of identities, attributions, behaviors, and the like; when operating at the group level, all aspects of cognition and behavior will be predominantly driven by group-level identifications (Drury & Reicher, 1999). We integrate our typology into the following sections, but we further discuss the communication aspect of the model after discussing the other elements at the three levels of identity.

Personal Identity: The Intrapersonal Level

The intrapersonal level is associated with affective and cognitive features of the individual and their relation to the causes and consequences of fat talk.

Personal identity. At the personal level, weight identity is concerned with the centrality of weight to self-concept: the extent to which people's weight factors into "who they are" as individuals and how they look. Centrality is influenced by personal factors and both local and sociocultural contexts (Settles, 2004). Some people will be chronically more concerned with body issues in understanding the self. For example, weight is more central to individuals who internalize society's thin ideal. Internalization is more than just the awareness of societal ideals (e.g., "in our society, fat people are regarded as unattractive"); it is an adoption of the thin ideal as one's own personal ideal (e.g., "photographs of thin women make me wish I were thin;" Heinberg, Thompson, & Stormer, 1995; Thompson et al., 1999). Additionally, all individuals will be more concerned with such issues in specific contexts (e.g., trying on clothes, wearing swimsuits; Gapsinski et al., 2003). When these identities are salient on an individual level, social comparisons can occur to evaluate self and seek positive self-perceptions (Festinger, 1954; Helgeson & Taylor, 1993). When weight is more central to the individual, the subsequent processes leading to fat talk are more likely to emerge and to serve individual level functions.

Attitudes toward self. Attitudes at the intrapersonal level are the affective and cognitive constructs that influence how people evaluate their bodies and relate to individuals' degree of (dis)like toward themselves (e.g., body dissatisfaction). People are motivated to meet their ideal standards and experience disappointment and dissatisfaction when there is a discrepancy between actual and ideal views of self (i.e., the actual attributes an individual possesses versus the attributes an individual hopes to possess; Higgins, 1987). If people

internalize physical ideals that are different from the attributes that they actually possess, they will experience body dissatisfaction (Jacobi & Cash, 1994). People who are dissatisfied with their bodies or suffering from eating disorders make more weight-related comments (Arroyo & Harwood, 2012; Ousley et al., 2008); thus, the model presumes that negative attitudes toward one's body leads to intrapersonal motivations for engaging in fat talk. It is important to note here that research has not yet explored whether more positive self-views are related to more positive weight-related comments. However, future work would benefit from exploring the possibility that individuals with higher body satisfaction not only make fewer fat talk comments but may also express more positive forms of weight-related communication.

Intrapersonal motivations. At the intrapersonal level, fat talk is driven by a need to express thoughts and feelings about oneself or by perceived threats to face (Brown & Levinson, 1978). When individuals feel objectified, they accept observers' perspectives of their bodies, they treat their bodies as objects that should be evaluated, and they place a substantial amount of pressure on their appearance (Fredrickson & Roberts, 1997). This can be threatening to an individual and create dissatisfaction, given that most people do not conform to the homogenous images shown in the media. Such dissatisfaction might motivate people to make self-evaluative comments about their bodies as a way of expressing body-related emotions, coping with dissatisfaction, and making attributions for weight (or associated phenomena such as related health deficits; Gapsinski et al., 2003; Nichter, 2000). Among its various functions, fat talk is used to provide an outlet for negative emotions as well as to account for specific behaviors (especially eating; i.e., accounts/justifications). Other research notes a cathartic motivation may drive some self-focused talk (Coupland, Coupland, Giles, Henwood, & Wiemann, 1988); thus, intrapersonal motivations involve drawing attention to and alleviating pressure and shame felt about self.

Individual outcomes. Individual outcomes center on affective and cognitive evaluations of one's body and the consequences of those evaluations. A number of the self-attitude constructs previously mentioned could be reiterated here (e.g., actual-ideal self-discrepancy, social comparison, self-objectification), but we are particularly concerned with the generalization of body evaluation measures into broader mental health concerns (e.g., depressive symptomatology, low self-esteem; Cahill & Mussap, 2007; Davison & McCabe, 2005). Engaging in fat talk can exacerbate depressive effects related to weight to the extent that the talk (a) heightens salience of weight, (b) emphasizes negative outcomes, and (c) de-emphasizes personal control (Arroyo & Harwood, 2012). These elements are common in fat talk (Nichter, 2000). Such talk raises the salience of weight and appearance as an issue, it universally views fat as bad, and it externalizes locus of control emphasizing helplessness, hopelessness, and an inability to deal with weight (Beck, 1974). In extreme cases, people develop eating disorders to cope with weight-related pressures. The cosmetics and

cosmetic surgery industries, of course, feed on and exacerbate these insecurities (Lirola & Chovanec, 2012). We also suspect that those industries supply much of the language that individuals then adopt in their everyday conversations about appearance-related concerns. Thus, fat talk is part of a broader sociocultural discourse of appearance-related objectification.

Relationship Identity: The Interpersonal Level

The interpersonal level is associated with interdependent relationships and communication, allowing understanding of the dynamic and collaborative interpersonal processes of fat talk.

Relationship identity. Relationships are cultures unto themselves, composed of traditions, rituals, and symbols that are unique to those involved (Baxter, 1987). These symbols represent what is expected and valued in the relationship and allow people to test whether they share similar perceptions of the relationship (Oring, 1984). Body issues are more central in some relationships than others—for instance, weight issues might be more salient when couples work out together or when they have developed a culture of discussing diet (Burke, Randall, Corkery, Young, & Butler, 2012; Franks et al., 2012). Similarly, all relationships will fluctuate in terms of the relative importance of weight. For example, when a wife gains weight in pregnancy, weight will become more central in the relational identity. As this happens, more weight-related talk would be expected in the relationship and the other relationship-level processes in the model will gain importance.

Attitudes toward relationship. Evaluation of one's own weight, one's partner's weight, or partners' joint weight can all occur in the relational context. For instance, a man might be satisfied with his weight at the individual level, but at the relational level, he might understand that his wife is dissatisfied with his weight. This issue can unite or divide couples (Ledyard & Morrison, 2008); partners who do not match one's "ideal" reduce relational quality (Campbell, Simpson, Kashy, & Fletcher, 2001). Additionally, individuals' (dis)satisfaction with their bodies affects the process of fat talk at the relational level. People who are unhappy with their bodies make more fat talk comments (and it might also be the case that people who are satisfied make more constructive and confident remarks). These comments may be about self or about the partner in response to the partner's self-disparaging comments. At this level, individuals who are happy with their bodies may provide support to another about how to be more comfortable with one's body or how to reach a goal (Dailey, Romo, & Thompson, 2011). As such, when weight becomes relationally salient, interpersonal motivations for engaging in fat talk will be salient.

Interpersonal motivations. Motivated to uphold their self-views, people engage in relational fat talk to seek social validation from others (i.e., to

validate their own self-impression through others' responses; Swann, 1983). One reason for saying "I'm so fat" is to hear confirmations from others that one really is not fat (i.e., feedback seeking; Nichter, 2000). Moreover, people might engage in fat talk as a way to manage others' impressions of them (Nichter, 2000) by accommodating their communication to match the tone and content of their partners (Giles et al., 1991). If a woman claims unhappiness with her weight, and a friend does not reciprocate the expression of discontent, the failure to reciprocate may be seen as rude (Nichter, 2000). People may feel obliged to engage in fat talk as part of a dyadic ritual—to maintain the relationship by making the partner feel good ("you look great" or "I like your curves," i.e., routinized talk). Likewise, the tone of fat talk is reciprocated: If another woman speaks negatively about her body, a female friend is more likely to also speak unfavorably about her own body (Tucker et al., 2007). Thus, seeking social validation, managing impressions, and reciprocity are underlying motivations for engaging in fat talk at the interpersonal level.

Relational outcomes. Nichter (2000) emphasizes the idea that fat talk interactions are pervasive in friendship circles and that these interactions function to maintain relational solidarity. We predict higher relational quality when relationships feature disclosure about weight issues (Altman & Taylor, 1987) to the extent that such disclosure reveals insecurities or uncertainties and yields support and comfort (e.g., "you're not fat;" "you look great," i.e., evaluating the interlocutor). Of course, fat talk is not useful if the recipient is not helpful in providing feedback and support (Barbee, Derlega, Sherburne, & Grimshaw, 1998). Moreover, too much and too negative disclosure is often perceived negatively (Cozby, 1973) and can have negative relational consequences (Greene, Derlega, & Mathews, 2006). Although the literature tends to emphasize positive interdependence, negative interdependence is also possible—fat talk might reinforce an overweight couple's eating habits and lack of control, and they might mutually support continuation of unhealthy practices.

Fat talk dynamics within relationships might also result in behavior change, as social influence and social support can be important mechanisms for encouraging people to engage in health-related behaviors. Couples influence the healthy and unhealthy behaviors of their partners (Homish & Leonard, 2008), including eating and exercise habits (Gruber, 2008). Engaging in fat talk might heighten partners' awareness of body issues, causing them to share ideas about coping with sociocultural pressures. In fact, communication with close others that both accepts them for who they are and challenges them to enact healthy behaviors is most effective in promoting healthy behavior (Dailey, Romo, & Thompson, 2011). The fat talk literature is practically mute on positive forms of fat talk, but supportive communication about weight does occur. Dailey and colleagues (2010, 2011) have examined weight management messages received from significant others. Their research indicates that significant others frequently make reassuring comments ("You're much slimmer than you seem to think. I don't think you see yourself as you really are"), comments

of encouragement/mutual participation ("Well keep on trying and even if you don't lose weight, the exercise will help you in the long run"), and comments including advice/information ("You know you should be running at least twice a week and eating healthier"). More positive forms of fat talk can be beneficial to the well-being for the individuals involved; for example, women with greater support have better dietary practices and are more willing to seek regular medical exams (Jackson, 2006).

Although the intrapersonal level predicts negative consequences for engaging in fat talk (due to the largely negative affective and cognitive aspects of it), the interpersonal level predicts that positive health-related habits might increase. Although these two processes can happen simultaneously at different levels, encouraging and promoting such health behaviors (i.e., the interpersonal level) may result in a change in how one views weight (i.e., intrapersonal level).

Social Identity: The Intergroup Level

The intergroup level is based on broad social group-related attitudes, beliefs, and stereotypes that contribute to the process of engaging in fat talk—weight-related prejudice, for instance.

Social identity. People's self-concepts come in part from the social groups they belong to—*social identity* in social identity theory terms (Tajfel & Turner, 1986). People categorize themselves and others in terms of weight and operate as members of these categories. They identify with others who are similar in terms of weight, behave in ways that they perceive as typical of those groups, and hold less positive attitudes about those who are different on these dimensions. Such group processes are more likely to occur when these categories have chronic accessibility to the individual (i.e., one regularly evaluates self and others in terms of weight) and when the categories are relevant to the situation (e.g., a weight-watcher's meeting, a visit to the gym; Turner et al., 1987).

Attitudes toward group. Attitudes at the intergroup level refer primarily to prejudicial feelings and sociocultural stereotypes about weight groups. Stereotypes influence people's perceptions, attitudes, and behaviors toward people or groups, as well as perceptions of how well people fit into certain social groups (Cuddy & Fiske, 2002). Most (though not all) stereotypes and attitudes toward fat people are negative (Crandall, 1994): Fat people are thought to be lazy, sloppy, and lacking in self-discipline (Puhl & Brownell, 2001). Negative attitudes form at early ages (Cramer & Steinwert, 1998) and can be applied to oneself when one self-categorizes into a stigmatized group (O'Brien & Hummert, 2006). When fat talk is driven by attitudinal factors at the group level, intergroup motivations will be the primary drive behind engaging in fat talk.

Intergroup motivations. At the intergroup level, people are motivated to do fat talk as a way of building solidarity within their social groups or managing actual or perceived social group memberships (i.e., we-talk). Fat talk can reduce uncertainty about where one "fits" on the continua of weight, whether it be celebrating being in a favored group or commiserating and creatively finding sources of value and solidarity in a less favored identity (Hogg, 2000). Because people are motivated to reduce uncertainty because it is unpleasant (Berger & Calabrese, 1975), they can do so by identifying with certain groups; group membership brings structure and order to the world and provides norms and behavioral guidelines for group members (Hogg, 2000). Vorauer (2006) argues that individuals attempting to reduce uncertainty may seek information about what valued others (e.g., friends, family) think about them. Such conversations provide feedback that helps reduce uncertainty about which weight group someone can claim membership in. Likewise, fat talk at the group level can be a source of sharing about group-relevant experiences, and hence can contribute to a building of shared ingroup identity ("We're both fat!"). Motivational factors at the intergroup level then are predicted to result in comments that involve coming to terms with social identity level concerns: the delineation of group boundaries, self-categorization into relevant groups, and establishing shared identities with others.

Social identity outcomes. Engaging in social identity motivated conversations about weight is predicted to heighten the salience of weight categorizations. These conversations allow people to distance themselves from groups they do not want to belong to and reduce uncertainty about self- and other-group identification. If people are not satisfied with their weight-related social identities, they can deal with those identities in three ways (as predicted by social identity theory; Tajfel & Turner, 1986). First, they can engage in *social mobility* (i.e., identify with or act in accordance with the more valued groups): People who are unhappy with their weight may choose to exercise and diet as a way to lose weight or deny their weight and self-categorize into a slimmer group (including via communication). Interestingly, talk about leaving the group could serve as a source of group identification for the chronically overweight. Among this group, actually leaving the group is probably not viewed as a realistic option. But the act of discussing leaving the group and how to do so (diet, exercise, surgery, etc.) may be something similar to an identity-serving fantasy theme among group members (Rosset, 1981).

Second, people can engage in *social creativity* by redefining the categorical or dimensional bases for the intergroup comparisons they are engaged in. In this case, those who are overweight might emphasize positive aspects of gaining weight. For example, many African American adolescent girls (who are typically more comfortable with a heavier weight than are White and Latino girls; Grabe & Hyde, 2006) associate beauty with personality characteristics and report that boys prefer them to have curves (Nichter, 2000). Fat talk may serve explicit social creativity functions in maintaining a positive attitude towards a stigmatized group membership ("Curves are sexy!").

Third, people can engage in *social competition* by seeking to change stigmatized attitudes about weight. Certain aspects of we-talk from the typology would likely reinforce or precipitate this outcome. If people find and express pride in their group memberships, they will tend to pursue positive images of their group and to fight against prejudice. For instance, the National Association to Advance Fat Acceptance (NAAFA) is a non-profit civil rights organization whose goal is to build equality and end size discrimination through advocacy, education, and support (NAAFA, 2012).

Communication

Language varies contextually and is multifunctional. In this section, we discuss how the familiar comment “I’m so fat” operates at the three levels just outlined. We illustrate that it is not useful to treat communication as only working on one level of identity—any specific message might be used at any level and have consequences at other levels of identity.

At the intrapersonal level, “I’m so fat” could serve cathartic needs of expressing an emotion or concern and might ease body-related concerns at least in the short term. At the same time, many of the forms of fat talk observed in the literature appear to manage intrapersonal concerns by releasing personal control and emphasizing “wishing” and “fearing” (“This is going to make me so fat;” “I can’t believe I ate so much”). Such comments seem likely to result in outcomes of regret and guilt with associated negative and distorted self-perceptions (e.g., depression, loss of control; Arroyo & Harwood, 2012). Nonetheless, they may be functional in the immediate sense in that they absolve the self of direct responsibility for the body.

At the interpersonal level, “I’m so fat” may be intended as a relational gambit to test the partner (Will he or she comfort me?) or as an attempt to move both parties toward a healthier lifestyle (Maybe he or she will suggest we work out together). Fat talk thus reduces uncertainty about relational-level processes and enhances the relationship. Because of the interdependent nature of communication and relationships, this level may offer the most potential for positive weight-related communication—through interacting and expressing “I’m so fat” to another, individuals can be both supported (“Stop worrying; your body looks great”) and challenged (“Let’s eat less and start a workout routine”) to move toward a more healthy lifestyle and sense of self (Dailey et al., 2010).

At the intergroup level, “I’m so fat” would be said as part of a drive to negotiate solidarity within a social group or to reduce uncertainty about what group someone belongs to. At this level, the comment might be intended to solicit reciprocity in a group of overweight people and build a sense of acceptance and solidarity (“We’re all fat and that’s OK”). Alternatively, it could be a boundary test to see whether one is perceived by others as belonging to that category (“No way—she is fat; you’re just fine”), thus soliciting clarification

both on the position of (negotiated) category boundaries and on one’s position relative to those boundaries.

Further Complexities of the Model

Fat Talk Across the Levels

As noted earlier, the effects of fat talk may occur across levels, which is a complexity of the model. For instance, fat talk driven by interpersonal motivations might have effects at the intergroup or intrapersonal level that are unanticipated and unintended. Such effects may not always be consistent in terms of valence, and at times, they may clearly be ironic. Harwood (2007) notes that certain forms of talk may be effective strategies at an individual level but may have negative consequences at the social-identity level. For instance, asking someone, “Did you lose weight? You look great!” establishes a positive social comparison for the individual and might yield positive self-esteem. However, the message’s framing carries with it an implicit (yet clear) statement that being heavier is unattractive and that members of the “fat” group have negative characteristics. Hence, the same statement carries positive intrapersonal connotations but a negative social-identity message. If the latter are internalized, the message is “I look great now, but I did not before, so I cannot regain the weight.” Such messages lead to fear and negative intrapersonal outcomes. As such, fat talk serves positive and negative functions simultaneously, both within and across levels.

Self-categorization theory (Turner et al., 1987) offers the best resources for tapping levels of identity and identifying avenues for examining these effects. To fully understand these effects, we need to use self-categorization theory methods to assess the level of identity that people are operating on as they enter a conversation. By doing so and then examining effects on relevant attitudes (e.g., body satisfaction, relational satisfaction) and motivations (e.g., desire for thinness, relational maintenance, boundary uncertainty) at all three levels, it will be possible to empirically disentangle the functions and outcomes of specific fat talk behaviors across levels within our model.

Fat Talk Typology

We presented a typology of different types of fat talk comments that may occur at the intrapersonal, interpersonal, and intergroup levels. It is important to note again that this typology is preliminary. Based on our data and on the current fat talk literature, we have presented fat talk comments as, among others, routinized talk (Nichter & Vuckovic, 1994), self-evaluative comments (Engeln-Maddox, Salk, & Miller, 2012), seeking feedback (Swann, 1983), and group solidarity (Nichter, 2000). We understand that such a typology may miss the nuances and the breadth of fat talk. Particularly, it is important to

note that more positive types of talk likely occur (e.g., "I look great today"; "I'm so happy I've lost 5 pounds"), but our data did not capture that, and the literature focuses almost exclusively on negative talk. We also did not encapsulate the various responses to fat talk from others, wherein such responses may influence the outcomes of fat talk and weight-related comments (Daley et al., 2010). Future research would benefit from in-depth analyses and validation of the typology, as well as exploring other types of fat talk not captured here.

Individual Differences

We examine three sources of individual differences: race/ethnicity, gender, and weight-related differences. First, individuals' racial/ethnic backgrounds play a central role in weight issues because different ethnicities do not conform to sociocultural pressures in the same ways. White women, compared to their non-White counterparts, are less satisfied with their bodies (Wildes, Emery, & Simons, 2001). African American women have higher body satisfaction than women of other ethnic groups (Grabe & Hyde, 2006), perhaps because African American women do not compare themselves to women of other ethnic groups and are more likely to define physical attractiveness in terms of body shape and style rather than size (Frisby, 2004; Poran, 2006). Results on Latinos' body satisfaction have been mixed (Barry & Grilo, 2002; McComb & Clopton, 2002). In Latino cultures, full-figured bodies are perceived as healthy and of high status (Gil-Kashiwabara, 2002); however conforming to the traditional feminine gender role (including body image) is also emphasized (Avila & Avila, 1995). Such contradictory expectations may help explain these inconclusive results. Although not much work has been done on Asian Americans, women in this group tend to endorse the same sociocultural standards of beauty as White women do (Evans & McConnell, 2003). They show heightened dissatisfaction when it comes to race-specific body parts (e.g., eyes; Mintz & Kashubeck, 1999). Cultural variation therefore clearly influences attitudes and beliefs about bodies and weight. Within our model, these concerns would fall into the sociocultural context outlined at the top of the model. As work progresses, research should consider race/ethnicity as a critical variable, particularly insofar as similar forms of fat talk serve different functions and have different effects across cultural groups. By examining cultural variation in fat talk, we may discover new ways of talking about weight that yield different, and perhaps more positive, consequences for the participants in those conversations.

Second, although objectification and pressure to fit the ideal body image affect men (Grieve & Helmick, 2008; Wiseman & Moradi, 2010), the appearance-related pressures faced by women are probably stronger (Tiggemann et al., 2009). Compared to men, women are more likely to learn from the media to view their bodies from external perspectives (McKinley & Hyde, 1996): Media portrayals of idealized women influence women's body image

more than men's (Fredrickson & Roberts, 1997). These images permeate the normative discontent experienced by women about their bodies (McKinley & Hyde, 1996; Rodin, Silberstein, & Striegel-Moore, 1984). Our model was developed based on a literature that focuses on women, but men also report hearing and engaging in fat talk (Martz et al., 2009). However, men and women feel different pressures to engage in comments about their appearance. Women feel pressure to say negative things about themselves, while men feel pressure to say self-accepting things (Martz et al., 2009). Additionally, women and men receive different messages about what is ideal: Women are pressured to be thin, whereas men feel pressure to be muscular (Thompson et al. 1999). Inherently, then, comments about one's ideal differ based on gender, and future examinations of the model should incorporate those differences.

Third, individual differences in terms of weight identity and actual weight affect the process of fat talk. For example, people with high weight centrality may interpret and evaluate their bodies more harshly than people for whom weight is less central to self. This should be moderated by valence of identity: Someone with a negative identity and high weight centrality might interpret sociocultural pressures as threats to self; someone with a positive identity and high weight centrality might find that such pressures serve as motivation for self-improvement. Actual weight should also moderate this effect, such that there will be differences between people with high and low body mass indexes (BMI) in terms of what is said and how it is interpreted. "I'm so fat" will clearly elicit differing responses when one is undeniably fat compared to when one is skinny.

Mass Media and Interpersonal Fat Talk

Productive investigations of the intersections between mediated and interpersonal communication in this arena are warranted. The media are aggressive purveyors of sociocultural norms in regard to women's bodies (Fredrickson & Roberts, 1997), as women are inundated with media messages and images of the thin (and young and beautiful) ideal (Field et al., 2001; Levine & Harrison, 2003; Tiggemann, 2005). Because the media serve as a cultural indicator of beauty and attractiveness, many women strive for and compare themselves to idealized media images (Harrison, 2001; Knobloch-Westerwick & Romero, 2011). This creates a pervasive pressure to be thin in our society and results in many women feeling dissatisfaction about their body shape, size, and appearance (i.e., normative discontent; Rodin et al., 1984). Given that some forms of fat talk perpetuate negative self-perceptions, we should explore how systematic, repetitive patterns of ideal body representations presented in the media contribute to such interpersonal behavior. Also, future research should examine the extent to which interpersonal weight-related discourses in our typology are derived from the media. The media might stimulate envious fat talk, for instance, by portraying idealized celebrities (e.g., "She's so beautiful; I wish I was as skinny as her").

Theoretical Expansions: Beyond Weight

We have focused here on fat talk, which we suggest is a type of group-related talk. However, we see avenues for research and theorizing on other group memberships, in particular similar processes surrounding talk about age and age groups. Age is similar to weight in important ways as a category system: (a) Age is a continuum along which people move gradually and smoothly, wherein specific regions on the continuum are associated with prejudice (e.g., being "elderly"), and (b) there are also legitimate health issues associated with age (i.e., old age carries with it increased risk of chronic health problems), which have become almost inseparable from the broader categorization. Further, (c) age and weight both relate in fundamental ways to our bodies, the ways in which our bodies change, and the identity management issues that come along with such changes. They are both intimately tied into issues of appearance, cultural standards of attractiveness, and the relative value that we place on one body over another. Interestingly, (d) age- and weight-related stigmas also appear to be intertwined in the empirical literature: People who are more concerned about the losses associated with aging experience also more body-weight perception problems (Gupta & Schork, 1993; Lewis & Cachelin, 2001). Weight and age are also (e) both things that we frequently talk about (Coup-land, Coupland, Giles, & Henwood, 1991).

Although this chapter focuses on fat talk, age-related talk shares some underlying determinants such as concern for appearance. Weight- and age-related concerns are associated with negative perceptions of oneself, so the processes in the model should function similarly for age-related talk as for fat talk. Thus, the use of the term *body talk*, which generalizes across areas of body concern, would be appropriate as we expand the model. Objectification theory states that people treat their bodies as objects based on sociocultural pressures. From this perspective, people's bodies are a point of concern, and communication attempts to make sense of specific body perception problems. With self-objectification at its basis, people's body talk perpetuates sociocultural pressures and fosters unreal expectations of the ideal body image.

At another level of abstraction, our model suggests value in examining how people talk about groups and their own group memberships. Here we are following Sutton's (2010) claim that "language is not just *at* the heart, but *is* the beating heart of intergroup relations" (p. 115). If we want to get to the heart of group relations in any context, examining the details of talk about those groups is essential. So, for instance, gender is a persistent source of talk in society and a staple for stand-up comedians. Identifying the resources on which people draw in talking about gender groups, the common themes of such talk, and the outcomes would help extend the model presented to broader intergroup relations. In contrast to age and weight, gender identities are (with exceptions) relatively fixed and dichotomous; the extent to which differences between gender talk and fat talk can be explained by the different underlying categorical structures could lead toward powerful theoretical frameworks. The contested nature of

gender also brings to light the difficulties in delineating between talk that is explicitly about gender and talk that is gendered in more implicit ways (e.g., via power implications and sexual stratification; Speer, 2005). Similar arguments could be developed for the interest in examining talk about race, culture, disability, or religion. For instance, research on race (Trawalter & Richeson, 2008) and age (Henwood, Giles, Coupland, & Coupland, 1993) suggests that talking about groups in intergroup contexts is more comfortable for low-status group members (African Americans, older adults) than for high-status group members (Whites, young adults). Further examination of such phenomena will help us understand the scope conditions for some of the processes described in our model. We see tremendous potential in understanding how group-related talk may differentially affect individual and collective outcomes in complex ways, well beyond the context of fat talk.

Conclusion

We have presented a conceptual model of the determinants and consequences of fat talk. We present this as a conceptual (not testable) model—the elements in the model represent classes of variables, not operationalizable concepts. Although testing the entire model is not possible, we hope that the model presented inspires empirical examination. We have made suggestions for specific variables within categories, so the variables emerging from the broad categories can be examined in the form of "micro" models developed from our macro model. We endorse symbolic interactionist and social constructionist views (e.g., Blumer, 1969; Goffman, 1963) that "humans, in concert with one another, create symbolic worlds and how these worlds, in turn, shape behavior" (LaRossa & Reitzes, 1993, p. 136). It is through communication that we understand, express, and construct the meaning of weight for ourselves, our relationships, and our groups. Only by understanding more about the identity-level processes that lead to types of talk and their outcomes will we get closer to understanding precisely how weight is constructed socially.

This chapter suggests that engaging in conversations about weight perpetuates sociocultural pressures about an ideal image for both women and men and that these pressures influence people to engage in more fat talk. We note that fat talk is serving intrapersonal, interpersonal, and intergroup functions for those involved in the conversations, and we outline the different identities, attitudes, motivations, and outcomes associated with fat talk at those three levels. Using our typology, we illustrated the diversity in how people talk about weight, and the intricate ways in which such talk intersects with levels of identities. By investigating and acknowledging the causes, consequences, and processes of fat talk and other body-related talk, there is potential to change individuals' and society's ideas, expectations, and communication about the ideal body image and to increase individual and societal acceptance and appreciation of diverse bodies.

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7 No More Birds and Bees

A Process Approach to Parent–Child Sexual Communication

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In this chapter, we present conjoined models of parent–child sexual communication. These models rely on communication privacy management theory to show how sexual information is contained within individual privacy boundaries and shared when a question is asked. Information is revealed in little bits and pieces over the course of a child's development. Privacy boundary permeability opens, and the circumference of privacy boundaries expands over time. During a specific interaction, parents and children regulate how much information they share. These models apply to parent–child relationships where sexual communication is accomplished, recognizing that many parents and children never or rarely talk about sex.

Adolescent sexual behaviors and health statistics have been tracked for many years by identifying trends, problematic areas, and improvements in sexual health. Problem areas of teenage pregnancy, sexually transmitted diseases (STDs) and/or sexually transmitted infections (STIs), or HIV/AIDS concern members of society because of the physical, relational, and economic consequences to adolescents, their families, partners, and communities. This tracking has recently shown that between 1991 and 2011, the number of adolescents in the United States ever having sexual intercourse declined, condom use increased, and unprotected sex declined (Centers for Disease Control [CDC], 2012a). Although these trends indicate improvements in adolescent sexual behavior, the data continue to underscore problematic areas. For example, in the United States, half of all new STD cases are reported by 15- to 24-year-old youth (CDC, 2012b), and 20% of those diagnosed with HIV/AIDS in 2009 were between the ages of 13 to 24 (CDC, 2011). Additionally, 40% of high school students did not use a condom and nearly 13% used no form of STD/STI protection or birth control during their last intercourse episode (CDC, 2012b). Thus, finding intervention and educational strategies to support adolescents during the initiation of their sexual lives remains an important undertaking.

Communication from parents provides one source of influence on the sexual behaviors of adolescents (e.g., Clawson & Reese-Weber, 2003; Fox & Inazu,