

FAT TALK AND ROMANTIC RELATIONSHIPS:
DOES FAT TALK AFFECT RELATIONSHIP SATISFACTION AND SEXUAL
SATISFACTION?

A Thesis
by
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Abstract

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Only two studies have examined men's perceptions of women's fat talk. Using vignettes about a fictional couple, Michael and Jessica, the present study examined how varied levels of the woman's fat talk were perceived to affect the couple's relationship and sexual satisfaction. Participants were recruited from Amazon Mechanical Turk and included 239 heterosexual people (127 men, 112 women) with long-term (i.e., at least 1 year) relationship experience. Using a 3 (Level of Body Talk: Excessive Fat Talk, Minimal Fat Talk, vs. Self-Accepting Body Talk) x 2 (Participant Gender: Male vs. Female) x 2 (Perspective: Michael vs. Jessica) design, participants were randomly assigned to a Body Talk and Perspective condition and were asked to read a vignette and complete a series of questionnaires. Supporting hypotheses, analyses indicated that participants in the excessive fat talk condition perceived lower satisfaction levels than the minimal fat talk and self-accepting body talk conditions. The satisfaction levels perceived by the self-accepting body talk and minimal fat talk conditions did not significantly differ. Participants' perceptions of

the target woman's signal that she cared about her physical appearance did not differ across the three conditions. Research in this area is in its infancy and more is needed to inform interventions to improve body image and sexual satisfaction and to reduce women's habitual fat talk.

Keywords: fat talk, romantic relationships, relationship satisfaction, sexual satisfaction

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Foreword

This thesis is written in accordance with the style guidelines presented in the Publication Manual of the American Psychological Association (6th Edition) in line with the requirements of the Department of Psychology at Appalachian State University.

Fat Talk and Romantic Relationships:

Does Fat Talk Affect Relationship Satisfaction and Sexual Satisfaction?

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Abstract

Only two studies have examined men's perceptions of women's fat talk. Using vignettes about a fictional couple, Michael and Jessica, the present study examined how varied levels of the woman's fat talk were perceived to affect the couple's relationship and sexual satisfaction. Participants were recruited from Amazon Mechanical Turk and included 239 heterosexual people (127 men, 112 women) with long-term (i.e., at least 1 year) relationship experience. Using a 3 (Level of Body Talk: Excessive Fat Talk, Minimal Fat Talk, vs. Self-Accepting Body Talk) x 2 (Participant Gender: Male vs. Female) x 2 (Perspective: Michael vs. Jessica) design, participants were randomly assigned to a Body Talk and Perspective condition and were asked to read a vignette and complete a series of questionnaires. Supporting hypotheses, analyses indicated that participants in the excessive fat talk condition perceived lower satisfaction levels than the minimal fat talk and self-accepting body talk conditions. The satisfaction levels perceived by the self-accepting body talk and minimal fat talk conditions did not significantly differ. Participants' perceptions of the target woman's signal that she cared about her physical appearance did not differ across the three conditions. Research in this area is in its infancy, and more is needed to inform interventions to improve body image and sexual satisfaction and to reduce women's habitual fat talk.

Keywords: fat talk, romantic relationships, relationship satisfaction, sexual satisfaction

Fat Talk and Romantic Relationships:

Does Fat Talk Affect Relationship Satisfaction and Sexual Satisfaction?

“Fat talk” is a type of conversation in which a person talks about his or her body and verbally expresses dissatisfaction with it in terms of body fat, body shape, or body weight (Nichter & Vuckovic, 1994). Although men report being exposed to fat talk, it more typically occurs among groups of women (Martz, Petroff, Curtin, & Bazzini, 2009). This conversational style is a common social norm among women as a vast majority (93%) of college-aged women reported that they engage in fat talk (Salk & Engeln-Maddox, 2011). Further, this norm invites a reassuring response to another woman’s fat talk with self-degradation of oneself (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006). Women of all shapes and sizes seem to engage in fat talk. However, women who are underweight report less frequent fat talk than women of other weight ranges, while women who are overweight or obese report the most frequent fat talk (Engeln & Salk, 2016). Fat talk occurs among women of all ages, but the frequency of fat talk decreases as age increases (Engeln & Salk, 2016). There are currently mixed findings in the literature regarding ethnic and racial group differences in fat talk. Engeln and Salk (2016) found that women of all ethnicities participate in fat talk, and the frequency of fat talk is not significantly different for any one ethnic group, while Fiery, Martz, Webb, and Curtin (2016) found racial differences in terms of exposure to negative body talk, self-accepting body talk, and positive body talk and the perceived pressure to engage in each form of dialogue. Specifically, they found that all racial groups reported equal exposure to negative, unfavorable body talk, which is consistent with Engeln and Salk’s (2016) notion that many women, regardless of racial and ethnic background, are participating in fat talk. This was not the same case for exposure to favorable body talk though; Black women reported hearing more self-accepting and positive body talk than

White women, and Hispanic women reported hearing only more positive body talk than White women. Overall, White women are exposed to less favorable body talk (Fiery et al., 2016). Regarding the pressure to engage in these forms of dialogue, Black women reported less pressure to make negative comments about their body compared to White, Hispanic, and Asian women, and White women experienced less pressure to use positive body talk than Hispanic women (Fiery et al., 2016).

Functions and Theories of Fat Talk

Since the term fat talk was coined by Nichter and Vuckovic in 1994, Nichter has proposed that fat talk has five functions that explain why women engage in this style of conversation. According to Nichter and Vuckovic (1994), fat-talking is a method of seeking reassurance from peers. This proposed function emerged after interviewing teenage girls. They reported that they would often use fat talk in a non-meaningful way, hoping that their peers would contradict the original fat talk statement by offering a positive, reassuring compliment. Salk and Engeln-Maddox (2011) observed this behavior in college-aged women too, as reassurance seeking was one of the most commonly reported purposes of fat talk.

Nichter and Vuckovic (1994) also suggested that fat talk functions as a method of relieving oneself from guilt in situations that call attention to weight-related concerns. For example, a woman fat-talking before eating an unhealthy food choice is a public statement to seek reassurance and admonish guilt while re-establishing a sense of social control (Nichter & Vuckovic, 1994). In addition to reassurance seeking and lessening guilt, women may fat talk to indirectly express their negative emotions. For some, fat talk insinuates negative emotions (e.g., depression, anger, general sadness, stress, etc.) and is a way of expressing those emotions without actually stating them (Nichter, 2000). Participating in fat talk also

fosters group affiliation. Women will fat talk in order to seek reassurance from their peers, and others are likely to respond with their own fat talk regardless of whether or not they actually believed their own fat talk comments. This process creates a sense of belongingness and identification with the peer group (Nichter & Vuckovic, 1994). Finally, fat talk may facilitate social control (Nichter, 2000) as a form of impression management. Nichter (2000) detailed situations in which her female interviewees indicated feeling an obligation to use fat talk with their peers so that they were not isolated from the group, even if they did not believe their own statements.

In addition to Nichter's proposed functions, several social-psychological theories explain fat talk's normative nature in Western society. Objectification theory was proposed in 1997 by Fredrickson and Roberts to explain how sexual objectification affected women's mental health. This theory posits that women are taught by society that they are objects subject to evaluation by others. Women eventually "internalize an observer's perspective on self" and start to view themselves as objects; thus, creating feelings of body shame and body anxiety (Fredrickson & Roberts, 1997, p. 179). Knowing that one is vulnerable to evaluation from others encourages self-evaluation and facilitates fat talk interpersonally (Shannon & Mills, 2015).

Other theories explain why fat talk has the ability to negatively affect those engaging in it. Cognitive dissonance theory addresses the inconsistencies between a person's thoughts and beliefs and his or her actions (Festinger, 1957). This inconsistency is referred to as dissonance and is undesirable because of the negative psychological state it causes. People try to eliminate or reduce dissonance by changing either their thoughts and beliefs or their actions so that they are consistent. As Nichter and Vuckovic (1994) described while detailing

group affiliation as a function of fat talk, women sometimes respond to other women's fat talk with their own negative body talk even if they do not hold negative views of their body. Cognitive dissonance theory says that women may start having negative feelings about their own body because they are changing their thoughts and beliefs about their body to be consistent with their stated behavior (Shannon & Mills, 2015).

Bem (1967) proposed the self-perception theory as an alternative to the cognitive dissonance theory. It suggests that a person's thoughts and beliefs are influenced by his or her actions rather than changed to eliminate dissonance. In terms of fat talk, a person may conclude that they have a poor body image if they find themselves participating in fat talk. This would apply to both women who originally suffered from body image discrepancies and low body esteem prior to using fat talk, as well as those who did not (Shannon & Mills, 2015).

The concept of pluralistic ignorance also helps to explain why fat talk continues to be prevalent in Western society (Shannon & Mills, 2015). Allport, in 1924, labeled the phenomenon of people privately rejecting a social norm but continuing to engage in behaviors aligning with that norm because of their inaccurate belief that they are alone in their rejection as "pluralistic ignorance" (Miller & McFarland, 1987). The idea of being socially isolated or rejected is also related to Nichter's proposed social control function of fat talk; women continue to engage in fat talk even if they do not endorse the social norm out of fear that they will be socially rejected if they do not meet this social expectation (Nichter, 2000). Salk and Engeln-Maddox (2011) propose that many women engage in fat talk because they think it helps them to feel better about themselves. Knowing that other's feel poorly about their bodies may assist some women in feeling better about their own bodily dislikes.

Effects of Fat Talk

Despite the proposed functions of fat talk, reviewed above, and the social psychological theories that help to explain the normalcy of the phenomenon, there has been a plethora of studies published linking fat talk to numerous negative effects. This conversational style may facilitate the expansion of weight-related concerns into broader psychological concerns and is correlated with several negative outcomes (Arroyo & Harwood, 2012). Fat talk is known to be a predictor of lower body esteem (Mills & Fuller-Tyszkiewicz, 2016). Body image concerns, in general, are positively correlated with fat talk engagement (Corning & Gondoli, 2012). Specifically, it is linked to disturbances in body image constructs such as the internalization of the thin ideal, appearance comparisons, and body surveillance (Mills & Fuller-Tyszkiewicz, 2016). Body dissatisfaction and fat talk are positively associated with each other; one's level of body dissatisfaction tends to increase as the frequency of fat talk engagement increases (Arroyo, 2014; Arroyo & Harwood, 2012; Salk & Engeln-Maddox, 2011). Exposure to fat talk, rather than active engagement, is also related to body dissatisfaction. Specifically, hearing thin women engage in fat talk is linked to the most negative effects on body dissatisfaction, while hearing overweight women engage in fat talk was found to have a lesser effect on listeners' body dissatisfaction (Corning, Bucchianeri, & Pick, 2014). Increased body dissatisfaction translates into behaviors such as weight management and body checking (Jones, Crowther, & Ciesla, 2014). Fat talk is also related to lower levels of self-esteem, the perceived pressure to fit the idealized image of thinness, and psychological disorders such as depression and various eating disorders (Arroyo & Harwood, 2012; Tzoneva, Forney, & Keel, 2015). These relationships do not imply that fat talk engagement causes body dissatisfaction though, as the exact direction of

these associations are still being explored. A 2013 meta-analysis of 24 studies revealed that there is only enough evidence to suggest fat talk is a correlate of body dissatisfaction rather than a risk factor or causal factor (Sharpe, Naumann, Treasure, & Schmidt, 2013). However, a later meta-analysis of 35 studies suggests that the current literature provides evidence that fat talk is in fact a correlate of a variety of body image disturbances and that it may also be a risk factor (Mills & Fuller-Tyszkiewicz, 2017).

Aside from the negative and personal psychological states associated with fat talk, social consequences also possibly exist. In the context of friendship groups, women are expected to be consistent with the group's norm regarding body talk. Nichter (2000) first proposed this after interviewing teenaged girls about their social interactions involving fat talk, and initial research supported this proposal. Britton et al. (2006) found that participants thought women would like a woman who responds to other women's fat talk with her own self-degrading talk, more so than a woman who responded with self-accepting talk. Recent research tells a different story and suggests that fat talk may actually be frowned upon while positive body talk is appreciated. Cruwys, Leverington, and Sheldon (2016) conducted research on this social function of fat talk. Their results indicated that a group with a pro-fat talk norm positively evaluated friends who used fat talk but actually perceived those who used positive body talk slightly more positively than those who adhered to the group norm and fat-talked. It was also found that those who fat-talked in friendship groups holding an anti-fat talk norm were more negatively evaluated than those who used positive body talk or neutral body talk (Cruwys et al., 2016). Using vignettes, Tompkins, Martz, Rocheleau, and Bazzini (2009) found that participants *thought* a target woman would be rated more positively by a group when her body talk matched the group's norm, even though

participants themselves actually rated her more positively when she used positive body talk despite the group norm. The results of both studies (Cruwys et al., 2016; Tompkins et al., 2009) do not exactly support Nichter's proposal.

Fat Talk in the Context of Romantic Relationships

Research examining men's perceptions of women's fat talk, especially fat talk in the context of romantic relationships, is in its infancy. Yet, in heterosexual relationships, women tend to be more concerned with weight and body size management than men (Sheets & Ajmere, 2005). Therefore, women may engage in fat talk with their male partner as a means of expressing this concern. There is a dearth of research on this specific topic, so it is currently unclear how such dialogue, if it exists, affects heterosexual romantic relationships. Of the two studies that have examined men's perception of women's fat talk (Britton et al., 2006; Mikell & Martz, 2016), it appears that men may dislike hearing this dialogue. However, research on mate selection within evolutionary psychology suggests that fat talk could be viewed either positively or negatively by men in these relationships. Specifically, it is unknown the manner in which men perceive their female partner's fat talk, if men consider their partner's fat talk to have either positive or negative effects on the relationship itself, and if the frequency of fat talk influences how men perceive their romantic partner's fat talk.

Gender differences in mate selection. Evolutionary psychology, specifically regarding ideas emerging involving mate selection, offers potential explanations as to why women may be fat-talking to their male partners. Although there are some similarities, men and women differ in what they consider to be an ideal mate. Women desire a male partner who is caring and loving, funny, and loyal and honest, while men desire a female partner who is attractive, caring and loving, and intelligent (Furnham, 2009). Overall, men prefer

attractiveness in their partner more so than women prefer (Furnham, 2009). In a study of mate selection preferences in 37 different cultures, it was found that men place more emphasis on the importance of attractiveness in mate selection, and women tend to consider the ability to provide resources, specifically financial resources, as important in their preferences (Buss, 1989). In another study of heterosexual married couples, both men and women endorsed believing that a woman's weight was an essential aspect of her physical attractiveness and that being overweight negatively impacts her search for a male partner (Bove & Sobal, 2011).

Potential positive effects of fat talk in romantic relationships. Because men prefer their mate to be attractive and value this quality more so than women in mate selection (Buss, 1989; Furnham, 2009), women may use fat talk in front of their romantic partners to signal and communicate that they care about their own physical appearance. This may be especially relevant if women recognize the extent to which men value deliberate attention and motivation to maintain attractiveness of the woman in romantic relationships. Thus, men, in the context of heterosexual romantic relationships, may perceive their partner's fat talk to be a positive signal if they observe it as a proclamation that she will work to maintain/improve her physical appearance. If fat talk is perceived by men as a positive mating signal, it may positively affect romantic relationships.

Mate signaling and positive body image. Wood-Barcalow, Tylka, and Augustus-Horvath (2010) have defined positive body image as having an "overarching love and respect for the body" (p. 112). It is not merely a lack of negative body image, but it is a combination of several factors speaking to the extent to which a person accepts, loves, and appreciates his or her body and its functionality (Tylka & Wood-Barcalow, 2015; Wood-Barcalow et al.,

2010). There is an association between maintaining a healthy lifestyle by getting adequate exercise and making healthy food choices and positive body image (Wood-Barcalow et al., 2010), but it is unknown if heterosexual men perceive a link between body talk, positive body image, and mate signaling, specifically as it relates to signaling that a woman cares about her body and physical appearance. It is likely that women with positive body image have higher self-esteem and, therefore, would have healthier romantic relationships and sexual satisfaction (Erol & Orth, 2016; Gillen, 2015). Thus, the present study will attempt to examine potential connections.

Potential negative effects of fat talk in romantic relationships. Given that reassurance seeking is one of the many purposes for which women engage in fat talk (Nichter & Vuckovic, 1994; Salk & Engeln-Maddox, 2011), women may be fat-talking to their partners to elicit a comforting response. Starr and Davila (2008) note that adults often seek reassurance from their romantic partners. In a series of interviews with heterosexual, newly married couples, Bove and Sobal (2011) noticed a trend of both men and women seeking reassurance from their partner regarding their personal body weight. However, women's amount of fat-talking probably has differing effects on the impression this makes for their male partners. A meta-analysis of 38 studies revealed that excessive reassurance seeking (ERS) behaviors have been shown to be commonly associated with depression. ERS is also associated with negative reactions from others such as rejection, but this association is not as strong as the association between ERS and depressive symptomatology (Starr & Davila, 2008). Some college-aged women reported viewing other women using fat talk with the intentions of seeking reassurance from others in a negative way because they thought it was annoying (Salk & Engeln-Maddox, 2011). Similarly, if a man perceives his partner to be

engaging in ERS behaviors, such as fat talk, this will probably have negative effects on the relationship and will potentially lead to rejection. In the context of romantic relationships, rejection is likely to result in strong negative emotions (Starr & Davila, 2008). Thus, the extent to which a woman fat talks in her partnership will be varied in the present study to determine if excessive levels have more of a negative impact on men's perceptions relative to lower levels of this communication pattern.

Potential negative effects of fat talk in the context of romantic relationships may also stem from the male's dislike of his female partner's negative body talk and the message it communicates. In a study in which participants were asked to read a vignette about two women engaging in fat talk with each other, both men and women predicted that men would prefer the woman to respond to fat talk in a self-accepting manner and would consider this response type to be the most socially attractive (Britton et al., 2006). Mikell and Martz (2016) used a series of vignettes in which a man who is romantically interested in dating an attractive woman overhears the target woman either engaging in fat talk or using self-accepting body talk with other women. Male participants were asked to indicate their perception of the situation in the vignette and the target woman. When the target woman fat-talked, men estimated her mental health to be poorer, while they rated a woman talking about her body in a self-accepting manner to have better mental health (Mikell & Martz, 2016). This estimation is likely accurate as women who fat talk frequently have more depressive symptoms and are at risk for other psychological concerns (Arroyo & Harwood, 2012). Despite an estimated preference for positive body talk and the assumption that fat talk is related to poor mental health, Mikell and Martz (2016) found that overhearing a woman fat talk did not affect the male participants' interest in her as a potential romantic partner. Their

desire for a committed relationship was not affected by the woman's fat talk either (Mikell & Martz, 2016). Of note, the amount of fat talk that these men overheard would be considered mild and not excessive. However, the desire for a committed relationship was influenced by the target woman's body size as men reported an increased desire for a committed relationship when the target woman was "sexy and lean" or "sexy and average," compared to when she was described as "sexy and larger sized" (Mikell & Martz, 2016). This fits with other research findings that women with higher body mass indices (BMIs) are less likely to be involved in a dating relationship when compared to women with lower BMIs (Sheets & Ajmere, 2005). Heavier women are also typically less satisfied in their romantic relationships. Additionally, women who were told to lose weight by their male partners reported even lower levels of relationship satisfaction in comparison to women who experienced no weight-related remarks or were encouraged to gain weight (Sheets & Ajmere, 2005).

Not all men are dissatisfied with their partner's body size though, even if their partner is above average weight. Some men, often called "fat admirers," consider overweight women and women with high BMIs to be more physically attractive than women of average body sizes (Swami & Tovee, 2009). Nevertheless, Paap and Gardner (2011) found that partner's body size *potentially* plays a role in relationship satisfaction. This pertains more so to men because they are more likely to report more dissatisfaction with their female partner's body size than women are with their male partner's body (Paap & Gardner, 2011). However, Paap and Gardner (2011) note that this relationship must be explored further as their statistical analyses regarding dissatisfaction with partner's body size as a predictor of relationship satisfaction only approached significance.

The extant literature details the role that BMI and attractiveness plays in relationship establishment, but the effects of fat talk on real, rather than hypothetical, romantic relationships are unknown. The present study was designed to expand upon the knowledge of the effects of fat talk in the context of romantic relationships. Again, I anticipated that the level of a woman's fat talk in that relationship could matter in that excessive fat talk may be perceived negatively but mild levels could be perceived as more of a positive signal that she cares about her physical appearance for herself and perhaps for her partner.

Relationships and body satisfaction. Despite evolutionary research showing that attractiveness is an important aspect of mate selection, women do not always recognize what men find to be attractive. There are often misperceptions among women regarding what body style men find attractive or the fact that heterosexual men, in their own diversity, desire varied female shapes and sizes. Generally, women assume that men desire the thin ideal communicated by societal standards, as opposed to what some men actually prefer (Halpern, Udry, Campbell, & Suchindran, 1999). Swami and Tovee's (2009) more recent research suggests the same, as some men prefer larger women as romantic partners. In the context of newly established romantic relationships, women's reports of satisfaction with their own bodies are lower than their partner's reports of satisfaction with the woman's body. As the length of relationships extend, women perceive their partners to be less satisfied with their bodies because of the assumption that men desire more thinness in women (Markey, C. & Markey, P., 2006).

Male partners in romantic relationships can also influence a woman's body image given the type of feedback she receives from his flirting, critique, or commentary about her looks. Goldsmith and Byers (2016) found that receiving positive messages, both verbal and

non-verbal, from a romantic partner about one's body resulted in improved self-confidence. These types of messages also fostered self-acceptance and sexual empowerment. College-aged women have also recognized romantic partners offering them unconditional love as being a positive, influential factor on their positive body image (Wood-Barcalow et al., 2010). Although positive feedback was reported more frequently than negative feedback by participants in the Goldsmith and Byers (2016) study, individuals reported receiving some critique from their partners, which resulted in experiencing shame, self-doubt, sexual disempowerment, and sexual dissatisfaction. Further, these same individuals also reported starting to diet and increase exercise patterns after receiving negative feedback from their partner (Goldsmith & Byers, 2016).

Relationship Satisfaction and Sexual Satisfaction

Although they are different constructs, relationship satisfaction and sexual satisfaction are related (Fallis, Rehman, Woody, & Purdon, 2016), and both may be implicated if fat talk is present in romantic relationships. In a study of heterosexual couples who had been together, on average, approximately 10 years at the start of the study, Fallis et al. (2016) found that an individual's own relationship and sexual satisfaction levels are longitudinally stable. Additionally, findings suggest that only one's own sexual satisfaction level predicted his/her own relationship satisfaction level as the relationship further developed, especially for men, and that the opposite predictive relationship was not true; early relationship satisfaction did not have an impact on later sexual satisfaction.

Additionally, the level of relationship satisfaction or sexual satisfaction experienced by one's partner did not influence his or her own level of relationship or sexual satisfaction (Fallis et al., 2016). However, there are mixed findings about such partner effects as it relates to

relationship and sexual satisfaction. In a study of married couples, Yoo, Bartle-Haring, Day, and Gangamma (2014) found that husbands' relationship satisfaction was predicted by their wives' sexual satisfaction. Understanding the factors that contribute to relationship satisfaction is important, as a recent study by Whisman, Gilmour, and Salinger (2018), examining the relationship between marital satisfaction and mortality, found that individuals feeling satisfaction in their marriage were less likely than those with lower levels of satisfaction to experience an early death. The present study will explore if/how participants perceive the amount of fat talk impacting a fictional couple's relationship satisfaction in a heterosexual marriage vignette.

Fat Talk and Relationship Satisfaction

Relationship satisfaction and its association specifically with fat talk, as verbal dialogue, has not yet been examined in the extant literature. However, body image and its association with relationship satisfaction have been examined. In a study of heterosexual couples who had been dating for at least six months, researchers found a positive association between the extent to which one appreciates his or her own body and the perceived quality of his or her relationship (van den Brink, Vollman, Smeets, Hessen, & Woertman, 2018). Melzter and McNulty (2010) found similar results linking body image and relationship satisfaction. Specifically, their analysis of married couples revealed that women's perception of their own sexual attractiveness is related to marital satisfaction for both partners (Melzter & McNulty, 2010).

Fat Talk and Sexual Satisfaction

There are no published studies that specifically examine the relationship between fat talk and sexual satisfaction. However, the literature does support an association between poor

body image and decreased sexual satisfaction (Wiederman, 2012). Considering that fat talk and body image disturbances are known to be associated (Mills & Fuller-Tyszkiewicz, 2016), this area of the literature can be used to inform the potential effects of fat talk on sexual satisfaction. Wiederman (2012) defines sexual functioning as the “ability to get physically aroused, experience orgasm, and find the experience pleasurable and satisfying” (p. 149). Body image disturbances are associated with indicators of poor sexual functioning. These include experiencing negative emotions after engaging in sexual activity, avoiding sexual activity, and being distracted during sexual activity (Wiederman, 2012). Moreover, Milhausen, Buchholz, Opperman, and Benson (2015) found that sexual satisfaction was negatively affected by body image concerns specific to a sexual encounter. Women tend to be more body image self-conscious during sexual activities than men (Milhausen et al., 2015; Wiederman, 2012), and body image self-consciousness during sex is associated with poor sexual functioning in general. More specifically, this is related to arousal difficulties and problems achieving orgasm (Quinn-Nilas, Benson, Milhausen, Buchholz, & Gonclaves, 2016; Wiederman, 2012). Arousal difficulties are likely to be experienced by women with a negative opinion of their own appearance. If women assume others, such as their romantic partner, share this negative opinion of their appearance, they are likely to have difficulties with both sexual arousal and desire (Quinn-Nilas et al., 2016). van den Brink and colleagues (2018) recently found a mediating relationship between body image, perceived relationship quality, and sexual satisfaction. Specifically, sexual satisfaction, which is positively associated with positive body image, mediates the relationship between body image and perceived relationship quality in both men and women per their examination of heterosexual couples.

Present Study

To date, there are two published studies that have examined college-aged men's perceptions of women's fat talk. Currently, there are no published studies examining the perceptions of older men who have more long-term relationship experience regarding women's fat talk, or the effects of that fat talk in the context of committed romantic relationships. The present study aimed to fill gaps in the current literature. It examined the perceptions of men and women regarding the level of a target woman's fat talk, as evidenced in varied vignettes detailing the relationship of fictional characters named Michael and Jessica, and how the amount of fat talk is associated with the level of perceived relationship satisfaction and sexual satisfaction experienced by both partners in long-term, heterosexual relationships.

Pilot Study #1: Focus Groups

In an effort to gain a deeper understanding of men's perceptions of women's fat talk, the present researcher conducted four different focus groups with a total of 14 heterosexual, college-aged men during the fall semester of 2016. These men were either currently in a committed romantic relationship or had been in one previously. IRB approval was obtained from Appalachian State University for these focus groups (IRB #17-0056), and they were led by a male research assistant. In general, the men reported hearing their female "significant others" fat-talking. Many men said the fat-talking typically pertained to eating behaviors and occurred at meal times. What seemed to be rather contradicting statements by the researchers, these men reported that they offered responses to their partner's fat talk by first denying her claims and then complimenting them. Then, a majority of the men said that they followed this offering of reassurance by extending an invitation to diet and exercise with

their partner with supportive intentions. When asked if they perceived a woman's fat talk as having a potential effect on her sexual functioning, the group of men as a whole seemed to be a bit naive about female sexual functioning and/or they were uncomfortable sharing such details. The men seemed to assume that if the significant other was willing to engage in sexual relations with him, that she was sexually satisfied. However, several men did indicate that they thought frequent fat talk could have a potential effect on female sexual functioning while occasional comments would not. Based on this information, a decision was made to vary the amount of fat talking by women featured in the vignettes of the present study. Due to the naiveness of these college-aged men regarding female sexual functioning and their lack of long-term relationship experience, it was also decided that non-college-aged participants, who likely have more relationship experience would be recruited for the present study. The vignettes with varying levels of fat talk were validated in the second pilot study.

Pilot Study #2: Vignette Validation

A separate group of participants were recruited in a pilot study conducted to ascertain the validity of the three hypothetical vignettes to be used as the experimental manipulation of a target woman's body self-acceptance or level of fat talk. A between-subjects 2 (Participant Gender: Male vs. Female) by 3 (Vignette: Excessive Fat Talk, Minimal Fat Talk, vs. Self-Accepting Body Talk) statistical design was used to determine whether each vignette generated greater scores on the Fat Talk Questionnaire (FTQ) as measured by men and women completing it from the perspective of the target woman, Jessica.

Method: Pilot Study #2

Participants

The pilot study recruited 124 participants via Amazon Mechanical Turk (MTurk). Given that the main study was interested in examining the effects of fat talk within heterosexual relationships, researchers deemed it important to exclude those not identifying as heterosexual from statistical analyses. Therefore, 18 people were excluded, leaving 106 participants ($n = 63$ men; $n = 43$ women). In terms of ethnicity, 50% of the sample identified as White ($n = 53$), 42.5% Asian ($n = 45$), 3.8% African-American or Black ($n = 4$) and 3.8% Hispanic or Latino ($n = 4$). The average age of participants was 31.09 years ($SD = 7.00$) and ranged from 21 to 53 years. IRB approval was obtained from Appalachian State University on May 22, 2017 (IRB #17-0283).

Materials

Relationship Vignettes. Vignettes detailing the romantic relationship of two fictional characters, Michael and Jessica, were created across three experimental conditions: Minimal fat talk (See Appendix A), excessive fat talk (See Appendix B), and self-accepting body talk (See Appendix C).

Fat Talk Questionnaire. Participants in the pilot study completed a modified version of the Fat Talk Questionnaire (FTQ; Royal, MacDonald, & Dionne, 2013) from their perceived perspective of the target woman, Jessica. The original version of FTQ assesses the level of fat talk occurring among groups of women. A sample item from the original version states, "When I'm with one or several close female friend(s), I complain that my arms are too flabby." The modified version of the FTQ will state, "When I'm with my husband Michael, I complain that my arms are too flabby." The entire modified version is located in Appendix

D. The FTQ is considered to have adequate levels of internal consistency ($\alpha = .94$). It also has adequate levels of convergent validity as the FTQ is significantly correlated ($r = .74$) with the Fat Talk Scale (Clarke, Murnen, & Smolak, 2010) that measures one's likelihood to respond to another person's fat talk. It is also correlated with measures of body dissatisfaction ($r = .79$), self-objectification ($r = .60$), restrained eating ($r = .64$), and social physique anxiety ($r = .69$). In terms of discriminant validity, results from the FTQ were not correlated with a measure of social desirability ($r = -.001$) indicating that people did not simply fat talk so that they could present themselves as socially desirable. The questionnaire has a total of 14 items to which participants respond using a 5-point scale (1 = never, 5 = always). Higher scores reflect more frequent fat talk (Royal et al., 2013).

Pulvers Figure Rating Scale: Adult Female Version. Participants completed the Pulvers Figure Rating Scale (Pulvers et al., 2004; Appendix E) to rate their perceptions of the target woman's body size using depictions of 9 adult women, all varying in size (1 = smallest body size, 9 = largest body size). This scale has both an adult male version and an adult female version; only the adult female version was used in this study. The women on the figure system are representative of multiethnic women (Pulvers et al., 2004). Pulvers et al. (2004) found that the scale had adequate content validity ($r = .91$) and high interrater consistency ($\alpha = .95$). In terms of evidence for convergent validity, Pulvers et al. (2014) found strong correlations between female participants' body image and three observers' perceptions of the same participants' body size ($r_s = .75 - .83$) and between the observers' ratings of the female participants' body size and the participants' weight status perceptions ($r_s = .51 - .69$). Strong correlations between the observers' body size ratings and the participants' BMI ($r = .82$) and body fat percentage ($r = .78$) were also noted as evidence for

concurrent validity. Responses from Pulvers Figure Rating scale were compared to two similar pre-existing measures, and adequate criterion validity was established ($\alpha = .94$).

Procedure

Participants read their randomly assigned vignette and completed the modified version of the FTQ from the perspective of the target woman and the Pulvers Figure Rating scale after reading and agreeing to the information in the informed consent form (See Appendix F).

Results: Pilot Study #2

Of the 106 participants used for statistical analysis, 42 (39.6%) participants were in the excessive fat talk condition, 35 (33.0%) were in the minimal fat talk condition, and 29 (27.4%) were in the self-accepting body talk condition. The responses on the modified version of the FTQ were indicative of adequate internal consistency ($\alpha = .96$). Statistical analyses on this same measure [i.e., 3 (Vignettes/Body Talk Condition: Excessive Fat Talk, Minimal Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) factorial ANOVAS] did not reveal an interaction effect between body talk condition and gender, $F(2, 100) = .82, p = .445, \eta_p^2 = .016$. There was also no main effect for gender, $F(1, 100) = .07, p = .800, \eta_p^2 = .000$. However, there was a large-sized¹ main effect for the body talk condition on level of perceived fat talk, $F(2, 100) = 11.60, p < .001, \eta_p^2 = .188$. Post hoc comparisons using the LSD test indicated that there was a medium, significant difference in the perceptions of fat talk among the excessive fat talk and minimal fat talk conditions. Specifically, participants in the excessive fat talk condition perceived the target woman as engaging in a higher level of fat talk ($M = 43.45, SD = 10.02$,

¹ All effect size descriptions throughout were informed by information gathered from the following website: <http://www.psy.gla.ac.uk/~steve/best/effect.html>.

95% CI [40.33, 46.57]) than participants in the minimal level of fat talk condition ($M = 37.80$, $SD = 11.85$, 95% CI [33.73, 41.87], $p = .041$, $d = .51$). Post-hoc analyses also indicated that participants in the excessive fat talk condition perceived the target woman as engaging in a considerably higher level of fat talk than participants in the self-accepting body talk condition ($M = 30.14$, $SD = 14.08$, 95% CI [24.78, 35.49], $p < .001$, $d = 1.09$). Lastly, post-hoc analyses showed a large significant difference between level of fat talk perceived by the minimal fat talk condition and the self-accepting body talk condition. Specifically, participants in the minimal fat talk condition perceived the target woman as engaging in significantly more fat talk than participants in the self-accepting body talk condition ($p = .012$, $d = .59$).

In terms of Jessica's likeability, statistical analyses revealed that there was no interaction effect between body talk condition and gender, $F(2, 100) = .49$, $p = .615$, $\eta_p^2 = .010$. Additionally, there was no main effect for gender, $F(1, 100) = 1.16$, $p = .283$, $\eta_p^2 = .011$. There was, however, a medium-sized main effect for the body talk condition, $F(2, 100) = 3.25$, $p = .043$, $\eta_p^2 = .061$. Post-hoc analyses using the LSD test indicated a non-significant trend in that participants in the excessive fat talk condition liked the target woman a bit less ($M = 3.29$, $SD = 1.04$, 95% CI [2.96, 3.61]) than participants in the minimal fat talk condition ($M = 3.69$, $SD = 0.90$, 95% CI [3.38, 3.99], $p = .072$, $d = .41$). Participants in the excessive fat talk condition also liked the target woman less than participants in the self-accepting body talk condition ($M = 3.93$, $SD = 0.88$, 95% CI [3.59, 4.27], $p = .006$, $d = .66$), representing a medium significant difference. Additionally, post-hoc analyses did not indicate that participants in the minimal fat talk condition liked the target woman significantly more or less than participants in the self-accepting body talk condition

($p = .311$, $d = .27$). A bivariate correlation analysis revealed no significant correlation between Jessica's likeability and participants' perceptions of her body size, $r(123) = .005$, $p = .958$.

The extent to which participants liked the target man, Michael, was also examined. Results indicated there was no interaction effect between body talk condition and gender, $F(2, 100) = .49$, $p = .613$, $\eta_p^2 = .010$. Additionally, there was no main effect for gender, $F(1, 100) = .17$, $p = .677$, $\eta_p^2 = .002$. Lastly, participants' assigned experimental condition did not have a significant impact on how much they liked Michael as results revealed a non-significant main effect for body talk condition as well, $F(2, 100) = .26$, $p = .769$, $\eta_p^2 = .005$.

Lastly, participants' perceptions of Jessica's size were examined. Results suggest that there was no interaction effect between body talk condition and gender, $F(2, 100) = 2.17$, $p = .120$, $\eta_p^2 = .042$, nor a significant main effect for gender, $F(1, 100) = .65$, $p = .422$, $\eta_p^2 = .006$. There was a large, significant main effect for body talk condition on perceptions of Jessica's size, $F(2, 100) = 9.24$, $p < .001$, $\eta_p^2 = .156$. Post-hoc analyses using the LSD test revealed that participants in the excessive fat talk condition perceived Jessica's body size to be larger ($M = 4.52$, $SD = 1.23$, 95% CI [4.14, 4.94]) than those in the minimal fat talk condition ($M = 3.69$, $SD = 0.96$, 95% CI [3.35, 4.02]), $p = .002$, $d = .75$) and those in the self-accepting body talk condition, ($M = 3.57$, $SD = 1.17$, 95% CI [3.12, 4.02]), $p = .001$, $d = .79$. Both of the above-mentioned differences are considered to be large. Participants did not perceive a significant difference in Jessica's body size among the minimal fat talk condition and the self-accepting body talk condition ($p = .689$, $d = .10$). Overall, these results suggest that the vignettes effectively communicate varying levels of fat talk. While participants reported liking Jessica less in the excessive fat talk condition, their reactions toward Michael

in this regard did not vary among body talk conditions. Given that his behavior did not change across the vignettes, this was expected. Therefore, these vignettes are considered to be a valid and effective method of manipulating the target woman's level of fat talk (Morsch, Martz, Miles, & Bazzini, 2018).

Present Study

A 3 (Target Woman's Body Talk: Minimal fat talk, Excessive Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) X 2 (Perceived Perspective: Michael's Perspective vs. Jessica's Perspective) experimental design was used to examine the effects of a woman's level of fat talk on relationship satisfaction, sexual satisfaction, and perception of partner's signaling. Table 1 details the study's design.

Based on extant literature, it was hypothesized that a main effect for level of body talk would exist such that 1) both men and women would perceive the couple as experiencing lower levels of relationship satisfaction and sexual satisfaction when the female partner fat talked excessively versus a situation in which the female partner engaged in minimal fat talk, and 2) the highest levels of relationship satisfaction and sexual satisfaction would occur when the target woman engaged in self-accepting body talk.

It was also predicted that there would be a significant main effect for level of body talk for positive body image scores such that participants' perceptions of the target woman's positive body image would be inversely related to her level of fat talk. Specifically, it was hypothesized that 1) the target woman who engaged in self-accepting body talk would be perceived as having the highest level of positive body image, 2) followed by the minimal fat talk condition, 3) and the target woman who engaged in excessive fat talk would have the lowest level of positive body image.

Given that men, evolutionary speaking, value attractiveness in their female mates (Buss, 1989; Furnham, 2009), it was predicted that a main effect for level of body talk would exist showing that men would perceive the target woman engaging in minimal fat talk to be signaling greater concern for her appearance compared to the target woman engaging in an excessive level of fat talk. Exploratory analyses were conducted to examine the difference in perception of partner signaling between the minimal level of fat talk condition and self-accepting body talk condition. Additionally, exploratory analyses were conducted to investigate the relationships between men's and women's perception of partner signaling and men's perception of the target woman's positive body image across all three body talk conditions.

Method

Participants

Using the effect size found in the second pilot study's examination of the perceived level of fat talk depicted in each vignette ($\eta^2 = .19$), a statistical power analysis indicated that a sample of at least 312 (i.e., 26 people in each of the 12 groups) would be required to detect differences among the experimental conditions adequate to reach an effect size of .19 ($\alpha = .05$, $\beta = .20$). Participants were recruited using Amazon Mechanical Turk (MTurk), and 317 survey responses gathered. For the purposes of this study, the researcher wished to analyze data from heterosexual participants with long-term relationship experience (i.e., involvement in a committed heterosexual relationship for at least 1 year). The data set was first examined based on participants' sexual orientation, and it was decided that 53 (46 homosexual, 7 bisexual) participants' data would be excluded from statistical analyses

because they did not identify as heterosexual. Participants' relationship experience was then considered; 22 people reported that they had never been in a long-term heterosexual relationship before, and, therefore, were excluded from statistical analyses. Additionally, one participant was removed because he/she had not been involved in a relationship for at least one year, one was removed because he/she left the item inquiring about length of longest relationship blank, and one was removed because he/she listed the year the relationship commenced rather than the length of the relationship.

The sample used for statistical analyses consisted of 239 participants (127 men; 112 women). The majority of the sample identified as White ($n = 157$; 65.7%). Among the remaining participants, 15.5% identified as Asian ($n = 37$), 12.1% as African-American or Black ($n = 29$), 5% as Hispanic or Latino ($n = 12$), 1.3% as Native American ($n = 3$), and .4% as Other (i.e., "mixed"; $n = 1$). The average age of participants was 35.05 ($SD = 9.66$) and ranged from 19 to 67 years of age. In terms of current relationship status, 55.2% identified as married ($n = 132$), 18.4% as involved in a committed dating relationship ($n = 44$), 15.5% as single ($n = 37$), 5.4% as engaged ($n = 13$), 3.8% as casually dating ($n = 9$), 1.3% as divorced ($n = 3$), and .4% as widowed ($n = 1$). Responses indicated that 181 participants were currently cohabitating with their romantic partner. Participants' average length of their longest heterosexual romantic relationship was 9.54 years ($SD = 8.31$) and ranged from 1 to 39 years. Appalachian State University's IRB determined that this study involves minimal risks and is therefore exempt from further IRB review on September 28, 2017 (IRB #18-0025).

Materials

Relationship Vignettes. The vignettes from Pilot Study #2 detailing Michael and Jessica's relationship were used in the main study. Previous pilot testing showed that readers viewed Jessica's level of fat talk varying significantly in gradations from the self-accepting body talk condition, to the minimal fat talk condition, to the excessive fat talk condition. These were used in this study as an independent variable.

The Relationship Assessment Scale. Participants completed The Relationship Assessment Scale (RAS; Hendrick, 1988; See Appendix G), which is a 7-item questionnaire intended to measure general relationship satisfaction. Participants respond to the questionnaire using a 1-5 scale where 1 is indicative of low satisfaction and 5 is indicative of high satisfaction. Hendrick (1988) demonstrated that the RAS had adequate internal consistency, and a similar level of internal consistency was found in the present study's sample (Both samples: $\alpha = .86$). Additionally, Hendrick (1988) found that the RAS correlated strongly (.80) with the Dyadic Adjustment Scale (Spanier, 1976). Analyses comparing couples' RAS reports to later relationship status showed significant differences in scores for those couples who were still together and those that were no longer together (Hendrick, 1988). The measure is scored using a summing method, but a mean score was obtained for the purposes of the present study. The measure does not include a specific set of instructions. For the purposes of this study, the instructions ask participants to complete the questionnaire as if they were either Michael or Jessica depending on their random assignment. Slight modifications were made to the original questions to further reflect the participants' randomly assigned perspective. Participants' responses were averaged, and the mean score was used in statistical analyses as one of the dependent variables in the study.

Female Sexual Function Index/ Male Sexual Function Index. All participants took a portion of the Female Sexual Function Index (FSFI; Rosen et al., 2000) and the Male Sexual Function Index (MSFI; Kalmbach, Ciesla, Janata, & Kingsberg, 2012) as another dependent variable. The FSFI is intended to assess the desire, arousal, lubrication, orgasm, satisfaction, and pain domains of female sexual functioning, and the MSFI is an adapted version of the FSFI intended to measure the desire, arousal, erection difficulties, orgasm, and satisfaction domains of male sexual functioning. Only the questions pertaining to the sexual satisfaction domain were used for the present study (See Appendix H). The questions belonging in this domain are the same for both the FSFI and MSFI and assess global sexual and relationship satisfaction. Participants responded to the first question using a 0 to 5 scale, where 0 is equivalent to “no sexual activity” and 5 is equivalent to “very satisfied.” The last two questions were answered using a 1 to 5 scale where 1 is equivalent to “very dissatisfied” and 5 is equivalent to “very satisfied.” The FSFI and MSFI ask that respondents base their answers over the past four weeks. This instruction was removed for the present study because the vignettes only detail events over the course of one evening. Participants were asked to complete the sexual satisfaction domain questions as if they were either Michael or Jessica as a between-subjects dependent variable. Slight modifications were made to the original questions to further reflect the participants’ randomly assigned perspective. Their scores were averaged, and a mean score was used in statistical analyses. Due to “no sexual activity” on the measure’s first question numerically assuming that no sexual activity is worse than a low level of sexual satisfaction, four participants reporting 0 for the first item were removed from statistical analyses of the sexual functioning indices.

Rosen et al. (2000) demonstrated the psychometric values of the FSFI by sampling both a clinical and non-clinical sample of females and found that the full FSFI had adequate internal consistency ($\alpha = .97$) and test-retest reliability ($r = .88$) between the first and second visit for testing in the full sample. The satisfaction domain itself has high internal consistency ($\alpha = .89$) and adequate test-retest reliability ($r = .83$). The FSFI is considered to have adequate levels of divergent validity, as the responses from the full sample ($r = .41$), clinical sample ($r = .22$) and the non-clinical sample ($r = .53$) were not highly correlated with a test measuring marital satisfaction. However, there were stronger correlations between the satisfaction domain and the marital satisfaction test (full sample $r = .57$; clinical sample $r = .40$; non-clinical sample $r = .72$; Rosen et al., 2000). On the MSFI, the satisfaction domain has an internal consistency of .82 (Kalmbach, Ciesla, Janata, & Kingsberg, 2015). The internal consistency of the satisfaction domain in the present study's sample is also adequate ($\alpha = .88$).

Index of Sexual Satisfaction. The Index of Sexual Satisfaction (ISS) is a 25-item questionnaire measuring an individual's level of sexual satisfaction (Hudson, Harrison, & Crosscup, 1981; See Appendix I). Participants responded to each question using a scale from 1 to 5 where 1 is equivalent to "Rarely or none of the time" and 5 is equivalent to "Most or all of the time." The original instructions ask the respondents to complete the questionnaire based on their current relationship. These instructions were modified to ask participants to complete it based on the vignettes. They completed it from either Michael's or Jessica's perspective depending on their random assignment. Slight modifications were made to the original questions to further reflect the participants' randomly assigned perspective. The ISS was completed by all participants, and the score was used as a dependent variable in the

study. It was scored by calculating each participant's mean score where a higher score is reflective of lower sexual satisfaction.

The questionnaire is psychometrically sound. Hudson et al. (1981) found its internal consistency to be adequate as its coefficient alpha is estimated to be .92. In the present study's sample, the ISS was also observed to have a high level of internal consistency ($\alpha = .94$). The ISS has a test-retest reliability of .93 across a one-week period. Its discriminant validity is .76, whereby it discriminates between people with and without sexual relationship problems. It is better at making this discrimination than a test of marital satisfaction or a test measuring attitudes toward sex in terms of conservatism and liberalism (Hudson et al., 1981).

Body Appreciation Scale-2. The Body Appreciation Scale-2 (BAS-2) is a 10-item questionnaire that is a revision of the Body Appreciation Scale (BAS), which was created by Avalos, Tylka, and Wood-Barcalow (2005), that measures positive body image (Tylka & Wood-Barcalow, 2015; See Appendix J). Specifically, the BAS-2 measures the extent to which a person values his or her body (Tylka & Wood-Barcalow, 2015). Positive body image, as developed by these authors, is not conceptualized as the opposite of negative body image but is considered to be a unique and more diverse construct. The questionnaire's original instructions ask that respondents indicate the extent to which a statement is true about themselves using a 5-point scale where 1 is equivalent to "Never" and 5 is equivalent to "Always." For the purposes of the present study, the instructions were modified to ask participants to answer the questions from Jessica's perspective and to indicate the extent to which they perceived each statement to be true for her. All participants completed this measure as another dependent variable. The BAS-2 was scored by calculating each

participant's mean score where a higher score reflects more body appreciation and positive body image.

Tylka and Wood-Barcalow (2015) examined the BAS-2's psychometric values by performing three different studies using various samples of college students and non-college aged men and women. They found the BAS-2 to have adequate internal consistency among both men and women. Tylka and Wood-Barcalow (2015) found a coefficient alpha of at least .93 among participants in two of their studies, and the present study found a coefficient alpha of .97. When administered three weeks after the initial administration in their first study, the BAS-2 was found to have adequate test-retest reliability ($r = .90$). In terms of validity, the BAS-2 was positively correlated with a measure of appearance evaluation, a measure of proactive coping, and a measure of self-esteem. Additionally, it was negatively correlated with measures of body dissatisfaction, a measure of internalization of the thin ideal as portrayed by the media, a measure of body surveillance, symptoms of eating disorders, and BMI. Thus, the BAS-2 is psychometrically sound (Tylka & Wood-Barcalow, 2015).

Manipulation Check. Participants answered a question regarding their perceptions of how Jessica felt about her physical appearance to test the effectiveness of the manipulation regarding her level of fat talk (See Appendix K). It was expected that participants would perceive Jessica as having the best evaluation of her body in the self-accepting body talk condition, the poorest evaluation of her physical appearance in the excessive fat talk condition, and as having a neutral/moderate evaluation in the minimal fat talk condition. Participants responded to the question using a 5-point Likert scale (1 = very poor, 5 = very good).

Likeability Item. Participants indicated the extent to which they liked Jessica by using a 5-point Likert scale (1 = none, 5 = a great deal; see Appendix L). Participants were not questioned about Michael's likeability given that his behavior did not change across conditions. Additionally, no significant differences were found among participants in the varying levels of body talk conditions regarding Michael's likeability in the second pilot study (see above for more details).

Perception of Partner Signaling Questionnaire. A self-created questionnaire was administered that attempted to measure participants' perceptions of Jessica's concern for her physical appearance (See Appendix M). Stemming from research on attraction in evolutionary biology and psychology, this measure was devised to determine whether lower levels of fat talk were perceived positively by men as an indication that the woman cared about her physical appearance, for herself and perhaps on behalf of her partner. The three signaling items inquire about participants' perceptions of the extent to which Jessica cares about her physical appearance for herself (i.e., first item), for her husband Michael (i.e., second item), and for others (i.e., third item). The mean of these three responses were used in statistical analyses. The measure is considered to have adequate internal consistency as a coefficient alpha of .78 was observed in the present study.

Demographic Questionnaire. A 10-item demographic measure (See Appendix N) created by the researcher was used to assess information such as participants' gender, age, race ethnicity, sexual orientation, level of education and relationship status (e.g., engaged, married, cohabitating, etc.). Participants were also asked to report the length of their present relationship, length of cohabitation (if relevant), and length of longest relationship.

Additionally, partnered participants were asked to provide their partner's age, race, and ethnicity and the number of children the two shared.

Procedure

Participants were recruited via Amazon Mechanical Turk (MTurk), and the study was completed electronically. MTurk directed participants to a Qualtrics survey where they were asked to read and agree to an informed consent form (See Appendix O) before beginning the study. Participants were randomly assigned to one of three conditions related to the target woman's level of fat talk: 1) self-accepting talk 2) minimal levels of fat talk 3) excessive levels of fat talk. They were also randomly assigned to complete the questionnaires from either Michael's perspective or Jessica's perspective. Participants read the relationship vignette associated with their assigned condition before completing the questionnaires. They were required to stay on the vignette screen for at least 30 seconds, and they were allowed to read the vignette only once; participants were not able to return to the vignette after the 30 seconds had passed. Afterwards, they completed the Relationship Assessment Scale, the satisfaction domain questions from the Female Sexual Function Index and Male Sexual Function Index, the Index of Sexual Satisfaction, the Body Appreciation Scale-2, a manipulation check, a perception of partner signaling questionnaire, and a demographic measure. To reduce order effects, the RAS, ISS, and MSFI were counterbalanced and administered first after the vignette. Given that all participants completed the BAS-2 from Jessica's perspective and that participants completed the manipulation check and signaling measure from their own perspective, these measures were not counterbalanced in an effort to limit any potential confusion and were administered second and third, respectively. The demographics questionnaire was completed last. The study took approximately 10-15

minutes for each participant to complete, and they were paid fifty cents for their participation.

Results

Of the 239 participants used for statistical analyses, 76 (31.79%) were randomly assigned to the minimal fat talk condition, 81 (33.89%) were randomly assigned to the excessive fat talk condition, and 82 (34.31%) were randomly assigned to the self-accepting body talk condition. Regarding perspective, 118 (49.37%) participants were randomly assigned to answer questionnaires from Michael's (target man) perspective, and 121 (50.63%) were randomly assigned to answer questionnaires from Jessica's (target woman) perspective.

Manipulation Check

Prior to conducting statistical analyses, participants' average responses to the manipulation check item were examined using a one-way ANOVA. This tested the effectiveness of the experimental manipulation by examining how participants perceived Jessica's evaluation of her physical appearance, with higher scores indicating more positive body image, across the three conditions. The assumption of homogeneity of variance was violated, Levene's $F(2, 236) = 3.65, p = .028$. Therefore, the Welch F is reported. There was a large, significant difference in the perceptions regarding Jessica's assessment of her own body across the three groups, $F(2, 236) = 94.92, p < .001, \eta_p^2 = .446$. Specifically, post-hoc analyses (See Table 2) using the Tukey HSD test revealed that participants in the excessive fat talk condition reported significantly lower scores than participants in the minimal fat talk and self-accepting body talk conditions. Additionally, participants in the minimal fat talk condition reported significantly lower scores than those in the self-accepting body talk

condition. Therefore, the hypothesis that 1) the excessive fat talk condition would result in participants' perception of Jessica as having the poorest evaluation of her body, 2) those in the self-accepting body talk condition would perceive her as having the best evaluation of her body, and 3) those in the minimal fat talk condition would have an average score falling between the other two groups was supported. The study's manipulation of Jessica's level of fat talk was effective.

Jessica's Likeability

In terms of Jessica's likeability, a 3 (Target Female's Level of Body Talk: Minimal Fat Talk, Excessive Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) X 2 (Perceived Perspective: Michael's Perspective vs. Jessica's Perspective) factorial ANOVA revealed that there was no three-way interaction between perspective, body talk condition, and gender, $F(2, 227) = .83, p = .439, \eta_p^2 = .007$. There was also no interaction effect between perspective and body talk condition, $F(2, 227) = .49, p = .616, \eta_p^2 = .004$, or between perspective and gender, $F(1, 227) = .21, p = .649, \eta_p^2 = .000$. There was, however, a small interaction between body talk condition and gender, $F(2, 227) = 3.64, p = .028, \eta_p^2 = .031$. Jessica was liked the least by participants in the excessive fat talk condition in comparison to all other body talk conditions, and this was especially true for men this excessive fat talk condition, as they reported liking her significantly less than women in that condition, $t(79) = -3.02, p = .003, d = .69$. Additionally, there was a small to medium main effect for perspective, $F(1, 227) = 7.39, p = .007, \eta_p^2 = .032$, with higher scores reflecting more likeability. Specifically, participants instructed to take the surveys from Michael's perspective liked Jessica significantly more than those who used Jessica's

perspective to take the survey. See Table 3 for statistical details of the above-mentioned differences.

Analytic Strategy for Hypothesis Testing

To measure the effect of the level of body talk on three of the dependent variables of relationship satisfaction reports on the RAS and sexual satisfaction reports on both the FSFI/MSFI and the ISS, three separate 3 (Target Female's Level of Body Talk: Minimal Fat Talk, Excessive Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) X 2 (Perceived Perspective: Michael's Perspective vs. Jessica's Perspective) factorial ANOVAS were run on each of the dependent variables. Given that all participants, regardless of the assigned condition perspective, were asked to complete the BAS-2 from Jessica's perspective and to complete the signaling questionnaire from their own personal perspective, a 3 (Target Female's Level of Body Talk: Minimal Fat Talk, Excessive Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) factorial ANOVA was run on responses to the BAS-2 and the "positive signaling" scores, excluding perceived perspective effects of either Michael or Jessica from statistical analyses.

Perceptions of Relationship Satisfaction

There was no three-way interaction between perspective, body talk condition, and gender on the RAS, $F(2, 227) = 1.17, p = .313, \eta_p^2 = .010$. There were also no two-way interaction effects among the variables. Specifically, there were no interaction effects between perspective and body talk condition, $F(2, 227) = .64, p = .527, \eta_p^2 = .006$, between perspective and gender, $F(1, 227) = .38, p = .537, \eta_p^2 = .002$, or between body talk condition and gender, $F(2, 227) = 1.59, p = .207, \eta_p^2 = .014$. However, there were medium-sized main effects for level of body talk, $F(2, 227) = 6.26, p = .002, \eta_p^2 = .052$, and gender,

$F(1, 227) = 20.14, p < .001, \eta_p^2 = .082$. Higher scores on the RAS reflect higher levels of relationship satisfaction. Post-hoc analyses using the Tukey HSD indicated that participants in the excessive fat talk condition reported lower levels of relationship satisfaction compared to both the minimal fat talk and the self-accepting body talk conditions, but there was no significant difference in the level of relationship satisfaction between the self-accepting body talk and minimal fat talk conditions. Additionally, women, regardless of assigned body talk condition and perspective, reported higher levels of relationship satisfaction than men. There was no main effect for perspective, $F(1, 227) = .59, p = .443, \eta_p^2 = .002$. See Table 4 for information regarding descriptive statistics for participants' scores on the RAS for each experimental condition. Given these findings, the hypothesis that participants would perceive the couple as experiencing the least amount of relationship satisfaction when the target female excessively fat talked was supported. However, given the absence of differences for RAS scores between the minimal fat talk and self-accepting body talk conditions, the hypothesis that the couple would be perceived as experiencing the most satisfaction when the target female talked positively about her body was not supported.

Perceptions of Sexual Satisfaction

Index of Sexual Satisfaction. Regarding scores on the ISS, there was no three-way interaction among assigned perspective, body talk condition, and gender, $F(2, 227) = .71, p = .495, \eta_p^2 = .006$. There were also no two-way interaction effects. Specifically, there were no interaction effects between perspective and body talk condition, $F(2, 227) = 1.16, p = .316, \eta_p^2 = .010$, between perspective and gender, $F(1, 227) = .186, p = .667, \eta_p^2 = .000$, or between body talk condition and gender, $F(2, 227) = 1.59, p = .207, \eta_p^2 = .014$. Regarding main effects, there were medium-sized main effects for level of body talk, $F(2, 227) = 5.53,$

$p = .005$, $\eta_p^2 = .046$, and gender, $F(1, 227) = 14.33$, $p < .001$, $\eta_p^2 = .059$. Higher scores on this measure reflect lower levels of sexual satisfaction. Post-hoc analyses using the Tukey HSD test revealed that participants in the excessive fat talk condition reported lower levels of sexual satisfaction compared to both the minimal fat talk and the self-accepting body talk conditions, yet there was no difference in level of sexual satisfaction between the self-accepting body talk and minimal fat talk conditions. In terms of gender, women reported perceiving higher levels of sexual satisfaction than men. There was no main effect for perspective, $F(2, 227) = 1.53$, $p = .218$, $\eta_p^2 = .013$.

According to this measure of sexual satisfaction, the couple was perceived as experiencing the least amount of sexual satisfaction when the target female, Jessica, fat talked excessively, whereas participants in the minimal fat talk and self-accepting body talk conditions viewed the couple as experiencing about the same level of sexual satisfaction. This follows the same pattern seen in participants' perceptions of relationship satisfaction above. See Table 5 for each experimental condition's scores on this measure.

Sexual Functioning Indices. As aforementioned, participants who reported that the target couple was not engaging in sexual activity on the first item of the sexual functioning indices ($N = 4$) were removed from statistical analyses of this measure. No significant interaction effects were observed on this measure. Specifically, there was no three-way interaction effect between perspective, body talk condition, and gender, $F(2, 223) = 1.15$, $p = .318$, $\eta_p^2 = .010$. Additionally, there were no interaction effects between perspective and body talk condition, $F(2, 223) = 2.68$, $p = .071$, $\eta_p^2 = .023$, between perspective and gender, $F(1, 223) = 0.63$, $p = .429$, $\eta_p^2 = .003$, or between body talk condition and gender, $F(2, 223) = 0.12$, $p = .884$, $\eta_p^2 = .001$. There were medium-sized main effects for level of

body talk, $F(2, 223) = 5.62, p = .004, \eta_p^2 = .048$, and gender, $F(1, 223) = 17.70, p < .001, \eta_p^2 = .074$, for scores on the sexual functioning indices. Higher scores on this measure reflect higher levels of sexual satisfaction. Per post-hoc analyses using the Tukey HSD test, the excessive fat talk condition resulted in lower levels of perceived sexual satisfaction than both the minimal fat talk and self-accepting body talk conditions, but there was no difference in scores between the self-accepting body talk and minimal fat talk conditions. Consistent with findings for the ISS, women reported perceiving higher levels of sexual satisfaction on the sexual functioning indices than men. There was no main effect for perspective, $F(1, 223) = 2.89, p = .090, \eta_p^2 = .013$. See Table 6 for the average scores for each experimental condition.

The scores for this measure of sexual satisfaction reflect the same trend seen in scores on the ISS; the lowest levels of sexual satisfaction were perceived by those in the excessive fat talk condition, but there was no difference in perceptions between the minimal fat talk and self-accepting body talk conditions. Therefore, the hypothesis stating that participants would perceive the couple as experiencing the least amount of sexual satisfaction when the target woman excessively fat talked was supported. However, the hypothesis that the couple would be perceived as experiencing the most sexual satisfaction when the target woman talked about her body positively was not supported.

Summary of Satisfaction Level Perceptions

The above results provide partial support for the hypotheses stating that both men and women in the self-accepting body talk condition would report perceiving higher levels of satisfaction for the couple than the participants in both of the two fat talk conditions. Participants from the self-accepting body talk condition only reported significantly higher

relationship and sexual satisfaction scores than the excessive fat talk condition on all three measures, while there were no differences between the reports of participants in the minimal fat talk condition and self-accepting body talk condition. The hypothesis that both men and women in the minimal fat talk condition would report higher levels of relationship satisfaction and sexual satisfaction from the perspective of both Michael and Jessica compared to those in the excessive fat talk condition was not supported. For both perceived relationship and sexual satisfaction, participants seemed to consider minimal levels of fat talk as similar to women speaking positively about their body image to their husband.

Perceptions of Partner Signaling

The 3 (Target Woman's Level of Body Talk: Minimal Fat Talk, Excessive Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) factorial ANOVA conducted for the Perception of Partner Signaling Questionnaire showed no main or interaction effects. Specifically, there was no two-way interaction between body talk condition and gender, $F(2, 233) = .35, p = .704, \eta_p^2 = .003$, nor a main effect for level of body talk, $F(2, 233) = .51, p = .603, \eta_p^2 = .004$, nor for gender, $F(1, 233) = .96, p = .329, \eta_p^2 = .004$. Therefore, the hypothesis that men would view a minimal level of fat talk, compared to an excessive level, as more of a positive signal that Jessica cared about her physical appearance for herself, and for Michael, was not supported. See Table 7 for the descriptive statistics regarding each experimental condition's average score on this measure.

Perceptions of Positive Body Image

A 3 (Target Woman's Level of Body Talk: Minimal Fat Talk, Excessive Fat Talk, vs. Self-Accepting Body Talk) X 2 (Participant Gender: Male vs. Female) factorial ANOVA was conducted to measure the effect of the level of body talk on male and female participants'

perceptions of Jessica's positive body image as measured by the BAS-2. There was no interaction between level of body talk and gender, $F(2, 233) = 2.34, p = .098, \eta_p^2 = .020$. As hypothesized, results indicated a large-sized main effect for the target woman's level of body talk, $F(2, 233) = 59.02, p < .001, \eta_p^2 = .336$, with higher scores being representative of more positive body image. Post-hoc analyses using the Tukey HSD test revealed that the self-accepting body talk condition resulted in the perception that the target woman had significantly more positive body image compared to both of the two fat talk conditions. Additionally, the minimal fat talk condition resulted in the perception of higher levels of positive body image compared to the excessive fat talk condition. Although this measure was used as a dependent variable in this study, these results also reinforce the validity of the body-talk manipulations for the three vignettes. Participants were viewing Jessica's positive body image according to how she spoke about her body image in the three vignettes. Finally, there was no main effect for gender, $F(1, 233) = 0.07, p = .790, \eta_p^2 = .000$. See Table 8 for each condition's average score on this measure.

Given these results, the hypotheses that 1) both men and women in the excessive fat talk condition would perceive Jessica as having the least positive body image, while 2) those in the self-accepting fat talk condition would perceive Jessica as having the most positive body image, and 3) with the minimal fat talk condition in the middle between the other two conditions was supported.

Relationship Between Jessica's Likeability and Perceptions of Satisfaction Levels

There was a negative correlation between the extent that participants liked Jessica and their perceptions of the couple's sexual satisfaction as measured by the ISS, $r(237) = -.51, p < .001$. Scores on the sexual functioning indices were positively correlated with Jessica's

likeability, $r(237) = .48, p < .001$. In terms of relationship satisfaction, there was a positive correlation between reports on the RAS and the extent to which participants liked Jessica, $r(237) = .54, p < .001$. Considering the strength of these correlations, the extent to which participants liked Jessica may have potentially influenced their perceptions of satisfaction levels.

Discussion

The purpose of this study was to examine how fat talk is perceived as impacting relationship and sexual satisfaction in long-term heterosexual relationships. The present study also investigated the possibility that the target woman's fat talk, if done so minimally, was perceived as a signal that she cares about her physical appearance for herself, for her partner, and for others. Additionally, it examined the impact of a woman's fat talk on others' perceptions of her positive body image. While previous studies have examined the relationship between body image, sexual satisfaction, and relationship quality (van den Brink et al., 2018), to the researcher's knowledge, this is the first study to explore these aspects specifically as it relates to fat talk.

Review of Main Findings

Relationship and Sexual Satisfaction. In terms of relationship satisfaction and sexual satisfaction, findings suggest that women's excessive use of fat talk results in perceptions of lower relationship and sexual satisfaction by all participants, especially men, compared to situations when women are self-accepting about their appearance or when they were engaging in a mild level of normative fat talk. This supported the hypotheses that perceptions of satisfaction levels would be lowest when the target woman fat-talked excessively. Surprisingly, participants tended to perceive the couple quite similarly in their

assessment of relationship and sexual satisfaction when Jessica engaged in a little fat talk or when she expressed a sense of appearance acceptance. These findings did not support the hypotheses stating that positive, self-accepting body talk would result in the highest levels of perceived satisfaction.

Overall, excessive levels of fat talk may be associated with potential negative effects in romantic relationships in terms of relationship satisfaction and sexual satisfaction, but minimal levels of fat talk do not appear to be as damaging. This likely speaks to the normative nature of women engaging in at least *some* fat talk with their partners. This “dose effect” was also mentioned during the pilot study’s focus groups in which college men indicated that they thought frequent fat talk would negatively impact the romantic relationship more so than an occasional fat talk comment. Results also suggest that men and women may perceive the impact of fat talk on a romantic relationship for a woman differently. More specifically, men may perceive excessive fat talk levels to be harmful to a woman’s relationship and sexual satisfaction more so than women perceive it.

Two previous studies (Britton et al., 2006; Mikell & Martz, 2016) have examined men’s perceptions of women’s fat talk and generally found that it is not perceived positively by men. These previous studies have not specifically examined the impact of fat talk within romantic relationships but, instead, focused on men overhearing a target woman fat-talking to other women. Additionally, the target woman’s fat talk in the vignettes of the previous studies would not be considered excessive given that she only offered one body-talk statement to the readers. Despite these differences, the findings of the present study seem to align with some previous research (Britton et al., 2006; Mikell & Martz, 2016) finding that, in general, men do not favor women’s fat talk as they assess her social and romantic

attractiveness. While there may be consistent findings about men generally disliking women's fat talk, there are mixed findings as to whether a person's body image affects his or her partner's sexual satisfaction. A recent study by van den Brink et al. (2018) examining heterosexual couples suggests one person's body image does not predict his or her partner's sexual satisfaction. Our findings contradict this, suggesting that, within romantic relationships, women's overreliance on fat talk, which reflects poor body image, may negatively impact men's sexual and relationship satisfaction. This also aligns with the findings of Melzter and McNulty (2010), suggesting, among married couples, a positive relationship exists between wives' body image and marital satisfaction for both partners.

Alternatively, a woman's fat talk may be perceived as an indicator of her body shape and size and not only as an indicator of her personal body image. Results from the second pilot study that was designed to validate the vignettes used in the present study, suggest that the target woman was perceived as having the largest body size in the excessive fat talk condition (Morsch et al., 2018). In the present study, participants also perceived the target woman engaging in excessive fat talk as experiencing the lowest levels of relationship and sexual satisfaction. Given the perceptions of the target woman having the largest body size in this excessive fat talk condition, it is unclear if this finding is a function of any weight-based discrimination, which we know takes place in various settings and has negative implications (Puhl & Heuer, 2010). Previous research has found that heavier women are less satisfied in their romantic relationships in comparison to women with lower body sizes (Sheets & Ajmere, 2005). Perhaps, the target woman's engagement in frequent fat talk influenced participants' perception of her body size and thus their perceptions of her satisfaction as well. However, in the second pilot study, there was no relationship between participants'

perceptions of Jessica's body size and the extent to which participants liked her, which potentially speaks to an absence of weight-based discrimination.

Given that participants in the second pilot study perceived the target woman as having the largest body size when she excessively fat-talked, participants in the present study may have also inferred information about her level of attractiveness. Body size and perceptions of physical attractiveness are related, such that women with larger body sizes are perceived as being less attractive than women with smaller body sizes (Tovee, Edmonds, & Vuong, 2012), and couples are perceived as being more satisfied in their relationship when the woman is considered attractive versus unattractive (Garcia & Khersonsky, 1997). Thus, this needs to be explored further in future research.

Partner Signaling. Several studies have detailed the negative functions and side effects of fat talk. The present study proposed a potential positive function of fat talk; perhaps, a minimal level of fat talk signals to men that a woman cares about her physical appearance for herself, for others, and for her male partner. This thought stemmed from the notion that men value attractiveness in a romantic partner much more than women (Buss, 1989; Furnham, 2009), and that a woman, aware of this preference in mate selection, may want to show her partner, or potential romantic partners, that she values her physical appearance. However, the present study found that men and woman do not consider women's fat talk at any level to be more of a signal that a woman cares about her physical appearance. Participants' responses indicated that they perceived Jessica as being "somewhat concerned" about her physical appearance no matter if she fat talked excessively, minimally, or talked positively about her body. Of note, Jessica commented on her physical appearance and expresses some type of evaluation, whether it be positive or negative, about her body in each

of the vignettes. These comments, regardless of content, may have portrayed that she was concerned about her physical appearance to some degree. Additionally, the questionnaire used to measure perception of partner signaling was self-constructed given that there were no established scales capturing this impression of another person's fat talk. While these results potentially suggest no added benefit of fat talking to communicate that a woman cares about her physical appearance to her male partner, this null result may have been the function of a lack of true control in which Jessica does not comment on her body or a poorly self-constructed questionnaire.

Positive Body Image. Perceptions of positive body image essentially mapped onto Jessica's level of body talk and onto perceptions of relationship and sexual satisfaction, meaning there were higher perceptions of positive body image when the target woman used a lower level of fat talk. In other words, Jessica was perceived as having the highest level of positive body image and the couple was perceived as having the most satisfaction when she talked about her body positively, and the lowest level of positive body image and the least satisfaction when she excessively fat-talked. This pattern speaks to both the intrapersonal and interpersonal benefits of women having positive body image. Previous research found an inverse relationship between poor body image and high levels of sexual satisfaction (Wiederman, 2012). While acknowledging that a lack of positive body image does not necessarily indicate a presence of negative body image, these findings may partially explain participants' perceptions of poorest sexual satisfaction within the excessive fat talk condition. If Jessica is not comfortable in her own skin, when her body is typically hidden by clothing, how could she feel beautiful and sexy while nude and being viewed and touched by her partner? Analyses of all dependent variables measuring relationship satisfaction, sexual

satisfaction, and positive body image supported the hypotheses that unwarranted levels of fat talk, coming from a young married woman, did negatively affect perceptions of her body image, her relationship satisfaction, and her sexual satisfaction with her husband all in a similar manner.

Gender Differences. In terms of gender differences, women reported perceiving higher levels of satisfaction than men regardless of the valence of the target woman's body talk. The current literature does not explicitly offer an explanation as to why this may be. In fact, a previous study by van den Brink et al. (2018) demonstrated that both men and women's personal sexual satisfaction and perceptions of relationship quality have the potential to be negatively influenced by negative body image. However, the gender differences in the present study fit with Mikell and Martz's (2016) findings that men perceive a woman's fat talk to be indicative of poor mental health. Perhaps relationship and sexual satisfaction are an aspect of that as well. Of note, in the present study, women also reported liking Jessica more so than men. Jessica's likeability scores and participants' perceptions of the couples' satisfaction were strongly related, which may explain this disconnect in how men and women viewed Jessica. In other words, simply feeling positively towards Jessica may have influenced how women perceived the couple's relationship.

It is important to note that these findings may not be truly reflective of a real heterosexual couple as the present study utilized vignettes and captured participants' perceptions of a fictional couple. More research is needed to know exactly how poor body image functions within romantic relationships, but the perceptual information gathered from the present study suggests that it may be associated with lower levels of satisfaction and still presents with practical clinical and research implications.

Research Implications

While there have been numerous studies examining fat talk within the context of women and girls (Martz, Curtin, & Bazzini, 2012), fat talk has only been studied minimally in romantic relationships (Mikell & Martz, 2016) and is still in its infancy. Being one of the first studies to examine the potential effects of this interpersonal phenomenon in romantic relationships, the present study sets the stage for future studies. The findings suggest that such studies are necessary given that fat talk, as a function of poor body image, may be a damaging factor in heterosexual romantic relationships. From a broader perspective, studies examining interpersonal consequences of body image in general are needed to understand how it impacts romantic relationships, specifically satisfaction levels. Factors contributing to relationship satisfaction levels are important to consider as relationship satisfaction can impact various aspects of the quality, and even length, of peoples' lives. A study examining the relationship between marital satisfaction and mortality found that those who were satisfied in their marriage were less likely to die prematurely than those who reported lower levels of satisfaction (Whisman et al., 2018).

Limitations

This study does not go without its limitations. The first set of limitations relates to the fact that this study is vignette-driven and has an element of artificiality as it applies to the couple's interactions. The present study focused on perceptions of a fictional couple's satisfaction levels by using vignettes rather than interviewing or surveying real couples. While surveying participants through Mturk allowed the researcher to access older individuals with longer-term relationship experience than the participants that are generally available on a college campus for such research, participants did not report on their own

experiences in romantic relationships. Instead, men and women -- not coupled with each other -- were asked to imagine how they would feel as if they were the target man or woman in the vignettes. Therefore, conclusions as to how fat talk impacts romantic relationships in real life cannot be drawn from this research. Additionally, based on random assignment, some men were asked to put themselves in a woman's shoes to answer questions of relationship and sexual satisfaction and vice versa. While this does allow us to explore interpersonal perceptions of the opposite sex, it limits the extent to which it can be reflective of and applied to the experiences of real men and women in committed romantic relationships.

There are also other limitations concerning the vignettes used in the study. The pilot study (Morsch et al., 2018) found that each of the vignettes resulted in a differing level of perceived fat talk or positive body talk as intended, but there was not a true control among the vignettes as each involved commentary about Jessica's physical appearance (i.e., excessive fat talk, minimal fat talk, & self-accepting body talk). This may have impacted participants' responses to the Perception of Partner Signaling Questionnaire, which was intended to measure the extent to which Jessica cared about her physical appearance for herself, her partner, and for others. Jessica simply talking about her body, and commenting on her physical appearance, could communicate the message that she was somewhat concerned with her physical appearance without the influence of the content of what she was saying. A true control vignette would have consisted of the description of the date night without Jessica's commentary about her body image. Of note, to the researcher's knowledge, there are no studies to date that have established a true control vignette example.

Other limitations pertain to the self-created Perception of Partner Signaling measure. After a thorough review of existing measures, it was determined that a self-created measure would be the most effective way in attempting to capture the signaling aspect of the study as no existing questionnaire measured this piece specifically in relation to the study's vignettes. While it may have been the best option in terms of selection, it has its limitations. The measure used a 5-point scale (1 = not at all concerned, 5 = extremely concerned), and the average responses for each condition all reflected a perception that Jessica was "somewhat concerned" with her physical appearance, which is equivalent to a score of 3 on the measure. While this may, in fact, represent that Jessica was communicating the same signal regarding her concern for physical appearance regardless of body talk style, it may also be related to the negative connotation of the measure's extremes (i.e., 1 and 5). For example, a score of 5 on the measure indicates that a person is extremely concerned with their physical appearance. A higher score on this measure ideally indicates a more positive signal that one cares about her physical appearance. However, being "extremely concerned" may not be considered a positive signal. Instead, participants may view a heightened concern to be an indication of poor body image. This limitation in addition to the lack of a true control among the vignettes should be considered when interpreting the results, especially when considering the findings related to the perception of partner signaling. For example, the null finding suggesting there is not a perceived difference in Jessica's signaling that she cares about her appearance among the various conditions could reflect a true lack of difference or the result of a poorly constructed measure failing to capture the intended construct. Future research should parse these potential confounds apart.

Additionally, participants' perceptions of Jessica's negativity were not measured, which limits the researcher's ability to examine and control for any influence it may have had on the findings. An excessive level of fat talk may be perceived as annoying complaints or excessive reassurance seeking by others. Excessive reassurance seeking is known to be associated with rejection from others (Starr & Davila, 2008). Therefore, it is reasonable that excessive levels of fat talk may have been viewed as negativity and annoying. Although the findings suggest that men found excessive levels of fat talk to be damaging to romantic relationships, the researcher is unable to determine the extent to which fat talk versus perceived negativity and unpleasantness influenced these responses. Additionally, fat talk may be perceived in romantic relationships as intimacy if one partner is sharing personal vulnerability to another. Participants' perceptions of Jessica's size were also not measured in the present study, and this makes it difficult to consider the potential influence of weight-based discrimination. Regardless of what fat talk connotes, future research should examine the meta-meaning of these interpersonal conversations among couples in committed relationships.

Lastly, the design of the present study involved testing multiple hypotheses and running numerous analyses, which may have contributed to a higher family wise error rate. Consideration should be given to the possibility of Type I and Type II errors when considering the findings.

Future Directions

Consideration should be given to above-mentioned limitations in the development of future studies. Specifically, future designs may step-away from vignette-based research and focus on how fat talk impacts personal experiences in romantic relationships rather than

perceptions and, more broadly, how fat talk is related to women's life satisfaction and sexual satisfaction. Such methodological approaches may involve surveying couples and using ecological momentary assessment methods (e.g., sending surveys regarding fat talk engagement and romantic partners' reactions and responses from electronic devices several times each day) to collect real-time data. Additionally, it is recommended that qualitative research methods be used by interviewing couples about how body image impacts the quality of their relationship. If findings similar to the results of the present study regarding relationship and sexual satisfaction are found in future studies of real couples, consideration should be given to encourage medical providers (e.g., primary care physicians and gynecologists) and mental health providers to screen for body image concerns in their female patients. Additionally, clinicians working with couples struggling with sexual and relationship issues may consider assessing for both partner's body image and determine its relevance to the presenting concerns. Echoing Melzter and McNulty's (2010) recommendations, perhaps interventions aimed at reducing fat talk and promoting positive body image will indirectly improve relationship and sexual satisfaction.

Given that fat talk and romantic relationships is a new area of research, the current researcher examined heterosexual relationships first. The functions and impacts of fat talk likely differ in non-heterosexual couples due to differences in body image concerns. For example, gay men experience more societal pressures contributing to body image concerns and more appearance-related dissatisfaction and concerns than heterosexual men (Bosley, 2011; Frederick & Essayli, 2016). On the other hand, lesbian women tend to have better body image than heterosexual women (Alvy, 2013). Therefore, fat talk may have different functions within the context of a romantic relationship in which both parties are at an

elevated risk for poor body image and possibly reciprocate or join the talk (i.e., gay men) than in a relationship in which both partners are not as susceptible to body image concerns (i.e., lesbian women). Regarding transgender individuals, research has demonstrated that they have some body image concerns above and beyond the concerns of cisgender individuals (Vocks, Stahn, Loenser, & Legenbauer, 2009). Therefore, it is recommended that studies also be conducted to explore body image concerns and associated behaviors, such as fat talk, and their impact on lesbian and gay couples and transgender individuals involved in romantic relationships. Findings from such studies will contribute to the knowledge of how body image functions in romantic relationships and may be used to inform interventions aimed at improving body image and associated sexual satisfaction and relationship satisfaction concerns.

Further, this study focused on how a woman's body image affected perceptions of their relationship happiness in heterosexual couples. It did not explore how a man's body image affects couples. Pope, Phillips, and Olivardia (2000) have coined the term the "Adonis Complex" after the Greek half-man, half-god who was considered to possess the ultimate masculine beauty to describe men who are obsessed with their body image, usually in the direction of pursuing muscularity regardless of consequences for them and their relationships. These authors present results of interviews with men who have the Adonis Complex, and many of them reported the demise of relationships because of the time spent in the gym, negative consequences from anabolic steroid abuse, or unwanted and repetitive reassurance seeking about their appearance from their partners. Many also reported issues with sexuality because they were fearful of being seen nude or having a partner touch certain

parts of their bodies (Pope et al., 2000). Future research may continue investigating how men's body image and body talk impacts romantic relationships.

The present study's results provide further information about the negative impacts of fat talk and further support for the need to extinguish its normative existence in today's society. Using a cognitive-dissonance approach, *The Body Project* (Stice, Rhode, & Shaw, 2012), a prevention intervention promoting healthy body image and body satisfaction among young women in high school and college, includes various activities that guide participants in challenging the messages society communicates about the thin ideal. One component encourages group members to eliminate their own fat talk and appropriately respond to other women's fat talk in a challenging manner. This is a step in the right direction as this program has been shown to lower risks of disordered eating and body dissatisfaction more so than other interventions (Stice, Shaw, Burton, & Wade, 2006; Stice, Marti, Spoor, Presnell, & Shaw, 2008). A 2015 meta-analysis of 43 studies examined the effectiveness of stand-alone interventions targeting negative body image (e.g., exposure, guided imagery, and others) found that they generally produced positive changes but with small effect sizes. This meta-analysis also noted reducing fat talk to be an effective treatment strategy for improving body image (Alleva, Sheeran, Webb, Martijn, & Miles, 2015). As we gather more knowledge about fat talk and other components of negative body image, it may be used to further inform interventions aimed at improving body image.

Conclusion

Fat talk is negatively associated with, and may even be a risk factor of, poor body image (Mills & Fuller-Tyszkiewicz, 2017). Findings from this study suggest that the form of dialogue also potentially has a negative impact on heterosexual romantic relationships as

participants perceived excessive levels of fat talk to negatively affect a fictional couple's relationship satisfaction and sexual satisfaction. Given the known negative associations of fat talk and poor body image (Mills & Fuller-Tyszkiewicz, 2016; Mills & Fuller-Tyszkiewicz, 2017) and the information gathered from the present study, it is recommended that mental health professionals and medical providers assess for body image concerns in women. Research regarding the interpersonal effects of fat talk in romantic relationships is in its infancy; thus, there is a need to gather further empirical evidence about the functions of fat talk and negative body image in both heterosexual and non-heterosexual relationships. This evidence may collectively be used to inform interventions in reducing fat talk and improving body image.

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Table 1

Methodological Design of Present Study

IV 1: Target Woman's (Jessica) Level of Fat Talk	IV 2: Gender IV 3: Perceived Perspective				Dependent Variables
	Men		Women		
Minimal Level of Fat Talk	Michael's Perspective	Jessica's Perspective	Jessica's Perspective	Michael's Perspective	Relationship Satisfaction (RAS)
					Sexual Satisfaction (FSFI/MSFI and ISS)
					Perception of Partner Signaling
					Positive Body Image (Jessica's Perception Only)
Excessive Level of Fat Talk	Michael's Perspective	Jessica's Perspective	Jessica's Perspective	Michael's Perspective	Relationship Satisfaction (RAS)
					Sexual Satisfaction (FSFI/MSFI and ISS)
					Perception of Partner Signaling
					Positive Body Image (Jessica's Perception Only)
Self-Accepting Body Talk	Michael's Perspective	Jessica's Perspective	Jessica's Perspective	Michael's Perspective	Relationship Satisfaction (RAS)
					Sexual Satisfaction (FSFI/MSFI and ISS)
					Perception of Partner Signaling
					Positive Body Image (Jessica's Perception Only)

Table 2

Means and Standard Deviations for Manipulation Check Item

Independent Variable	<i>n</i>	<i>M (SD)</i>	95% CI	Differences Among Groups					
				SA & MFT		SA & EFT		MFT & EFT	
				<i>p</i>	<i>d</i>	<i>p</i>	<i>d</i>	<i>p</i>	<i>d</i>
Self-Accepting Body Talk (SA)	82	4.16 (.75)	3.99, 4.32						
Minimal Fat Talk (MFT)	76	3.34 (.90)	3.14, 3.55	< .001	.99	< .001	2.16	< .001	1.09
Excessive Fat Talk (EFT)	81	2.35 (.92)	2.14, 2.55						

Table 3
Means and Standard Deviations for Jessica's Likeability

Independent Variable	Self-Accepting (SA)		Minimal Fat Talk (MFT)		Excessive Fat Talk (EFT) _{g,h}		Total (Gender)		Gender Differences	
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	M & W	
									<i>p</i>	<i>d</i>
Men (M) _g	38	3.76 (.79)	42	3.71 (.86)	47	2.89 (.96)	127	3.43 (.96) _c	< .001	.29
Women(W) _h	44	3.75 (.92)	34	3.79 (.91)	34	3.53 (.90)	112	3.70 (.91) _d		
Total (Body Talk Condition)	82	3.76 (.85) _a	76	3.75 (.88) _a	81	3.16 (.98) _b				
Jessica's Perspective (JP)	121	3.40 (.92) _e								
Michael's Perspective (MP)	118	3.71 (.95) _f								
Body Talk Differences	<i>p</i>	<i>d</i>			Perspective Differences	<i>p</i>	<i>d</i>			
SA & MFT	.999	.01			JP & MP	.007	.33			
SA & EFT	< .001	.65								
MFT & EFT	< .001	.63								

Note. Significant differences ($p < .05$) are noted with differing a and b subscripts for level of body talk, c and d for gender, and e and f for perspective. The subscripts g and h are used to note the variables involved in a significant interaction effect.

Table 4

Means and Standard Deviations for Relationship Assessment Scale

Independent Variable		Self-Accepting (SA)		Minimal Fat Talk (MFT)		Excessive Fat Talk (EFT)		Total (Gender)		Gender Differences	
		<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>p</i>	<i>d</i>
Men (M)	Michael's Perspective	20	4.13 (.60)	19	4.20 (.63)	24	3.50 (.75)	127	3.93 (.68) _c	< .001	.59
	Jessica's Perspective	18	4.03 (.63)	23	4.03 (.55)	23	3.81 (.70)				
Women (W)	Michael's Perspective	19	4.27 (.82)	22	4.37 (.65)	14	4.18 (.61)	112	4.32 (.64) _d		
	Jessica's Perspective	25	4.30 (.61)	12	4.62 (.50)	20	3.89 (.73)				
Total (Body Talk Condition)		82	4.19 (.66) _a	76	4.27 (.62) _a	81	3.89 (.73) _b				
Body Talk Differences		<i>p</i>	<i>d</i>								
SA & MFT		.756	.12								
SA & EFT		.010	.43								
MFT & EFT		.001	.56								

Note. Significant differences ($p < .05$) are noted with differing a and b subscripts for level of body talk and c and d for gender.

Table 5
Means and Standard Deviations for Index of Sexual Satisfaction

Independent Variable		Self-Accepting (SA)		Minimal Fat Talk (MFT)		Excessive Fat Talk (EFT)		Total (Gender)		Gender Differences	
		<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>p</i>	<i>d</i>
Men (M)	Michael's Perspective	20	1.95 (.58)	19	2.01 (.73)	24	2.57 (.69)	127	2.27 (.63) _c	< .001	.54
	Jessica's Perspective	18	2.23 (.55)	23	2.35 (.53)	23	3.71 (.80)				
Women (W)	Michael's Perspective	19	1.95 (.75)	22	1.68 (.70)	14	2.05 (.69)	112	1.91 (.69) _d		
	Jessica's Perspective	25	1.86 (.64)	12	1.87 (.69)	20	4.22 (.82)				
Total (Body Talk Condition)		82	1.98 (.63) _a	76	1.99 (.70) _a	81	2.32 (.66) _b				
Body Talk Differences		<i>p</i>	<i>d</i>								
SA & MFT		.998	.02								
SA & EFT		.003	.53								
MFT & EFT		.004	.49								

Note. Significant differences ($p < .05$) are noted with differing a and b subscripts for level of body talk and c and d for gender.

Table 6

Means and Standard Deviations for Sexual Functioning Indices

Independent Variable		Self-Accepting (SA)		Minimal Fat Talk (MFT)		Excessive Fat Talk (EFT)		Total (Gender)		Gender Differences	
		<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>p</i>	<i>d</i>
Men (M)	Michael's Perspective	20	4.22 (.80)	19	4.51 (.59)	24	3.68 (1.01)	125	3.99 (.86) _c	< .001	.58
	Jessica's Perspective	18	4.00 (.98)	22	3.85 (.77)	22	3.79 (.72)				
Women (W)	Michael's Perspective	19	4.75 (.59)	21	4.59 (.54)	14	4.12 (.91)	110	4.45 (.71) _d		
	Jessica's Perspective	25	4.35 (.79)	12	4.50 (.73)	19	4.33 (.65)				
Total (Body Talk Condition)		82	4.33 (.83) _a	74	4.33 (.72) _a	79	3.95 (.87) _b				
Body Talk Differences		<i>p</i>	<i>d</i>								
SA & MFT		1.00	.00								
SA & EFT		.005	.45								
MFT & EFT		.006	.48								

Note. Significant differences ($p < .05$) are noted with differing a and b subscripts for level of body talk and c and d for gender.

Table 7

Means and Standard Deviations for Signaling Measure

Independent Variable	Self-Accepting (SA)		Minimal Fat Talk (MFT)		Excessive Fat Talk (EFT)		Total (Gender)	
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>
Men (M)	38	3.16 (.95)	42	3.13 (.99)	47	3.00 (.76)	127	3.10 (.89)
Women (W)	44	3.10 (1.16)	34	2.86 (1.03)	34	2.97 (.85)	112	2.99 (1.03)
Total (Body Talk Condition)	82	3.12 (1.07)	76	3.01 (1.01)	81	2.99 (.79)		

Table 8

Means and Standard Deviations for the Body Appreciation Scale-2

Independent Variable	Self-Accepting (SA)		Minimal Fat Talk (MFT)		Excessive Fat Talk (EFT)		Total (Gender)	
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>
Men (M)	38	4.03 (.66)	42	3.78 (.91)	47	2.82 (.96)	127	3.50 (1.01)
Women (W)	44	4.34 (.73)	34	3.55 (.94)	34	2.65 (.90)	112	3.59 (1.10)
Total (Body Talk Condition)	82	4.20 (.71) _a	76	3.68 (.92) _b	81	2.75 (.93) _c		
Body Talk Differences	<i>p</i>	<i>d</i>						
SA & MFT	< .001	.63						
SA & EFT	< .001	1.75						
MFT & EFT	< .001	1.01						

Note. Significant differences ($p < .001$) for body talk level are noted with differing a, b, and c subscripts. An absence of subscripts means no significant differences between genders.

Appendix A**Minimal Fat Talk Condition**

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

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

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

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

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

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

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

Michael replied, “I think you would look great in that.”

Jessica responded, “Then I would have to buy a new cover-up to be able to wear it in public.”

Michael winked at Jessica. “You would look hot in that bikini, you should get it!”

Jessica said, “Yeah right!” as she grinned at Michael and laughed. “Let’s go look for a suit for James.”

Appendix B**Excessive Fat Talk Condition**

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

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

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

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

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

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

Jessica told Michael, “Look at those bikinis! I like that one. It’s my favorite color too.”

Michael replied, “I think you would look great in that.”

Jessica responded, “Then I would have to buy a new cover-up, to hide my fat stomach.”

Michael winked at Jessica. “You would look hot either way in that bikini, you should get it!”

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

Appendix C**Self-Accepting Body Talk Condition**

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

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

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

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

Jessica exclaimed, “That meal was so good! So worth it!”

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

Jessica told Michael, “Look at those bikinis! I like that one, maybe I should try it on.”

Michael replied, “I think you would look great in that.”

Jessica smiled, “Then I would have to buy a new cover-up; none of mine match it.”

Michael winked at Jessica. “You would look hot in that bikini, you should get it!”

Jessica said, “Yeah, you’re right!” as she grinned at Michael and laughed. “Let’s go look for a suit for James.”

Appendix D**Fat Talk Questionnaire (Modified Version)**

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

11. When I'm with my husband Michael. I criticize my body compared to my friends' bodies.

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

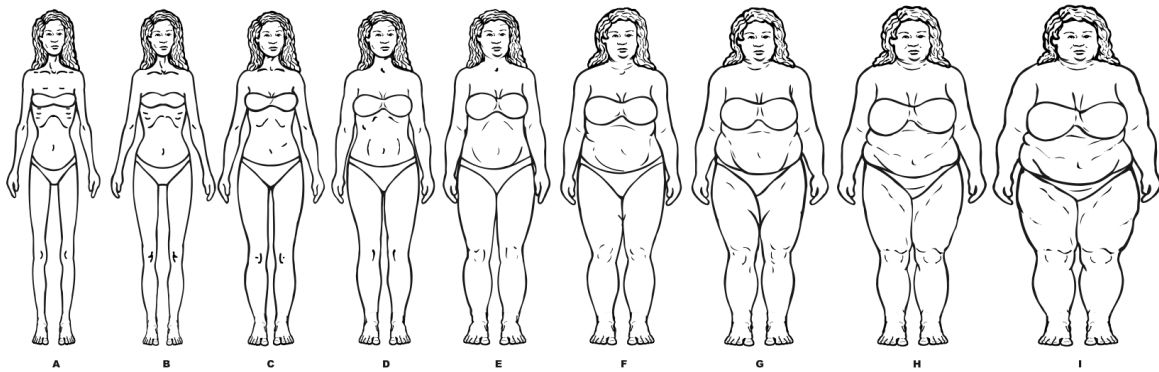
Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

Appendix E**Pulvers Figure Rating Scale**

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



Appendix F**Consent to Participate in Research***Communication Styles in Heterosexual Relationships*

Principal Investigator: Denise Martz, Madison Morsch, Cassidy Miles

Department: Psychology

Contact Information: Denise Martz, 828-262-2272 ext. 429, martzdm@appstate.edu

You are being invited to take part in a research study about communication patterns in heterosexual relationships. If you participate in this study, you will be one of about 100 people to do so. By conducting this study, we hope to learn more about communication patterns and relationship satisfaction that will inform future studies about heterosexual relationships.

The research procedures will be conducted at Appalachian State University through a survey program, Qualtrics. You have been recruited through Amazon's Mechanical Turk to participate in this study, which will take ~10 minutes.

What are possible harms or discomforts that I might experience during the research?

To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

What are the possible benefits of this research?

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

Will I be paid for taking part in the research?

You will be paid 30 cents for participation in this study. In order to be compensated, you must complete this study.

How will you keep my private information confidential?

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

Who can I contact if I have questions?

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

Do I have to participate? What else should I know?

Your participation in this research is completely voluntary and will be indicated by proceeding to participate on MTurk. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study. A copy of this consent form is yours to keep.

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

Please be aware that any work performed on Amazon MTurk can potentially be linked to information about you on your Amazon public profile page, depending on the settings you have for your Amazon profile. We will not be accessing any personally identifiable information about you that you may have put on your Amazon public profile page. We will store your mTurk worker ID separately from the other information you provide to us.

Appendix G**Relationship Assessment Scale****Instructions:**

Consider the vignette you just read. Answer the following questions as if you were **Michael/Jessica**.

	Low Satisfaction				High Satisfaction
1. How well does Michael/Jessica meet your needs?	1	2	3	4	5
2. In general, how satisfied are you with your relationship with Michael/Jessica?	1	2	3	4	5
3. How good is your relationship with Michael/Jessica compared to most?	1	2	3	4	5
4. How often do you wish you hadn't gotten into this relationship with Michael/Jessica?	1	2	3	4	5
5. To what extent has your relationship with Michael/Jessica met your original expectations?	1	2	3	4	5
6. How much do you love Michael/Jessica?	1	2	3	4	5
7. How many problems are there in your relationship with Michael/Jessica?	1	2	3	4	5

Appendix H**Male/Female Sexual Functioning Indices****Instructions:**

Consider the vignette you just read. Answer the following questions as if you were **Michael/Jessica**.

1. How **satisfied** have you been with the amount of emotional closeness during sexual activity between you and Michael/Jessica?

0 = No sexual activity
5 = Very satisfied
4 = Moderately satisfied
3 = About equally satisfied and dissatisfied
2 = Moderately dissatisfied
1 = Very dissatisfied

2. How satisfied have you been with your sexual relationship with Michael/Jessica?

5 = Very satisfied
4 = Moderately satisfied
3 = About equally satisfied and dissatisfied
2 = Moderately dissatisfied
1 = Very dissatisfied

3. How **satisfied** have you been with your overall sexual life?

5 = Very satisfied
4 = Moderately satisfied
3 = About equally satisfied and dissatisfied
2 = Moderately dissatisfied
1 = Very dissatisfied

Appendix I

Index of Sexual Satisfaction

Instructions:

Consider the vignette you just read. Answer the following questions as if you were **Michael/Jessica** using the scale below.

- 1 = Rarely or none of the time
- 2 = A little of the time
- 3 = Some of the time
- 4 = Good part
- 5 = Most or all of the time

- 1. I feel that Michael/Jessica enjoys our sex life. _____
- 2. My sex life is very exciting. _____
- 3. Sex is fun for Michael/Jessica and me. _____
- 4. I feel that Michael/Jessica sees little in me except for the sex I can give. _____
- 5. I feel that sex is dirty and disgusting. _____
- 6. My sex life is monotonous. _____
- 7. When we have sex it is too rushed and hurriedly completed. _____
- 8. I feel that my sex life is lacking in quality. _____
- 9. Michael/Jessica is sexually very exciting. _____
- 10. I enjoy the sex techniques that Michael/Jessica likes or uses. _____
- 11. I feel that Michael/Jessica wants too much sex from me. _____
- 12. I think that sex is wonderful. _____
- 13. Michael/Jessica dwells on sex too much. _____
- 14. I feel that sex is something that has to be endured in our relationship. _____
- 15. Michael/Jessica is too rough or brutal when we have sex. _____
- 16. Michael/Jessica observes good personal hygiene. _____
- 17. I feel that sex is a normal function of our relationship. _____
- 18. Michael/Jessica does not want sex when I do. _____

- 19. I feel that our sex life really adds a lot to our relationship. _____
- 20. I would like to have sexual contact with someone other than Michael/Jessica.

- 21. It is easy for me to get sexually excited by Michael/Jessica. _____
- 22. I feel that Michael/Jessica is sexually pleased with me. _____
- 23. Michael/Jessica is very sensitive to my sexual needs and desires. _____
- 24. I feel that I should have sex more often. _____
- 25. I feel that my sex life is boring. _____

Appendix J**Body Appreciation Scale - 2****Instructions:**

Consider the vignette you just read. Respond to the following statements as if you were Jessica using the scale below.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

1. I respect my body.
2. I feel good about my body.
3. I feel good that my body has at least some good qualities.
4. I take a positive attitude towards my body.
5. I am attentive to my body's needs.
6. I feel love for my body.
7. I appreciate the different and unique characteristics of my body.
8. My behavior reveals my positive attitude toward my body; for example, I hold my head high and smile.
9. I am comfortable in my body.
10. I feel like I am beautiful even if I am different from media images of attractive people (e.g., models, actresses/actors).

Appendix K**Manipulation Check**

Instructions: Answer the following question.

How do you think Jessica feels about her physical appearance?

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

Appendix L**Jessica's Likeability Item****Instructions: Answer the following question.**

To what extent did you like Jessica?

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

Appendix M**Perception of Partner Signaling Questionnaire****Instructions: Answer the following questions.**

- a) How do you think Michael perceives Jessica as caring about her physical appearance for herself?

1	2	3	4	5
Not at All Concerned	Slightly Concerned	Somewhat Concerned	Very Concerned	Extremely Concerned

- b) How do you think Michael perceives Jessica as caring about her physical appearance for him?

1	2	3	4	5
Not at All Concerned	Slightly Concerned	Somewhat Concerned	Very Concerned	Extremely Concerned

- c) How do you think Michael perceives Jessica as caring about her physical appearance for other people?

1	2	3	4	5
Not at All Concerned	Slightly Concerned	Somewhat Concerned	Very Concerned	Extremely Concerned

Appendix N**Demographic Questionnaire**

1. Specify your gender.
 - a. Male
 - b. Female
 - c. Transgender

2. How old are you? _____

3. Specify your race.
 - a. White
 - b. Black or African-American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Native Hawaiian or Pacific Islander
 - f. Other
Please specify: _____

4. Specify your ethnicity.
 - a. Hispanic or Latino or Spanish Origin
 - b. Not Hispanic or Latino or Spanish Origin

5. What is your sexual orientation?
 - a. Heterosexual
 - b. Homosexual
 - c. Bisexual
 - d. Other
Please specify: _____

6. Indicate your highest level of education.
 - a. Some High School
 - b. High School Diploma/GED
 - c. Some College
 - d. Associate's Degree
 - e. Bachelor's Degree
 - f. Master's Degree
 - g. Professional Degree (PhD, JD, MD, etc.)

7. Which of the following best describes your current relationship status?

- a. Single
- b. Casually dating
- c. In a serious, committed dating relationship
- d. Cohabiting
- e. Engaged
- f. Married
- g. Divorced
- h. Widowed
- i. Other

Please specify: _____

8. If you are currently in a relationship, how many years have you been with your partner? Please round to the nearest year. If less than 1 year, please enter "<1" below.

9. If you are currently in a relationship, how many years have you been co-habiting with your partner? Please round to the nearest year. If less than 1 year, please enter "<1" below. _____

10. How long was your longest enduring heterosexual relationship? Please round to the nearest year. _____

11. If you are currently in a relationship, how old is your partner? _____

12. If you are currently in a relationship, what is your partner's race?

- a. White
- b. Black or African-American
- c. American Indian or Alaska Native
- d. Asian
- e. Native Hawaiian or Pacific Islander
- f. Other

Please specify: _____

13. If you are currently in a relationship, what is your partner's ethnicity?

- a. Hispanic or Latino or Spanish Origin
- b. Not Hispanic or Latino or Spanish Origin

13. How many children do you and your partner have?

Appendix O**Consent to Participate in Research***Information to Consider About this Research****Romantic Relationships and Levels of Satisfaction***

Principal Investigators: Cassidy Miles and Denise Martz

Department: Psychology

Contact Information:

Denise Martz, PhD.

PO Box 32109 Joyce Lawrence Lane Boone, NC 28608

828-262-2272 ext. 429

martzdm@appstate.edu

You are being invited to take part in a research study about the levels of satisfaction experienced by those in romantic relationships. If you take part in this study, you will be one of about 300 people to do so. By doing this study we hope to learn what influences the level of satisfaction one experiences in a relationship.

The research procedures will be conducted on Amazon Mechanical Turk using a link to a Qualtrics survey.

You will be asked to read a vignette about a couple and answer questions about that vignette.

You cannot volunteer for this study if are under 18 years of age. You may also not volunteer to participate if you are not currently in a heterosexual romantic relationship in which you have been cohabitating with your partner for at least one year.

What are possible harms or discomforts that I might experience during the research?

To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life.

What are the possible benefits of this research?

There may be no personal benefit from your participation but the information gained by doing this research may help others in the future by helping researchers understand the factors that influence satisfaction levels in relationships.

Will I be paid for taking part in the research?

We will pay you for the time you volunteer while being in this study. You will be paid \$.50 for your participation. The payment will be made in whole at the conclusion of the study.

How will you keep my private information confidential?

Your survey information on MTurk has been collected by us through Qualtrics in a manner that will keep your identity anonymous. That means that no one, not even members of the research team, will know that the information you gave came from you. Please be aware that any work performed on Amazon MTurk can potentially be linked to information about you on your Amazon public profile page, depending on the settings you have for your Amazon profile. We will not be accessing any personally identifiable information about you that you may have put on your Amazon public profile page. We will store your MTurk worker ID separately from the other information you provide to us.

Who can I contact if I have questions?

The people conducting this study will be available to answer any questions concerning this research, now or in the future. You may contact Dr. Denise Martz, one of the Principal Investigators, at 828-262-2272.

Do I have to participate? What else should I know?

Your participation in this research is completely voluntary and will be indicated by choosing to proceed and to complete the study questionnaires. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study.

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

Vita

Cassidy Miles was born in Matthews, North Carolina and is the daughter of Aaron and Christy Miles. Cassidy earned her Bachelor of Science degree in May 2016 at the University of North Carolina at Pembroke where she majored in psychology and minored in legal studies. She began graduate studies in clinical psychology at Appalachian State University and will graduate in May 2019 with a Master of Arts degree. Cassidy will continue her graduate studies in Fall 2019 at the Virginia Consortium Ph.D. Program in Clinical Psychology.