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The importance of family fat talk and body image for indirect self-destructiveness of adult girls and boys in late adolescence[1]

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Abstract: *Introduction:* During adolescence, relationships and communication within the family undergo significant changes, but they remain important, and a supportive family reduces the risk of mental health disorders in the future. However, caregivers – apart from engaging in various activities for the children's development – also initiate fat talk, which refers to conversations that devalue the shape and weight of their own bodies and/or the bodies of others. This article addresses the potential connections between family fat talk conversations and body image, as well as the significance of these phenomena for the indirect self-destructiveness of both girls and boys in late adolescence. An exploratory study was designed using a correlational model, as the literature review indicates that these relationships – particularly in Poland – have not been empirically verified before, since the tool for assessing family fat talk conversations was only published in December 2024. *Method:* The study involved 83 individuals aged 18 and 19 – late adolescence. The following measurement tools were used: a) *Personal Questionnaire* – used to collect data characterizing the sample (e.g., age, gender, siblings), b) *Body Esteem Scale for Adolescents and Adults* (BESAA) in the Polish adaptation by Słowińska to measure body image, c) *Family Fat Talk Questionnaire* (FFTQ-PL) in the Polish adaptation by Ziółkowska et al. to measure body-related conversations within the family, d) *Indirect Self-Destructiveness Scale* (PAD-25) in the Polish adaptation by Pilarska and Suchańska to measure the intensity of risky behaviors. *Results:* The study confirmed that the greater the involvement in fat talk conversations within the family, the more negative self-perception and body image. It was shown that more intense participation in family fat talk conversations could be associated with a reduction of indirect self-destructiveness symptoms. Furthermore, higher frequency of family fat talk conversations is linked to a more negative self-image and a higher level of indirect self-destructive behaviors. *Conclusions:* Participation in family fat talk conversations may alleviate emotional tension related to dissatisfaction with one's body, while temporarily protecting against more drastic forms of self-destructive behaviors. On the other hand, these conversations can also be considered a form of indirect self-destructive behavior due to their self-deprecating nature and the negative consequences that manifest over time. It is important to emphasize that further exploration of these areas and their co-occurrence is necessary to obtain more representative results.
Keywords: body image, family fat talk, indirect self-destructiveness, late adolescence

1. Overview and aim of the study

Adolescence is a time of significant physical changes and heightened sensitivity to socio-cultural influences, making it especially crucial to have a suitable body image (Ziółkowska, Łoboda, Dąbrowska, Szrajda, 2024). While fat talk has been recognized as a socially acceptable way to communicate negative body and appearance-related feelings and is relevant for peer relationships (Katrevich, Register, Aruguete, 2014). Simultaneously, it can also lead to the development of unhealthy eating habits and body image dissatisfaction, especially in teenagers (Shannon, Mills, 2015).

Prior researches (e.g., Arroyo & Andersen, 2016; Berlin, 2023; Mills & Fuller-Tyszkiewicz, 2017) have mostly focused on family fat talk in relation to body image, particularly among young women and adolescent girls. However, associations between such conversations and other psychological factors have not yet been sufficiently investigated (Mills & Fuller-Tyszkiewicz, 2017). The review of the lit-

1 Article in Polish language: https://stowarzyszeniefidesetratio.pl/fer/62P_janu.pdf

erature shows that, especially in the Polish context, the connections between family fat talk, body image and indirect self-destructiveness have not yet been empirically confirmed.

Thus, this study's main goal is to investigate and comprehend the connections between family fat talk conversations, body image among older adolescents, which could – firstly pave the way for more thorough investigation and secondly – could be beneficial for psychological prevention as well as clinical practice.

2. Theoretical framework of the study

Conversations that include negative comments about one's own or others' weight and body shape are referred to as "fat talk" (Ziółkowska et al., 2024). Salk and Engeln-Maddox (2011, as cited in Ziółkowska et al., 2024) emphasize that fat talk is about "feeling fat" rather than "being fat," suggesting that these discussions take place regardless of one's actual body weight. In research works (e.g., Chow & Tan, 2018; Hooper, Kilpela, Ogubuike, Becker, 2023) fat talk has been linked to body dissatisfaction and its negative self-perception which appear in statements like: "I'm too fat," "My thighs are huge," or "My arms are sagging". It's interesting to note that Hooper et al. (2023) postulate that "positive" undertones may also occur in fat talk conversations, such as: "You look great! Have you lost weight?" or "You've changed! Are you on a diet?"

Relationships and communication within family are essential for adolescence, and future mental health problems are less likely happening in a healthy, supportive family setting (Teleon & Włoszczak-Szubzda, 2019). Nonetheless, families in addition to taking number of actions aimed at children's development, also initiate fat talk; which can be observed especially in relationships between mothers and daughters (Rogers, Martz, Webb, Galloway, 2017). According to Arroyo, Segin, and Harwood (2014), bulimic symptoms, drive for thinness, and body dissatisfaction were all associated with mother-daughter fat talk. It has been documented that both mothers' engagement in fat talk and their daughters' observation of these conversations in the family may lead to body dissatisfaction and the emergence of bulimic tendencies (Arroyo & Anderson, 2016).

Body image is a mental representation that is created to view our own bodies (Shilder, 1935, cited in Mirucka, 2003). Mentioned by Mirucka (2003, as cited in Mioduchowska-Zienkiewicz, 2015) „creation" of one's body image is shaped by both internal and external information as well as life experiences, which means it can be modified throughout a person's life. Due to the substantial physical and psychological changes that occur during adolescence, body image formation is especially crucial during this time (Kubacka-Jasiecka, 2021). Teenagers frequently face the necessity to alter their bodies and incorporate these modifications with their preexisting self-image in today's rapidly evolving cultural changes, which can be frustrating (Favazza, 1996; Klayman-Farber, 2004; Kowalik, 2003; Turner, 1996).

The construct of indirect self-destructiveness was defined by Kelley, Cheung, Rodrigues-Carrillo, Singh, Wan & Becker (1985, as cited in Pilarska & Suchańska, 2021) who recognized that the harm resulting from these behaviors is deferred in time and is most often a side effect rather that the purpose of the conduct. The intention of human being is not to attack his/her own body/life, but to succumb to dangerous desires, despite the physical, social or psychological costs incurred (Kelley et al., 1985, as cited in Pilarska & Suchańska, 2021). According to Suchańska and Wycisk (1998) indirect self-destructiveness is defined as a generalised tendency to engage in behaviors that endanger well-being and life quality, while excluding one-time behaviors, accidents and illness from its definition. Risky behaviors, health neglect, inadequate planning, and passivity in the face of difficulties are a few examples of indirect self-destructiveness (Tsirigotis, 2021). On the other hand, Achte (1978, as cited in Suchańska, 1998) explains that indirect self-destructiveness may refer to behaviors (body modification, addiction, and risk-taking), life events (accidents, neglecting medical care) and intrapsychic mechanisms (learned helplessness).

3. Methodology

After receiving approval from Casimir the Great University's Faculty of Psychology's Research Ethics Committee (Opinion No. 7/14.01.2025), the study was carried out from February to April 2025. In addition to online participants who fulfilled the inclusion criteria and completed the survey, participants were gathered from the Craft Vocational School Complex in Inowroclaw with consent from the school administration. Participants had to be 18 or 19 years old to be eligible, and those who were younger than 18 or older than 19 were excluded. The goal of the study was explained honestly and clearly to participants in order to protect them. At no point during the study was any identifying personal information needed, and all data gathered is safely kept. Participants were asked to provide informed consent after reading the study details. They were made aware that they could leave the study at any moment, for any reason, and that there would be no repercussions. Since the project was carried out without outside funding, there was no payment for participation. As stated in the research title, the purpose of this pilot study was to investigate important variables and possible correlations.

Based on literature analysis, the following research questions were posed:

1. Is there a association between family fat talk conversations and body image among adult girls and boys in late adolescence?
2. Do family fat talk conversations and body image correlate with symptoms of indirect self-destructiveness?
3. Can family fat talk conversations serve as a moderator between body image and indirect self-destructiveness?

3.1. Sample characteristics

Teenagers between the ages of 18 and 19 were included in the sample (M = 18.6, SD = 0.49). Out of the 83 responses (N = 83), 30% of participants identify as male, 70% as female, and 1 person identify as a gender other than the one assigned at birth. 87% of respondents declare they are heterosexual, 7% are bisexual, 4% are homosexual, and 2% are asexual. 90% of participants report living with their parents or legal guardians, while 10% report living somewhere else. Furthermore, 20% do not have siblings, whereas 80% report having siblings. More than half (53%) declare experiencing psychological difficulties that interfered with daily functioning, although only 30% receive professional mental health support. Respectively 54% of participants report smoking cigarettes or e-cigarettes, 42% drinking alcohol, 37% consuming energy drinks, 36% binge eating, 26% gaming, 17% using pornography, 10% speeding while driving, 8% casual sex, 8% using psychoactive substances, and 5% gambling as risk behaviors involving loss of control and/or compulsivity. Gathered data was used to describe the study group.

3.2. Research tools

Family fat talk, body image, and the degree of indirect risk behaviors were measured using three self-report scales. Respondents were asked to take a stance to the statements contained in the questionnaires in accordance with the instructions preceding them. A demographic questionnaire was also filled out by the participants, gathering data on biological sex and gender identity, body measurements (height, current weight, and ideal weight), subjective evaluations of relationships with parents/guardians and siblings, mental health status (self and family), and use of psychological services (self and family).

3.2.1. Family Fat Talk Questionnaire (FFTQ-PL)

Family Fat Talk Questionnaire (FFTQ) was created by MacDonald et al. (2015). Polish adaptation conducted by Ziółkowska, Łoboda, Dąbrowska, and Szrajda (2024) of this questionnaire was used in the present research. FFTQ-PL can be used to identify people who engage in self-devaluating conversations under the influence of family and close ones. It has 16 items across two subscales: "Family" (perceptions of family members' body image behaviors) and "Self" (evaluation of one's own body image). A 5-point scale

is used to rate the responses: 1 – „never", 2 – „rarely", 3 – „sometimes", 4 – "very often" and 5 – „always". Cronbach's alpha values for the validation study were 0.89 overall, 0.85 for the "Self" subscale, and 0.91 for the "Family" subscale, confirming a two-factor structure and high reliability (Ziółkowska et al., 2024). In this authors own study, Cronbach's alpha coefficient was 0.88, confirming high reliability of the tool.

3.2.2. Body Esteem Scale for Adolescents and Adults (BESAA)

Authors of the BESAA are B. K. Mendelson, White, and M. J. Mendelson (2001), whereas Słowińska (2019) adapted it into polish conditions. It measures self-evaluation of appearance and includes three subscales: appearance esteem (general feelings about one's appearance), weight esteem (satisfaction with one's weight), and assigned appearance assessment (beliefs about the assessments of one's appearance formulated by others). Cronbach's alpha for each subscale is greater than 0.75, indicating high validity and reliability (Słowińska, 2019). In this questionnaire 23 items on the scale are rated on a 5-point scale, where: 1 – „never", 2 – „rarely", 3 – „sometimes", 4 – "very often" and 5 – „always". In authors' own analyses Cronbach's alpha coefficient was 0.96, indicating high reliability of the scale.

3.2.3. Indirect Self-Destructiveness Scale (The PAD-25)

The study used PAD-25 questionnaire by Kelley, Byrne, Przybyla, C. Eberly, B. Eberly, Greendlinger et al. (1985), after adaptation to polish conditions by Pilarska and Suchańska (2021). With a Cronbach's alpha of 0.81, its validity and reliability were confirmed (Pilarska & Suchańska, 2021). The shortened and unified version of PAD-25 distinguishes between genders comparably to the full version and differentiates levels of indirect self-destructive tendencies. The scale includes 25 items, rated on a 5-point scale: A – „strongly agree", B – „rather agree", C – „difficult to decide", D – „rather disagree" and E – „strongly disagree". In the present study, Cronbach's alpha result was 0.82, again confirming high reliability.

4. Results

Statistical analyses were conducted using *jamovi* software (version 2.3). Descriptive statistics (Table 1) were used to characterize the sample, while Pearson's *r* correlation and linear regression analyses were applied to verify the research questions. Considering the sample size, acceptable levels of skewness and kurtosis, it was assumed that the distributions approximated normality (Table 1).

The mean score for the body image variable measured with the BESAA questionnaire was 69.3, and the range of scores from 24 to 106 points for the study group, which indicates its internal differentiation. The analysis of normality with the Shapiro-Wilk test showed a distribution consistent with the normal. The mean scores for family fat talk conversations verified with the FFTQ-PL are in the range from 16 to 62, with an average score of 30.4 – also confirming the internal differentiation of the group. Considering the size of the group, as well as the value of skewness and kurtosis, it was assumed that the distribution is close to normal. The mean score for the indirect self-destructiveness variable measured with the PAD-25 scale was 90.3 with a range from 52 to 119 – also indicating the internal differentiation of the group. The analysis of normality with the Shapiro-Wilk test showed the normality of the distribution.

Table 1. Descriptive statistics for mean results and normality values for variables: body image, family body-related conversations and indirect risk behaviors (N=83)

	Body Image	Family Fat Talk Conversations	Indirect self-destructiveness
N	83	83	83
M	69.3	30.4	90.3
SD	21.6	10.4	13.5
Min.	24	16	52
Max.	106	62	119
SK	-0.115	0.820	-0.363
K	-1.10	0.231	0.263
p	0.017	<.001	0.394

N–group size; M–mean, SD–standard deviation, *p*–statistical significance for the results obtained in the study group, SK–skewness, K–kurtosis

Correlation analysis examining the association between family fat talk conversations and body image in the studied adolescents showed a statistically significant negative and moderate (r = -0.494) relationship (Table 2). This means that the perception of one's body and the self-esteem associated with it, decreases when people engage more intensively in conversations that depreciate their own body.

Correlation analysis verifying the relationship between family fat talk conversations and body image with symptoms of indirect self-destructiveness revealed statistically significant relationships between variables (Table 3). Indirect risky behaviors correlate positively and moderately with body image (r=0.482), while negatively and at a weaker level correlate with family fat talk conversations (r = -0.325). People with a more favorable perception of themselves and their bodies may engage in indirect risky behaviors more often. In turn, people who more often engage in conversations devaluing their own body and the bodies of others engage in other forms of indirect self-destructiveness to a lesser extent.

Regression analysis showed that family fat talk conversations significantly explained both body perception ($R^2 = 0.25$, $\beta = -0.496$, $p<.001$) and the level of indirect self-destructiveness ($R^2 = 0.11$, $\beta = -0.326$, $p = .003$) in the study group (Table 4). Higher intensity of family fat talk conversations were associated with worse body perception and higher level of indirect self-destructiveness.

5. Discussion

Present research revealed statistically significant relationships between family fat talk conversations and body image measured with the BESAA questionnaire. It was confirmed that the higher the score in the FFTQ-PL, the: (a) lower satisfaction with one's weight, (b)

Table 2. Relationship between family fat talk conversations and body image in the studies adolescents (N=83)

Variable Body Image	Family Fat Talk Conversations
r	-0.494
p	< .001

r–Pearson correlation coefficient; *p*–statistical significance coefficient

Table 3. Association between family fat talk and body image with symptoms of indirect self-destructiveness (N=83)

Variable	Body Image		Family Fat Talk Conversations	
	r	*p*	r	*p*
Indirect self-destructiveness	0.482	< .001	-0.325	0.003

r–Pearson correlation coefficient; *p*–statistical significance coefficient

Table 4. The role of family fat talk as a moderator between body image and indirect self-destructiveness (N=83)

	Body Image						
	b	β	SE	t	*p*	R	R^2
—	100.50		6.427	15.64	< .001		
Family Fat Talk Conversations	-1.03	-0.496	0.200	-5.12	< .001	0.494	0.25
	Indirect self-destructiveness						
	b	β	SE	t	*p*	R	R^2
—	103.200		4.389	23.51	< .001		
Family Fat Talk Conversations	-0.423	-0.326	0.137	-3.09	0.003	0.325	0.11

b–unstandardized regression coefficent, β–standardized beta coefficient; SE–standard error of estimate; t–value of the t statistic, *p*–statistical significance index, R–correlation coefficient; R^2–coefficient of determination

more negative beliefs of the individual in the context of being perceived by others, (c) more negative general feelings regarding one's appearance. These results are consistent with reports from other researchers. For instance: Becker, Diedrichs, Jankowski, and Werchan (2013) in their study, in which women aged 18 to 87 participated, observed that fat talk conversations were significantly correlated with a disturbed perception of one's body, as well as with symptoms of eating disorders. Similar results were obtained by Hooper et al. (2023), examining fat talk in a group of women and men – in both groups, conversations deprecating one's body were correlated with dissatisfaction with one's own body. Moreover, Ziółkowska et al. (2024) also found that more intense engagement in family fat talk may deepen negative opinions about one's appearance.

An important role in shaping the attitude towards oneself, especially among children and adolescents, is played by the family system and the use of messages related to appearance or body weight. Interestingly, it turns out that the reaction of others to fat talk conversations can also be significant. In their research, Mills, Mort, and Trawley (2019) proved that ignoring fat talk conversations leads to reduced body satisfaction, while questioning these conversations leads to a reduced sense of shame and a greater sense of support.

Current research also revealed that engaging in conversations that depreciate one's body may be associated with a reduction in symptoms of indirectly self-destructive behaviors. As stated by Dutkiewicz (2018), it is suggested that there are short-term and positive consequences of fat talk such as: reduction in the unpleasant emotional state of the individual. Similarly, Nichter (2000, as cited in Ziółkowska et al., 2024) states that verbalizing one's dissatisfaction with one's body during conversations can be a valve for negative emotions. Perhaps, therefore, engaging in self-devaluating conversations and conversations protects against more radical forms of self-destructive behaviors.

At the same time, in the analyses it was observed that a greater intensity of family fat talk conversations is associated with a worse perception of one's body and a higher level of indirect self-destructiveness. According to Dutkiewicz (2019), there can also be observed negative and long-term effects of fat talk conversations, which are related to: body dissatisfaction, the development of eating disorders, depressive disorders and/or body dysmorphic disorders. Taking into account these reports and the results of present research, it can be assumed that perhaps fat talk conversations in the family (and not only) is one of the forms of indirect self-destructive behaviors, due to its self-devaluating nature and negative consequences that are distant in time.

The obtained research results are only a pilot of the issues, which – in the authors' opinion – are worth delving into in order to explain better the connections between the phenomena in question, especially due to their application value. It is also necessary to emphasize the limitations of this project, in particular the relatively small group of respondents, consisting mostly of adolescent girls. Therefore, it is necessary to further explore these areas based on a more representative sample, and also taking into account younger adolescents.

6. Conclusions

Statistical analysis of the obtained results allows for the formulation of the following conclusions:

- there is a statistically significant relationship between family fat talk conversations and the body image of the studied adolescents, indicating that the greater the involvement in body-deprecating conversations within family, the more negative the perception of oneself and one's body;
- engaging in family fat talk conversations may be associated with a reduction in symptoms of indirect self-destructiveness – perhaps participating in self-devaluating conversations reduces the emotional tension associated with body dissatisfaction and, as a result, protects against more radical forms of self-destructive behavior;
- greater intensity of family fat talk conversations is associated with a more negative self-image and a higher level of indirect risky behaviors – perhaps family fat talk conversations are one of the forms of indirect self-destructive behaviors, due to their self-deprecating nature and negative consequences that are distant in time.

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