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Dual Conversations: Body Talk Among Young Women and Their Social Contacts

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Abstract

In this article, we explore an area little researched within the literature on body dissatisfaction: the content and functions of body talk. We interviewed 60 diverse, college-educated women aged 18 to 30 in the urban United States about how social contacts talked about their bodies. Half the women, and by their reports, half their contacts ($N = 295$) endorsed some ideal body, most often the thin model. The other half favored a “healthy,” “average” range in body size, shape, and/or appearance. Excepting family members, contacts gave mostly positive comments about women’s bodies or appearance, or made no comments. Many critiqued their own bodies, however, as did nearly half the women participants. We suggest that these women exempted others, but not themselves, from critical body surveillance, rendering contestation of the ideal theoretical. We also suggest that the parallel airing of self-criticism repeatedly circulated through speech, if not through practice, the imperative to regulate one’s own gendered body toward unattainable normativity.

Keywords

body image; culture; gender; women’s health

Over the past 20 years, researchers of body dissatisfaction have found both the thoughts and activities (or inactivity) in relation to body image concerns to be unhealthy. Body image dissatisfaction has been linked to harmful forms of dieting, obsessive exercise, poor mental health, and lack of motivation for positive lifestyle practices (Friedman, Reichmann, Costanzo, & Musante, 2002; Lindeman, 1999; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Strauman, Vookles, Berenstein, Chaiken, & Higgins, 1991). Men and women who were happy with their weight had fewer physically unhealthy days and mentally unhealthy days than those dissatisfied with their weight, according to national surveillance researchers (Muennig, Jia, Lee, & Lubetkin, 2008). Rather than a youthful developmental phase, or one associated with severe conditions (anorexia, bulimia), body image concerns

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extend across the lifespan among women. Age-related weight increases make for greater discrepancies between one's actual weight vs. one's ideal weight over time, and hence provide a source for ongoing dissatisfaction throughout adulthood (Altabe & Thompson, 1993; Bedford & Johnson, 2006; McLaren & Kuh, 2004; Stevens & Tiggemann, 1998; Stokes & Frederick-Recascino, 2003).

An important area of research on body image concerns inquiries into potential variation by sexual orientation and gender, race/ethnicity, and national origin. Lesbian identity might not provide a buffer against beauty ideals of the dominant culture (Kelly, 2007). Concerns have remained far more pronounced among the female population, but male preoccupation with body image has grown (Gucciardi, Wang, Badiani, & Stewart, 2007). Research findings on race/ethnicity are complex. Several researchers reported that African American women had a more positive body image than White women in a range of weight statuses (Cash & Henry, 1995; Fitzgibbon, Blackman, & Avellone, 2000; Jefferson & Stake, 2009; Kelly, Wall, Eisenberg, Story, & Neumark-Sztainer, 2005; Kumanyika & Agurs, 1992; Miller et al., 2000; Neumark-Sztainer, Story, Faibisch, Ohlson, & Adamiak, 1999). Reasons advanced to account for this racial/ethnic difference were that African American culture had a different standard of beauty and/or was resistant to the dominant White ideal, and that African American women evaluated themselves along different lines than narrow, weight-based ones (Grabe & Hyde, 2006).

Other researchers challenged the idea that women of color had higher body satisfaction and were buffered from the normative ideal. In a meta-analysis of 98 articles on body dissatisfaction among four ethnic groups (African American, Asian American, Hispanic American, and European American), the researchers found that the magnitude of difference in body dissatisfaction across racial/ethnic groups was not large; however, women of color might have differing sources of dissatisfaction from those of European Americans, stemming from racial inequality in addition to gender inequality (Grabe & Hyde, 2006; see also Gluck & Geliebter, 2002; Sabik, Cole, & Ward, 2010). Researchers of body dissatisfaction among Asian American and Latina women have suggested they suffered from a double bind: pressures to aspire to the dominant ideal for their own culture as well as the mainstream imperative (Gluck & Geliebter; Sabik et al., 2010; Viladrich, Yeh, Bruning, & Weiss, 2009). Globally, body image dissatisfaction appears to be becoming normalized in many societies in the West and in some non-Western societies, causing unnecessary dieting and worrying about weight among women in the normal weight range (Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998; Crawford & Campbell, 1999; Hu, Chiang, Yeh, & Chien, 2007; Kuchler & Variyam, 2003; Lee, 1999) and presenting a seemingly inexhaustible source of unhappiness and connections to practices leading to ill health (Kjaerbye-Thygesen, Munk, Ottesen, & Kjaer, 2004; Lee; Magalhães de Melo & Ramalho de Oliveira, 2009; McLaren & Kuh, 2004; Stokes & Frederick-Recascino, 2003).

In a parallel body of work, researchers have developed a theoretical understanding of body dissatisfaction. Objectification theorists (Fredrickson & Roberts, 1997; Moradi & Huang, 2008) posited that gender socialization, and in particular sexual objectification, influences women to internalize a sense of their bodies as objects, to define their self-worth narrowly in terms of body appearance, and to suffer from being subjected to negative evaluation and self-evaluation. Similarly, theorists of external vs. internal sources of self-worth suggested that women are protected from body image dissatisfaction to the extent that self-worth is not dependent on external sources such as norms for body appearance (Sabik et al., 2010; Sanchez & Crocker, 2005). Researchers studying objectification in daily life found that it adversely affected well-being, positive expression of oneself, and engagement in life (Breines, Crocker, & Garcia, 2008).

Although much warranted attention has been drawn to unhealthy body image ideals from the mass media, there has been relatively little attention to how ideas about body image circulate in social groups, and their implications for health. The following studies on how social groups and individuals directly convey messages about body shape and size are most relevant for our purposes. First, from an initial exploration of the meanings and functions—or social purposes—of “fat talk” (Nichter & Vuckovic, 1994), followed by an ethnography of 240 teenaged girls in the United States, Mimi Nichter found their discourse simultaneously to be a distressed call for peer support and a preemptive self-critique warding off others’ potential critiques (Nichter, 2000). Second, Marie Claude Paquette and Kim Raine found from interviews with 44 Canadian women across the adult lifespan (aged 21 to 61) that women engaged in surveillance of other women’s bodies, and that only a few presented an alternative discourse (Paquette & Raine, 2004). The authors argued that the women’s social networks exerted controls through comments about women’s bodies, both when the comments were critical and when they were positive, because the message reinforced a social norm. Third, in focus groups with 25 college-going women, Lisa Rubin and colleagues explored whether those with feminist beliefs had a different body image from the thin ideal (Rubin, Nemeroff, & Russo, 2004). The women “celebrated bodily diversity,” and were critical of social norms. Their resistance to these ideals appeared limited, however, because having such thoughts did not prevent feelings of wanting to achieve the normative ideal. Finally, Maya Poran’s focus groups with 15 African American college-going women indicated that despite holding a critical view of the thin ideal, the women were not impervious to it, but rather felt pressured by it (Poran, 2006). Furthermore, the women’s comments suggested that they experienced conflicting demands from within Black culture and community.

Our reading of the literature suggested to us the relevance of research on the ways normative practices in social groups might generate support for or discouragement of a positive sense of one’s body. Part of a larger project conducted in 2007–2008 (O’Dougherty, Kurzer, & Schmitz, 2010) on sociocultural and contextual dimensions of young women’s physical activity, our aim for this study was to explore social norms in relation to “body talk”—talk about one’s own and other women’s bodies or appearance among young women in the United States. We set out with the recognition that women in the “millennial” generation (born 1977 and later) have grown up not only under the thin body ideal but also the critiques that were common during their early years. We explored the forms and content of body talk among women and their social contacts, asking questions like the following: How might body image ideals be incorporated, rejected, or reworked within this population? Do the women strive for, perform, or pay homage to the thin ideal in their body talk, or do they reject it in favor of an alternative vision? Are women of this age group self-critical, owing to unrelenting media emphasis on perfect bodies and ongoing concerns for social inclusion and approval among emerging adults? Or is this generation more self-confident and adept at warding off interpersonal and societal influences because during their entire lifetime, critiques of unrealistic models of body image have been pervasive (Cash, Morrow, Hrabosky, & Perry, 2004)? Besides our interest in forms and content of body talk, we were also interested in the functions or purposes of body talk. We also asked: What social purposes does body talk serve for those involved, and what are the implications of that talk?

Methods

Study Design and Sample

Data for this study came from a subsample we recruited from the “Women in Steady Exercise Research” (WISER) clinical trial conducted in a metropolitan region of the U.S. Midwest (Arikawa et al., 2010). The women participants in the 4-month, weight-bearing-exercise intervention ($N = 391$) were aged 18 to 30 years and healthy, but insufficiently

active (i.e., reporting being physically active two or fewer times per week). The ethnic/racial breakdown of participants was 5.4% Hispanic/Latina; 0.3% American Indian/Alaskan Native; 14% Asian; 8.7% Black or African American; 71.8% White; and 5.1% more than one race. For the study reported here, we invited all participants who had completed the WISER trial during the first 2 years of the 4-year trial to take part in a follow-up physical activity diary study that began soon after the trial. The WISER-Postscript Study (O'Dougherty, Arikawa, Kaufman, Kurzer, & Schmitz, 2009) included a baseline and a follow-up interview. The two interviews furnished data on body image and social contacts. Both studies were approved by the Institutional Review Board of the University of Minnesota, and all participants provided signed informed consent prior to beginning any study activities.

The principal investigator (O'Dougherty) conducted baseline interviews with WISER-PS participants about 2 weeks following completion of WISER. The face-to-face, semistructured, audiotaped interviews lasted from 60 to 75 minutes and were held at a location convenient for participants, most often a conference room reserved at the university or a community room of a regional supermarket chain. The same investigator conducted 6-month follow-up interviews with the same participants in the same locations; these lasted approximately 45 minutes. We designed the interview questions specifically for this study and sample to assess body talk among young women's social contacts and women's body image.

During the baseline interviews, the interviewer asked participants to describe "five people you are close to and/ or see frequently" and to include one family member. We phrased the question this way to capture people important to participants, as well as other people with whom participants were in frequent contact. Including people with whom women had weaker ties as well as stronger ones would offer a broader sense of norms relating to body talk than solely those of intimate, long-term ties (Burt, 2004). Participants answered a question designed to assess the potential strength of the contact's influence on the participant: "On a scale of 1 to 5, where 1 is not important and 5 is very important, how much do you value this person's opinions of you and your life?" Participants estimated the length of time of their relationship.

The interviewer asked participants the following three questions in baseline interviews to elicit discussion of body image and body talk among social contacts: Does X ever talk to you about your body or appearance? Do you think X has an ideal for how women should look? How do you think X feels about his or her own body? We derived the data on social contacts from these baseline interviews. In follow-up interviews, the interviewer asked three similar questions of participants: Do you have an ideal for how women should look? Are you self-confident or selfcritical about your body? Do you have an ideal for yourself?

During the clinical trial, WISER participants completed a survey that included demographic questions on age, race/ethnicity, educational attainment, place of residence, and marital status. Additional survey items included number of children and hours of work and/or school per week. For each social contact, participants provided these estimated demographic characteristics: age, gender, race/ethnicity, marital status, number of children, highest level of education, place of residence, and occupation.

Analysis

We conducted a content analysis of the interviews (transcribed verbatim) following inductive qualitative methods (Glaser & Strauss, 1967; Miles & Huberman, 1994). In the first part of the analysis, two investigators of our research team (O'Dougherty and Covelli) read the transcripts independently, without consultation, in their entirety to get a sense of the

whole and to identify descriptive themes for each question. The two then met to come to agreement on the coding of themes thus far. One key decision concerned how to classify what we came to call an ambivalent response. The analysts reviewed the original transcripts further in their entirety to gather support for each theme, subtheme, and supporting quotation, again meeting to confer over the analytic coding. The analysts checked the consistency and accuracy of application of coding through constant comparison. As part of the analysis, the investigators reexamined codes to assess the propensity to assign data into a preexisting code, rather than reassess and consider the need for a new code to capture a different theme. They accounted for every response and made them part of the coded data set, including negative, disconfirming, and discrepant responses.

The next step entailed reexamining themes and subthemes relating to all questions for frequency of responses and percentages. During this phase, the two investigators conferred in particular over the division of responses into those designating an ideal body type vs. being open to many body types, and how to group subcategories such as “healthy” vs. “thin and fit.” The analysts then examined whether type of responses varied according to the type of relationship. The analysts did not conduct a comprehensive similar analysis according to race/ethnicity; however, in the results, we chose to include the race/ethnicity of participants for descriptive purposes, because body image concerns by race/ethnicity are an important part of the literature. For the final step of the analysis, the investigators returned to the initial research questions on form and content of body talk vs. functions of body talk, isolating the latter through a focus on reported conversations of participants with their social contacts. A qualitative analysis computer software program was used for data management. To maximize quality of data gathering and analysis, the principal investigator, an anthropologist experienced in qualitative research, facilitated the interviews, oversaw the data analysis, and took part in each phase.

Results

Sixty WISER participants (34 from the exercise group and 26 from the control group) completed a baseline interview for WISER-PS; this group represented 55% of all who had completed the WISER trial by the end of 2007. Nearly all participants (95%) had a college degree or higher. Nearly two thirds (62%) were White; 12% were multiraced; 10% were of Asian or Asian/Pacific Islander descent; 8% were Latina; and 7% were Black. Most (72%) lived in the urban metropolitan area; 20% were married or domestic partnered; just three had children; the mean age was 25; the mean body mass index 24.6 (standard deviation of 5.0); and most (52/60) worked nearly full time and/or attended college or graduate school (43/60). Forty-six of the initial 60 participants completed a follow-up interview. (Fourteen dropped out of WISER-PS, noting they had either forgotten or become too busy to complete the detailed physical activity logs required for the 6-month study.)

During baseline interviews, the 60 participants collectively commented on 299 social contacts. More than two thirds (68.5%) of contacts were women. Forty-one percent were roommates/friends, 37% were family members, 13% were colleagues or classmates, and 10% were a “significant other,” (i.e., boyfriend, partner, or spouse). The average contact age was 33 years. Not including the 51 parents, 41% of contacts were 25 years old or younger. The majority of contacts (72%) were White, 6% were Black, 5% were Latina, and 5% were other (American Indian, Asian American, multiraced); a sizable group (12%) was foreign nationals. Compared to participants, fewer contacts (28%) had graduate-level schooling, and there were more married/partnered contacts (39%) than among participants. Compared to participants, fewer social contacts (45%) lived in an urban area, and 17% lived out of state or country. Participants were in contact with family/friends/colleagues on average at least twice per week, and participants valued the opinion of most contacts (the average rating was

3.9 on a scale of 1 to 5). The average length of the relationship was 6 years. The range of relationship length was fairly well distributed: 16.4% of relationships dated less than 2 years; 24.9% were from 2 to 4 years; 36.7% were from 5 to 10 years; and 20.9% were more than 10 years in length.

Forms and Content of Body Talk of Social Contacts

If you can't say something nice, don't say anything at all—Most often, participants said social contacts were either positive in their comments (41.8%) about their bodies or appearance or made no comments at all (31.4%); a few restricted their comments to fashion or hair (4.7%). Nearly all men friends were either purely complimentary or said nothing. We included as positive not only clear compliments, but also well-intended ones that the participant critiqued. One woman (White) said her roommate was

too positive. For example, we went shopping last time we were together and I noticed that I was changing jean sizes, which is not a big deal, but she said, “Well, your stomach is sort of flat—you’re okay. It is not that round,” or something like that. I was like, “Thank you.” It was kind of weird.

Other women reported exaggerated compliments relating to weight or size. One woman (White) joked about the way her boyfriend's mother complimented her: “You’re getting tinier and tinier each time I see you.” Another said that after she had lost weight so that her clothing was two sizes smaller, her sister called her “emaciated.” The participant said she had retorted, “At 200 pounds I can’t be emaciated.” Other women also pointed out compliments taking the form of noting weight loss: “If they’re trying to be nice, people say, ‘Have you lost weight?’ never ‘Have you been gaining weight?’” One woman’s experience with people’s reactions to her declarations of her own weight further indicated body talk norms concerning weight. This woman said she always noted that when she told people she weighed 150 pounds, women (not men) would react, saying, “No you don’t. You can’t weigh that much.” The woman said she herself had a sort of “agenda” to be forthcoming about her own weight, to counter “unrealistic ideas of women’s body types.”

A subset of contacts made both positive and negative comments (13%). This category appeared to imply candor and differed from solely negative and solely positive comments from contacts. Thus, for example, a participant (White) said of her sister,

When I was younger, if I would ask her, “Do I look okay in this?” or “Does my tummy look too big?” she would be honest with me and she would go, “You know what? Your stomach looks a little big in that. You should probably change.”
[laughter]

Participants reported a small portion of comments as negative (17 comments from 13 participants, or 5.7%); these tended to be weight evaluations (too thin or overweight). Although our sample size was small, the participants reporting “fat” comments from contacts were often from women of color (five) and women who were born outside the United States (four). Three women, two from Latin America and one from the Middle East, said friends from home critically assessed weight gain. One said her friend told her, “Wow, you’re eating a lot there [in the United States]. You’re gaining weight.” Another said, “Oh yeah, like two years ago, I was a little overweight and she told me, ‘You have to go to the gym,’ and she helped me and I actually lost a lot of weight with her help.” A woman whose family was from Southeast Asia reported her mother constantly worried that she would become overweight. The participant explained that although she was considered thin in U.S. culture, she was somewhat big by Southeast Asian standards. Although we included these as negative comments given the context of the United States, it is important to note that the

message might well have had a different quality and/or have been differently received in consideration of the sender.

Finally, a small set of comments that we called ambivalent (11, or 3.7%) indicated a juxtaposition of a positive evaluation with an undercutting message. Several of these were “skinny” remarks, from men as often as from women. When the comment was unelaborated, as in “Everyone says, ‘You’re so skinny,’” we classified the statement as positive, given the valuation of thinness in this culture. A comment was only considered ambivalent when the participant clearly believed there was a double message. Thus, a woman (White) said of a friend,

Participant (P): She says things like, “You’re skinny,” and you know that kind of thing, ’cause she’s jealous.

Interviewer (I): And how do you take that?

P: I’m annoyed, ’cause I think she has a fine body.

I don’t like it when people compare like that.

Another woman (African American) said similarly that a colleague only gave her “you know, the skinny comments. But it’s more—it seems to me more out of almost a jealous kind of thing.” The eight women who reported skinny comments (four White, four women of color) tended to receive them from multiple sources. In the follow-up interview, a participant said that the weekend before she had been at her aunt’s house and registered shock when the aunt first called her own older daughter, who was age 16, “rail thin,” and then said (in front of the daughter to the participant), “Don’t you just hate her for that?” In sum, whereas we did not find that positive comments by contacts always translated to thin compliments, negative comments often translated to critiques of overweight and sometimes to critiques of thinness.

The exceptional (positive and negative) quality of family feedback—We further examined the body talk comments for a pattern to the distribution according to type of relationship (see Table 1). Professional contacts most often refrained from comments, but when they did, the positive far outweighed the mixed, ambivalent, or negative remarks. Equal numbers of friends made no comments (43%) as made positive comments (42%); they also contributed to the mixed and negative/ambivalent remarks. By far, most comments by significant others were positive; very few refrained from comment or gave negative ones. Nearly half of male family members (fathers and brothers) said nothing of their daughter’s or sister’s body or appearance; however, the comments they made were almost evenly split between positive and mixed or negative comments (fathers provided most of the positive comments). Female members of the family of origin made many positive comments, but their mixed and negative/ambivalent categories together outweighed the unqualified positive ones. Even removing the mixed positive and negative remarks, the ratio of positive comments to negative and ambivalent ones was high. Sisters’ comments appeared to take many forms, from gentle feedback to playful teasing to unwanted comparisons.

Some women emphasized how overly positive their mothers were. One woman (White) said her mother was

overly complimentary. She has always been like, “You are just the most gorgeous, beautiful person in the world,” you know? And I’m just like, yeah, unrealistic compliments.... Just so much that you can’t believe it, you know?

Another said her mother was

P: constantly telling me it looks like I've lost weight. And I've not ever lost weight. [I'm] within maybe two or three pounds of my normal weight that I've been for ten years or more.

I: What do you make of that?

P: I think that's her way of complimenting.

More often women noted how their mothers made both positive and negative remarks. One participant (multiraced) said her mother regularly volunteered appraisals like, "Oh, you look nice today," or "Oh, you look like you're gaining a little weight," or "You look like you've lost too much weight." Another woman (White) suggested that it was normative for mothers to give negative and positive assessments: "Well, yeah. She's a mom [laughter]. So I look good or I look thick or she likes my haircut or something like that." Another woman (White) reported what her mother used to say:

When I was in high school, I had gained quite a bit of weight, and she would make comments towards that I needed to lose weight or not gain as much weight. I think it was more of a concern for her 'cause she was also overweight in high school, and knows the social part of being overweight during high school.

Whereas this participant found these comments well intended and protective, others noted the opposite (uncomplimentary comments) from some family members. A participant (White) with two sisters said her mother had an ongoing "ranking as far as who is skinny and who is gaining weight." Her mother had called her "snake hips" in the past. Another participant (White) recalled her mother telling her that her legs were "too thick, like a stump coming down [the stairs]." Perhaps the most unique message was from a mother (Native American) who would never say anything, but would buy clothes for the daughter after she had lost weight.

Social contacts' own body images: Detailed information or none at all—

Overall, nearly half of participants believed social contacts had negative views of their own bodies (48.6%). A sizable portion (39.9%, including many men friends) were said to have positive views or were comfortable, whereas the remainder had mixed views (11.5%). Participants were unsure of the views of 56 (18.7%) network members.

Most intriguing was the great extent and degree of awareness participants did have about social contacts' feelings about their bodies. The women interviewed offered a clear assessment (from positive and confident to uncomfortable and dissatisfied), as well as the reasons for making that assessment. Many knew their contacts were dissatisfied with their weight and/or were trying to lose weight. For some, but not all, this meant getting closer to the thin ideal. One woman (White) said a contact's ideal was "not small. Like I think her ideal body type that she's shooting toward is like a very toned size 10 or something." Some commented in surprise on how precise their knowledge was of their contacts' body images. One woman (White) said of a friend, "I mean, she's obsessed with her stomach. It's amazing how I know what part of the body everybody's obsessed with" [laughter]. Another participant (Asian/Pacific Islander) said a friend was like

all girls [who] have the little overspecific things that they pick at. Like she's trying to cut down on proteins so that she doesn't have the way overdeveloped calves of a person that bikes, because she doesn't think that looks right. Everybody's crazy, you know? Everyone's a little crazy.

Men's body image concerns appeared to focus on not being overweight and being fit/in shape; these seemed to be somewhat blended concepts. Women said their men friends were either very happy with their bodies ("He thinks he's pretty fabulous"; "He's very

comfortable”) or frustrated with having become out of shape since high school or college, and lacking time for working out to lose weight and regain fitness.

The thin ideal (for oneself) vs. alternative visions (for others)—According to the 60 women interviewed, contacts were almost evenly split between those who had concepts of an ideal type of body for women and those who did not (see Table 2). Among all responses, just 23% upheld the thin ideal, but it constituted 45% of all “yes” (“she has an ideal”) responses. The other “yes” responses could be considered as belonging to one of two subgroups: one a contemporary competitor to the thin ideal of fit or fit and thin; and the other a more “traditional” sense of feminine beauty, including curvy shape and/or formal dress, feminine, and/or petite appearance. Whereas older women endorsed the latter, men were divided, with some endorsing a curvy shape and others preferring the thin ideal. A few indicated firm opposition to women being overweight. Several women inferred, via a male contact’s choices in girlfriends, what their preferences were. Under “no ideal” were the many who were quite clear that the contacts opposed any such standard (both an emphatic, “No” and a strongly stated, “No, I don’t think so”); these constituted 49% of all “no ideal” responses. A variation on the “no ideal” response was shown in comments affirming a contact’s preference for an “average” body image (where some specified not too thin [six contacts], and not overweight [nine contacts]), and others affirmed a lack of a judgmental perspective in favor of an acceptance of a range. Seven contacts said that to affirm a “healthy” body appeared to counter the thin ideal and an overweight body size. Participants were unsure of 47 of 299 contacts’ views (15.7% of contact total).

Regarding the thin ideal of others, one woman (White) said a friend was “very consumed with her own body. I think she has an ideal—almost like a caricature ideal.” Examples contesting the thin ideal included ones like the following: “She [participant’s sister] doesn’t buy into the need to be thin. She’s pretty happy with who she is and doesn’t think that people need to change.” Regarding a friend’s preference for healthy bodies, a participant (African American) said,

She’s very aware. She’s like, you know, “I don’t want to be one of those people who has like their bones sticking out, or anything like that,” you know? She said that she just wants to be at a healthy weight. She’s very kind of health conscious in that way, and very aware.

Another participant (White) said of her sister, “I know that she thinks that fit is beautiful as opposed to not fit, even in a larger woman.”

From these responses, it appeared to us that a discourse countering the thin ideal had developed among the contacts, as described by women in this sample. Very often, though, participants presented a complex response: the contact was said to not have an ideal for others, but did hold one for herself (we use the feminine pronoun because male contacts did not present double standards). A woman (White) said of a friend’s body image, “It’s much more healthy than it used to be, and I think she has matured and grown, and has a very healthy ideal for other women. I think for herself there’s still the self-criticism.”

Some women suggested the double standard was contradictory or at least inconsistent. One woman (White) said of a friend who opposed the concept of an ideal body:

Whatever way they want to look is her opinion.... And she looks at me and thinks I should be a little heavier, just because I don’t look healthy. And so she thinks that women need to take care of themselves and look healthy, and shouldn’t strive to be like the anorexic model. She’s pretty cynical about that kind of stuff.

To the follow up probe question of, “How do you think she feels about her body?” the participant said,

She is kind of a contradiction because she thinks she could lose a little more weight. She got really heavy when she was pregnant, so she's still trying to lose the pregnancy weight. More or less, she's okay with the way that she looks. Sometimes she says she doesn't care, but she really does.

Another woman (White) said of a friend, “I think she's pretty open to how women should look. You should just be yourself, and if you're happy with who you are, then that's fine.” She went on to note that she was skeptical of this assertion, however, because her friend preferred to date “small, thin, good looking women.” One woman (African American) noted a coworker's preference for women to be the

moderate athletic type, [but] I think she still thinks that she [the coworker] should be thinner, you know? And she looks like she would be a comfortable size 8, and I think she probably would be really happy if she was a [size] 6 or a 4.

When discussing whether they themselves had an ideal for women's bodies, participant responses tended to mirror those they had reported of their contacts. Some held the thin image (“You know, a size 6–8 ... sleek and slender”; “To be honest, my ideal is thin or even more [so]”). Others contested it with varying degrees of strength (“We all try to be politically correct—too thin is not healthy and too overweight, that's not healthy”; “I think the ideal look is healthy ... [but] skewed toward the thin end of healthy”), whereas others more squarely espoused the ideal of an average and/or healthy look (“To look healthy, for whatever their frame is, or their age”).

Just as they reported of social contacts, on the whole participants tended to be accepting of a broad range of body types for others, but a different, more critical standard for themselves. One woman (White) said, “People are more attractive when they are confident of themselves. For myself, yes and no, I do have an ideal body weight.” Another woman (White) rejected the thin ideal in favor of a fuller one, with “curves ... even a bit of cellulite, that's how a woman should look.” But when it came to herself, she said, “I have really high standards for myself ... a side of me says not good enough.” Inconsistent or double standards were more common than consistent ones, like one from an Asian/Pacific Islander woman, containing an ideal for fitness rather than body image:

P: As long as the person is comfortable in their own skin, then that's how they should look.... You have to be at peace with yourself.

I: Do you have an ideal for your looks?

P: Not really—just so that I know I'm healthy and can run two miles in under 20 minutes.

Struggles with negative images and/or negative self-talk—In our follow-up interviews, when we asked participants whether they were self-confident or self-critical of their own bodies, not surprisingly, one fourth immediately inquired whether their response could be both (8.6% maintained this as their final answer). Then nearly half the participants said they were confident (27.6%) or more confident than not (20.1%) about their bodies, whereas slightly fewer were self-critical (31.0%) or more critical than not (12.1%). Given the possibility of differences in body image by race/ethnicity, we also examined the responses of the 22 women of color separately, and found a range: 10 were self-confident, 7 said they were both self-confident and self-critical, and 5 were self-critical. Unqualified confident commentary from the full sample was hard to find, but included these comments (from African American and White women): “I'm generally okay with my body ... like I

don't think there's anything necessarily wrong, that needs to be surgically altered" [laughter]; "I'm not very hard on myself"; and "I guess I try not to get too caught up in stuff like that."

Some participants noted the discrepancy between women depicted in the media and people one normally saw. Thus, one woman (White) said,

Obviously you open up any magazine and for the most part the people you see are not the people you see in normal life.... Some people are just that way, and other people have to work at it, or have the time ... to be devoted to their own vanity.

These media critiques notwithstanding, many women indicated struggles against recurring negative thoughts about their bodies. Said one woman (White), "I have little gremlins in my head that are constantly monitoring how do my clothes fit, what do I look like to the outside world, am I getting softer, losing tone, and things like that." Another woman (multiraced) noted "consciously warding off the self-talk and the messages I get from others [about thinness]." One woman (White) recreated her struggles at length:

This week I'm really worried because I haven't had any exercise, and I can feel myself getting fat, like gaining weight. I really can. And it's like, "Oh, you're going to get so fat," and I'm like, "No!" And then I have to stop myself and think positive about this.

Another woman (White) said she was

P: self-critical.... You see bulges and little dimples in places ... you constantly strive for perfection, but at the same time, you feel like, "When are you ever going to be satisfied with what you [have]?" So let's find a happy balance.

I: And how often do you find that?

P: A happy balance? Oh, it's kind of a daily battle. [laughter]

By contrast, several other participants did not indicate a sense of struggling against negative thoughts about their body image, but instead simply presented their dissatisfactions ("I'm self-critical because I'm not thin"; "I know I'm more flabby on the bottom ... so there's always a concern when I go clothes shopping because I can never seem to find pants that fit right"; "I'd like to lose weight and tone up"; "I noticed that my calf looked a little big"; "I would like to be 105 pounds"). Many made it clear that their positive feelings depended on being at a weight they found more desirable. Comments of a woman (White) who kept a stable weight registered the same dependency on being at a certain weight to avoid negative feelings:

I have weighed about the same since I was a junior in high school.... So I pretty much feel good about myself and I try to remind myself why I feel good rather than let other ideas creep in.

The Functions of Body Talk Among Social Contacts

Rule-bound conversations to air and mitigate concerns—One of the younger women (White) characterized her conversations on body talk with friends by suggesting that the conversations were like overlapping, parallel monologues. She said, "I think we kind of have a dual conversation about, 'Oh, I don't like this about my body, or that,' you know?" The impression one had from hearing some participant descriptions of conversations with contacts was that they would hear the person out, but not intervene with any kind of

evaluative or directive comments about what the other was saying. The following is an example of a dual conversation:

Yeah, I mean, I think she waxes and wanes, so there's like times where she has been like working out, you know ... and like, she'll tell me like, you know, I lost weight and I look good and blah, blah, blah. But then there's obviously the opposite, too, where it's kind of like, "I'm so fat right now, and I just need to work out," you know?

From considering other reported conversations, one had the sense of more interactive comments, as in the following (White participant):

She gained ten pounds over winter and she should work out more, and her jeans don't fit, and you know, if I complain about my body, that's kind of an open invitation for her to complain about her body, so it's like a contest and we keep complaining. It's not good!

Some explicitly noted a commiserating function of body talk. One woman (White) said,

My friend also has more of a curvy body, and so her and I can kind of commiserate, you know, the whole, "Oh, I can't find clothes to fit," and whatever. So we definitely talk with each other. And so if it was, you know, I was complaining, and she'd be like, "You know, there's nothing wrong with you. So you're curvy. Big deal." So we've kind of always been like that voice of reason for each other.

Another said similarly,

When she and I talk about our appearances, what we usually do is like share all of our insecurities and what we think are our worst flaws, and try to comfort each other with, like, "That's not so bad. Listen to this." [laughter]

Another variant of interactive exchange entailed countering negativity. A woman (Latina) said of a male friend, "Last time I saw him he had gained a lot of weight and was sad about that, because he used to be very skinny.... I said he still looked good, but he didn't believe me."

Body talk in this context appeared to be like parallel monologues in which each party aired concerns about the state of her own body. Feedback appeared to be phrased to carefully emphasize commonality and to avoid negativity, comparison, or critique. When this was not the case—i.e., when there was implied or explicit comparison even if positive to the other—discomfort arose. A woman (White) said of her friend's comments, "Well, it's always reassuring things about my body, but then she kind of goes into comparing her body, and then it's kind of a contest." Some participants noted normative rules for conversation. One woman (White) enacted a pseudo dialogue with a friend who complained of her weight:

"Why is it so hard for me and it's not for you?" Well, I haven't had two kids, and I don't eat waffles with cherries and whipped cream on it maybe. It's that kind of thing. I mean, but you can't tell someone that if you're trying to be supportive.

Another participant (Asian/Pacific Islander) seemed a bit ironic as she described a friend talking about "what she doesn't like about her knees being knock knees or whatever she calls them.... And you know, her thighs need to be fatter, and what her excuses are for each of those things." Another noted becoming impatient with the norm of supportive listening: "I get sick of people that lose a lot of weight and they have a little bit of extra skin ... you just want to say, 'That's not an actual problem. You're not fat anymore. Shut up!'" She also noted at times becoming so impatient as to quit the discussion: "Sometimes I'm like a listener to people ... and sometimes I have to be like, 'Maybe you're [this], maybe you're not. I don't care. I'm done.'"

Friends directly violated the rules on rare but memorable occasions: a roommate who lost so much weight the others couldn't stand her vigilance and critique of their unhealthy lifestyles; a graduate student who interpreted a former friend's critique of her life as "nonstop messed up" as referencing her being overweight. The acceptable realm for negative evaluations was about strangers out of earshot, as these comments indicated: "If we see somebody who's like severely anorexic, we might comment [laughter]. Like 'Oh, we wish we could feed her a hamburger;' or 'She's really thin, but that [outfit] is not flattering.'"

The forms of body talk reported here bring us back to one of the original findings of the study, which was that most social contacts refrained from making comments or gave only positive ones. In this last part of the analysis, we found that body talk was the opposite of a free-for-all, entailing instead rules that should be carefully observed among friends. The rules were to be supportive by countering negativity about someone's body with mitigating comments or even exaggerated compliments, and/or by complaining about one's own body. The rules were also revealed in their violation. In this sample, close relations and nonnative contacts, we have seen, did not abide by the rules. Perhaps it was knowledge of violations that prompted a participant to say, "We all say nice things, but like I'm sure we all think, 'Oh, you look kind of fat today,' but I've never heard anyone say anything like that. I wonder what they are thinking."

Contesting the thin ideal—A few participants indicated a different purpose for their body talk than the commiserating/supportive one, where they contested unrealistic and unnecessarily negative body image ideals from the media. A woman (White) said she commented to friends plagued by the media that the models look that "because it is their job." Another woman (African American) reported on how she intervened with contacts against negative talk about weight and former clothing sizes. She told them, "Are you crazy? You look beautiful. You're just accepting those images on TV and it's wrong. We're beautiful women, and we don't have to listen to that."

Discussion

In this study we explored social norms surrounding body talk through interviews with 60 young women in the U.S. Midwest. Participants reported that almost half (47%) of the 299 social contacts spoke positively about the participants' bodies or spoke only about dress or hair, and nearly one third said nothing at all. As we considered the patterning of body talk in this sample, we saw it was rule bound: comments should generally be positive, supportive, and specifically avoid weight evaluations. It was interesting to note that whereas the rule "if you can't say something nice, don't say anything at all" prevailed with important exceptions (family, and rarely, friends), many times compliments failed to persuade the women receiving them. We might read this as an indication of the pervasiveness of self-critique in this sample of highly educated women, who are seen as the most affected by the normative ideal (McLaren & Kuh, 2004). Similarly, we might conjecture that some women read silence as suppressed critique rather than as nonparticipation in body talk.

Among these contacts, including members of the parent generation and men as well as women, we found a split in body image ideals between the half of contacts said to either uphold the thin ideal (23%) or another specific body type or appearance (28%), and the half who rejected such prescriptive ideals in preference of an average, healthy body or a range of body sizes. Yet when it came to applying either the thin or an alternative ideal in their own lives, it appeared that more often than not, the thin ideal held sway. Or rather, participants, and from their reports, social contacts, tended to maintain two different, or double standards: an accepting, noncritical view of others' bodies and a critical view of their own. Women and

their contacts alike were quick to provide detailed critiques of what was wrong with their own bodies, and what needed to be done—even though, as many indicated, they were in an ongoing battle against negative self-talk. We suggest that in this sample of women, who had lived their lives under the thin ideal and critiques, contesting the thin ideal or replacement with alternatives was theoretical for most and often overridden by negative self-talk, whether rehearsed in solitary thoughts or in dual conversations.

It is important to keep in mind that the views of social contacts were not obtained directly from them, but rather, from the study participants. These reported views were second hand, filtered by participants and therefore subject to bias in recollection and selection. In an experimental study among young college women, researchers found a tendency to assume others in one's milieu share the same views (Muller, Williamson, & Martin, 2002). This effect most likely occurred, and would account for some of the commonality in responses between what participants said of their contacts and of themselves. Yet we should also bear in mind that body image ideals can be kept alive and in circulation through perceptions as well as actual comments.

The functions and implications of body talk we found emerging in the present study offer comparisons with previous studies. In focus groups, African American and Latina women registered discomfort with their sense of differing community and dominant societal norms, conveyed via the media and by contacts (Poran, 2006; Viladrich et al., 2009). We found a sense of differing norms registered for many women. Our participants did not indicate pressures to join in body talk, as has been found in surveys (Martz, Petroff, Curtin, & Bazzini, 2009; Ousley, Cordero, & White, 2008); it might be that those who refrained from body talk registered a resistance to or reaction against the practice. In our study the young women generally did not engage in direct, overt surveillance of others, as found among Canadian women in the broader age group of Paquette and Raine's (2004) study. For the young women, doing so appeared to violate a norm of their "subculture," and related social differences of education and generation. The idea, however, that social contacts exert controls through comments would apply to this study, through indirect communication.

Our findings of contestation of the thin ideal among some participants and the purported views of social contacts relate somewhat to other studies. In a recent experiment on body talk, women participants indicated preference for those who expressed acceptance of a range of body types (Tompkins, Martz, Rocheleau, & Bazzini, 2009). Rubin and colleagues found resistance to the ideal in their study of 25 "feminist" college women in the United States (2004); however, the women noted still feeling inclined toward it. The authors suggested that women might expect social benefits accrue to those approximating the body ideal. According to Peggy Evans' experimental study (2003), expected benefits might be significant: college women linked a positive body image to a sense of achieving success and happiness.

What Nichter called fat talk and further described as an "idiom of distress" among teenaged girls, in which insecurities are brought up and listeners offer comfort (Nichter, 2000), relates to this study, where body talk appeared to serve to mitigate the severe, continual sense of critique. Yet it also indicated homage to the thin ideal, entailing women's self-chastising over the inability to attain the normative ideal, and a nagging sense that complying with the ideal was important. Thus, the women's frequent engagement in self-monitoring and dual conversations where they heard it rehearsed by others on a regular basis offered repeated insistent reminders of the ongoing relevance of the normative body ideal. Others have drawn similar inferences (Ousley et al., 2008). Both the negative self-talk and contacts' critiques of body parts and weight illustrate objectification theory (Fredrickson & Roberts, 1997; Moradi & Huang, 2008), including a sense of the women's ongoing battles with self-objectification.

This study had strengths and limitations. The sample was diverse, including women from multiple racial/ethnic backgrounds and women in same-sex relationships, but the women shared a high level of education and were mostly single and without children. Although we had data on the body mass index of participants, we did not consider this in our analysis. The findings of this small, particular sample might not be generalizable to other women. Responses motivated by social desirability might have been more than usually influential, given the contested nature of the topic of body image in this population. This study counts among the few studies conducted thus far exploring how adult women represent the views of their social contacts on body image, and a comparison with their own views.

It appears that critical body talk might have negative effects on women's health. One important issue that needs to be addressed in interventions and public health educational messages is how to support positive body images while also encouraging weight loss among the overweight and weight maintenance among those in the normal weight range. An alternative ideal put forth by participants— healthy body weight—might serve as a health-promotion guide. Yet it will also be important to take into account the counter influences of the social context over and against such messages (Smith-DiJulio, Windsor, & Anderson, 2010).

In closing, it appears that what the young women in this study were doing by talking about the norm was just that, talking about it: their practice consisted in the speech acts and not necessarily anything else. Yet it is worth registering two points about the women in this study: they were eligible for the exercise study they took part in prior to this study because they were sedentary and had no recent significant weight loss or gain; however, they had joined the study to be motivated and obligated to exercise for goals of health and body image (O'Dougherty et al., 2010). These dual goals remind us of the key conclusions of this study. The body talk of these young women in the millennial generation produced a double standard: it reproduced a social norm of the thin ideal, even while the women struggled to develop an alternative, open vision and practice convincing to them.

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Table 1

Distribution of Positive, Mixed, and Negative Comments by Relationship

Relationship to Participant	No comment (%)	Positive (%)	Positive & Negative (%)	Negative & Ambivalent (%)
Professional ^a	62.7	30.5	3.4	3.4
Friend	42.5	41.7	12.6	3.1
Significant other	5	80	10	5
Male family member ^b	48	28	16	8
Female family member ^c	24	32	25.3	18.6
Other relatives ^d	40	60	0	0

^aProfessional = coworkers, classmates;^bMale family member = father, brother;^cFemale family member = grandmother, mother, sister;^dOther relatives = relatives outside the family of origin

Table 2

Body Image Ideals and Opposition to Ideals as Perceived/Stated by Women's Social Contacts

Body Image Ideals	Number (%)
Has Ideal ^a	
Thin	57 (44.9)
Thin and fit	15 (11.8)
Fit	13 (10.2)
Curvy	11 (8.7)
Well groomed	12 (9.5)
Feminine, petite, ladylike	4 (3.1)
Yes, without details	15 (11.8)
Total	127 (51.2)
Has No Ideal ^b	
No ideal	59 (48.8)
"Average"	34 (28.1)
"Healthy"	7 (2.5)
Accepting, vs. standards	21 (17.4)
Total	121 (48.8)

^aBelieved to hold an ideal body image^bBelieved to not hold an ideal body image