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AN EXAMINATION OF THE RELATIONSHIP BETWEEN ATTACHMENT STYLE AND BODY IMAGE IN ADOLESCENT GIRLS: A FOCUS ON THE MOTHER-DAUGHTER RELATIONSHIP

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Abstract

Using Bowlby's attachment theory and a family systems perspective, this study explored the relationships between attachment between mother and daughters, daughter's body image, and the daughter's perception of what her mother thinks of her body. It was hypothesized that secure attachment would correlate with satisfied body image in the daughters and the belief that their mother's had a satisfied image of the daughter's body. Participants were female undergraduate students recruited from a private university. Participants completed self-report questionnaires about attachment (Inventory of Parent and Peer Attachment, IPPA), body image (Contour Drawing Rating Scale, CDRS), and a researcher created demographic questionnaire. The IPPA and CDRS had two versions, one asking participants to answer based on their current age and the other asking them to report about when they were 11 years old. Attachment was negatively correlated to the daughter's perception of what her mother thinks of her body both at participants' current age and at age 11. Daughter's body image was positively correlated to the daughter's perception of what her mother thinks of her body again both at current age and age 11. A secure attachment between mothers and daughters was related to the daughter believing her mother has a positive image of her body. This in turn was related to the daughter having a positive image of her own body as well. Attachment and body image accounted for 25% during pre-adolescence and 22% during adolescence of the variance is what the daughter thinks her mother thinks of the daughter's body. Further research is needed to expand on the development of body image during pre-adolescence and its connection to attachment and familial relationships.

AN EXAMINATION OF THE RELATIONSHIP BETWEEN ATTACHMENT STYLE AND
BODY IMAGE IN ADOLESCENT GIRLS: A FOCUS ON THE MOTHER-DAUGHTER
RELATIONSHIP

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Chapter 1: Introduction

Attachment theory will provide the theoretical framework for this study. Attachment

behavior as defined by Bowlby (1969) is any behavior that results in the proximity to the primary

caretaker, most often the mother. The mother's response to her child's behavior plays a major

role in determining how the attachment behavior continues to develop (Bowlby, 1969). When

the mother responds to the child's needs, the child develops a valuable sense of self and others.

The expression of need by the child and the appropriate response from the mother creates a

stable and secure emotional bond. This bond becomes the foundation on which all other

relationships are based. As the child ages, these attachment relationships are built with friends

and intimate partners.

Attachment theorists explain that the way individuals behave in relationship with others

throughout life is through the development of internal working models of self and others.

Attachment behavior always has the purpose of developing and maintaining relationships with

attachment figures and is always grounded in how individuals were/are attached to their primary

caretaker. This theory will be explained in further detail in the subsequent chapter.

Family systems theory is used to expand upon the dyadic nature of attachment theory

offering an expanded view of the emotional bond to the entire family. The mother-daughter

relationship is just one subsystem within the larger system. An individual cannot be understood

by themselves according to family systems theory. The system has rules, boundaries, and roles

that all members follow. Like attachment relationships, relationships within families guide an

individual's behaviors throughout life. The system will repeatedly adapt to maintain itself in

response to the members and environment. The family system will change in response to

significant stress and predictable life cycle changes i.e. births and deaths (Kerr & Bowen, 1988).

The other concept of consideration in this study is body image and the satisfaction with it among adolescents. A phrase, normative discontent, was created to encapsulate the pervasive negative feelings females, ranging in age from childhood through adulthood, have towards their bodies (Striegel-Moore and Franko, 2002). It is common to find half of the girls at the end of elementary school to be dissatisfied with their weight and shape. According to Smolak (2002), this is a similar percentage found in adolescence suggesting body esteem in childhood predicts body esteem in adolescence.

There are biological (body mass index and temperament) along with sociocultural (parents, peers, and media) factors contributing to body image development (Smolak, 2002). Parents and peers promote the internalization of the thin ideal. Parents model the thin ideal through their comments, their own exercise and eating behaviors. Peers are more influential in adolescence but in childhood they also model and promote internalization of the thin ideal. They also are very influential through teasing. Smolak (2002) states "teasing is positively correlated with body dissatisfaction in elementary school (p.70)." Negative comments from family members and peers are a cross-cultural negative influence on body image (Levine & Smolak, 2002). The media can and does influence preadolescent females through images in magazines, commercials, and toys. Girls as young as 9 years old are reading teen magazines with messages regarding the size and shape their bodies should be, Barbie dolls are notoriously known for having a shape that is unattainable by an actual woman (Smolak, 2002). The thin ideal has been connected to body dissatisfaction in girls during childhood. Sands and Wardle (2003) examined the role of internalization of the thin ideal in body image development and found a strong relationship between body dissatisfaction and internalization of the thin ideal.

Applying attachment theory to behaviors it may be surmised that when a child, specifically a daughter for the purposes of this study, mimics her mother's eating and/or exercise behaviors, this may be an effort to bring the mother closer. If the mother responds in this way, the daughter is likely to continue these behaviors. If a daughter, hearing her mother's comments about her own body and what she'd like it to look like, strives for this same appearance, this may also be an effort to bring the mother closer. This process creates internalized messages about the daughter and her mother.

Francis and Birch (2005) found daughters' perceptions of their mothers' encouragement to lose weight was linked to daughters' restrained eating behavior whereas mothers restricting the food their daughters ate was not related to the daughters' restrained eating behavior. This means what the mothers said to their daughters had more of an impact on their daughters than their behaviors. Therefore, the daughters interpreted their mothers' words in a way that either told them they should restrain their eating or they should not restrain their eating. Perhaps daughters who chose to restrain their eating believed their mother was being helpful. Although Francis and Birch (2005) do not go into detail about why the daughters' perceptions mattered, they do provide evidence that the daughters' perceptions are significant.

This study will highlight body image in the fundamental human relationship of mothers and daughters. Pruzinsky and Cash (2002) state, "If, as scientists and clinicians, we can appreciate the breadth and depth of body experiences, then we have the capacity to prevent and relieve the suffering of persons whose body images undermine the quality of their lives (p. 7)." This dissertation aimed to offer detail to the relationship between the attachment style of mothers and daughters and the daughter's body image. Along with that, the study also looked for a relationship between what the daughter believes her mother thinks her body should look like and

the daughter's body image and the attachment style between mother and daughter. These issues were examined by addressing the following research questions and hypotheses:

Research Question 1: How do mother-daughter attachment relationships relate to the daughter's body image and what the daughter thinks the mother thinks of the daughter's body?

- *Hypothesis 1:* Young adult females who are securely attached to their mothers will have a positive body image.

- *Hypothesis 2:* Young adult females who report being securely attached at age 11 to their mothers, will believe their mother had a positive image of their 11 year old bodies.

- *Hypothesis 3:* Young adult females, who are currently securely attached to their mothers, will believe their mothers currently have a positive image of their bodies.

- *Hypothesis 4:* Young adult females who report having a positive body image at 11 years old believed their mother had a positive image of their body.

- *Hypothesis 5:* Young adult females who currently have a positive body image will also believe their mother currently has a positive image of their body.

Research Question 2: Is there stability in attachment and body image?

- *Hypothesis 6:* Young adult females who report a secure attachment to their mother at age 11 will report a secure attachment to their mother at their current age.

- *Hypothesis 7:* Young adult females who report a positive body image at age 11 will report a positive body image at their current age.

Female undergraduate students were recruited from a private university in Upstate New York.

The next chapter will be a review of the existing literature covering mother-daughter relationships. Specifically the literature review will focus on information regarding how mothers impact their daughter's body image and eating behaviors. In this chapter there will also be an

explanation of both body image and attachment theory as well as a brief discussion of some theories explaining the mother-daughter relationship. Chapter two concludes with an outline of the research questions and hypotheses explored by this research.

The third chapter will be a discussion of the methodology used to complete this study. There will be a description of the measurements used and the analytical strategies used to on the data. The fourth chapter will report the results from this analysis. The fifth chapter will be a discussion of the results. This will include comparing the results with those present in the existing literature; revisiting the hypotheses and determining whether those results were predicted. The fifth chapter will also include a discussion of the limitations of this study, future research possibilities, and implications for marriage and family therapy.

Chapter 2: Review of Literature

Introduction

This review of literature highlights pertinent information from the existing literature on attachment theory, the mother-daughter relationship, and body image. It begins with the development of attachment theory followed by a section summarizing the research literature on attachment and body image. The relationship between mothers and daughters is focused on next and then a summary of the literature on body image. The chapter ends with a brief review of therapy used to treat body image issues.

Attachment Theory

John Bowlby and Mary Ainsworth's attachment theory provided the framework for this study. According to Bretherton (1992), Bowlby began developing his theory by researching children who had been separated from their parents through hospitalization and institutionalization. Bowlby's major conclusion from this work was that "the infant and young child should experience warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment (Bretherton, 1992, p. 761)." The role of the second parent, usually the father, is to provide emotional support to the person "mothering" the child. This role, and the importance of parental support, is often left out of conversations about Bowlby and attachment theory. Bretherton (1992) quotes Bowlby stating:

> Just as children are absolutely dependent on their parents for sustenance, so in all but the most primitive communities, are parents, especially mothers, dependent on a greater society for economic provision. If a community values its children it must cherish their parents (p. 762).

Bowlby's original work around attachment focused on the infant's connection to mother; separation response from mother; and grief in childhood. Bowlby challenged Freud's belief that an infant's connection to its mother was based on need first, such as food, and attachment secondary. Bowlby focused on the infants' behaviors leading to attachment. According to Bowlby (1969)

> attachment behavior is regarded as a class of social behavior of an importance equivalent to that of mating behavior and parental behavior. It is held to have a biological function specific to itself and one that has hitherto been little considered (p.179).

Bowlby proposed that by 12 months old a child had developed attachment behaviors which bind infant to mother and mother to infant. These behaviors included sucking, clinging, following, crying, and smiling. Bowlby believed following and clinging were more important for attachment than sucking and crying (Bretherton, 1992). Any behavior resulting in proximity to the mother or mother figure was an attachment behavior and the reciprocal parental behavior would be caretaking behavior (Bowlby, 1969). Bowlby (1969) further states "in family settings most infants of about 4 months are already responding differently to mother as compared with other people (p. 199)." An infant will smile at, make noises to and with, and follow the mother with their eyes more than anyone else. Throughout the first year, infants build up expectations and regularities as they differentially display attachment behaviors to their primary caregiver and receive caregiving behaviors in return (Ainsworth, 1989). These expectations are organized internally within the infant as working models of the physical environment, attachment figures, and the self.

Bowlby also believed that when a child was in a situation in which the desire to escape was activated and an attachment figure was not present they experienced separation anxiety. A child exhibits this anxiety through protest, despair, and denial or detachment.

> No form of behavior is accompanied by stronger feeling than is attachment behavior. The figures towards whom it is directed are loved and their advent is greeted with joy. So long as a child is in the unchallenged presence of a principal attachment-figure, or within easy reach, he feels secure. A threat of loss creates anxiety, and actual loss sorrow; both, moreover, are likely to arouse anger (Bowlby, 1969, p.209).

Bowlby believed attachment was a healthy, natural process in life sustained into adulthood. He also believed attachment and loss were connected processes throughout life. When attachment behaviors are activated and the desired attachment figure is unavailable, grief and mourning begins. Bowlby also believed if there is a frequent succession of attachment figures the ability to form deep relationships is hindered (Bretherton, 1992).

While Bowlby's work was mainly theoretical and observational, Ainsworth empirically validated Bowlby's contributions to the field of child development and human behavior. Ainsworth's research had two stages. The first part involved direct observation of mother and infant behaviors in their home during the first year of the infant's life (Ainsworth, 1989). These observations provided a "normative account of the development of attachment during the first year of life (Ainsworth, 1989, p. 709)." The second stage of her work was the Strange Situation experiment which identified three major patterns of behavior in infants. These patterns were indications of the qualitative nature of the mother-infant attachment.

Ainsworth classified infant attachment to their mothers as either ambivalent, avoidant, or secure patterns (Bretherton, 1992). Securely attached babies cried little and were comfortable exploring their environment in the presence of their mother. Insecurely attached babies were frequently crying even when their mothers held them and these infants explored their environment very little. Infants who were not attached did not show any difference in their behaviors to their mother. Ainsworth's work also provided information on the mother. Mothers of securely attached infants were more sensitive to their infant's signals. The relationship

between mother sensitivity and infant attachment was significantly correlated. Two more important concepts arriving from Ainsworth's work are: secure base and safe haven. A child uses the attachment figure as a secure base to explore the environment from and a safe haven to return to for reassurance (Bretherton, 1992).

Bowlby (1973) discussed the significance of a child's complementary internal working models of self and attachment figure. If a child has had an attachment figure who acknowledged "the infant's needs for comfort and protection while simultaneously respecting the infant's need for independent exploration of the environment (Bretherton, 1992, p. 768)," the child's internal working model of self will represent a valued and self-reliant self. A child will have an unworthy or incompetent working model of self if the child had an attachment figure that rejected the infant's attempts for comfort or exploration. Internal working models allow children to predict the likely behavior of attachment figures and in turn how to plan their own responses (Bretherton, 1992).

According to Hamilton (2000) the internal working models become less flexible and consciously accessible throughout childhood and therefore less able to change. The stability of internal working models implies that attachment styles do not change throughout life. Under "ordinary" circumstances attachment remains stable. Attachment theory leaves room for negative life events which may occur and alter caregiver behavior which in turn changes the attachment style of the child from secure to insecure.

Waters, Merrick, Treboux, Crowell, and Alberstein (2000) conducted a follow up study to Ainsworth's Strange Situation experiment. The purpose of the study was to examine stability and change in attachment patterns from infancy to early adulthood. Their sample consisted of 50 participants from the Ainsworth and Wittig Strange Situation experiment from 1975 and 1976.

The participants were approximately 12 months old during the Strange Situation experiment and contacted 20 years later, at the ages of 20 to 24, for this study which utilized the Adult Attachment Interview. Sixty four percent of their participants received the same attachment classification they had received during infancy when using three attachment classifications (secure, insecure preoccupied, and insecure dismissing) and when using just two classifications, secure or insecure, 72% received the same classification they had from the Strange Situation study (Waters, Merrick, Treboux, Crowell, & Alberstein, 2000). When mothers reported no negative life events, the stability was 72% and 78% for the three classifications and two classifications respectively. For infants who are securely attached, stressful life events were significantly related to the likelihood of becoming insecure in early adulthood.

Attachment and Adolescents

Allen and Manning (2007) took a different approach to attachment. They were less interested in the continuity of attachment and more interested in what attachment behavior looks like during adolescence. They believe that attachment in adolescence is about affect regulation and not about safety and survival as it is in infancy. Infants use physical distance from parents to explore their environments whereas adolescents use cognitive and emotional distance (Allen & Manning, 2007). Where adolescent attachment is about security, is in peer relationships. Infants need their attachment figure(s) for survival and adolescents need their attachment figures for emotional regulation. Infants have a small number of primary caretakers; usually one primary and a few secondary. Adolescents on the other hand have a variety of people they can choose to help them manage difficult emotional situations i.e. parents, teachers, relatives, close friends, romantic partners, and therapists. Adolescents are capable of flexibility and move in and out of these relationships. These relationships can be labeled as attachment because they provide the

adolescent with safety, security and affect regulation. Allen and Manning (2007) also incorporated issues of power into adolescent attachment behaviors. A key task during adolescence is separating from parents and is usually accomplished through challenging their authority. If adolescents only relied on parents for emotional support, then an adolescent would find it hard to challenge parental authority after turning to that same parent for a shoulder to cry on.

Nomaguchi (2008) examined who adolescents report as their primary confidant. The results showed that 28.9% of adolescents aged 16 to 18 and 46.0% of adolescents aged 12 to 14 reported mothers as their primary confidant. Twenty five percent and 20% reported romantic partners and friends respectively. In attachment terms these 45% who have shifted from parents to peers as their primary confidants have premature autonomy from their parents; turning to a confidant when needing emotional security is an attachment behavior. The results also showed that adolescents who turn to their peers instead of parents as the primary confidants were more likely to participate in delinquency and substance use (Nomaguchi, 2008).

Mothers and Daughters

This section provides general information about the mother-daughter relationship and moves through a discussion of the attachment between mothers and daughters and then the connection between mothers, daughters and body image. Like body image, the mother-daughter relationship can be explained by various theories. Boyd (1989) provided a summary of the existing theories and research explaining the mother-daughter dyad from the previous fifteen years.

Psychoanalysis states daughters unconsciously internalize their mothers' values, behaviors, and the meaning behind these values and behaviors (Boyd, 1989). Chodorow (1978) argued that early development, infantile development, is not about individual psychological and physiological growth but about growth in an interpersonal relationship. Occurring *in relation* to another person (mother) or persons is the most important feature of early infantile development. The character of this relationship effects an infant's sense of self, later object-relationships, and the infant's feelings about its mother and women in general (Chodorow, 1978). For the purpose of this paper the effect on the sense of self is most relevant and supports the examination of the connection between the mother-daughter relationship and the daughter's body image. The infant learns to define aspects of its self-based on *internalized* representations of its mother and the perceived quality of her care. These internalized representations of mother and her caregiving are what Bowlby refers to as internal working models. Again similarly to Bowlby's attachment theory Chodorow (1978) states "as aspects of the maternal relationship are unsatisfactory, or such that the infant feels rejected or unloved, it is likely to define itself as rejected, or as someone who drives love away (p. 78)."

Because daughters and mothers are of the same gender, the identification process never ends as it does with sons and mothers (Chodorow, 1978). Mothers also identify with their daughters: mothers reproduce themselves in their daughters, mothers project feelings about themselves onto their daughters, and mothers act toward their daughters as they act towards the internal daughter part of themselves (Boyd, 1989). Smith, Hill, and Mullis (1998) and Boyd (1989) state one consequence of the closeness of the mother-daughter relationship could be the inability of mothers and daughters to view themselves as separate individuals and therefore create struggle in daughters' attempts to form their own identity. Transitions are when the

process of separation and individuating takes place. In each successive transition any unresolved autonomy issues will be readdressed within the mother-daughter relationship.

According to Flaake (2005), the challenge for mothers of adolescent girls is to "give the daughter the inner permission to have a more fulfilling relationship to the body and sexuality than she herself has thus far been able to experience (p.207)." The mother must convey messages of confirmation and fulfillment despite what she herself received from her mother. The mother sees her adolescent daughter as entering adulthood whereas the mother is at a point of reflecting on her own life; achievements and unfulfilled desires (Flaake, 2005). This could elicit envy and rivalry between the mother and daughter. The adolescent daughter is in a process of separation from her mother. All of this combines to elicit a critical rather than confirming gaze from the mother and begins with the daughter's first menstruation (Flaake, 2005). The way in which a mother responds to her daughter's first period is often the way in which the mother herself was responded to by her mother despite the mother's desire to give her daughter a different experience. In order for the mother to provide her daughter with this different and presumably better experience, she must have first dealt with her feelings towards her mother and towards her own body; another example of the difficulty of breaking patterns within families.

Another change in the mother daughter relationship occurs when adult daughters are in the position to care for their ailing mothers. Datta, Marcoen, and Poortinga (2005) examined the connection between attachment and daughters' attitudes towards caring for their mother and attitudes towards their own lives. Their results showed a positive and indirect relationship between recalled early maternal bonding and concern about mother's health. The relationship was indirect through adult attachment and filial responsibility. In young adult daughters "a high level of recalled early maternal care was related to high adult attachment and concern for the

mother's welfare and also to a positive orientation to life and satisfaction with life (Datta, Marcoen, & Poortinga, 2005, p. 335)." An important factor to note about this study is that it involved two samples from India (one English speaking and one Hindi speaking) and a third sample from Belgium (Flemish speaking).

Boyd's (1989) research summary showed: mother's work behavior to be predictive of daughter's work behavior; daughter's self-concept and social self-esteem were positively related to her identity with her mother; maternal sex-role attitudes were positive predictors of daughters' sex-role attitudes; and when daughters marry and have their first child there is a reordering of the mother-daughter relationship. Research at that point also showed the mother-daughter relationship to be interdependent, rewarding, and close with conflict that does not detract from any of this (Boyd, 1989).

In contrast to psychoanalysis is social learning theory which states daughters learn to be like their mothers when they are consistently and positively rewarded for imitating their mothers' behaviors (Boyd, 1989). Francis and Birch (2005) state that children's eating behavior is an example of something learned from parents. It can be learned through modeling, parents restricting children's behavior, or through messages given to the children about their behavior and body (Francis & Birch, 2005).

Daughters also influence their mothers; "mothers' perceptions of their femininity is related to their daughters' self-perceptions of their femininity (Usmiani & Daniluk, 1997, p.48)." Chernin (1986, in Usmiani & Daniluk, 1997) states "the problem with female identity that most troubles us, and that is most disguised by our preoccupation with eating and body size and clothes, has a great deal to do with being a daughter and knowing that one's life as a woman must inevitably reflect upon the life of one's mother (p. 48)."

Kenemore and Spira (1996) wrote about the "interface between the individual changes and the relational transformation in the mother-daughter pair (p. 226)." Mothers of adolescents are charged with two major tasks: dealing with ambiguity and managing ambivalence. Typically mothers of adolescents are struggling with issues of aging and decline in their reproductive ability while their adolescent daughters are emerging as sexually mature and reproductive individuals. The way adolescent daughters need their mothers is different than it was previously and this challenges a mother's sense of herself as a mother. Adolescent girls are trying to remain connected to their mothers while also forming their own identity. The differentiation process for adolescent girls involves recognition of the adolescent's voice in the relationship with her mother. There is an ongoing appraisal of the similarities and differences between mother and daughter; girls discover their distinct views, willingness to explore them, ability to resolve conflicts, and acceptance of the limitations of the relationship.

The mother-adolescent daughter relationship must allow room for the daughter's changing physical and psychological experiences. An alliance is formed between mother and adolescent daughter around a familiarity and understanding of these experiences. Kenemore and Spira (1996) conclude their article by reemphasizing that daughters never outgrow the need for maternal validation of their experiences.

Mother-Daughter Attachment and Perception of Self

The mother-daughter relationship is an area of research that has received global attention. For example, Wilkinson (2004) examined the relationship between parental attachment, peer attachment, and self-esteem to psychological health in adolescents from Norway and Australia. Participants ranged in age from 12 to 19 years of age. Results showed self-esteem mediates the relationship between the quality of peer attachment and psychological health in adolescents as

well as the relationship between parental attachment and psychological health. The level of mediation is stronger for peer attachment than parental attachment. Results also showed the quality of parental attachment to moderately influence the quality of peer attachments; lending support to the idea of "working models" establishing patterns of interpersonal relationships. The impact of attachment, whether parental or peer, on psychological health was indirect through self-esteem. Wilkinson explains his findings by suggesting that attachment relationships serve as a means to bolster individuals' self-worth and not as a means of bolstering psychological health. Attachment relationships first lead adolescents to evaluate their own attributes as worthy, then the results of this evaluation leads to psychological health (Wilkinson, 2004).

Song, Thompson, and Ferrer (2009) examined attachment and self-evaluation in Chinese adolescents. Children with secure parental attachment are expected to positively perceive themselves including viewing themselves as competent. This perception is maintained through childhood and into adolescence by continued parental support. Song, Thompson, and Ferrer (2009) divided their sample into junior high school, high school, and college students. They found maternal and peer attachment were significantly related to self-evaluation in the junior high school sample. For the high school sample, peer attachment was the only significant predictor of self-evaluation. In college, both maternal and paternal attachments were significant predictors of self-evaluation. Their results are consistent with studies done on adolescents from Western societies in that middle adolescents (high school) show a stronger attachment to peers than parents. They also found that females have stronger attachments to peers than males which is also consistent with Western society adolescents (Song, Thompson, & Ferrer, 2009). Also significant were the findings showing attachments to parents and peers to be associated with self-

evaluation for males. For females, self-esteem's association with maternal attachment was higher than that for males.

Kenny, Griffiths, and Grossman (2005) examined self-image and parental attachment during late adolescents in Belize. They found higher maternal attachment scores were predictive of higher self-confidence scores and positive vocational attitudes. Maternal attachment was also found to be a significant, positive predictor of ethnic identity. Paternal attachment was predictive of higher social functioning scores which measure patterns of interpersonal relationships and friendships.

Studies conducted in the United States found similar results as the international studies. Turnage (2004) conducted a study examining the connection between adolescent African American girls' global self-esteem and their attachment to their mother. She found a significant "positive direct relationship" between the participants' (16 to 18 year old African American females) global self-esteem and their trust of mother score (a measure of attachment). The trust of mother score accounted for nearly one third (27%) of the variance in the participants' global self-esteem. Also significantly related to global self-esteem was ethnic identity achievement (Turnage, 2004).

Rubin, Dwyer, Booth-LaForce, Kim, Burgess, and Rose-Krasnor (2004) were interested in the moderating effect of friendship on attachment and adjustment. They used perceived level of parental support as an indicator of parent-child attachment. The results showed perceived maternal support was a significant predictor of global self-worth. A connection between maternal support and social competence was found for boys but not girls. For boys with perceived high levels of maternal support, the quality of friendships was not a factor in social competence. Also in boys, low-quality friendships, and low levels of maternal support were

predictive of internalizing problems. For girls, both low and average quality friendships combined with low maternal support predicted the most internalizing problems. Therefore, for girls; a high quality friendship is needed to moderate the impact of low maternal support to prevent internalizing problems.

Lee and Hankin (2009) were interested in how self-esteem mediates the relationship between attachment and depression and anxiety. Their results showed that anxious and avoidant attachment predicted depression and anxiety symptoms and low self-esteem mediated the relationship for anxious attachment but not for avoidant attachment.

To review the research literature to date, Wilkinson (2004); Song, Thompson, and Ferrer (2009); Kenny, Griffiths, and Grossman (2005); Rubin, Dwyer, Booth-LaForce, Kim, Burgess, and Rose-Krasnor (2004); and Turnage (2004) all found that strong attachment to mothers was connected to a positive view of self. Lee and Hankin (2009) and Rubin, Dwyer, Booth-LaForce, Kim, Burgess, and Rose-Krasnor (2004) found anxious and avoidant attachment and lower levels of maternal attachment, respectively, to be connected to depression and anxiety.

Mothers, Daughters, and the Body

Adolescent researchers (e.g., Usmiani and Daniluk, 1997; Holmbeck and Hill,1986; Isberg et al.,1989; Kamptner, 1988; Leaper et al., 1989; Offer et al., 1982; and Striegel-Moore et al.,1986) all confirm the importance of the mother-daughter relationship during identity development. "When making the transition from girls to women, mothers appear to serve as significant role models and sources of information and guidance for adolescent girls, regarding who they are as women, how they should feel and behave, and how their bodies measure up (Usmiani, & Daniluk, 1997, p.48)." Mothers function in families as the enforcers of family and societal norms about appearance (Ogle & Damhorst, 2003, p.453). "Mothers have been found to

exert more influence than fathers on children's appearance-related behaviors, and most often, daughters are targets of this influence (Ogle & Damhorst, 2003, p.453)" Whether a girl is overweight or not, her mother is more likely to comment on her weight than on the girl's brother's weight (Ogle & Damhorst, 2003).

Many research studies (Benedikt et al., 1998; Francis & Birch, 2005; Nichter et al., 1993; Ogle & Damhorst, 2003; Pike & Rodin, 1991; Rozin & Fallon, 1998; Blodgett Salafia, Gondoli, Corning, McEnery, and Grundy, 2007) were found which show a connection between mothers' dieting behaviors and daughters' dieting behaviors. These results can be seen as evidence of mothers' ability to impact or control her daughters' behavior and possible view of self. In Benedikt, Wertheim, and Love (1998) they had mothers and daughters complete questionnaires about their body satisfaction and eating and weight-loss behaviors. The daughters' moderate weight-loss attempts and body dissatisfaction were significantly related to mother's wanting her daughter to be thinner and actively encouraging her daughter to lose weight. These findings were not related to the actual size of the daughter's body or to the mother's dietary restraint, exercise, and body dissatisfaction (Benedikt, et al., 1998). The findings for daughter's extreme weight-loss behaviors, fasting, crash dieting, skipping meals, were different. These behaviors were predicted by the mother's own body dissatisfaction and the mother's use of these same behaviors. A useful result of this study is the mothers and daughters reports of the impact of mother on daughter (i.e. mother wanting daughter to be thinner and encouraging her to lose weight) were consistent with each other. Therefore, moderate weight-loss behaviors in daughters are encouraged by mothers and extreme weight-loss behaviors are modeled and not encouraged (Benedikt, et al., 1998).

Francis and Birch (2005) conducted a study with a similar purpose as Benedikt, et al. (1998) study. They examined if mothers preoccupied with their own weight and eating tried to influence their daughter's weight and eating; whether these attempts led to daughters restraining their eating; and if daughter's perceptions of maternal pressure to lose weight mediated the relationship between mother's attempts to influence their daughters and daughter's restrained eating behavior. Their study consisted of white mother-daughter dyads and they collected data when the daughters were 5, 7, 9, and 11 years of age. Their results showed "daughters' weight concerns were linked to perceptions of maternal pressure to lose weight and restrained eating behavior (Francis & Birch, 2005, p.551)." They also found daughters' body mass index (BMI) was linked to their perception of their mothers' pressure to lose weight. Mothers' actual restriction of daughters' food was not related to daughters' restraining their own eating however; mothers' encouraging their daughters to lose weight was linked positively to daughters' restrained eating with the daughters' perception of the mothers' pressure as a partial mediator (Francis & Birch, 2005). Francis and Birch (2005) concluded eleven-year-old daughters internalized their mothers' encouragement to lose weight and perceived more pressure to lose weight and therefore restricted their own eating behaviors. Ogle and Damhorst (2003) also found a positive relationship between mothers dieting and daughters dieting and cite other sources finding the same relationship (Benedikt et al., 1998; Nichter et al., 1993; Pike & Rodin, 1991; Rozin & Fallon, 1998).

Ogle and Damhorst (2003) conducted a study exploring the reciprocal nature of the mother-daughter socialization process. Their results showed four patterns of interaction between mothers and daughters. These patterns are: "(a) the direct verbal approach, including encouragement/facilitation, dissuasion, and fault-finding messages; (b) the

avoidance/guardedness approach; (c) the modeling approach; and (d) the laissez-faire approach (Ogle & Damhorst, 2003, p. 448)." They found the interactions to be:

> (a) shaped by mothers' and daughters' thoughts about the self, the other, and the mother-daughter relationship; (b) were used by mothers and daughters to plan future interactions with one another; and (c) served to guide lines of personal action with respect to dieting, especially in the case of the daughters (Ogle & Damhorst, 2003, p. 448).

Thirty-nine of the forty participants were white and all were from middle-class and upper-middle-class families making it difficult to generalize the results (Ogle & Damhorst, 2003). Mothers and daughters in the study stated they "used their perceptions about the dyadic other and their relationship with that other to guide their body- and diet-related interactions with her (Ogle & Damhorst, 2003, p.463)."

In the direct verbal approach mothers and daughters openly expressed their thoughts about the other's body and how the other should behave with respect to their body. A common perception in this pattern of interaction is the perception that what is said about the other will be regarded as valid and possibly acted upon by the other. Therefore, mothers assume daughters will act based on the thoughts expressed by them and vice versa. An important distinction noted in their results is that one form of direct communication was coded in 2 different ways based on the *daughters' perception of the message received by the mother*. In one case the same message was interpreted as encouragement and in another case it was interpreted as criticism: "disapproval of their bodies or diets and experienced a challenge to the self, feelings of disheartenment, and/or insecurity about their appearance (Ogle & Damhorst, 2003, p. 469)." Ogle & Damhorst (2003) state this interaction is "indicative of a distant mother-daughter relationship in general (p.470)."

Of the daughters who did not model their mothers' dieting behaviors, Ogle & Damhorst (2003) turn to the daughters' perception of the mothers' concerns as the reason. They state that

perhaps the daughters did not perceive the mothers' concerns or behaviors related to their body as relevant to their own and therefore did not identify with them (Ogle & Damhorst, 2003). These results highlight the significance of the daughter's perception of her mother's messages about her body and attempt to connect this perception to the mother-daughter relationship. What this study leaves out is what component of the mother-daughter relationship informs the daughter's perception. The present study will address this by examining the attachment within the mother-daughter relationship and how it connects to the daughter's perceptions of what her mother thinks about her body.

Blodgett Salafia, Gondoli, Corning, McEnery, and Grundy (2007) hypothesized that prior perceived maternal positive parenting in 6th grade would be negatively related to maladaptive eating in 8th grade and would be mediated by psychological distress in 7th grade. Therefore, positive parenting would be negatively associated with internalized psychological distress which would in turn be positively associated with maladaptive eating. Their results supported this hypothesis. In simpler terms more positive parenting leads to less internalized psychological distress which leads to less maladaptive eating.

Usmiani and Daniluk (1997) conducted a study to look at the relationship between self-esteem, gender role identity, and body image for mothers and their adolescent daughters. The study consisted of girls in grades 7 through 11 and their mothers. The sample was mostly white and from middle class families with 75% reporting an income greater than $50,000 per year (Usmiani & Daniluk, 1997). Some of the daughters were premenstrual. They found mothers' body image to be positively related to their daughters' body image when the daughters were menstrual and no significant correlation between mothers' and premenstrual daughters' body image. Also worthy of notice is that for premenstrual girls positive body image was associated

with being more feminine and for menstrual girls being more feminine was associated with negative body image (Usmiani & Daniluk, 1997).

McKinley's (1999) research showed the daughters' perception of her mother's approval of her appearance correlated positively with the mother's own rating of her approval of her daughter. McKinley (1999) also found daughters' perceptions of both mothers' and fathers' approval of the daughters' appearance had strong positive relationships with daughters' body esteem. This means when daughters perceive their mother (and father) approves of their appearance they have more positive feelings about their body. Mothers' reports of approval were not significantly related to daughters' body esteem (McKinley, 1999). Adding this fact in means it is more important how the daughter perceives her mother's approval than whether or not the mother actually approves of the daughter's appearance.

Ogden and Steward (2000) examined the mother-daughter relationship to show it is not simply a matter of modeling that communicates messages to the daughter about her body. They examined autonomy, projection, and intimacy within the mother-daughter relationship and found daughters' body dissatisfaction was predicted by mother's lack of belief in her own autonomy, her daughter's autonomy and a greater belief in projection as part of the relationship (Ogden & Steward, 2000). They did not find a connection between body dissatisfaction in mothers and their daughters (Ogden & Steward, 2000).

Attie and Brooks-Gunn (1989) were interested in the development of eating disorders which is not the focus of this study however they did examine the mother-daughter relationship in their study. High compulsive eaters came from families with lower levels of family cohesion, organization, and expressiveness then low compulsive eaters (Attie and Brooks-Gunn, 1989) as rated by mothers. Daughters' reports of family relationships were not associated with eating

problems. Attie and Brooks-Gunn (1989) report middle through late adolescence to be a high risk period for girls in developing eating problems.

Flynn and Fitzgibbon (1996) examined body image and body ideals in African American mother-daughter dyads. From a pre-existing study they recruited twenty-seven mothers and their twenty-nine preadolescent daughters. Flynn & Fitzgibbon (1996) measured participants' body images using figure drawing scales. The mothers completed a scale for themselves as well as one for their daughters where they chose what they thought their daughter looked like and what they wanted their daughter to look like. They found no significant difference between the mothers' and daughters' image of the daughters and the mothers' and daughters' ideal image of the daughters. There was also no significant difference between the mothers' images of their daughters and their ideal image for their daughters (Flynn & Fitzgibbon, 1996). An important finding is all of the ideal images whether chosen by mothers or daughters represented women and girls within normal weight ranges. Even though this was in their results, in the discussion the authors state that "heavier body image ideals are culturally valued" instead of saying normal weight body image ideals are valued (Flynn & Fitzgibbon, 1996, p. 627).

Hurd Clarke and Griffin's (2007) qualitative study interviewed women between the ages of 50 and 70 years old about how they perceived their mothers had influenced their body image over time. All of the participants indicated their mothers had been important in providing information and evaluation regarding body image. Their results showed that women who received positive or neutral messages from their mothers were unclear when describing how they felt about their bodies as children and adolescents. Those women who reported receiving negative comments from their mothers were clear about having a dislike for their bodies and being insecure as children and adolescents (Hurd Clarke & Griffin, 2007). The participants also

commented on beauty practices learned from their mothers. "Those who emulated their mothers reported positive relationships with and feedback from their mothers, but those who resisted their mother's example were more likely to have received negative body messages and to have reported a hostile or emotionally distant relationship (Hurd Clarke & Griffin, 2007, p. 715)."

In summary, the mother-daughter relationship is one in which the mother reproduces herself in her daughter. Because mothers and daughters are the same gender, the process of the daughter identifying with her mother never ends. The daughter learns behaviors and beliefs about herself from her mother. The literature tells us daughters' self-concept and self-esteem are positively related to her identity with her mother and attachment to their mother. Research results show a positive relationship between mother's and daughter's body image; daughters' have more positive body esteem when they perceive their mother's approve of their body; and there is no connection between mothers' reports of approval of their daughters' body and the daughters' body esteem. Because this study will include attachment between mothers and daughters and the daughters' perceptions it will provide information on any connection between attachment in the mother-daughter relationship and what the daughter believes her mother thinks of her body. In their study Ogle & Damhorst (2003) concluded then when a daughter perceived a message from the mother as disapproval of her body and felt insecure about her appearance, this was evidence of a distant mother-daughter relationship.

Attachment and Body Image

> …an insecure attachment system, whereby individuals seek love and acceptance yet feel unworthy, may foster faulty body image attitudes. On the other hand, secure attachment may promote a more favorable body image (Cash, 2002, p.41).

This quote summarizes and simplifies the connection between attachment and body image. The following research adds more detail to this relationship.

Sharpe, Killen, Bryson, Shisslak, Estes, Gray, Crago, and Taylor (1998) conducted a study concerned with the connection between attachment style and weight concerns in adolescent and preadolescent girls. Their results showed insecurely attached girls were significantly more concerned with their weight than securely attached girls. They did not find a connection between attachment style and perception of current body shape (Sharpe, et al., 1998).

Along with Sharpe, et al. (1998), Troisi, Di Lorenzo, Alcini, Nanni, Di Pasquale, and Siracusano (2006) examined the connection between attachment style and perception of one's body with an eye toward implications for developing an eating disorder. Differences between the two studies are that Sharpe, et al. (1998) looked at attachment and weight concern in adolescent and preadolescent girls whereas Troisi, et al, (2006) studied the attachment styles of women with an eating disorder and their body dissatisfaction.

In contrast to Sharpe, et al. (1998), Troisi, et al, (2006) found a strong correlation between attachment and body dissatisfaction; specifically insecure attachment was strongly correlated with body dissatisfaction. The need for approval scale of the attachment questionnaire was a significant predictor of body dissatisfaction score (Troisi, et al, 2006). These results coincide with the decreased sense of self-worth and heightened sensitivity to society's appearance-related messages associated with individuals who have an insecure attachment style which then leads to body dissatisfaction (Troisi, et al, 2006).

Suldo and Sandberg (2000) looked at the relationship between adult attachment and eating disorder symptomology, specifically drive for thinness, bulimia, and body dissatisfaction subscales of the eating disorder inventory-2. They found that only a dismissing adult attachment style to be significantly correlated to body dissatisfaction. This correlation was negative in directionality (Suldo & Sandberg, 2000). This makes sense because when someone has a dismissing attachment style they have a positive view of self and negative view of others therefore having a higher score for dismissing attachment style would relate to lower body dissatisfaction or higher body satisfaction.

The research literature on connections between body image and attachment theory is limited and mixed. Most of the evidence supports a connection between secure attachment and a positive body image.

Body Image

Body image can be defined as "the picture of our own body which we form in our mind" (Pruzinsky & Cash, 2002, p. 7). Paul Schilder defines body image as "the tridimensional image everyone has about himself" as quoted by Kinsbourne (2002, p. 22) with the three dimensions being front, side, and back views of our bodies. According to Gardner (2002) there are two distinct components to body image, perceptual and attitudinal, which function within individuals independent of each other. The perceptual component is inaccurate judgments of one's body size and the attitudinal component is dissatisfaction with size and/or shape of one's body. An example of how the perceptual component can function independently is in a person who suffers from anorexia nervosa. This person will have an image of their own body that is significantly larger than it actually is causing them to go to extreme lengths to lose weight. The attitudinal

component functioning independently would be a person who sees their body size and shape accurately and is dissatisfied with that image.

Thompson and Van Den Berg (2002) break down the attitudinal component into four components of its own. The first component is global or overall satisfaction or dissatisfaction with one's appearance. The second refers to one's emotions or affective distress about one's appearance. Cognitive aspects are the third component which includes investment in one's appearance, thoughts or beliefs about one's body, and body image schemas. The fourth component refers to avoidance behaviors which indicate dissatisfaction with one's appearance. This includes avoidance of situation or objects triggering body image concerns (Thomson & Van Den Berg, 2002).

There also exist in the literature many other concepts which are used either synonymously or in conjunction with body image. Some examples are: weight satisfaction, body satisfaction, appearance satisfaction, body percept, body distortion, body dysmorphia, body concern, and body image disturbance (Pruzinsky & Cash, 2002). When the term body image in this paper, it was written with the definition that body image is the picture one carries in their mind of her body including the judgment of that image; whether positive or negative. Along with the understanding there are many ways in which we develop this image and there are many components to the images of our bodies. This study will look at one attitudinal aspect of body image, body size satisfaction, using the Contour Drawing Rating Scale which measures global satisfaction or dissatisfaction; this will be explained in more depth in chapter three.

Body image is an important component of self-image and a poor body image can be associated with low self-esteem. Since the connection between body image and eating disorders has been established much of the research conducted has focused on this relationship (Striegel-

Moore & Franko, 2002). The purpose of this study is less about body image and eating disorders and more about body image and relational functioning.

According to Pruzinsky and Cash (2002) the study of body image goes back to the 1930s when scholars took a neurological approach to studying and defining body image. It has evolved from this biological approach through psychodynamic understandings, cognitive-behavioral, and feminist explanations (e.g. Schilder, 1935/1950; Fisher, 1970; Shontz, 1969). In the 1990s body image became increasingly tied to the study of eating disorders and obesity (e.g. Thompson, 1996). Regardless of which approach is taken in understanding body image there exists three themes bridging historical and contemporary understandings: (1) body image plays a fundamental role in understanding human experience; (2) body image is a complex concept; and (3) an absence of theoretical integration across disciplines (Pruzinsky & Cash, 2002).

Along with there being several components of body image and various ways it is developed there are multiple ways or theories to understand body image. What follows will be a brief description of some of the theories used to understand body image.

Sociocultural Understanding of Body Image

The theories categorized as being sociocultural focus on how cultural beliefs and values influence individual beliefs, values, and behaviors. People employing the sociocultural perspectives, in relation to body image, attempt to explain how culture influences *ideal* body types and how this ideal is internalized and becomes a person's own ideal. For Western culture valuing physical attractiveness influences how individuals behave in relationships with others and themselves. According to Levine & Smolak (2002), in the United States the ideal feminine body is white, young, tall, firm (not muscular), slender and full breasted. In adolescent girls, body dissatisfaction is determined by the discrepancy between this internalized ideal and the

mental image of one's body. This difference is also connected to a tendency to overestimate the size of one's body, depressive affect, and binging and purging behaviors (Levine & Smolak, 2002).

Mass media disseminates the Western ideal to an increasingly larger global community of adolescent girls. Cultures as diverse as Ukraine and Fiji are demonstrating an internalization of a thin beauty ideal and showing an increase in body dissatisfaction among girls (Levine & Smolak, 2002). Many adolescent girls compare themselves to the women they see in beauty and fashion magazines and on television. According to Tiggemann (2002) fashion magazines are read by eighty three percent of women and girls and over the course of a year children and adolescents will spend more time watching television than any other activity other than sleeping. This social comparison can increase an already negative body image. Therefore, white adolescent girls find themselves in a cyclical and destructive pattern of "focusing attention on cultural standards, making social comparison, and experiencing body dissatisfaction (Levine & Smolak, 2002, p. 79)."

According to Harrison and Hefner (2006), research (Hargreaves and Tiggemann, 2003; Stice, Schupak-Neuberg, Shaw, and Stein, 1994; and Stice, Spangler, and Agras, 2001) shows both print and electronic media are associated with an increased drive for thinness and an internalization of the thin ideal. In conjunction with this Sinton and Birch (2006) state awareness of media messages was related to girls' appearance schemas. Appearance schemas are the role in which appearance plays in a person's life and heighten the person's awareness and internalization of appearance related messages.

Not only does the media portray the thin ideal it also connects thinness with happiness and success. The cultural schema is that thinness is vital for success and happiness and when

this is accepted and internalized women and girls' self-worth is equated with their self-perceived attractiveness (Tiggemann, 2002). Adopting this ideal during adolescence is particularly significant when identity formation is happening and puberty is moving the body away from the cultural ideal.

Feminist Perspective on Body Image

Like the sociocultural perspective, feminist theory also looks to how cultures make meaning of the body as well as gendered power dynamics. Cash (2002) has conducted research around gender dynamics and the body and states "...females who endorse traditional gender attitudes in their relationships with males (1) are more invested in their appearance, (2) have internalized cultural standards of beauty more fully, and (3) hold more maladaptive assumptions about their looks (p.41&42)."

According to McKinley (2002) Western societies separate mind from body with men being associated with mind and women with body. Men's bodies are also the standard by which women's bodies are judged making women's bodies abnormal in comparison. This deviance in the female body can be observed in media portrayals of a thin muscular ideal body type which is more associated with male bodies. The mature female body type, a body with fat on the hips and thighs, is therefore unattractive. The association with women and the body in combination with women's bodies considered deviant creates a context by which women and girls are objects to be watched and evaluated based on how their bodies fit with cultural norms (McKinley, 2002). In turn girls learn to evaluate themselves this way and seek approval from outside sources.

McKinley (2002) has utilized feminist theory in the creation of what she calls objectified body consciousness (OBC). In the OBC she includes body surveillance, internalization of cultural body standards, and appearance control beliefs. Body surveillance is watching one's

own body as if one were an outside observer. This is about control and the desire to meet certain standards leading to shame and anxiety when these standards are not met. A woman who has internalized cultural body standards believes these standards come from her own desires making it harder to challenge them and hides the pressure to conform. A sense of self-worth becomes tied to the achievement of these narrow and difficult to achieve cultural norms. Appearance control beliefs are the understanding that given enough effort cultural body standards can be met (McKinley, 2002).

McKinley (2002) has done research on the OBC connecting it to lower body satisfaction, eating problems, and lower psychological well-being however there are gaps in the data. Her results come from surveys done with predominantly European American undergraduates. McKinley (2002), states there is a need for more research performed to understand how dominant constructs of women's bodies interact with other social constructs like race and class. Feminist theory stresses the social context for women's discontent with their bodies removing individual pathology thus making the normal negative body experience of women understandable. Research needs to broaden its perspective and look at social context by examining how certain social situations might encourage both men and women to objectify other women and how the objectification of women is learned (McKinley, 2002).

In general, females living in developed countries receive the same message from multiple sources: "the female body, much more so than the male body, is to be looked at, evaluated, possessed by men, and, in general, treated as an object (Levine & Smolak, 2002, p.81)." There are high levels of body dissatisfaction among white adolescent girls age twelve to fourteen because of these messages about weight and body shape (Levine & Smolak, 2002).

Psychodynamic Understanding of Body Image

According to Krueger (2002) psychodynamic theory states body image is "the dynamically and developmentally evolving mental representation of the body self" (p.30). The components of body image are sets of images, fantasies, and meanings about the body, its parts, and functions. Body image is an integral piece in one's self-image and the basis of one's self-representation (Krueger, 2002). Psychodynamic theory outlines three stages in the development of body image: early psychic experience of the body; defining body surface and boundaries and distinguishing the body's internal states; and the definition and cohesion of the body self as a foundation for self-awareness.

Stage one involves the earliest sense of self which is experienced through sensations from within the body by which infants begin to distinguish their bodies from their surroundings. Caretakers' hands outline the original boundary of the body's surface and their accurate empathic responses provide form and definition to the infant's internal state (Krueger, 2002). The next stage involves an integration of body boundaries and internal states. The child becomes more aware of what is "me" and "not me" through the boundaries of the body. Lastly in the third stage a consolidated, stable mental representation of the body is developed along with a sense of being distinct and effective (Krueger, 2002).

These three stages occur within the first eighteen months of life. The image and sense of one's body that is developed continues to undergo changes as the individual matures but is based on the core developed within the first eighteen months as long as there are no disruptions in this process.

Cognitive-Behavioral Perspectives of Body Image

As with any cognitive-behavioral explanation, Cash (2002) states the cognitive-behavioral approach to understanding body image "emphasizes social learning processes and

cognitive mediation of behaviors and emotions" (p. 38). This approach takes into consideration historical and simultaneous factors shaping body image development. The historical aspect of cognitive-behavioral theory includes cultural socialization, interpersonal experiences, physical characteristics, and personality attributes. Historical factors predispose people to having certain body image schemas and attitudes. This includes body image evaluation which is satisfaction or dissatisfaction with one's body and body image investment which is cognitive, behavioral, and emotional importance of the body for self-evaluation (Cash, 2002). The simultaneous aspects or current life events are internal dialogues, body image emotions, and self-regulatory actions. The proximal aspects are current events in life which precipitate and maintain influences on body image (Cash, 2002).

According to Sinton and Birch (2006) appearance schemas, forms of self schemas, are cognitive components of body image and refer specifically to the role of appearance: "the importance and meaning placed on appearance in an individual's life (p. 166)." These schemas influence body dissatisfaction by "heightening focus on, recall of, and incorporation of appearance relevant messages (Sinton & Birch, p. 166, 2006)" and have been shown to predict change in body dissatisfaction (Hargreaves & Tiggemann, 2002). Sinton and Birch (2006) conducted a study with eleven year old girls and found a moderate correlation between higher appearance schema scores and greater body dissatisfaction. Sinton & Birch (2006) include sociocultural influences, like family relationships, in the formation of self, therefore, appearance schemas and those connections will be discussed in a later section.

Cognitive-behavioral theory overlaps with a sociocultural understanding of body image by including the impact of cultural norms on body image. Cultural values of what bodies should look like are emphasized through the media. Cultural values also dictate how to respond when

one's body differs from the ideal by telling us what diet to be on, what exercises to do, and what fashion and beauty products to buy. These values and beliefs are internalized by individuals creating body image attitudes which in turn shape how individuals react to certain life events (Cash, 2002).

Cognitive-behavioral theory also allows for the influence of verbal and nonverbal communication around bodies in interpersonal relationships such as between family members, friends, and other peers. Parental role modeling and comments, whether they are praise or criticism, teach children the importance of physical appearance within the family. Siblings can become a comparison or standard at which an individual measures her/his body against (Cash, 2002). The familial influence on body image is the focus of this study. Specifically the impact the mother-daughter relationship has on the daughter's body image. The aspect of the mother-daughter relationship to be focused on is the attachment the daughter has to her mother and the daughter's perceptions of the mother's beliefs about the daughter's body.

Other historical aspects shaping body image development are actual physical characteristics and personality factors. These factors together with sociocultural and interpersonal influences incline an individual to certain body image attitudes, or schemas. Body image schemas "reflect one's core, affect-laden assumptions or beliefs about the importance and influence of one's appearance in life, including the centrality of appearance to one's sense of self" (Cash, 2002, p.42). Once this schema is developed, current events and cues from family members, friends, and even strangers are processed through this schema.

Information Processing Perspective

According to Williamson, Stewart, White, and York-Crowe (2002) in the information processing perspective the development of body image also involves self-schemas. Body image

is a cognitive bias stemming from a self-schema which includes memories related to body shape and size and eating. It is assumed that this schema draws a person's attention to stimulus related to body and food and skews the interpretations toward fatness. In this model individuals' conclusions are based on actual evidence however the schema causes interpretations that are not shared by others. Also included in the information-processing model is the assumption that this process occurs without the conscious awareness of the person who experiences it as real (Williamson et al., 2002).

Attachment and Family Systems Perspective

If using attachment theory, which was discussed in further detail previously in this chapter, as the lens through which to look at body image, then the resulting explanation would be lack of caregiver behavior in response to attachment behavior could lead to a negative view of self. When applying a family systems lens to this process as well, it can then be said that the lack of desired response to an attachment behavior can begin the process of developing a negative view of self. Further interactions between mother and daughter within the family system can narrow that negative view to a dissatisfied view of one's body.

Family systems would state a child's dissatisfaction with their body image was the result of boundaries, roles, and communication patterns within the family. Through these dynamics the child developed a dissatisfied image with her body whether through messages about her actual body's appearance or through messages that state you are just supposed to be dissatisfied with your body, particularly as a female member of that family.

Body Image Development

Childhood Body Image Development

Development of body image during childhood includes the years up to and including eleven years old. Research in this area primarily consists of information regarding Caucasian girls although there is some research which includes boys and other races and ethnicities. In a review of literature, Smolak (2002) states boys and girls show comparable levels of body esteem, which is highly correlated with global self-esteem, throughout much of childhood. When the focus is narrowed to weight and shape satisfaction, about forty percent of elementary school girls and twenty-five percent of boys would like to be thinner. Smolak (2002) goes on to summarize research and states "girls in late elementary school (4th grade and beyond) express more concern about being overweight and a stronger desire to be thinner than do younger girls (p.66)." It is common to find half of the girls at the end of elementary school to be dissatisfied with their weight and shape. This is a similar percentage found in adolescence suggesting body esteem in childhood predicts body esteem in adolescence (Smolak, 2002).

Smolak (2002) emphasizes that most of the research on body image among girls eleven and younger is with Caucasian samples. She states the research which does include African American and Hispanic girls in the samples find no differences in body dissatisfaction between Hispanic and white girls and African American girls suffer from body dissatisfaction less than Caucasian girls. More African American girls than Caucasian girls desire to be larger than their current body size. According to Smolak (2002), this happens because African Americans have a larger ideal body size than Caucasians. Unfortunately Smolak (2002) does not provide the references to the research she pulls this information from.

Smolak (2002) discusses two main contributors to body image development in childhood: biological and sociocultural. The biological contributors are body mass index (BMI) and temperament. Body mass index is an indirect contributor because there is only a genetic basis

for body weight and shape which BMI is an indicator of. The connection between body mass index and body image works through social psychological mechanisms (Smolak, 2002). An example of this is children by the age of 6 are already aware of the social bias against fat people. Heavier children will internalize this message and begin to develop dissatisfaction with their body. The other biological contribution is temperament. Some theorists suggest certain personality types are predisposed to severe body image disturbances and eating disorders. Smolak (2002) reports studies examining depression and body dissatisfaction do not provide results of which reliable conclusions can be drawn. High social anxiety and social comparison in girls has been shown to have a concurrent relationship to poorer body image in childhood (Smolak, 2002).

Smolak (2002) divides sociocultural influence into three areas: parents, peers and media. Usmiani and Daniluk (1997) state body image is formed in part "as a function of the culturally defined images of desirable bodily appearances for men and women (p. 47)." Therefore, a girl's satisfaction with her body is influenced by how much she perceives her body as meeting those cultural images. Parents influence their children through modeling by commenting on their own appearance, exercising for the sole purpose of losing weight, and eating a low calorie diet. Parents are also influential with the comments they make. "Parent comments about children's weight appear to be related to children's body satisfaction (Smolak, 2002, p.69)."

Sands and Wardle (2003) examined the role of internalization of the thin ideal in body image development of girls age nine to twelve years old. They found a strong relationship between body dissatisfaction and internalization of the thin ideal. Their results showed that maternal and peer influences on body dissatisfaction partly occur by increasing awareness of the sociocultural standard, "but mostly by promoting internalization of this standard (Sands &

Wardle, 2003, p. 200)." Overall they found four pathways to body dissatisfaction: one directly from body size; sociocultural influences (maternal, peer, and media) to internalization to body dissatisfaction; sociocultural influences to awareness to body dissatisfaction; and sociocultural influences to awareness to internalization to body dissatisfaction (Sands & Wardle, 2003). Awareness mediated the relationship between sociocultural influences and body dissatisfaction. The study findings support the idea that girls as young as nine years old are concerned about their appearance measuring up to the thin ideal. Although girls as young as nine are exposed to the thin ideal through sociocultural influences like the media, peers, and their mothers, this alone does not guarantee body dissatisfaction (Sands & Wardle, 2003). Girls need to be aware that the information they are receiving is the thin ideal and internalize it before being dissatisfied with their own bodies.

Peers are more influential during adolescence but they do make an impact during childhood. Through social comparison, children know they are overweight and learn how to feel about this. Peers are also influential through comments and modeling of weight and body shape concerns and behaviors to control weight and body shape. Smolak (2002) states "teasing is positively correlated with body dissatisfaction in elementary school (p.70)." Girls seem to be more impacted by teasing. Therefore, the more girls are teased, the more they internalize the comments causing them to be more dissatisfied with their body shape. Smolak (2002) states teasing may be more highly correlated with body dissatisfaction than perceived parental concern about weight. Teasing may impact body image by making children more focused on their body and encourage comparison to other children's bodies and the cultural ideal. Feminists believe teasing is part of the cultural objectification of female bodies and that it leads to eating disorders (Smolak, 2002).

Research regarding media's impact on children's body image is limited. However, children are exposed to the same images on television as adults which depict the ideal body as slender. By the end of elementary school, half of the girls may be reading teen magazines (Smolak, 2002). These magazines depict the ideal body shape and late elementary school aged girls are comparing themselves to the models they see in these magazines. Toys also impact body satisfaction of boys and girls. Dolls, such as Barbie, depict a body image almost impossible to achieve. Also, the manner in which these dolls are played with revolves around the appearance of the dolls. Action figures are increasingly more muscular and again depict an unattainable body for boys to achieve (Smolak, 2002).

Boys and girls ages eleven and younger are already exposed to pressure to look a certain way. They receive these messages at home and in school. The internalized thoughts and feelings these children develop carry with them into adolescence.

Adolescent Body Image Development

Body image development of adolescents involves people ages twelve to seventeen years of age. Like the information about body image development in children ages 11 years and younger, the following information for adolescent body image development is provided by a review of literature. Levine and Smolak (2002) tell us "body image is a very important aspect of psychological and interpersonal development in adolescence, particularly for girls (p. 74)." Body image plummets at adolescence for girls as well as their self-esteem (Usmiani & Daniluk, 1997). Roughly 40 to70 percent of adolescent girls are dissatisfied with two or more parts of their body. These parts are usually areas in the middle and lower portions of the body where large portions of fat tissue are deposited i.e. hips, stomach, thighs, and buttocks (Levine & Smolak, 2002). Levine and Smolak (2002) mention a "normative discontentment" experienced

by adolescent girls. Striegel-Moore and Franko (2002) state Rodin et al (1985) coined the term "normative discontent" as a way to describe "the pervasive negative feelings that girls and women experience toward their bodies (p.183)."

The following information is obtained solely from Levine & Smolak (2002) unless otherwise cited. Puberty is a normal biological process for girls that deposits twenty to thirty pounds of fat to the waist, hips, thighs, and buttocks, thus moving girls away from the white ideal body shape. This increase in body mass is also associated with a more negative body image and a stronger drive for thinness in girls. Boys on the other hand tend to develop more towards the broad shouldered, tall and muscular ideal. Longitudinal studies show girls are increasingly dissatisfied with body parts and overall appearance over the years of twelve to fifteen. A meta-analysis done by Feingold and Mazzella (1998) shows a significant increase tendency in girls (in comparison to boys) to have lower self-ratings in physical attractiveness and global satisfaction with body and an especially poor body image (Levine & Smolak, 2002).

This seems to be most accurate for white adolescent girls and not for African American girls. The increasing dissatisfaction is less pronounced for African American girls and there is a weaker link between dissatisfaction and increasing body mass for African American girls than for white girls. Compared to white and Asian American girls, African American adolescent girls

> have a higher body mass and are more likely to (1) associate positive characteristics with large, more buxom women; (2) define beauty in terms of 'working with what you've got' instead of a narrow range of slender body types; and (3) want to gain weight in order to have more substantial hips, thighs, and buttocks (Levine & Smolak, 2002, p. 77).

The literature examining body dissatisfaction and ethnicity is mixed with some finding no differences and others finding a difference corresponding to variability in BMI across ethnic or socioeconomic groups. Some studies indicate no difference between Asian American and

Hispanic girls and white girls in body dissatisfaction because thin and small bodies are valued pieces of femininity in Asian and Hispanic cultures as well.

Early adolescence is an important period in the development of body image, particularly for girls. Several normal adolescent developmental processes are influenced by and influence body image: "pubertal development, emerging sexuality, incipient identity formation, gender role intensification, and exploring realistic possibilities for success in various realms (Levine & Smolak, 2002, p.75)." Girls suffer more stress during the adolescent transition because they experience more of the above developmental demands at once or in rapid succession. Girls are also faced with fewer options for success in the workplace and sports and experience more threatening sexual harassment and abuse both constant reminders of a lower status, increasing insecurity, limited confidence, and an increased tendency to define oneself by the value of one's body.

Although the transition into adolescence is fraught with challenge and corresponds with pubertal development, there is no correlation between pubertal timing and body dissatisfaction and it does not consistently predict negative body image in middle or late adolescence. Very few girls enter into the pubertal development process with pre-existing weight and shape concerns, an investment in thinness, and a history of dieting. Contradicting this, "developmental psychologists have shown that the pubertal transition accentuates previously existing vulnerabilities and problems (Levine & Smolak, 2002, p.75)."

Although puberty corresponds to an increase of twenty to thirty pounds for girls, this does not mean they are then overweight and therefore justified in their body dissatisfaction. More important than actual weight or shape is the *belief* in the importance of weight and shape and that one is overweight. In adolescent girls, the belief that one is overweight has a strong

connection to body dissatisfaction, dieting, and low self-esteem. Adolescent girls' dissatisfaction with shape and individual body parts is moderately correlated to and predictive of the apparent need to be thinner and dieting and purging behaviors; a consistent truth among a variety of ethnic groups. Negative body image in adolescent girls combined with other factors such as fear of fat, commitment to dieting, and a negative relationship with parents can predict subclinical but chronic eating problems from adolescence into young adulthood. Teasing during adolescence combined with a negative body image and self-consciousness motivates girls to avoid physical activity, fast, binge eat, and/or eat too often.

Because participation in sports improves self-esteem, this avoidance of physical activity, which in adolescence would probably occur through participation in school athletics, can lead to a feedback loop which enhances negative body image by limiting the avenues available to girls to develop positive beliefs about their body and self. This also suggests negative body image leads to a withdrawal from social activity because in adolescence the most likely avenue for physical activity would be joining a sports team through school. School athletic teams can be productive grounds for the development of relationship skills. Therefore, when an adolescent girl avoids physical activity she is avoiding opportunity to form and maintain relationships.

However, for girls a downside to participation in sports and other physical activities exists. There is no difference in body dissatisfaction for adolescent female athletes and non-athletes. This lack of difference can be explained by the emphasis from some sports on a slender shape and weight management in order to gain and maintain a competitive edge. If an adolescent female is participating in a sport that does not emphasize a lean body then she has a more positive body image.

The impact of peers during adolescence is inevitably important because of the developmental significance of friends during adolescence; a time when focus is shifting from family towards peers and other relationships. Adolescent girls participate often in "fat talk" with their friends. This involves expressing fears of becoming or being fat; an intimate and powerful context for learning and fusing body disparagement. Member girls of a particular friendship group will have similar body image concerns, drive for thinness, and dietary restraint. Teasing plays a role within peer relationships as well as familial relationships. Teasing among peers is experienced through critical and harassing comments about weight and shape. There is a strong, concurrent, and predictive relationship between these comments and body dissatisfaction (Levine & Smolak, 2002).

Rosen, Orosan-Weine, and Tang (1997) conducted a study hoping to generate a variety of experiences contributing to body image development. They surveyed participants ranging in age from thirteen to sixty-eight and included men and women. While they found nineteen different experiences influencing body image none of them were unique. Their list included: teasing, media images, puberty, peer pressure, physical activity and illness, trauma and/or abuse (Rosen, Orosan-Weine, & Tang, 1997). They found that although women may report more body image problems, men and women do not differ significantly on the body image influencing experiences they have throughout life.

Barker and Galambos (2003) looked at multiple risk and resource factors in the development of body dissatisfaction in adolescence. They found girls who perceived higher acceptance from their mothers were less dissatisfied with their bodies. The same result was found for father acceptance and body dissatisfaction. These relationships did not serve a

protective function in the development of body dissatisfaction when an analysis was done combining risk factors with these (parental acceptance) resource factors.

Glauert, Rhodes, Byrne, Fink, and Grammer (2009) were interested in the impact perception had on what women would rate as a "normal" body. They exposed women to either thin or fat bodies and then asked them to pick what a "normal" body was. Normal was measured in terms of BMI. The group exposed to thin body chose a "normal" body with a lower BMI than was chosen before the thin exposure. The group exposed to fat body chose a "normal" body with a BMI higher than was chosen before the fat exposure. Results also showed that the exposure to thin bodies had a larger impact on the "normal" choice than exposure to fat bodies. They also found the participants' own body dissatisfaction score was significantly negatively related to the BMI rated as normal.

In a second study, Glauert, Rhodes, Byrne, Fink, and Grammer (2009) found body dissatisfaction was significantly negatively correlated with the effect exposure to fat bodies had on the choice of the "ideal" body. This means that with higher body dissatisfaction exposure to fat bodies had less of an impact on what women thought was the "ideal" body. Glauert, Rhodes, Byrne, Fink, and Grammer (2009) also found greater internalization of the Western ideal meant a woman's ideal body was thinner, supporting statements previously made in this chapter. Another important finding was that the more dissatisfied a woman was with her body, there was a greater discrepancy between her ideal body and normal body with the ideal body being thinner.

Body image concerns do not stop in adolescence. Because the body is continuously changing until death there are concurrent body image changes (Krauss Whitbourne and Skultety, 2002). Three important components of body image during adulthood are appearance, competence, and physical health (Krauss Whitbourne & Skultety, 2002). Body image

progression during adulthood is outside the scope of this study and will not be delved into further.

Body Image and the Body

Obesity

Societal rules state that obese people should view their bodies negatively because they are obese. According to Schwartz and Brownell (2002) this is because excess weight reflects character flaws such as laziness, gluttony, lack of control, and self-indulgence. Research has shown a link between obesity and poor body image but not all obese people have a poor body image and those who do have a poor body image exhibit various levels of severity (Schwartz & Brownell, 2002). Studies conducted by Wilfley, Schwartz, Spurrell, and Fairburn (2000) and Eldredge and Agras (1996) found no differences in weight and shape concerns at differing levels of obesity among obese individuals who also suffer from binge eating disorder. Similarly, Sarwer, Wadden, and Foster (1998) found no relationship between body mass index and body dissatisfaction among obese women.

Binge eating disorder, age of obesity onset, stigma and discrimination, history of weight cycling, history of being teased and parental criticism, degree of obesity, gender, and investment in appearance are all factors which contribute to body image in people who are obese (Schwartz & Brownell, 2002). Obese people who also suffer from binge eating disorder (BED) experience more psychological distress in the form of depression, anxiety, substance abuse, and personality disorders than obese people who do not have binge eating disorder (Schwartz & Brownell, 2002). Wilfley, et al. (2000) conducted a study which showed obese people with BED have higher levels of shape and weight concerns than obese people without BED. Milkewicz and

Cash (2000) found higher levels of binge eating related to a more negative body image and to poorer psychosocial adjustment for women who are overweight and for women who have never been overweight. Both of these studies suggest binge eating increases the likelihood of having a negative body image and psychological distress, regardless of the actual weight of the individual.

Research shows mixed results when connecting age of onset of obesity and body image. Fairburn, Doll, Welch, Hay, Davies, and O'Connor (1998) found onset of obesity in childhood to be a risk factor for BED. Grilo, Wilfley, Brownell, and Rodin (1994) found women with childhood onset versus adult onset reported higher levels of body dissatisfaction. In contrast to these two studies, Jackson, Grilo, and Masheb (2000) sampled obese women and found no matter when they became obese, whether childhood, adolescent, or adult onset, they did not differ in current level of body dissatisfaction, eating pathology, and general psychological functioning. Adami, Gandolfo, Campostano, Meneghelli, Ravera, and Scopinaro (1998) conducted a study with currently obese individuals and formerly obese individuals who lost weight through surgery. For the currently obese individuals, onset of obesity, whether childhood or adult, showed no difference in levels of body dissatisfaction. For the individuals who lost weight through surgery, those with childhood onset of obesity had poorer body image than those with adult onset of obesity (Adami, et al., 1998). These studies suggest there may be a greater correlation between binge eating and having surgery to lose weight and onset of obesity than between onset of obesity and body satisfaction.

Milkewicz and Cash (2000) found a woman's history of weight-related stigmatization was associated with a negative body image. Greater stigmatization could predict greater social anxiety, depression, lower self-esteem, and less life satisfaction. Myers and Rosen (1999) also found a significant relationship between the amount of stigmatization and severity of negative

body image in obese individuals. Myers & Rosen (1999) also looked at differences in coping strategies. Those who used maladaptive coping strategies were more dissatisfied with their bodies and those using more positive coping strategies had higher self-esteem but no improvement in body image.

A specific type of stigmatization occurs within families and among peers. Jackson, et al. (2000) found childhood teasing about general appearance, weight, and size to be significantly related to poor self-esteem and depression and only general appearance teasing (not teasing about weight and size) related to current body dissatisfaction. Fairburn, et al. (1998) found individuals with binge eating disorder were more likely to report negative comments by family members about shape, weight, and eating behaviors than psychiatric controls.

Obesity alone is not enough to guarantee a person is dissatisfied with their body image. Binge eating disorder, age of obesity onset, stigma and discrimination, history of weight cycling, history of being teased and parental criticism, degree of obesity, gender, and investment in appearance in conjunction with obesity impact a person's body image.

Non-Familial Relationships and Body Image

One aim of this study is to provide information that will be useful to the practice of marriage and family therapy. The practice of marriage and family therapy centers on the process of being in relationship with others. The role body image plays in that process as well as how that process impacts body image will be discussed briefly.

Santuzzi, Metzger, and Ruscher (2006) conducted a study that looked at the impact one's body image has on interactions with others. Santuzzi, Metzger, & Ruscher (2006) cite Nezlek (1999) as saying "a more positive body image is likely to make people feel more satisfied with

their interpersonal interactions (p. 154)" and also state "individuals who believe that they bear appearance-related stigmas are likely to view others' behaviors as relevant to their negative characteristics (p.155)." In their study they found that participants with a negative body image anticipated a future interaction more negatively than participants with a positive body image. And, if they did not anticipate a future interaction, individuals with a negative body image interpreted their interaction more positively than those with a positive body image (Santuzzi, Metzger, & Ruscher, 2006).

Tantleff-Dunn and Gokee (2002) posit that as a lifelong process body image development is shaped by all significant relationships which correspond to the different developmental times in one's life. This means as a child, body image development is most impacted by parents, as an adolescent, peers will be most impactful and as an adult romantic partners will be most impactful. This supports this study looking at the mother-daughter relationship for pre-adolescents.

According to Tantleff-Dunn and Gokee (2002) there are three interpersonal processes that shape body image: reflected appraisals, feedback on physical appearance, and social comparison. Reflected appraisals are others' opinions of us or our perceptions of others' views of us which significantly affect how we see ourselves. For adults and children, research findings suggest "*perceptions* of others' evaluations have a significant impact on self-evaluations (Tantleff-Dunn & Gokee, 2002, p. 109)." This is a process of particular interest in this study specifically between mothers and daughters. This study will look at daughters' perceptions of their mothers' views of the daughters' body shape.

Feedback on physical appearance can be the way in which people develop perceptions of others' views (Tantleff-Dunn & Gokee, 2002). This feedback can be in the form of teasing or

criticism, subtle body language, or ambiguous comments and can come from peers, family members, employers, coworkers, romantic partners, or even strangers. Regardless of the source of the feedback or the form it comes in, any negative feedback about physical appearance can be damaging.

Social comparison is the third way in which interpersonal process shape body image. Social comparison is the process of comparing one's physical appearance to others. These others can be people viewed as either more or less attractive than oneself. Tantleff-Dunn and Gokee (2002) state the tendency to compare oneself is actually more important in shaping body image than who one compares themselves to. Therefore, the internal motivation to compare oneself to another is more significant than whether the other is bigger or smaller than oneself. Some form of internal criticism already exists when the comparison to others begins.

Peers most often influence body image through feedback on physical appearance which includes teasing. Peers and friends are the most frequent and worst (second only to brothers) perpetrators of teasing (Tantleff-Dunn & Gokee, 2002). Peer teasing is associated with greater concerns about physical appearance and more dieting behaviors as well as the amount of interactions had with peers that focus on body and weight. These interactions are reported more often by girls than boys. Through these body and weight related interactions peers also model weight loss behavior (Tantleff-Dunn & Gokee, 2002). Bearman, Presnell, Martinez, and Stice (2006) cite Stice and Whitenton (2002) as finding deficits in social support predict adolescent girls' body dissatisfaction. This suggests negative feedback from peers as well as the lack of positive feedback both contribute to body dissatisfaction in adolescent girls.

Dohnt and Tiggeman (2006) cite several sources showing that shared peer appearance norms (Paxton *et* al., 1999, Levine *et al.,* 1994), weight-based teasing (e.g., Vincent and

McCabe, 2000), peer discussions (Levine *et al.,* 1994; Lieberman *et* al., 2001; Jones *et al.,* 2004; Ricciardelli and McCabe, 2003; Vincent and McCabe, 2000), and modeling (VanderWal and Thelen, 2000), influence adolescent body image and dieting concerns. Dohnt and Tiggeman (2006) also cite sources showing that in preadolescent children starting around eight years of age, weight-based teasing (Guiney and Furlong, 1999; Oliver and Thelen, 1996; Phares *et al.,* 2004; VanderWal and Thelen, 2000) and modeling (Oliver and Thelen, 1996; VanderWal and Thelen, 2000) have been identified as being influential.

Dohnt and Tiggeman (2006) examined the influence of peers and media on body image concerns in girls age five to eight years old. Their study supported previous studies which suggest that six years of age is the age of onset for desiring thinness. Peers' body dissatisfaction significantly predicted body dissatisfaction and dieting awareness. Eighty-four percent of the sample watched television "a lot" and sixty-nine percent looked at magazines despite some of them not yet having the ability to read. Watching music video television and reading teen and women's magazines was associated with higher dieting awareness (Dohnt & Tiggeman, 2006).

According to Tantleff-Dunn and Gokee (2002) research suggests romantic partner relationship satisfaction is related to body dissatisfaction; specifically greater body dissatisfaction is associated with lower relationship satisfaction. Further, men's relationship satisfaction is significantly associated with satisfaction with their partner's body shape because men generally place more emphasis on physical attractiveness than women (Tantleff-Dunn & Gokee, 2002). There is also difference in the perception of the partner's body ideals. Women assume their male partners prefer a thinner body shape than they actually do and both men and women overestimate breast size preferred by the opposite sex. More negative scores on the Physical Appearance in Intimate Relationships Scale (PAIRS) are associated with greater body

dissatisfaction and less relationship and sexual satisfaction for both sexes (Tantleff-Dunn &
Gokee, 2002). The association between body image and relationship satisfaction is a cyclical
process. Body dissatisfaction can lead to lower relationship and sexual satisfaction and an
unsatisfying relationship and sex life may exacerbate an already existing negative body image.

Markey and Markey (2006) conducted a study examining the association between
women's romantic relationships and their body satisfaction. They examined "young women's
satisfaction with their own bodies, their perceptions of their significant others' satisfaction with
their bodies, and their significant others' actual satisfaction with their bodies (Markey & Markey,
2006, p. 271)." They hypothesized that women would be more critical of their bodies than their
partners; women with higher levels of relationship quality would be more satisfied in their bodies
and think their partners were more satisfied with their bodies; and women in longer relationships
would have a sense of security and higher body satisfaction (Markey & Markey, 2006). The
results showed women thought their bodies were bigger than they thought their partners
perceived their bodies to be, and than their partners actually thought they looked. Women's
desired body size was smaller than they perceived what their partners wanted them to look like
and than what their partners actually wanted them to look like. Women were less satisfied with
their bodies than their partners (Markey & Markey, 2006). Relationship quality was not
significantly associated with the women's body satisfaction. In contrast to this "a healthy
relationship may serve as a buffer that protects women from the development or worsening of
EWS [eating, weight, and shape] concerns (Morrison et al 2009 p.283)." Markey & Markey
(2006) did find a negative association between women's perceived partner satisfaction and
relationship length. Women who were in longer relationships thought their partners wanted them
to be thinner than women in shorter relationships.

The process by which strangers impact body image is also cyclical. Strangers generally affect body image by the transmission of sociocultural values and stereotypes of the ideal body type (Tantleff-Dunn & Gokee, 2002). The desire to be attractive to potential romantic partners and the beliefs about what is attractive compared to what one thinks they actually look like can lead to body dissatisfaction. Strangers can also convey direct feedback about one's appearance through direct negative comments, facial expressions, and friendliness (Tantleff-Dunn & Gokee, 2002). There are studies which show people ascribe negative attributes to others they view as unattractive and give preferential treatment to those perceived as attractive. These actions can impact one's body image as well as their social functioning.

Not only do relationships impact body image but body image impacts relationships as well. Similar to Markey & Markey (2006), Morrison, Doss, and Perez (2009) conducted a study which examined how body image and eating concerns in women impacted their relationship satisfaction and their partners' as well as how the relationship impacted their body image and eating concerns. Although the topic of romantic relationships is not the focus of this study what is relevant from the work of Morrison et al. (2009) is the incorporation of perception and its impact on the women in the study and the relationship. Morrison et al (2009) cites Bergstrom, Neighbors, and Lewis, 2004; Miller, 2001; and McKinley, 1999 as demonstrating a connection between a women's perception of her partner's satisfaction with her body and her eating, weight, and shape concerns. Morrison et al. (2009) found "women's perceptions of their partners' desired change in their bodies did not significantly predict any relationship outcomes for women (p. 296)" or men and did not predict changes in women's eating, weight, and shape concerns. McKinley (1999) also found that a woman's body esteem was positively related to her

perception of her partner's approval of her appearance. This finding again identifies the significance of perception and supports its inclusion in this study.

Also relevant is the work of Cash, Theriault, and Milkewicz Annis (2004) who examined body image and attachment in interpersonal relationships. Because their sample consisted of adults, they focused on adult attachment. Their findings showed secure attachment to be significantly related to "greater body image satisfaction and less dysfunctional self-investment in appearance (p. 95)." If women were preoccupied or anxious in their adult attachment, they were then less content with, more dysfunctionally invested in, and more dysphoric about their appearance (Cash, Theriault, & Milkewicz Annis, 2004). Having an avoidant adult attachment style also significantly related to more dysfunctional appearance investment for women.

In sum, research has shown when a person has a negative body image they might assume another person will view them the same and the interaction between the two will also be viewed as negative by the person with the negative body image. Peers impact one's body image through feedback in the form of teasing, conversations about appearance, and modeling of behaviors. Romantic partner relationships influence body image and are influenced by body image. Women's body esteem increases if they believe their partner is satisfied with their bodies. Secure attachment is significantly related to body image satisfaction in adult interpersonal relationships. Research on body image and non-familial relationships has covered attachment and perceptions but not the two concepts together with body image. Again this study will combine those concepts with body image, in the mother-daughter relationship.

Family and Body Image

The literature on families and body image is full of studies looking at the connection between the two concepts. The studies often focus on parental influence on daughter's body image. Two examples of these studies are Sinton and Birch (2006) and Flaake (2005) who conducted studies which looked at the impact of family dynamics on body satisfaction in adolescent girls. These two studies used two different methods, quantitative and qualitative respectively, to examine the same process. Sinton and Birch (2006) assessed eleven year old girls' perceptions of parental concern about weight. They found parental influence on weight concerns to be associated with girls' weight concerns and maternal reports of encouragement to lose weight to be associated with girls' perceptions of parental influence on weight concerns. Their study results showed girls with high appearance schemas "perceived more influence from parents and siblings on their weight concerns, had more appearance related interactions with other girls, and were more aware of appearance related messages from the media (Sinton & Birch, 2006, p. 171)." "Therefore, parents who promote adherence to appearance standards and who value appearance likely heighten a child's internalization and valuation of such standards [societal messages about appearance], which could lead to body dissatisfaction over time (Sinton & Birch, 2006, p. 173)." High appearance schemas were also associated with higher depression and lower body dissatisfaction than girls with low appearance schemas (Sinton & Birch, 2006). This study is similar to the current study because the connection between girls' perceptions of their mothers' thoughts about their body and the girls' body image will be explored. The differences are this study will focus on mothers and will include the attachment present in the mother-daughter relationship and how this connects to the daughters' body image and her perceptions of the mothers' thoughts about the daughters' body.

Through her own research, McKinley (1999) has found the relevant messages daughters receive about her body are the mothers' messages about her own body and the fathers' messages about the mothers' body. Daughters learn what is and is not acceptable for the adult female body through these messages. "Daughters' perceptions of mothers' and mothers' partners' approval of the mothers' appearance was also positively related to daughters' body esteem (McKinley, 1999, p. 766)."

Leung, Schwartzman, and Steiger (1996) and Gillett, Harper, Larson, Berrett, and Hardman (2009) studied family dynamics and eating disorders. Leung, Schwartzman, & Steiger (1996) used structural equation modeling to determine the pathway from family dynamics to eating disorders. They proposed "family attitudes toward weight and appearance will have direct effects on body dissatisfaction and eating symptoms, and indirect effects mediated by body dissatisfaction on eating and general psychiatric symptoms (depression, biphasic mood, obsessive-compulsiveness, and impulsivity) (Leung, Schwartzman, & Steiger, 1996, p.368)." They also posit a connection between body dissatisfaction and self-esteem deficit. Their results showed family preoccupation with weight and appearance had a direct effect on body dissatisfaction and body dissatisfaction mediated the effect of family preoccupation with weight and appearance on eating symptoms. This means girls from families with a preoccupation on weight and appearance were more dissatisfied with their bodies. Family preoccupation with weight and appearance had an indirect effect on self-esteem deficit through body dissatisfaction. Body dissatisfaction had a direct effect on self-esteem deficit and eating symptoms. Self-esteem deficit also mediated the effect of body dissatisfaction on eating symptoms and psychiatric symptoms (Leung, Schwartzman, & Steiger, 1996). These results are consistent with Pike & Rodin (1991) and Rodin, Striegel-Moore & Silberstein (1990).

Gillett, et al (2009) site Wisotsky, et al. (2003) as also finding a connection between family functioning and body dissatisfaction and participants diagnosed with eating disorder not otherwise specified. Although Gillett, et al.'s (2009) research focused on eating disorders, which this dissertation does not, what is useful to this dissertation from their study is the impact of the family as well as perceptions within the family. Their study highlighted that within a family with a member with an eating disorder, that person perceives the family as significantly more dysfunctional than their parents and siblings (Gillett, et al., 2009).

According to Hurd Clarke and Griffin (2007) family members, especially parents, are the primary agents of socialization of cultural norms and values. Hurd Clarke and Griffin (2007) cite research (Archibal, Graver and Brooks-Gunn 2000; Hill and Franklin 1998; Lattimore, Wagner and Gowers 2000; Ogden and Steward 2000; Ogle and Damhorst 2003, 2004; Rieves and Cash 1996; Usmiani and Daniluk 1997; and Woodside et al. 2002) which suggests "for young girls, mothers are the primary agents of socialization about the body and body image (p. 702)." Flaake (2005) supports this and states "from the very beginning, bodily perceptions are closely tied to the quality of the relationship between the child and her primary care providers, which is itself always influenced by social norms and values and, thus, societal gender images (p.203)." Usmiani & Daniluk (1997) and Streigel-Moore & Franko (2002) describe the process as families amplifying or exacerbating, respectively, cultural pressures and are the first source of external criteria against which girls evaluate themselves.

There is inconsistent support in the literature for parental modeling as a key source of influence on body image (Levine & Smolak, 2002). Some studies find parents' attitudes and behaviors around their own bodies and body image to be correlated with the body image of their adolescent children (Levine & Smolak, 2002). Levine & Smolak (2002) state that direct

comments from parents to their children about body, weight, and eating are more effective sources of influence than modeling of behaviors. As girls proceed through adolescence they receive less praise for their bodies and more criticism (Levine & Smolak, 2002 and Kearney-Cooke, 2002). Kearney-Cooke (2002) report parents rate their grade school-age children more favorably than their adolescent children on physical appearance, eating, and exercise habits. Levinson, Powell and Steelman (1986) found when mothers encourage their daughters to diet there is an increase in dieting behavior and disordered eating by the daughter.

Identification is also a pathway of body image transmission. Identification is the process by which a person becomes like another person in one or more aspects of thought and behavior. Freud explained it as children adopting their same-sex parent's characteristics (Kearney-Cooke, 2002). This is the process by which daughters identify with their mothers. Therefore, if a mother is critical of her own body her daughter will become critical of her own body even if her mother never made one negative comment about the daughter's body. This happens because the daughter identified with the thought process of the mother and adopted it as her own as a way of becoming like her mother (Kearney-Cooke, 2002). Pike and Rodin (1991) found girls who were suffering from bulimia had mothers who began dieting at a young age and had been concerned with dieting significantly longer than mothers of girls who did not have an eating disorder. Mothers of the daughters with an eating disorder rated their daughters as less attractive than the girls rated themselves, and felt their daughters should lose weight more than the mothers of girls without eating disorders.

Teasing and negative comments from family members are a cross-cultural negative influence on body image (Levine & Smolak, 2002).   The face, head, and weight of females is a likely target of teasing particularly from brothers (Levine & Smolak, 2002; Kearney-Cooke,

2002). Teasing's impact is independent from actual BMI even though larger girls are more likely to be teased (Levine & Smolak, 2002). This again reinforces the *belief* about one's body is more influential than the actual appearance of one's body.

The literature confirms families and specifically parents influence their children's body image. Where there is a focus on appearance in families, daughters will internalize the messages received about their own bodies, their eating behaviors, and messages about their mother's body, to inform their interactions with peers and create their body image. What this literature leaves out and this dissertation will fill in is information about the relationship between mothers and daughters using attachment theory.

Gender and Body Image

Some gender differences have already been mentioned but this section will elaborate further on the different body image issues experienced by girls and boys. According to Usmiani and Daniluk (1997) there exists a relationship between body image development and gender role identity. Gender role identity is influenced by the body image and vice versus because not only are there rules about how a body should look but it needs to have the appearance and function necessary to meet the rules for being a certain gender (Usmiani, & Daniluk, 1997). Regardless of age, females are more likely to have body image concerns than males, so much so that it is often seen as a "women's issue" and is often only studied in women (Striegel-Moore & Franko, 2002). As stated previously in this chapter, the dissatisfied body image of young girls of pubertal age is seen as "normative discontent". Clifford (1971), Mendelsen and White (1985), Offer et al. (1982), Petersen (1988), and Tobin-Richards et al. (1983) all provide evidence that

adolescent girls are less satisfied with their bodies than adolescent boys (Usmiani & Daniluk, 1997).

Bearman, Presnell, Martinez, and Stice (2006) conducted a longitudinal study examining the causes of body dissatisfaction and the role of gender in adolescents. As with other studies they found girls to be more dissatisfied with their bodies than boys and provided the age of onset of this difference to be fourteen years old. The girls who were satisfied with their bodies had significantly lower BMIs than boys who were equally satisfied with their bodies. As girls aged they became significantly more dissatisfied with their bodies and boys did not. When taking their sample as a whole, Bearman et al., (2006) found "elevations in dietary restraint, negative affect, and deficits in parental social support predicted growth in body dissatisfaction (p. 236)" over the study time period which was two years. They also found lack of parental support to be predictive of body dissatisfaction in both boys and girls.

Vincent and McCabe (2000) examined gender differences in issues leading to body dissatisfaction in adolescents as well however they focused on the influence of family and peers. Girls scored significantly higher than boys on measures of extreme weight loss behaviors and cognitive and behavioral restraint. Girls were also more likely than boys to discuss weight loss with their mother and peers and report modeling of weight loss behaviors from peers and mothers. Boys were more likely than girls to experience negative commentary about body shape and weight from peers and report paternal overprotection. Direct influences from family and peers, not the quality of these relationships, predicted body dissatisfaction in both adolescent boys and girls. This contradicts the existing literature around eating disorders which states families who function with low cohesion, low expressiveness, and low conflict resolution, reflecting the quality of the relationship, are associated with eating problems. Paternal

encouragement led to extreme weight loss behaviors like self-induced vomiting and laxative and diuretic use in adolescent boys. For adolescent girls just having discussions about weight loss was enough to predict eating problems. Maternal, not peer, modeling of weight loss was associated with dieting behaviors in girls. All results are based on the adolescent participants' *perceptions* of their parental and peer relationships (Vincent and McCabe, 2000).

McCabe and Ricciardelli (2001) also examined differences in boys and girls around their perceptions and desires for their body. They also found girls to have significantly less body satisfaction than boys, body size and shape were more important to girls than boys, girls adopted more strategies to decrease weight and more restrictive eating practices than boys. In contrast, boys showed significantly more strategies to increase weight and muscle tone than girls (McCabe & Ricciardelli, 2001). Participants from the group with the largest body mass index were significantly less satisfied with their bodies, adopted more strategies to decrease weight, and showed higher levels of bulimic activities than the normal body mass index group and low body mass index group. Females were more significantly influenced by the media, maternal feedback, best male friend feedback, and feedback from best female friend than the males. No gender difference was found for paternal feedback (McCabe & Ricciardelli, 2001).

Palmqvist and Santavirta (2006) conducted a study with 248 girls and 240 boys aged between 14 and 16 years old. They found a significant difference between boys and girls in their experience of their body image; girls were more occupied with changing their body and losing weight, boys were more satisfied with their bodies and appearance, and girls were slightly more involved with comparing their bodies to those portrayed in the media. Girls were also more likely to communicate their dissatisfaction and comparisons with peers than boys. Palmqvist & Santavirta (2006) concluded that "close relationships (as measured by the amount of intimate and

general discussions) do *not* appear to have a positive influence on the body image of girls (p. 213)." They explain this by suggesting girls use their peers as a means to learn how they should feel about their bodies. A group of insecure girls would therefore confirm each other's body dissatisfaction. When examining substance use they found smoking and alcohol use related to being less satisfied with ones' body (Palmqvist & Santavirta, 2006).

Like Barker & Galambos (2003) previously cited in this chapter, Presnell, Bearman, and Stice (2004) looked at risk factors for body dissatisfaction in adolescence but included gender differences. Presnell, Bearman & Stice (2004) found higher BMI, negative affect, and perceived pressure from peers to be thin predicted greater body dissatisfaction. Negative affect significantly predicted body dissatisfaction for boys not girls. The relationship between BMI and body dissatisfaction for girls is linear and for boys is quadratic. This means for girls as BMI increases so does body dissatisfaction and for boys body dissatisfaction is highest with the lowest and highest BMIs.

Numerous theories attempt to explain the ubiquitous and normative weight concerns experienced by girls and women. Evolutionary explanations equate cultural beauty ideals with health therefore beautiful females have an advantage in the mate selection process. When these more beautiful females reproduce they are passing on healthy genes and ensuring survival of the healthiest for the species. Studies done by social psychologists provide support for the interpersonal advantages enjoyed by females who fit cultural beauty ideals. Sociocultural explanations would support the idea of body image concerns as a "woman's issue" because physical appearance is a central feature of femininity and beauty is a central component of the female gender role stereotype (Striegel-Moore & Franko, 2002).

This has created a drive for thinness as a cultural norm for females. Not only are dieting behaviors normal but more extreme behaviors such as plastic surgery to lose weight and alter appearances are normal (Striegel-Moore & Franko, 2002). However, this drive for thinness and tactics used to lose weight and alter body appearance carry with it a "myth of transformation." This means not only is losing weight about changing body size it is also about social status (Striegel-Moore & Franko, 2002). Hurd Clarke & Griffin (2007) state girls learn early that the female body, their body, "is an object of discrete parts that others aesthetically evaluate (p. 702)." So the drive for thinness is a quest to achieve and sustain beauty ideals. This keeps the female body docile and insecure because women are constantly monitoring themselves for signs they do not meet beauty ideals and need to improve (Hurd Clarke & Griffin, 2007).

Therefore it would be logical to assume the more one resists internalizing cultural ideals of beauty and their body, the less dissatisfied with their body they will be. Challenging cultural stereotypes of gender is a prime goal of feminism. Cash, Ancis, and Strachan (1997) examined the association between traditional gender attitudes and identity and body image. They found that a stronger adherence to stereotypical views of men and women and to traditional views of women's sexuality were both significantly associated with "more dysfunctional assumptions about the importance of one's physical appearance (Cash, Ancis, & Strachan, 1997, p. 439)." Results also showed no relationship between women's body images and feminist identity. Further analysis also showed no association between body image and traditional versus feminist identity. When examining the connection between male and female gender roles in interpersonal relationships and body, results showed:

> women who maintained more traditional attitudes about male-female relations had greater cognitive-behavioral investment in their appearance, had internalized societal standards of beauty more fully, and endorsed more problematic assumptions about the

pivotal importance and influence of their appearance in their lives (Cash, Ancis, & Strachan, 1997, p.440-441).

Traditional attitudes were significantly associated with more dysphoric body image experiences. Cash, Ancis, & Strachan (1997) posit that adhering to feminist ideology around women's economic and political rights, and other societal gender issues does not outweigh the ingrained messages about the importance of a woman's appearance in maintaining an intimate relationship with a man.

Although there is an increasingly intense drive for thinness there is also a rising rate of obesity. If with thinness comes social status then, with obesity comes being a social outcast. According to Striegel-Moore & Franko (2002), Crandall (1994) has conducted a study on the prejudice against obese people and found an "antifat" attitude that is part of social ideology which "holds individuals responsible for their life outcomes and is correlated with attributions of controllability of life events (p. 187)." Obesity is viewed as a personal choice made by individuals who lack the ability to control themselves and therefore represents a character flaw (Striegel-Moore & Franko, 2002).

When a girl or woman experiences herself as beautiful, she affirms her identity as female. A beautiful girl or woman also affirms to others that she fulfills social expectations of femininity and not the stereotype of an obese person (Striegel-Moore & Franko, 2002). Objectification theory states when male bodies are scrutinized it is in regards to its functionality in contrast to female bodies being scrutinized for aesthetics and therefore objectified (Striegel-Moore & Franko, 2002). Girls internalize this objectification which leads to self scrutinizing based on physical appearance causing body image and weight concerns.

As mentioned earlier in this chapter, during puberty girls experience a normal weight gain. This weight gain coincides with an increase in body image concerns as girls enter

adolescence. Field, Camargo, Taylor, Berkey, Frazier, Gillman and Colditz (1999, in Striegel-Moore and Franko, 2002) found twenty percent of nine year old girls try to lose weight as compared to forty percent of fourteen year old girls trying to lose weight. Although heavier girls are more likely to report weight dissatisfaction, "most girls who report feeling fat and wanting to lose weight are within the normal-weight range (Striegel-Moore & Franko, 2002, p. 184)."

Another significant weight gain experienced by adolescents occurs within the first year of college: the dreaded "freshman fifteen". In a longitudinal study conducted by Heatherton, Mahamedi, Striepe, Field, and Keel (1997, in Striegel-Moore and Franko, 2002) eighty-two percent of college women wanted to lose weight and ten years later sixty-eight percent of those women continued to desire weight loss. Striegel-Moore and Franko (2002) also cite a Tiggemann and Lynch (2001) study which finds body image dissatisfaction remaining stable in women ages twenty to eighty-four. Although body image dissatisfaction remained stable, the meaning of weight changed with older women relative to younger women reporting "larger ideal body shapes and less body monitoring, anxiety about appearance, and dieting to lose weight (Striegel-Moore & Franko, 2002, p. 185)." A positive view of body dissatisfaction is suggested by Heinberg, Thompson, and Matzon (2001), as cited in Striegel-Moore & Franko (2002). Heinberg et al (2001) suggest some body dissatisfaction can be helpful in motivating those who are truly overweight or obese to engage in healthy dieting and exercise in order to lose weight.

For boys the drive for thinness translates into a drive for extreme leanness and muscularity according to Westmoreland Corson and Andersen (2002). They cite a study done by Pope, Jr., Phillips, and Olivardia (2000) which examined changes in body shapes of popular children's action figures. The GI Joe action figure from the 1990s is significantly more muscular than the one from the 1960s with the former having a 55-inch chest, 36-inch waist and 15 to 27-

inch biceps if a five feet ten inches tall grown man and the latter measuring 44-inches in the chest, 32-inches in the waist and having 12-inch biceps (Westmoreland Corson & Andersen, 2002; Olivardia, 2002). Males' satisfaction with appearance is dependent upon satisfaction with muscle mass (Olivardia, 2002).

The drive for muscularity causes men to desire being heavier while seeing themselves as lighter; in contrast, women desire to be lighter and see themselves as heavier than they actually are. Although males and females body image concerns are in opposite directions they have the same motivations: concern with physical appearance, popularity, and attractiveness to the opposite sex (Westmoreland Corson & Andersen, 2002).

Ricciardelli, McCabe, Lillis, and Thomas (2006) conducted a study examining weight and muscle concerns in preadolescent boys aged eight to eleven years old. They found body dissatisfaction, weight or muscle importance did not predict strategies to change their bodies. They also found boys' perceived pressure to modify weight and muscles did predict body change strategies (Ricciardelli et al., 2006). Again, perceptions of others beliefs motivated a desire to be different and not individual belief about appearance or actual appearance. Within those perceptions, the perception to increase muscle was more important than the perceived pressure to lose weight, supporting the idea that muscle is more important than weight to boys. The only factor found to predict body dissatisfaction in boys was their body mass index. As boys age closer to adolescence and conform to sociocultural body standards, the impact of perceived pressure to increase muscles seems to have a greater effect on body image (Ricciardelli et al., 2006). Pubertal timing, identity formation, development of same and opposite-gender relationships, and increasing sociocultural pressures to fit in with peers all interact during adolescence to intensify boys' focus on body image. Boys, who mature later than their peers

have higher levels of body dissatisfaction, are less popular, have more conflict with parents, and exhibit more depressive symptoms (Ricciardelli et al, 2006).

Socially speaking male appearance is about establishing dominance and hierarchy (Westmoreland Corson & Andersen, 2002). Research shows boys attending camp will select the "best looking, most athletic boy who shows the most mature physique" to be leader (Westmoreland Corson & Andersen, 2002, p. 194). This trend continues into adulthood for men where appearance assures success in careers and in relationships with women. Females choose partners who they believe will be stable and financially secure not necessarily physically attractive. However, males' cultural roles may have developed in a way that physical attractiveness is necessary to being stable and financially secure (Westmoreland Corson & Andersen, 2002) similar to the idea that women need to be thin to be successful.

A cultural shift in which there are more women in the work place may have also increased males' need to be more attractive because of sexual competition (Westmoreland Corson & Andersen, 2002). Olivardia (2002), citing Mishkind, Rodin, Silberstein, and Striegel-Moore (1986), states women's equality with men in society is placing men in a crisis where they are forced to define their masculinity in the one thing that remains different from the opposite sex: their body. Olivardia (2002) also cites Gillet and White (1992) who state men are attempting to reassert dominance and social patriarchy through a muscular body. Because women are more financially independent and have more power, men have lost traditional bases for defining their masculinity and muscularity may be an attempt to conserve a traditional idea of the male role (Olivardia, 2002).

When men go to extremes to achieve a certain physical appearance, they do similar things as women such as dieting, eating disorder behaviors, and cosmetic surgery. Men will also

use steroids to increase their muscle mass and compulsively exercise. Muscle dysmorphia in men is evidenced by an obsession with weight lifting to the extent that men will miss important events such as exams or interviews. They will avoid sex because their energy would be better spent during exercise and will leave jobs which do not allow time in the day for exercise and weight lifting (Olivardia, 2002). Like women, men will dress differently because of their bodies. A lack of muscle also causes a lack of desire to have sex because of a belief they are too ugly or weak. Also like women, men will continue with behaviors such as exercise and dieting despite knowing the adverse consequences to their health.

Westmoreland Corson & Andersen (2002) report the characteristics of individuals with eating disorders whether male or female are the same: "perfectionists, driven to succeed, have low self-esteem, have an upper-middles-class upbringing, and come from families with a high degree of unexpressed emotion (p. 195-197)." The severity of eating disorders is the same for males and females. Even with all these similarities there are differences. Eating disorders are considered female problems and therefore men and boys resist acknowledging having an eating disorder. Also eating disorder behaviors such as purging are dismissed as a guy behavior as a result of a healthy appetite and thin males are described as "health nuts" (Westmoreland Corson & Andersen, 2002).

The previous paragraph highlights differences between males and females around eating disorders and the previous section discusses similarities and differences between males and females around body image. Like eating disorders, body image issues are primarily seen as a woman's issue which can result in boys and men not receiving necessary treatment or the lack of the development of necessary treatment for boys and men. Even though the result of the body image issues may look different for men and women and boys and girls, the motivation is the

same. Men and women, boys and girls, all strive to meet cultural standards for what a body should look like and be able to do.

Race, Ethnicity and Body Image

According to Striegel-Moore and Franko (2002), "in the United States, no epidemiological study of body image has been conducted with a representative sample that includes women from all ethnic minorities (p. 188)." Striegel-Moore and Franko (2002) also state:

> Research on ethnic minority groups has been limited to small samples and studies that collapse different ethnic groups into one "minority group"—even though studies have shown that body image concerns vary across ethnicity (possibly because ethnic groups may differ in terms of certain determinants of body image concerns, such as acculturation, immigration status, socioeconomic status, and cultural acceptance of larger body sizes). (p.184)

An example of this kind of research would be the study conducted by Parker, Nichter, Nichter, Vuckovic, Sims, and Ritenbaugh (1995) which had Caucasian, Hispanic, Asian, and African American participants but only reported on "white" and "black" differences. Their results section included a table with White (n=211) and Black (n=46). Previously in the article they described their sample to consist of "White, Hispanic, and Asian American girls (n=211) and African American girls (n=46) (Parker, et al., 1995, p. 105)."

The focus on white participants in research can imply body image issues to be a white issue; like it is seen as a woman's issue. This may lead to people of other races not receiving necessary treatment and help.

The studies which have focused on white and black adolescent and adult females have found differences. Black females "(1) endorse a body ideal that is slightly heavier (2) are less likely to report weight dissatisfaction and dieting to lose weight, and (3) report less social

pressure to be thin (Striegel-Moore & Franko, 2002, p. 188)." Westmoreland Corson and Andersen (2002) citing Thompson (1996) report similar findings for black males in comparison to white males. Adolescent black males were found to select larger ideal body sizes, diet less often, give fewer subjective reports of being overweight, and select girlfriends with higher body mass indices (Westmoreland Corson & Andersen, 2002). Celio, Zabinski, and Wilfley (2002) state overweight black women are more likely to view their body as attractive as compared to overweight white women.

Nollen, Kaur, Pulvers, Choi, Fitzgibbon, Li, Nazir, and Ahluwalia (2006) conducted a study comparing black and white adolescent ideal body size. Their participants were English-speaking only, African American girls and boys and Caucasian girls and boys who were recruited from an urban pediatric clinic. Caucasian female ideal body size was found to be significantly related to parental expectation. For African American females peer ideal and peer norm were significantly related (Nollen, et al., 2006). The ideal body size for Caucasian males was significantly related to parental expectation and for African American males: adolescent current, peer ideal, parental perception, and depressive symptoms were significantly related to ideal body size (Nollen, et al., 2006). Although ideal body size is not the subject of this study, this research is relevant in that it highlights the significance of parental influence on how adolescents view themselves.

Roberts, Cash, Feingold, and Johnson (2006) conducted a meta-analysis of studies examining a difference in females' body dissatisfaction between white and black females. They found black females to be significantly more satisfied than white females were with their bodies. Since they were also interested in the cause of this difference they also found it was not attributable to differing attitudes toward weight or a publication bias. They also found that this

difference has changed in recent years but were unable to identify a cause and did identify the disparity between black and white being more complex than previously thought and is largest at age 25 and nonexistent at age 40. Their results show that the differences between black and white are not defined by a drive to be thin but other factors related to body image.

Thompson and Sargent (2000) also compared black and white women. In their study, they focused on weight-related attitudes and parental criticism of childhood appearance. Twelve percent of their participants reported their mothers often criticized their appearance, 21.4% reported their mothers sometimes criticized their appearance, and 66.2% stated their mothers rarely or never criticized their appearance while growing up. There were no significant differences between the black and white participants. They did find that for all participants if there was a one unit increase in weight concern this corresponded to a 20% increase in the woman's score on maternal criticism of childhood appearance (Thompson and Sargent, 2000).

According to Celio, Zabinski, and Wilfley (2002), "there appears to be a more flexible standard of attractiveness and a wider range of acceptable weights and shapes among blacks as compared to whites (p. 234)." African American females have a variety of attractiveness standards which include body and non-body related criteria. Examples are: personal style, grooming, fit of clothes, hairstyle, skin tone/color, and ethnic pride with attitude and personality being more important than physical appearance characteristics.

The prejudice towards overweight and obese individuals, discussed previously in this chapter, does not appear to exist in the African American community (Celio, Zabinski, & Wilfley, 2002). In a study done in 1996 by Jackson and McGill, they found black men were more likely to associate positive characteristics to the term obese than negative characteristics. The positive characteristics were attractive and generous as opposed to negative characteristics

like lazy and uneducated (Celio, Zabinski, & Wilfley, 2002). A similar finding was found in black women who associated sexiness with obese men of the same race. These tolerant and appreciative attitudes could explain the lower rates of body dissatisfaction among African Americans. Celio, Zabinski, and Wilfley (2002) identify seven factors that do influence African American body image: body mass index, socioeconomic status, other-sex preferences, maternal influences, peer influences, sexual maturation, and ethnic identity.

Much of the literature already mentioned has been concerned with the impact of exposure to the thin ideal. Zhang, Dixon, and Conrad (2009) examined exposure to thin images in African American oriented media (rap music videos) on African American women's body image. They were also interested in discovering whether or not ethnic identity had a moderating effect. As with many other studies they found BMI was significantly positively related to body image dissatisfaction. Contrary to their hypothesis they found exposure to thin images in rap videos did not effect body image dissatisfaction however, body image dissatisfaction was negatively predicted by ethnic identity. When testing the moderating effect of ethnic identity, they found low ethnic identity interacted with greater exposure to thin images and was associated with higher body image dissatisfaction. The same results were found for the interaction between ethnic identity and exposure to thin images when substituting drive for thinness or bulimic action tendencies for body image dissatisfaction.

Rolland, Farnill, and Griffiths (1997, in Westmoreland Corson & Andersen, 2002) found U.S., Israeli, and Australian schoolchildren have similar drives for thinness with "approximately 50% of girls and 33% of boys wanting to be thinner, and 40% of girls and 24% of boys having attempted to lose weight (p.193)."

In a study which did not focus on African American or Caucasian participants, Newman, Sontag, and Salvato (2006) focused on rural Native American adolescents. The sample consisted of volunteers who responded to community announcements either notices or written and oral announcements. The researchers used a written survey methodology and obtained self-report data. They hoped to identify how body mass differentiated from the psychological perception of body image in Native American adolescents. They found higher body mass index to be significantly associated with greater body dissatisfaction. Body image was correlated to a variety of psychological experiences whereas body mass index was unrelated or weakly related (Newman, Sontag, & Salvato, 2006). Body image had a strong relationship with global self-esteem, anxiety and depression, somatization, and quality and perception of social relationships. Acceptance by peers and positive peer relations were correlated with positive body image in adolescents (Newman, Sontag, & Salvato, 2006). Global self-esteem, anxiety/depression, and somatization measured in middle school years were predictive of body image measured in high school. Peer acceptance in middle school predicted positive body image in high school with no gender interaction effects. When examining ethnicity interactions, the relationship was significant for boys but not girls. "Positive early engagement in cultural activities with ethnically similar peers, felt pride, and affiliation with the American Indian cultural group, contributed to the development of positive body image in adolescent boys once in high school (Newman, Sontag, & Salvato, 2006, p. 287)."

In a review of literature, Striegel-Moore & Franko (2002) state, Latina females show rates of weight concerns comparable to, or greater than, white females and Asian females studied in the United States have shown a prevalent body dissatisfaction concern (Striegel-Moore & Franko, 2002). Across all ethnic groups, greater body dissatisfaction is associated with

symptomatic eating behaviors and low self-esteem. Therefore whenever any female from any ethnic group experiences body image concerns she is at greater risk for unfavorable outcomes.

Nishina, Ammon, Bellmore, and Graham (2006) conducted a quantitative study with a sample of 1123 adolescent boys and girls recruited from over 140 different high schools. They set out to have an ethnically diverse sample and obtained a sample with an ethnic composition that was 47% Latino, 15% African American, 11% Caucasian, 13% Asian, and 14% who identified themselves as multiethnic. Their study had three goals: (1) is body dissatisfaction a similar construct across ethnic groups; (2) explore ethnic group differences in body dissatisfaction and negative outcomes; (3) test a set of models developed to explain the relationship between body dissatisfaction and maladjustment (intrapersonal = depressive symptoms and self-worth and interpersonal = peer victimization). For boys, they found no differences in body dissatisfaction between ethnic groups and body dissatisfaction predicted peer victimization and depressive symptoms the same across ethnic groups. Feeling overweight was associated with lower self-worth for African American and Latino boys only. Development moderated the association between general and overweight body dissatisfaction and peer victimization with the dissatisfaction predicting higher levels of victimization (Nishina, Ammon, Bellmore, & Graham, 2006).

When testing for differences between ethnic groups for girls, Nishina, Ammon, Bellmore, & Graham (2006) found the levels of body dissatisfaction reported by African American girls to be significantly lower than those reported by Caucasian, Latina, and Asian girls. Multiethnic girls reported significantly less body dissatisfaction than Asian girls as well. There were no differences across ethnic groups for the association between body dissatisfaction and depressive symptoms, self-worth, or peer victimization. General body dissatisfaction predicted depressive

symptoms and higher levels of peer victimization. For girls, body dissatisfaction consists of general body dissatisfaction and feeling overweight whereas for boys feeling too small in muscle build is also a factor (Nishina, Ammon, Bellmore, & Graham, 2006).

Ogden and Elder (1998) conducted a study comparing white mothers and their daughters to Asian mothers and their daughters. Their results showed a significant Family Status by Ethnic Group interaction for body dissatisfaction. White daughters had the largest body dissatisfaction followed by Asian mothers, Asian daughters, and white mothers who had the lowest body dissatisfaction. White daughters had body dissatisfaction significantly greater than Asian daughters and white mothers. They did not find any connection between mothers and their daughters for body image (Ogden & Elder, 1998).

The above literature provides evidence that African American women have lower rates of body dissatisfaction than Caucasian, Latina and Asian women. The connection to a lower body dissatisfaction is not always with a drive for thinness across ethnicities. For ethnicities other than Caucasian the size of the body is not the only component of the body linked to body dissatisfaction. Ethnic identity and acceptance by peers of the same ethnicity has been shown to be related to body dissatisfaction for African Americans and Native Americans, respectively.

Psychotherapy

When treating clients with body image issues, clinicians may yield the most valuable information by asking clients about their teasing history, familial influences, and perceptions of how romantic partners contribute to their appearance related concerns (Tantleff-Dunn & Gokee, 2002). Clinicians need to remember to ask about these specific interpersonal experiences because clients may omit the information or underestimate its impact on their body image.

Including significant others in therapy will also provide valuable information through observation of their interaction and through direct reports from significant others. Significant others can also learn how they impact a client's body image, clarification of misinterpreted messages, and broadening focus to others can be therapeutic to all included in therapy. In a review of literature, Tantleff-Dunn and Gokee (2002) discuss interpersonal therapy (IPT) which is therapy focused on "helping clients identify and modify interpersonal problems and enhance their relationships rather than concentrating on overt symptoms of disturbance (p.114)."

As stated previously marriage and family therapy (MFT) focuses on relationships and not individual symptomology. Although not directly stated I believe marriage and family therapy would fall under the category that Tantleff-Dunn and Gokee (2002) refer to as interpersonal therapy. Research studies have compared IPT, cognitive-behavioral therapy (CBT), behavior therapy (BT), group therapy, and wait list controls and found IPT to have a substantial and continuous impact on the treatment of eating disorders (Tantleff-Dunn & Gokee, 2002). One study showed at a twelve month follow-up IPT clients surpassed CBT clients and another has showed no difference between CBT and IPT at post-treatment (Tantleff-Dunn, & Gokee, 2002).

Rosen, Orosan-Weine, & Tang (1997) recommend having clients write a history of their experiences that have influenced their attitude toward their physical appearance and how their negative body image is an understandable outcome of these experiences. Once clients' behaviors are viewed as a rational consequence of their history, they can then be free to change their behaviors which perpetuate their negative body image as well as create an awareness of current situations which may trigger body image feelings from the past.

According to Williamson et al. (2002) the existing literature lacks information about the relationship between cognition and emotion with regard to body image. "Traditional cognitive-

behavioral approaches for body image have focused more on management of emotions and body image reactions than on altering the body self-schema" (Williamson et al., 2002, p.53). They postulate from an information-processing perspective that treatment should focus on managing emotions and body image reactions to provide a sense of control over "automatic" reactions. If the purpose of therapy turns to changing a body self-schema it may become necessary to deliberately activate emotional states with exposure to certain body related stimuli. The purpose is to identify the connection between the thoughts and feelings triggered by the stimuli then the therapist can challenge those cognitions. The client can learn to separate their thoughts from their feelings and not react. They can learn techniques to manage the emotional responses to difficult body image experiences (Williamson, 2002).

The closest any of these treatment options come to including the family is by getting a history from the client of family influences. I believe understanding how attachment impacts a daughter's body image opens the door to including the attachment figure, the mother in this case, into therapy with the daughter. Then the mother-daughter relationship can be utilized in moving the daughter's body image from dissatisfied to satisfied. Also, if the mother has a dissatisfied body image, perhaps her body image can shifted more towards satisfied as well.

Conclusion

Several studies (Markey & Markey, 2006; McKinley, 1999; Morrison, Doss, and Perez, 2009; Ricciardelli, McCabe, Lillis, and Thomas, 2006; Sinton and Birch, 2006; Tantleff-Dunn & Gokee, 2002; and Vincent & McCabe, 2000) have provided evidence for a connection between perceptions and the development of body image. Numerous studies (Usmiani and Daniluk, 1997; Holmbeck and Hill, 1986; Isberg et al., 1989; Kamptner, 1988; Leaper et al., 1989; Offer

et al., 1982; Striegel-Moore et al., 1986; Hurd Clarke and Griffin, 2007; and McKinley, 1999) have also highlighted the importance of mothers and the mother-daughter relationship on the daughter's body image. And a number of other studies (Cash, 2002; Cash, Theriault, and Milkewicz Annis, 2004; Suldo and Sandberg, 2000; and Troisi, et al., 2006) have provided information on the relationship between attachment and body image, however; Suldo and Sandberg (2000) and Troisi, et al. (2006) examined adults in their research. To this author's knowledge there is no literature that examines all three concepts in one study. This dissertation will provide information on the connection between attachment and body image and daughter's perceptions of what their mother's think about their body and attachment and body image.

The next chapter will describe the methods used in studying the impact of attachment in the mother-daughter relationship on the daughter's body image as well as the impact of the daughter's perception of her mother's beliefs about the daughter's body on the daughter's body image.

Chapter 3: Methodology

The purpose of this study was to determine the relationship between attachment within the mother-daughter relationship and the daughter's body image and the daughter's perception of the mother's beliefs of the daughter's body. This chapter explains the methods used to execute this study.

Design

This cross-sectional study surveyed a convenience sample of young adult (18-22) females attending a private university in Central New York.

Sample

The participants of this study were young adult females who were enrolled as undergraduates at a private university. In order to participate in this study, persons needed to be English speaking, be a female undergraduate student, be 18-22 years of age, have been raised by their mother or other female acting as their mother (i.e. step-mother, adoptive mother, grandmother, etc.), and willing to participate.

Recruitment

Participants were recruited from Syracuse University (SU). Once approval was given by the Institutional Review Board (IRB), then this researcher provided to the office of the Assistant Dean of Student Services in the Falk College of Sport and Human Dynamics a link used to access the survey created using the website SurveyMonkey.com. They then emailed this link to the undergraduate listserv for female undergraduates in the Falk College of Sport and Human Dynamics. Each participant who completed the electronic consent form was entered into a drawing to win one of five $20 gift cards.

Procedure

The questionnaires administered were two forms of the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987); one form represented their current relationship with their mother and the other represented their relationship with their mother when they were 11 years old. The participants were only asked to complete the section of the IPPA which addresses the relationship with mother (Appendix A). The next questionnaire was two forms of the Contour Drawing Rating Scale (CDRS; Thompson & Gray, 1995; Appendices C and D); again the forms represented the current age of the participant and when they were 11 years old. Finally, the participants were provided with a researcher generated questionnaire which asked for demographic information (Appendix E). The researcher created an account on surveymonkey.com and input the questionnaire creating one survey. The survey was available on the website for several months. One month after the first email was sent, a second, reminder email asking for people's participation was sent out.

The emails contained a brief description of the study and requested their participation. After clicking the link, participants were required to give their consent to participate which also included verification they were at least 18 years of age. In the consent page participants were informed they can choose to stop at any time after beginning to answer questions. After completing all questions, participants were provided with the option to provide their name and address to enter the drawing to win one of the $20 gift cards.

The consent page of the survey also provided information for therapy services in case any participants developed strong feelings about the survey which they felt they could not manage on their own. They were informed if they choose to acquire any services they would be responsible for any fees. If any participant wanted to receive the results of the study, the researcher would

mail those to them and remind them that the scores will be aggregate and would not reflect their individual data.

Measures

Inventory of Parent and Peer Attachment (IPPA)

Armsden and Greenberg (1987) developed the Inventory of Parent and Peer Attachment (IPPA) as a self-report measure to assess adolescents' perception of the positive and negative emotional and cognitive dimensions of relationships with parents and peers. The purpose was to tap into the "internal working model" of attachment figures by assessing "(1) the positive affective/cognitive experience of trust in the accessibility and responsiveness of attachment figures, and (2) the negative affective/cognitive experiences of anger and/or hopelessness resulting from unresponsive or inconsistently responsive attachment figures" (Armsden & Greenberg, 1987, p. 431). The IPPA covers three broad dimensions of attachment: degree of mutual trust; quality of communication; and extent of anger and alienation.

The IPPA was developed with a sample of 179 undergraduates ranging in age from sixteen to twenty. Seventy five percent of the sample was Caucasian and predominantly middle class (Armsden & Greenberg, 1987). Although the IPPA was developed with sixteen to twenty year olds it has been successfully used in studies with adolescents as young as twelve (M. Greenberg, personal communication, 2008). The original design of the study was a fifty three item questionnaire using a five point Likert scale with response categories: almost never or never, seldom, sometimes, often, and almost always or always. There were two sections one with twenty eight items referring to parental attachment and twenty five items referring to peer attachment. The revised version consists of three sections: mother, father, and peer each with twenty five items.

The revised version was used in this study because its use is recommended by the authors and it has a section focusing on attachment to mothers which is a focus of this study. Only the mother section of the revised version was used. Examples of questions from the mother section of the IPPA are: My mother respects my feelings; I like to get my mother's point of view on things I'm concerned about; and Talking over my problems with my mother makes me feel ashamed and foolish. There was a second form of this section, a retrospective IPPA, in which the questions were reworded to address when the participants were eleven years old. Examples of these questions are: When I was 11 years old, my mother understood me; and When I was 11 years old, I could count on my mother when I needed to get something off my chest. The original wording of these questions is: My mother understands me; and I can count on my mother when I need to get something off my chest, respectively.

Three week test-retest reliability was calculated for the original version. The sample used consisted of twenty seven 18 to 20-year-olds. The reliability scores were .93 for parent attachment and .86 for peer attachment. The revised version has internal reliabilities (Cronbach's alpha) of: .87 for mother attachment, .89 for father attachment, and .92 for peer attachment (M. Greenberg, personal communication, 2008).

Validity of the IPPA was determined by comparing it to the Tennessee Self Concept Scale and the Family Environmental Scale. Parental attachment was moderately to highly correlated with family and social self-scores from the Tennessee Self Concept Scale and to most subscales from the Family Environmental Scale (Armsden & Greenberg, 1987). Among late adolescents parent and peer attachment are related to positiveness and stability of self-esteem, life satisfaction, and affective status (M. Greenberg, personal communication, 2008).

The IPPA is scored by reverse scoring certain items and then summing all twenty five items to obtain an attachment score. For the mother version items 3, 6, 8, 9, 10, 11, 14, 17, 18, and 23 are reverse scored. The same procedure will be used for the questions which are reworded to ask about the participants at age 11.

Contour Drawing Rating Scale (CDRS)

The Contour Drawing Rating Scale (CDRS; Thompson & Gray, 1995) assesses a subjective element of body-image disturbance. Specifically, it determines the difference between perceived body size and desired body size using a series of silhouette drawings which increase in size by increments. The CDRS consists of nine, male and female, front view contour drawings which are gradually larger in size from drawing one being the thinnest and drawing nine being the largest (Thompson & Gray, 1995).

The contour drawing rating scale was developed with a sample of 51 women ranging in age from 18 to 23 (M = 19.3). The racial makeup of the sample was 86% white, 2% black, 2% Asian, 6% Hispanic, and 4% unspecified.

Reliability of the CDRS was established by re-administering the scale to a subsample one week after initial administration. A Pearson product-moment correlation for current body size produced a test-retest reliability coefficient within an acceptable range with high statistical significance: r = .78, p < .0005 (Thompson & Gray, 1995). Test-retest reliability was also established for the incremental increase in the drawings. Ninety eight point nine percent of the female drawings and 98.7 percent of the male drawings were correctly sequenced from thinnest to largest. This suggests the differences between successive drawings are perceptible (Thompson & Gray, 1995).

Concurrent validity was established by comparing an individual's weight and body mass index (BMI) with their self rating on the CDRS. Contour drawing selections were strongly correlated with weight (r = .71, p < .0005) and moderately correlated with body mass index (r = .59, p < .0005). Validity of the CDRS was also supported by large drawings only being rated as obese and only thin drawings being labeled as anorexic (Thompson & Gray, 1995).

The participants were shown on the screen the nine ordered female drawings. (Appendix C). The drawings were numbered along a line below the drawings. The participants were asked four questions based on the drawings:

1. Which number most accurately represents what *you* think your current body size is?

2. Which number most accurately represents the size *you* would *currently* like to be?

3. Which number most accurately represents what you think your *mother* believes is your *current* body size?

4. Which number most accurately represents what you think your *mother* would like your *current* body size to be?

They were then presented with another set of the same nine ordered drawings, a retrospective CDRS (Appendix D). The four questions for these drawings were about when the participants were eleven years old and were:

1. Which number most accurately represents what *you* think your body size was *at the age of 11*?

2. Which number most accurately represents the size *you* would have liked to have been *at the age of 11*?

3. Which number most accurately represents what you think your *mother* thought your body size was *at the age of 11*?

4. Which number most accurately represents what you think your *mother* would have liked your body size to be *at the age of 11*?

The CDRS was scored by calculating the difference between the number representing current body size and the size you would like to be.

It is important to state the retrospective forms of the IPPA and CDRS do not have the same reliability and validity of the original forms of the questionnaires. It is also a limitation of this study to use retrospective data. Because the retrospective forms were asking young adults to answer about when they were 11 years old, their answers could be reflective of their current thoughts about their body and their relationship with their mother. Retrospective data is being used, to obtain information about that time in childhood because research on that time period is limited and the literature that does exist indicates children begin having body image issues in late elementary school (4th grade).

<u>Demographics</u>

The third and final questionnaire the participants were asked to complete collects demographic information from the participants. Participants answered questions about age, race, gender, socioeconomic status, school grade level, religion, mother's education level, family structure, and sibling makeup. The demographic questionnaire ends by asking participants for their height and weight. Height and weight information was used to calculate body mass index (BMI) which is a measure of body weight and not an accurate measure of percentage of body fat. BMI is divided into four categories: a BMI of less than 18.5 signifies being underweight, 18.5 to

24.9 is normal weight, 25 to 29.9 is overweight and obese is a BMI of 30 or greater

(http://www.nhlbisupport.com/bmi/, 07/20/09).   This measure was used as a comparison tool

against what participants think they look like and want to look like based on their answers to the

Contour Drawing Rating Scale.

Data Management and Analytical Strategy

This section includes a list of the research questions and hypotheses as well as the

statistical methods used to test the hypotheses. To test all of the hypotheses, the items necessary

were reverse scored on the IPPA mother section and then all twenty five items were summed

together. The difference between current body size and ideal body size on the CDRS was

calculated. The larger the distance between current and ideal the less satisfied a person is with

their body. This researcher used SPSS software to calculate all statistical methods.

Research Question 1: How do mother-daughter attachment relationships relate to the daughter's

body image and what the daughter thinks the mother thinks of the daughter's body?

- *Hypothesis 1:* Secure attachment will correlate with a positive body image in young
  adult females.

- *Hypothesis 2:* Young adult females who report being securely attached at age 11 to their
  mothers, will believe their mother had a positive image of their 11 year old bodies.

- *Hypothesis 3:* Young adult females, who are currently securely attached to their mothers,
  will believe their mothers currently have a positive image of their bodies.

- *Hypothesis 4:* Young adult females who report having a positive body image at 11 years
  old believed their mother had a positive image of their body.

- *Hypothesis 5:* Young adult females who currently have a positive body image will also
  believe their mother currently has a positive image of their body.

A Pearson-Product correlation was calculated to show the strength and directionality of the relationship between attachment and body image. Multiple regression between the attachment scores and body image scores was calculated to show how much variance in body image and what the daughter thinks her mother thinks of her body can be explained by attachment. After the correlation was determined, SPSS was used to perform a t-test comparing the body image scores between girls who were securely attached and insecurely attached to their mothers.

Research Question 2: Is there stability in attachment and body image?

- *Hypothesis 6:* Young adult females who report a secure attachment to their mother at age 11 will report a secure attachment to their mother at their current age.

- *Hypothesis 7:* Young adult females who report a positive body image at age 11 will report a positive body image at their current age.

Hypotheses 6 and 7 were tested by computing a paired-samples t-test. For hypothesis 6 attachment scores from age 11 and those measuring current attachment were used to determine if there is a statistical difference. Testing hypothesis 7 used the results of the CDRS measuring body image at age 11 and current body image.

Chapter 4: Results

The Inventory of Parent and Peer Attachment (IPPA), Contour Drawing Rating Scale (CDRS), and a researcher created questionnaire were used to explore the mother-daughter relationship in pre-adolescence and late adolescence. The constructs measured were attachment, daughter's body image, and daughter's perception of what her mother thinks of the daughter's body. It was hypothesized that secure attachment would be positively correlated with the daughter's body image as well as the daughter's perception of what the mother thinks of the daughter's body. What follows is an explanation of the results, including raw data and results from the performed statistical testing.

Study Participants

All of the participants were undergraduate students recruited through a listserv gathered from an undergraduate college a part of a private University in Central New York. According to the Office of Institutional Research Assessment of that university, there were a total of 788 female undergraduate students enrolled the year this study was conducted. A total of 201 people responded to the survey and after removing any incomplete results the final sample size was 147. They represent all grade levels with 26.5% being freshman, 18.4% being sophomore, 26.5% juniors, and 28.6% senior. All of the participants were female and at least eighteen years of age. The racial composition of the sample was: 73.5% White/Caucasian, 14.3% Black or African American, 6.1% Asian/Pacific Islander, 5.4% Hispanic American, and 0.7% American Indian or Alaskan Native. Tables 1 and 2 provide a complete description of the sample characteristics.

Inventory of Parent and Peer Attachment (IPPA)

The results from the mother section of the IPPA were scored using SPSS software. Questions 3, 6, 8, 9, 10, 11, 14, 17, 18, and 23 were reverse scored and then all 25 items were summed to provide a total score with a possible range of 25 to 125. Scores from the IPPA

provide an assessment of the quality of attachment within a relationship. More specifically it provides a quantitative view of "the adolescents' perceptions of the positive and negative affective/cognitive dimension of relationships with their parents and close friends -- particularly how well these figures serve as sources of psychological security (Greenberg & Armsden)." The results for attachment to mother in preadolescence (retrospective data) were N = 147, mean = 97.78 and standard deviation = 19.02. The results for attachment to mother in adolescence were N = 147, mean 98.96, and standard deviation = 20.79. SPSS software was used to divide the results into two groups providing a securely attached group and insecurely attached group. There were 129 securely attached and 18 insecurely attached in preadolescence compared to 126 securely attached and 21 insecurely attached in adolescence.

A one-way between-groups ANOVA was completed to test for any differences between grade level, race, parents' income, type of parent, mother's education, sexuality, and religion. There were no statistically significant differences found for attachment at preadolescence and adolescence between grade levels, races, parental income levels, type of parent, sexuality, mother's education, and religion.

Contour Drawing Rating Scale (CDRS)

The scores from the CDRS were also computed using SPSS software. The results for participants' body image in preadolescence were N = 147, mean = 1.00, and standard deviation = 1.57. The results for participants body image in adolescence were N = 147, mean = 1.42, and standard deviation = 1.32. The body image scores representing the participants' belief of what their mothers' thought of their bodies in preadolescence were N = 147, mean = .28, and standard deviation = 1.47. Those scores for the participants' during adolescence were N = 147, mean = .44, and standard deviation = 1.50. The CDRS has a possible range of -8 to 8 with 0 indicating

the highest body satisfaction and the absolute values to 8 indicating increasing body dissatisfaction. SPSS was used to divide the results into two groups with one representing body image satisfaction and the other representing dissatisfaction. There were 138 satisfied and 9 dissatisfied with their body image both in preadolescence and adolescence.

A one-way between-groups ANOVA was completed to test for any differences between grade level, race, parents' income, type of parent, mother's education, and religion. No statistical significance was found for body image scores at age 11 and current age between races, parents' income level, type of parent, sexuality, mother's education, and religion. Body image in preadolescence was significantly different between freshmen and sophomores [$F(3, 143) =3.86$, $p=0.05$] with sophomores reporting a more dissatisfied body image in preadolescence than freshmen. This same difference was not found for body image scores at participants' current age. There was a significant difference in adolescent body image satisfaction found between those identifying as lesbian compared to those identifying as bisexual [$F(2, 143) =4.99$, $p=0.05$]. Lesbians reported a significantly more dissatisfied body image than bisexuals. This difference was not found to be significant for the preadolescent body image values.

Body Mass Index (BMI)

Participants provided their height and weight which was then used to calculate their body mass index. The formula used was: weight (lb) / [height (in)]^2 x 703 (http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html, 1/7/13). According to the Center for Disease Control and Prevention, BMI is a "fairly reliable indicator of body fatness for most people" (http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html, 1/7/13). Body image scores for participants' current age showed no significant statistical difference. BMI numbers are divided into four categories: below 18.5 indicates being

underweight, 18.5-24.9 is normal, 25.0-29.9 is overweight and 30.0 and above indicates being obese.

This sample had an average BMI number of 22.65 which falls in the normal category. Participants reported BMIs in all four categories: 12 underweight, 102 normal, 22 overweight, and 11 obese. One-way ANOVAs were performed and did not indicate a significant difference in BMI between college grade levels, race, mother's education, type of parental relationship, parents' income, sexuality and religion.

Independent samples t-tests were performed to determine if there were significant differences in BMI between securely and insecurely attached participants and those who indicated body satisfaction and body dissatisfaction. A significant difference was not found in BMI between securely and insecurely attached participants. There was, however, a significant difference between satisfied and dissatisfied preadolescent body image scores: dissatisfied (M=25.57, SD=5.94), and satisfied [(M=22.39, SD=3.93; t(145)=-2.56, p.01]. The magnitude of the differences in the means was small (eta squared = 0.04) meaning only 4% of the variance in BMI was explained by body image satisfaction. A significant difference was not found between satisfied and dissatisfied adolescent body image scores: dissatisfied (M=27.32, SD=7.28), and satisfied [(M=22.45, SD=3.93; t(145)=-1.63, p=.16]. Participants with a dissatisfied body image had an average BMI in the overweight range and those with a satisfied body image had an average BMI in the normal weight range.

Hypothesis Testing

Research Question 1: Is there a relationship between body image and attachment to mothers in adolescent girls?

- *Hypothesis 1:* Young adult females who are securely attached to their mothers will have a positive body image.

The relationship between attachment level and body image in preadolescence was investigated using Pearson product-moment correlation coefficient. The results were not statistically significant (r = .021, N = 147). The relationship between attachment and body image in adolescence was also investigated and was again found to be not statistically significant (r = -.051, N = 147).

The IPPA allows attachment scores to be broken into subscales; trust, communication, and alienation. This allowed for examining the relationship between body image and the scales of attachment as measured using the IPPA. Although these results are not directly related to the hypothesis they are worth exploring. After completing a Pearson product-moment correlation coefficient, a statistically significant relationship was not found between body image in preadolescence or adolescence and any of the subscales. See Tables 4 and 5 for the results.

- *Hypothesis 2:* Young adult females who report being securely attached at age 11 to their mothers, will believe their mother had a positive image of their 11 year old bodies.

- *Hypothesis 3:* Young adult females, who are currently securely attached to their mothers, will believe their mothers currently have a positive image of their bodies.

The relationship between attachment and perception of mother's image of their body in preadolescence was investigated using Pearson product-moment correlation coefficient. There was a small, negative correlation between preadolescent attachment and perception of mother's image of their body (r(145) = -.296, p<.01) with more secure attachment associated with perceived maternal body satisfaction. These results indicate as the attachment score is increasing, the score on the CDRS is decreasing. A lower score on the CDRS is indicative of a

more satisfied body because there is a smaller difference between the participant's ideal body and what they think they think their body currently looks like. There was again a small, negative correlation at adolescence between the same variables ($r(145) = -.187$, $p<.05$).

The subscales of the IPPA were again used to breakdown any connection between attachment and daughter's perception of what her mother thinks of the daughter's body. A Pearson product-moment correlation coefficient was calculated to test the relationship between the daughter's, at age 11, perception of what her mother thinks of the daughter's body and the trust, communication and alienation subscales. A significant relationship was found between the daughter's perception of what her mother thinks of the daughter's body and all of the attachment subscales. There was a small, negative correlation between the trust and communication subscales and the daughter's perception of what her mother thinks of her body at age 11 ($r(145) = -.319$, and $r(145) = -.242$, $p<0.01$). A small positive correlation was found between the alienation subscale and the daughter's perception of what her mother thinks of her body at age 11 ($r(145) = .246$, $p<0.01$). When using the data for participants' current age, a statistically significant relationship was found for only the communication and alienation subscales. There was a small, positive, relationship found between the alienation subscale and the daughters' perception of what her mother thinks of the daughter's body ($r(145) = .229$, $p<0.01$). A small negative relationship was found to the communication subscale ($r(145) = -.169$, $p<0.05$).

In other words, daughters who scored high on the alienation subscale believed their mothers were dissatisfied with their bodies. The opposite is true for the other two subscales and their significant relationships. During preadolescence daughters who reported higher trust and communication with their mothers believed their mothers had a satisfied image of the daughter's body. In adolescence this relationship was found for communication only.

- *Hypothesis 4:* Young adult females who report having a positive body image at 11 years old believed their mother had a positive image of their body.

- *Hypothesis 5:* Young adult females who currently have a positive body image will also believe their mother currently has a positive image of their body.

There was a medium, positive correlation between body image at age 11 and perceived maternal image of their 11 year old body ($r(145) = .395$, $p<.01$) with positive body image associated with a positive maternal image of the daughter's body. There was again a medium, positive correlation between body image at adolescence (current age of participants) and perceived maternal body image ($r(145) = .440$, $p<.01$) with positive body image at adolescence associated with a positive maternal body image.

Regression analysis results indicated attachment style and body image predict 22.1% of the variance in the daughter's perception of what the mother thinks of the daughter's body during adolescence ($R^2 =.221$, $F(2, 144) = 20.45$, $p<.001$). It was found that body image significantly predicted daughter's perception ($\beta = .490$, $p<.001$) as did attachment style ($\beta = -.012$, $p<.05$). Regression analysis results for pre-adolescence indicated 24.9% of the variance is predicted ($R^2 = .249$, $F(2, 144)= 23.86$, $p<.001$). Again, body image significantly predicted daughter's perception ($\beta = .377$, $p<.001$) as did attachment style ($\beta = -.024$, $p<.001$). Results shown in Table 6.

Research Question 4: Is there stability in attachment and body image?

- *Hypothesis 6:* Young adult females who report a secure attachment to their mother at age 11 will report a secure attachment to their mother at their current age.

- *Hypothesis 7:* Young adult females who report a positive body image at age 11 will report a positive body image at their current age.

A paired-samples t-test was conducted to evaluate the stability in attachment. There was not a statistically significant difference in attachment scores from age 11 (M = 97.78, SD = 19.02) to current age [(M = 98.96, SD = 20.79), t(146) = -1.15, p< .250]. This supports the hypothesis that secure attachment at age 11 would be stable to the participants' current age.

A paired-samples t-test was also used evaluate the stability in body image. There was a statistically significant difference between body image at age 11 (M = 1.00, SD = 1.57) to body image at current age (M = 1.42, SD = 1.32), t(146) = -3.573, p<.0005). This does not support the hypothesis. These results show a statistically significant increase in body dissatisfaction from age 11 to the participants' current age. The effect size, determined by calculating eta squared, was 0.08 which is considered a moderate effect size. This means 8% percent of the change in body image satisfaction may be attributed to the change from preadolescence to adolescence.

The next chapter will discuss these results in comparison to existing literature and clinical implications. The next chapter will also provide limitations of this study and possible future directions.

Chapter 5: Discussion

A central theme to this research was that attachment within the mother-daughter relationship would be connected to the daughter's body image as well as the daughter's perception of what her mother thinks of the daughter's body. Specifically, it was hypothesized that secure attachment to mother would correlate with a positive body image in daughters during preadolescence and adolescence. Secure attachment to mother was also expected to be related to the daughter believing their mother had a positive image of their body in both preadolescence and adolescence. It was anticipated that a daughter's positive body image would be correlated with their belief that their mother had a positive image of their body in preadolescence and adolescence. It was also hypothesized that there would be stability in the attachment and body image. It was assumed secure attachment in preadolescence would predict secure attachment in adolescence and a positive body image in preadolescence would predict a positive body image in adolescence.

Attachment and Body Image

When testing the hypothesis that secure attachment would correlate with positive body image, the results were not statistically significant therefore showing no relationship between the two concepts in either preadolescence or adolescence. Attachment is an emotional bond within relationships. This study tested body image through the contour drawing rating scale, which measures an attitudinal component of body image, a person's satisfaction in the size and/or shape of their body. It is possible a statistically significant result was not obtained because it was looking for a connection between an emotional bond and a thought process. Thompson and Van Den Berg (2002) broke down the attitudinal component of body image into four more pieces, overall satisfaction, emotional distress, cognitive aspects, and avoidance behaviors. The current

study looked at only the overall satisfaction; if the attitudinal components of body image had been broken down and the relationship between all of them and attachment had been examined statistically significant results may have been found.

Another explanation for the current studies results is the results of the IPPA and the body satisfaction scores. The average IPPA score was 98.96 and 97.78 (current age and age 11 retrospectively). The average body satisfaction score was 1.42 and 1.00 (current age and age 11 respectively). This means the sample, on average, was satisfied with their body and securely attached to their mother; therefore, not allowing for a statistically significant relationship to be found because of lack of variance within the sample. The size of the sample was reduced from 202 to 147 after removing incomplete data sets. The participants who did not complete all of the questionnaires may have been those who were more insecurely attached and dissatisfied with their bodies.

The existing literature results examining attachment and body image have been mixed. As was noted in Chapter 2, Sharpe, Killen, Bryson, Shisslak, Estes, Gray, Crago, and Taylor (1998) did not find a connection between attachment and perception of body shape however they did find insecurely attached individuals to be more concerned with weight than securely attached adolescents and preadolescents. In contrast, Troisi, Di Lorenzo, Alcini, Nanni, Di Pasquale, and Siracusano (2006) and Suldo and Sandberg (2000) found a significant correlation between insecure attachment and body dissatisfaction. The difference may be explained by the fact that Troise, et al, (2006) and Suldo and Sandberg (2000) broke their concepts down into parts. Troisi, et al, (2006) point to the need for the approval scale of the attachment questionnaire they used as being a significant predictor of body dissatisfaction. Suldo and Sandberg (2000) point to dismissing adult attachment style specifically as predictive of body dissatisfaction. Results in

this study also showed no relationship between body image and the subscales of the IPPA (alienation, communication, and trust).

Other literature addressing attachment and self-perception is relevant in understanding these results also. Wilkinson (2004); Song, Thompson, and Ferrer (2009); Kenny, Griffiths, and Grossman (2005); Rubin, Dwyer, Booth-LaForce, Kim, Burgess, and Rose-Krasnor (2004); and Turnage (2004), found that strong attachment to mothers was connected to a positive view of self. Wilkinson explains his findings by suggesting that attachment relationships serve as a means to bolster individuals' self-worth and not as a means of bolstering psychological health. Attachment relationships first lead adolescents to evaluate their own attributes as worthy, then the results of this evaluation leads to psychological health (Wilkinson, 2004). In the current study, body image was measured in terms of psychological health and not as providing value to self thus this may explain the lack of statistically significant results.

Attachment and the Daughter's Belief of What Her Mother Thinks of Her Body

This study predicted secure attachment between mothers and daughters would correlate with the daughter believing her mother has a satisfied view of her daughters' body. For both preadolescence and adolescence there was a small, negative correlation which means higher attachment scores were correlated with lower CDRS scores. When translated from numerical values, this indicates more securely attached mother-daughter relationships have daughters who believe their mother has a positive image of the daughters' body.

A small negative relationship was also found between the trust and communication subscales and the daughter's perception of what the mother thinks of the daughter's body at age 11. A small positive relationship was found between the alienation subscale and the daughter's perception of what the mother thinks of the daughter's body image. At participants' current age,

a small negative relationship was found for the communication subscale but not the trust subscale and a small negative relationship was found for the alienation subscale. As there is more trust and communication between mother and daughter, the daughter thinks the mother has a positive image of the daughter's body and as the daughter feels more anger and alienation from her mother, the daughter then believes the mother has a more negative view of the daughter's body. These results connect to those reported in Suldo and Sandberg (2000) which indicated dismissing adult attachment style predicted body dissatisfaction. Alienation and dismissing styles of attachment encompass estrangement, distancing, and separation. These styles of attachment create negative views of self and/or others and by extension this would include a negative view of what the attachment figure believes about one's body.

Another study which incorporates the daughter's perception of the mother's messages was Ogle and Damhorst (2003). In Ogle and Damhorst (2003) they identified patterns of behavior between mothers and daughters. One such pattern was a direct-verbal communication approach in which the mother believed her direct comments to her daughter, about the daughter's body, would result in the daughter taking action around her body and dieting behaviors. What they found was how the daughter perceived her mother's messages mattered more than the message itself. Of the daughters who did not alter their behaviors based on their mother's messages, Ogle and Damhorst (2003) posited this was because the daughters did not believe the messages were actually relevant to their own bodies and did not identify with them. They did not consider the level of attachment in their research.

This study's findings expand upon this literature by postulating a possible explanation for why a daughter perceives her mother's message in the way she does. Attachment and its subscales, trust, alienation, and communication, inform the daughter's perception of her mother

and her self. When the daughter perceives the relationship as more trusting and with more

positive communication, she perceives the messages from her mother as indicating the mother is

more satisfied with the daughter's body. When the daughter perceives the relationship as more

alienating, distant, and having more anger, she perceives the messages from her mother as

indicative or a more dissatisfied image of the daughter's body. Connecting the daughter's

perception of self and others to attachment, removes stigma from it being an individual problem

to fix to a relationship problem not solely residing in the individual.

Body Image and Daughter's Belief of What Her Mother Thinks of Her Body

When testing hypotheses four and five, which stated participants' positive body image

would positively correlate with their perception of what their mother thinks of the participants'

body, the results were statistically significant and positive as predicted. Not only were

relationships found but the regression analysis showed that attachment and body image account

for 22.1% and 24.9% of the variance in what a daughter thinks her mother thinks of the

daughter's body image in adolescence and pre-adolescence respectively. The daughter's body

image makes a larger contribution than attachment in adolescence and pre-adolescence as

indicated by the larger β values (.490 and .377 versus -.012 and -.024 respectively).

The results of the existing study can be explained by stating that when a daughter

believes her mother has a positive image of her body the daughter is also likely to have a positive

image of her body. McKinley (1999) found that daughters' perceptions of their mothers'

approval of their body led to the daughters being more satisfied with their own bodies.

Additional information in McKinley (1999) not in this study is the daughters had that perception

regardless of whether or not the mother actually did think positively of the daughters' body

therefore highlighting the significance of the daughter's perception over the actual message or intent of the message given by the mother.

This study also had significant findings related to the demographic data. There was a significant difference in body image at age 11 reported by sophomores than freshman. Sophomores had a significantly more dissatisfied body image at age 11 than freshman. This may represent the dissatisfaction of sophomores experience after gaining the "freshman 15." This is the amount of weight rumored that freshman gain on average in college. Sophomores expressing dissatisfaction with their bodies in preadolescence may actually reflect their current dissatisfaction.

Those participants identifying as lesbians reported a significantly more dissatisfied current body image than those identifying as bisexual. These results indicate an area to be explored further in future research. The speculation is that this may be an extension of internalized heterosexism, an extension of shame about self, expressed through a dissatisfaction with the size and shape of one's body.

Both of these demographic results may also be explained in terms of statistical weakness. The groups being compared were not equal in size. The number of participants identifying as lesbian and bisexual was significantly smaller than the number identifying as heterosexual. The number of participants who were sophomores was less than those in all other class groups and the other three classes had almost the exact same number of participants.

In summary, the significant findings of this study were a positive relationship between alienation and what the daughter thinks the mother thinks of the daughter's body. A negative relationship was found between trust and communication and what the daughter thinks the mother thinks of the daughter's body in terms of satisfaction. A negative relationship was also

found between attachment and what the daughter thinks the mother thinks of the daughter's body. These findings mean that with a more secure attachment and with more trust and communication a daughter believes her mother is more satisfied with the daughter's body. With a more insecure attachment and alienation in a relationship, a daughter believes her mother is more dissatisfied with the daughter's body. These findings are new to the existing attachment and body image literature in that they are looking at what the daughter thinks her mother believes. These are the beginnings of identifying the daughter's internal working model of self and attachment figure in relationship to the daughter's body image satisfaction.

This study also found the daughter's body image, in both preadolescence and adolescence, to be predictive of what she believes her mother thinks of her body. A more satisfied daughter's body image correlated with a more satisfied body image representing what the daughter thinks her mother thinks of her body. These results are supporting the existing body image literature which already shows a connection between a daughter believing her mother approves of the daughter's body and the daughter having a satisfied body image. The existing literature provides information about how (positive or negative) the daughter perceives messages from her mother. The combination of these results with those connecting attachment, provide information about why a daughter perceives the mother's messages as either positive or negative, which is new information to existing research.

Clinical Implications

The findings of this study are useful to therapists when treating young adult females, and females of any age, who present as dissatisfied with their body image. A marriage and family therapist can use attachment questionnaires, including subscales, to gain more information about the mother-daughter relationship and which areas of attachment may need to be addressed.

Based on the current study's results, a therapist will want to understand the level of trust, communication, anger and alienation within the mother-daughter relationship. Including the mother in therapy will be useful to gain information about the messages the mother gives the daughter, her intent in the message, and how the daughter perceives the message.

Attachment theory provides a lens to view emotional security in a dyadic relationship, family systems theory expands this lens to everyone in the system. These results can be used as a basis to understand destructive entitlement in contextual family therapy or to understand boundary violations and power dynamics within a family. A family system will respond to the anxiety of one member in many ways. If a family therapist knows a daughter has a dissatisfied body image, then s/he can assume this daughter thinks her mother is dissatisfied with her body as well likely causing anxiety within the child. This information can be used to understand how siblings and the other parent are responding to the daughter. Perhaps this causes the daughter to have more power in the family as a way to ease her anxiety or as she tries to please her mother. Or perhaps the family ignores the daughter's anxiety all together leading to the daughter acting out behaviorally in ways unrelated to her body image.

In chapter 2, it was written that the identification process between mothers and daughters never ends; mothers recreate themselves in their daughters, project feelings about themselves onto their daughters, and act towards their daughters as they act towards the internal daughter part of themselves (Chodorow, 1978 and Boyd, 1989). Systemically speaking, the messages a mother gives to her daughter about her body are a process of feedback and become part of maintaining homeostasis within the subsystem of the mother-daughter relationship and the larger system of the family. The results which found a connection between attachment and the

daughter's perception of what her mother thinks of her body, supports the inclusion of mothers in therapy with their daughters who desire change in their body image.

Internal working models enable people to predict how attachment figures will likely behave and then plan their own behaviors (Bowlby, 1973). Improving the emotional connection between the mother and daughter can alter the internal working models within the daughter which will improve her image of self and others, improving the daughter's functioning within all relationships. Based on this study's results, it would suggest that increasing trust and communication while decreasing alienation, would improve the relationship. This in turn would improve the image of self and other. Specifically, the body image of self would be more satisfying along with the belief that others find one's body image more satisfying. The positive images of self and other, a positive internal working model, would predict trusting less alienating behaviors from others and allow for one to be more trusting and less alienating of others within relationships.

Marriage and family therapists regularly encounter when working with couples issues around intimacy. A person's view of self, especially their body, along with what they believe their partner thinks of their body will shape how they feel comfortable being intimate and showing affection. The results of this study found a positive relationship between an adolescent female's body image and what they think their mother thinks of their body; if they believe their mother had positive thoughts about their body then they in turn had positive thoughts about their body. Combining this with what we know about internal working models suggests when they are in an intimate relationship; they will expect their partner to have a positive image of their body which will correlate with their own positive image. Should this not be the case; there may exist intimacy issues and conflict within the relationship. A therapist can use the information

from this study to help the couple understand a source of the intimacy issues and facilitate a resolution.

Strengths and Limitations

A strength of this study is including an under researched age. Much of the body image literature is on adolescence. Attempting to include information regarding the pre-adolescent years expands on the existing literature and addresses the years in which body image dissatisfaction begins to emerge in young girls. This was also a limitation of this study in that the way to obtain this information was through retrospective data. Retrospective data limits the validity of the study. The answers participants provided may actually be another reflection of their own thoughts now and not actually when they were eleven years old.

Another strength of this study, is including the daughter's perception of what the mother thinks of the daughter's body. This information is nowhere else in the existing literature on body image or the mother-daughter relationship. As previously stated it only looks at this subsystem of families which is a systemic limitation to this study. This study does not examine overall family functioning, include the paternal relationship or any sibling relationships.

It is important to acknowledge the limitations of any research. This study's limitations were self-report data, retrospective data, and data about another person's thoughts. Participants were asked to report their height and weight and social desirability bias may have results in under reporting. The same bias may have also skewed the attachment results due to participants' desire to portray their mother and their relationship with their mother in a favorable light.

The study asked participants to know their mothers' thoughts, again limiting the validity of the study. Asking the participants to "speak" for their mothers may have resulted in them

portraying some conglomeration of their own thoughts about their body and what they think their mother thinks of their body. Specifically the questionnaire and questions asked may have resulted in another example of the daughter's perception of her own body.

The sample was collected from one college in a private University in central New York. The departments in that college include areas of focus around sports, health, family systems and social work. The students who choose to study these areas are not necessarily a representative sample of all adolescents and pre-adolescents. The sample was almost completely made up of participants who identified themselves as Caucasian, heterosexual, Christian, and growing up with a married mother and father. The lack of diversity in the sample restricts the ability to generalize the results to the population.

Future research

To address the limitations and improve the validity of the study, future research should include the mother's perspective, avoid retrospective data, and have a more diverse sample. Including the paternal relationship, sibling, and other family dynamics is also needed in the research literature to address the limitation of this study only providing information regarding the dyadic mother-daughter relationship. The attachment relationship between father and daughter should be examined and included in research regarding the daughter's body image and perhaps what the daughter believes her father thinks of her body. Overall the emotional environment of the entire family unit and its relationship with body image should be examined in future research.

Future researchers should pursue participants at the actual age in question and not ask participants to provide retrospective information. This study found significant relationships at age 11 from retrospective data. Using participants who are in preadolescence would remove the

limitation of retrospective data allowing for more validity in the results. To make future research more robust it should include more variables and stronger statistical tests. The use of scales measuring family dynamics such as the family environmental scale would provide richer data which may facilitate the translation of the research results to clinicians and the use in therapy. Based on the significant results found between lesbians and bisexuals, future research could examine any connections between sexuality and body image and attachment. This study found a significant relationship between attachment and what a daughter thinks her mother thinks of the daughter's body. Future research could include the mother's perspective from the mother directly. This would add more confirmation and validity to the results found in this study. It would also add more significance to the importance of attachment.

Building upon the findings of this study, further research could study the relationship between attachment, including the subscales of communication, trust, and alienation, and other areas of development such as academic achievement, self-esteem, relationship satisfaction with peers and intimate partners. Researchers could look for the directionality and strength of the relationship to see if it is the same as this study as well as continuing adding other variables to build a model that accounts for more of the variance. This study's results showed a relationship between attachment within the mother-daughter relationship and what the daughter thinks her mother thinks of her body. Future research could expand this into examining a connection between attachment and the daughter's thoughts about what the mother thinks about the daughter's intelligence, likability, and social skills.

Appendix A
Inventory of Parent and Peer Attachment: Mother Version (IPPA)

This questionnaire asks about your relationship with your mother.
Some of the following statements asks about your feelings about your <u>mother</u> or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and a step-mother) answer the questions for the one you feel has most influenced you.
Please read each statement and circle the <u>ONE</u> number that tells how true the statement is for you now:

	Almost Never Or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1. My mother respects my feelings.	1	2	3	4	5
2. I feel my mother does a good job as my mother.	1	2	3	4	5
3. I wish I had a different mother.	1	2	3	4	5
4. My mother accepts me as I am.	1	2	3	4	5
5. I like to get my mother's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother.	1	2	3	4	5
7. My mother can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my mother makes me feel ashamed or foolish.	1	2	3	4	5
9. My mother expects too much from me.	1	2	3	4	5
10. I get upset easily around my mother.	1	2	3	4	5
11. I get upset a lot more than my mother knows about.	1	2	3	4	5
12. When we discuss things, my mother cares about my point of view.	1	2	3	4	5
13. My mother trusts my judgment.	1	2	3	4	5
14. My mother has her own problems, so I don't bother her with mine.	1	2	3	4	5
15. My mother helps me to understand myself better.	1	2	3	4	5
16. I tell my mother about my problems and troubles.	1	2	3	4	5

|	Almost Never Or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
17. I feel angry with my mother.	1	2	3	4	5
18. I don't get much attention from my mother.	1	2	3	4	5
19. My mother respects my feelings.	1	2	3	4	5
20. My mother helps me to talk about my difficulties.	1	2	3	4	5
21. My mother understands me.	1	2	3	4	5
22. When I am angry about something, my mother tries to be understanding.	1	2	3	4	5
23. I trust my mother.	1	2	3	4	5
24. My mother doesn't understand what I'm going through these days.	1	2	3	4	5
25. I can count on my mother when I need to get something off my chest.	1	2	3	4	5
26. If my mother knows something is bothering me, she asks me about it.	1	2	3	4	5

Appendix B
Inventory of Parent and Peer Attachment: Mother Version (IPPA) – Retrospective

This questionnaire asks about your relationship with your mother when you were *11 years old*. Some of the following statements ask about your feelings about your <u>mother</u> or the person who acted as your mother. If you had more than one person acting as your mother (e.g. a natural mother and a step-mother) answer the questions for the one you feel has most influenced you. Please read each statement and circle the <u>ONE</u> number that tells how true the statement was for you *at the age of 11*:

|	Almost Never Or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1. My mother respected my feelings when I was 11.	1	2	3	4	5
2. I feel my mother did a good job as my mother when I was 11 years old.	1	2	3	4	5
3. I wish I had a different mother when I was 11.	1	2	3	4	5
4. My mother accepted me as I was when I was 11.	1	2	3	4	5
5. I liked to get my mother's point of view on things I was concerned about when I was 11.	1	2	3	4	5
6. I felt it was no use letting my feelings show around my mother when I was 11.	1	2	3	4	5
7. My mother could tell when I was upset about something when I was 11.	1	2	3	4	5
8. Talking over my problems with my mother made me feel ashamed or foolish when I was 11.	1	2	3	4	5
9. My mother expected too much from me when I was 11.	1	2	3	4	5
10. I got upset easily around my mother when I was 11.	1	2	3	4	5
11. I got upset a lot more than my mother knew about when I was 11 years old.	1	2	3	4	5
12. When I was 11 years old and discussed things with my mother, she cared about my point of view.	1	2	3	4	5

	Almost Never Or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
13. When I was 11 years old, my mother trusted my judgment.	1	2	3	4	5
14. My mother had her own problems, so when I was 11 Years old I did not bother her with mine.	1	2	3	4	5
15. My mother helped me to understand myself better when I was 11 years old.	1	2	3	4	5
16. I told my mother about my problems and troubles when I was 11 years old.	1	2	3	4	5
17. I felt angry with my mother when I was 11 years old.	1	2	3	4	5
18. I didn't get much attention from my mother when I was 11 years old.	1	2	3	4	5
19. My mother helped me to talk about my difficulties when I was 11 years old	1	2	3	4	5
20. When I was 11 years old, my mother understood me.	1	2	3	4	5
21. When I was angry about something at 11 years old, my mother tried to be understanding.	1	2	3	4	5
22. When I was 11 years old, I trusted my mother.	1	2	3	4	5
23. When I was 11 years old, my mother didn't understand what I was going through during those days.	1	2	3	4	5
24. When I was 11 years old, I could count on my mother when I needed to get something off my chest.	1	2	3	4	5
25. When I was 11 years old, if my mother knew something was bothering me, she asked me about it.	1	2	3	4	5

Appendix C
Contour Drawing Ratings Scale (CDRS)
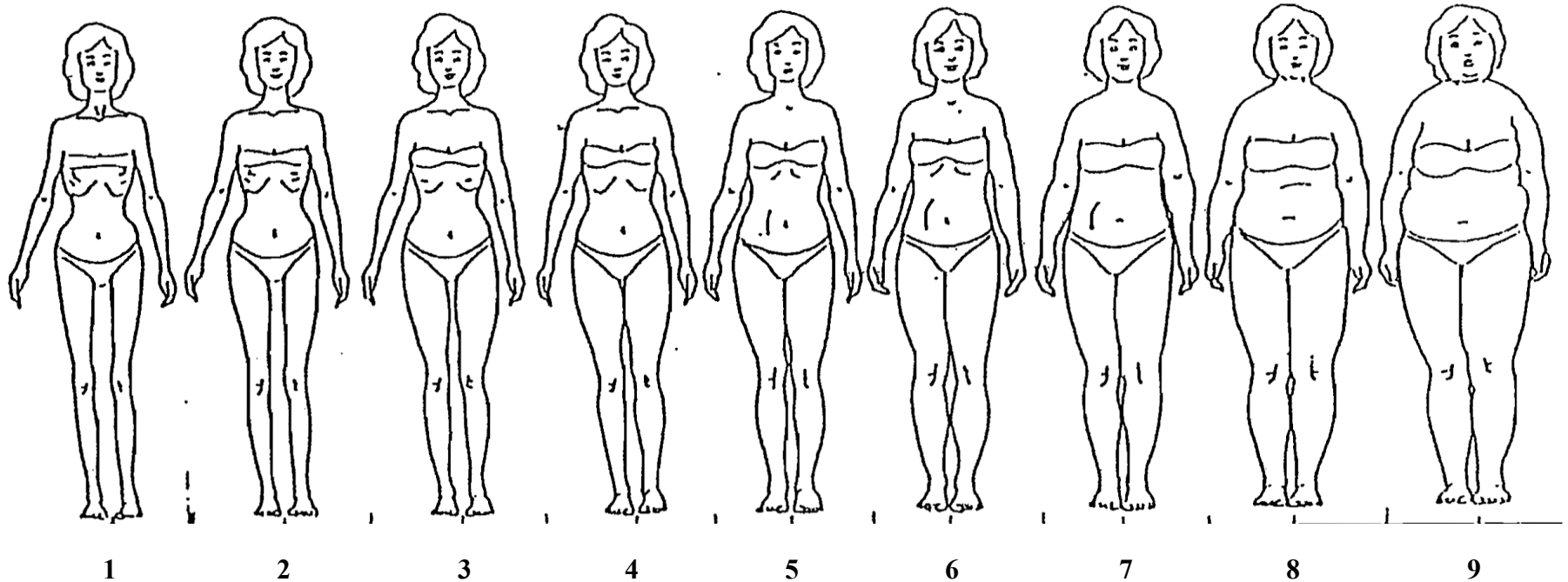
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

1. Which number most accurately represents what *you* think your *current* body size is? _____

2. Which number most accurately represents the size *you* would *currently* like to be? _____

3. Which number most accurately represents what you think your *mother* believes is your *current* body size? _____

4. Which number most accurately represents what you think your *mother* would like your *current* body size to be? _____

Appendix D
Contour Drawing Ratings Scale (CDRS) – Retrospective

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
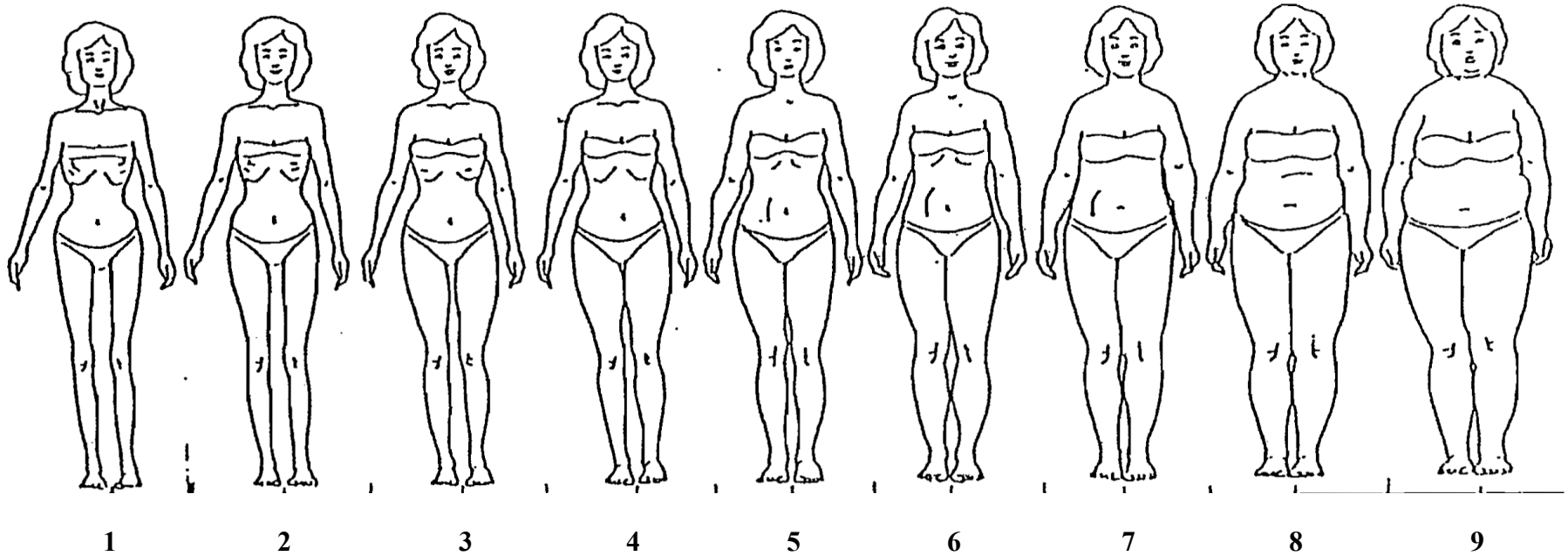
5. Which number most accurately represents what *you* think your body size was *at the age of 11*? _____

6. Which number most accurately represents the size *you* would have liked to have been *at the age of 11*? _____

7. Which number most accurately represents what you think your *mother* thought your body size was *at the age of 11*? _____

8. Which number most accurately represents what you think your *mother* would have liked your body size to be *at the age of 11*? _____

Appendix E
Demographic Information

1. Age: _____

2. Year in College:
   - Freshman
   - Sophomore
   - Junior
   - Senior

3. Race (*place an X next to the one that best applies*):
   - Black or African American _____
   - Latino/Latina _____
   - White _____
   - Native American/Alaska Native _____
   - Asian or Asian American _____
   - Native Hawaiian or Other Pacific Islander _____
   - Consider myself a member of more than one race (please specify)
     _____
   - Other (please specify) _____

4. How much total combined money did you parents earn?
   - $0 - $24, 999
   - $25,000 - $49,999
   - $50,000 - $74,999
   - $75,000 - $99,999
   - $100,000 - $124,999
   - $125,000 - $149,999
   - $150,000 - $174,999
   - $175,000 - $199,999
   - $200,000 and up

5. Please choose which best describes your parents or the people who acted as your parents:
   - Married Mother and Father
   - Divorced or Separated Mother and Father
   - Single Parent - Mother
   - Single Parent - Father
   - Grandparent(s)
   - Other Family Member
   - Adoptive Parents
   - Foster Care Parents
   - Other_____

6. Mothers' highest education level achieved:

- Less than high school degree
- High school degree or equivalent (e.g. GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

7. Your Sexuality:
   - Lesbian
   - Gay
   - Bisexual
   - Heterosexual
   - Unsure

8. What is your religion? (If you have one please specify)
   - Christian
   - Jewish
   - Buddhist
   - Muslim
   - Hindu
   - A follower of some other religion
   - Not religious

9. How many siblings do you have? _____

10. How many sisters do you have? _____

Are you the: (*circle one*)   Oldest girl   Youngest girl   in the Middle

11. Weight _____   Height_____

Table 1: Participant Demographics

College Grade Level	N	Percentage
Freshman	39	26.5%
Sophomore	27	18.4%
Junior	39	26.5%
Senior	42	28.6%
Race	N	Percentage
American Indian or Alaskan Native	1	0.7%
Asian/Pacific Islander	9	6.1%
Black or African American	21	14.3%
Hispanic American	8	5.4%
White/Caucasian	108	73.5%
Sexuality	N	Percentage
Lesbian	2	1.4%
Bisexual	5	3.4%
Heterosexual	139	95.2%
Religion	N	Percentage
Christian	90	61.2%
Jewish	16	10.9%
Buddhist	3	2.0%
Muslim	1	0.7%
Follower of some other religion	1	0.7%
Not religious	36	24.5%
BMI	N	Percentage
Underweight	12	8.2%
Normal	102	69.4%
Overweight	22	15.0%
Obese	11	7.5%

Table 2: Participants' Family Information

Parental Composition	N	Percentage
Married Mother and Father	104	70.7%
Divorced or Separated Mother and Father	27	18.4%
Single Parent – Mother	13	8.8%
Single Parent – Father	2	1.4%
Other Family Member	1	0.7%
Other	1	.6%

Parents' Income	N	Percentage
$0-$24,999	19	12.9%
$25,000-$49,999	19	12.9%
$50,000-$74,999	25	17.0%
$75,000-$99,999	21	14.3%
$100,000-$124,999	19	12.9%
$125,000-$149,999	5	3.4%
$150,000-$174,999	7	4.8%
$175,000-$199,999	4	2.7%
$200,000 and up	28	19.0%

Mothers' Education	N	Percentage
Less than high school degree	4	2.7%
High School degree or equivalent (e.g. GED)	32	21.9%
Some college but no degree	18	12.3%
Associate Degree	20	13.7%
Bachelor Degree	44	30.1%
Graduate Degree	28	19.2%

Table 3: Attachment and Body Image Scores

	N	Mean	Standard Deviation
IPPA at 11[*]	147	97.78	19.02
• Trust		40.85	7.71
• Communication		34.06	8.16
• Alienation		13.05	4.83
Securely Attached	129		
Insecurely Attached	18		
CDRS at 11[*]	147	1.00	1.57
• Satisfied	135		
• Dissatisfied	12		
IPPA current[*]	147	98.96	20.79
• Trust		38.31	7.57
• Communication		34.64	8.58
• Alienation		13.59	5.23
Securely Attached	126		
Insecurely Attached	21		
CDRS current[*]	147	1.42	1.32
• Satisfied	141		
• Dissatisfied	6		
Perceived Maternal at11[*]	147	0.28	1.47
• Satisfied	138		

• Dissatisfied	9		
Perceived Maternal Now[*]	147	0.44	1.50
• Satisfied	138		
• Dissatisfied	9		

[*]IPPA at 11 – Retrospective attachment score for participants at age 11; CDRS at 11 – Retrospective body image score for participants at age 11; IPPA current – Attachment score for participants' current age; CDRS current – Body Image score for participants' current age; Perceived Maternal at 11 - retrospective participants' perception of what their mother thinks of their body at age 11; Perceived Maternal Now – participants' perception of what their mothers think of their body at their current age

Table 4: Pearson Product Correlation Coefficients: Retrospective look at attachment, body Image, and daughters' perception of what her mother thinks of the daughter's body at preadolescence.

	Attachment11	Body Image 11	Perceived Maternal11	Trust11	Communication11	Alienation11
Attachment11*	*					
Body Image11*	.021	*				
Perceived Maternal11*	-.296**	.395**	*			
Trust11*		-.012	-.319**	*		
Communication11*		.051	-.242**	.816**	*	
Alienation11*		-.009	.246**	-.731**	-.697**	*

*Attachment11 – Participants' attachment level at age 11 (IPPA scores); Body Image11 – Participants' body image at age 11(CDRS scores); Perceived Maternal1 – participants' perceptions of what their mothers' think of their bodies (CDRS scores); Trust11 – Trust scale from IPPA at age 11; Communication11 – Communication scale from IPPA at age 11; Alienation11 – Alienation scale from IPPA at age 11
** Correlation is significant at the 0.01 level

Table 5: Pearson Product Correlation Coefficients: Adolescent attachment, body Image, and daughters' perception of what her mother thinks of the daughter's body.

	Attachment Now	Body Image Now	Maternal Now	Trust Now	Communication Now	Alienation Now
Attachment Now*	*					
Body Image Now*	-.051	*				
Maternal Now*	-.187***	.440**	*			
Trust Now*		-.017	-.140	*		
Communication Now*		-.036	-.169***	.877**	*	
Alienation Now*		.121	.229**	-.798**	-.774**	*

*Attachment Now – Participants' attachment level (IPPA scores); Body Image Now – Participants' body image at current age (CDRS scores); Maternal Now – participants' perceptions of what their mothers' think of their bodies (CDRS scores); Trust Now – Trust scale from IPPA at current age; Communication Now – Communication scale from IPPA at current age; Alienation Now – Alienation scale from IPPA at current age
**Correlation is significant at the 0.01 level
***Correlation is significant at the 0.05 level

Table 6: Multiple Regression on Daughter's Perception of What her Mother thinks of the Daughter's Body During Pre-Adolescence and Adolescence

	β	Standard Error	B	R^2
Body Image 11*	.402**	.068	.377	.249
Attachment 11*	-.304**	.006	-.024	
Body Image Now*	.432**	.083	.490	.221
Attachment Now*	-.165***	.005	-.012	

*Attachment11 – Participants' attachment level at age 11 (IPPA scores); Body Image11 – Participants' body image at age 11(CDRS scores); Attachment Now – Participants' attachment level (IPPA scores); Body Image Now – Participants' body image at current age (CDRS scores)
**Correlation is significant at the 0.001 level
***Correlation is significant at the 0.05 level

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I.　　Education and Licensure

Licensed Marriage and Family Therapist (LMFT)　　　August 2010 – Present
State of New York License # 000835

AAMFT Approved Supervisor　　　　　　　　　　May 2013 – Present

Doctor of Philosophy in Marriage and Family Therapy　　　August 2014
Syracuse University Syracuse, NY
Dissertation: *An Examination of the Relationship between Attachment Style and Body
Image in Adolescent Girls: A Focus on the Mother- Daughter Relationship*

Master of Arts in Marriage and Family Therapy　　　　　January 2007
Syracuse University Syracuse, NY
Master's Project: *Assessing the Services Provided to Participants in Family Court: Are
Family Therapists Needed in the System?*

Bachelor of Science in Biology　　　　　　　　　　May 2000
Allegheny College Meadville, PA

II.　　Academic and Clinical Employment History

Clinic Supervisor　　　　　　　　　　　　　　January 2013- Present
Cayuga Counseling Services, Inc. Auburn, NY
❖ Provide clinical supervision to 4 full-time therapists, 2 contract therapists, and MFT
　interns
❖ Hiring and training therapists and interns
❖ Monitor and ensure therapists meet productivity requirements, paperwork standards
　set by agency and New York State Office of Mental Health (OMH)
❖ Quality assurance and utilization review
❖ Incident review
❖ Assign cases: monitor for urgency, minimize wait time
❖ Maintain therapeutic case load of 20-30 clients

Clinic Therapist　　　　　　　　　　　　　November 2009 – January 2013
Cayuga Counseling Services, Inc. Auburn, NY
❖ Individual, family, and couples therapy
❖ Meet agency productivity requirements

- ❖ Comply with agency and OMH paperwork guidelines
- ❖ Intake assessments, crisis, and hospital discharge evaluations
- ❖ Create and monitor progress towards treatment goals and objectives

Contract Therapist   June 2008 – October 2009
Cayuga Counseling Services, Inc. Auburn, NY
- ❖ Individual, family, and couples therapy
- ❖ Meet agency productivity requirements
- ❖ Comply with agency and OMH paperwork guidelines
- ❖ Intake assessments, crisis, and hospital discharge evaluations
- ❖ Create and monitor progress towards treatment goals and objectives

Family Support Specialist, Family Based Treatment   July 2007 – November 2009
Cayuga Counseling Services, Inc. Auburn, NY
- ❖ Work with families who have children in a therapeutic foster care program towards re-integrating the child back into the home
- ❖ Individual, couples, family therapy and linkage to other services.

Marriage and Family Therapy Intern   January 2005 – September 2006
Jewish Family Services Syracuse, NY
Goldberg Couple & Family Therapy Center Syracuse University Syracuse, NY
- ❖ Individual, couple, and family therapy
- ❖ Group facilitator for middle school aged children

III.   Publications

Bex, J. M. and Jordan, N. (In Progress). Obese in Relationship: Weight, Marital Status, and Satisfaction: A Literature Review.

IV.   Professional Affiliations

American Association of Marriage and Family Therapists   2004 – Present
- ❖ Clinical member since 2010