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# Influence of Mothers on the Development of Body Dissatisfaction in Daughters

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## Abstract:

Feelings of body dissatisfaction in young women are becoming ever more prevalent. Body Dissatisfaction can lead to shame, hinder personal relationships, and distract women (ranging from pre-adolescence to early adulthood) from educational, career, or creative pursuits. Mothers are some of the biggest influencers in the development of body dissatisfaction in young adult women. A daughter's development of body dissatisfaction can be influenced by their mother through direct interactions, indirect interactions, and the emotional quality of the mother-daughter relationship. Direct mother-daughter interactions can negatively influence daughters' body dissatisfaction through maternal criticism and encouragement to lose weight (Sniezek, 2006; Taniguchi & Aune, 2013). Indirect mother-daughter interactions also negatively influence their daughter's body dissatisfaction through maternal body dissatisfaction and co-rumination. Daughters who perceived their mothers as less caring, more overprotective, and less emotionally close were more likely to struggle with body dissatisfaction (Calam, Waller, Slade, & Newton, 1990; Smith et al., 2016). These combined factors confirm the integral effect of maternal influence on daughters' development of healthy body image. This paper will review existing literature to demonstrate this relationship.

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Amber Knight is a 16-year-old girl who loved to run. She has a caring mother, but suffers from severe body dissatisfaction and Anorexia Nervosa. Amber and her mother, Sheila, have always been known for their athletic ability, especially in long-distance running. Sheila and Amber begin their day by waking at 5:30 a.m. to go on a 3-mile run together. For as long as Amber can remember, she and her mother have maintained a strict low-calorie, low-carb diet to prevent weight gain. Recently Amber was admitted to an inpatient treatment center for Anorexia Nervosa. "I don't know how it got to this point," said Amber's mother. "Her whole life, she's never been fat, and I've always told her she was beautiful. Even now, she is so thin, and I have told her she is skinny so many times...I honestly don't know what else to do." In an effort to provide her daughter with the help she did not feel she was equipped to provide, the Knights sent Amber to Utah's Center for Change. "It doesn't matter what anyone says or if they tell me I am beautiful the way I am," Amber confessed. "All I see when I look in the mirror is a fat, ugly person" (Adapted from personal communication, names have been changed, 2016). At 5'9" and 100 pounds, she is far from what health professionals would consider overweight. Amber represents millions of American adolescent girls who grapple

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with the often debilitating effects of eating disorders or body dissatisfaction (Gustafson-Larson, 1992).

Although Amber's case is more severe than most others, the issue of body dissatisfaction (a risk factor for the development of eating disorders) is an epidemic that affects millions of women with varying levels of severity (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). It has been estimated that about 6% of women are diagnosed with an eating disorder during their lifetime (Hudson, Hiripi, Pope, & Kessler, 2007). Gustafson-Larson and Terry (1992) found that 46% of 11-year-olds report dieting behaviors, while 81% have family members who report dieting or weight control behaviors. Women who exhibit disordered eating behaviors often strive to reach unrealistic goals, are overly preoccupied with the opinions of others, and have an underdeveloped sense of identity (McGee, Hewitt, Sherry, Parkin, & Flett, 2005). These tendencies negatively affect women's emotional health, hinder interpersonal relationships, and distract them from educational, career, or creative pursuits.

A variety of sociocultural factors contribute to the development of body dissatisfaction in adolescent girls, such as media exposure and interpersonal relationships (Ricciardelli & McCabe, 2001). Media and peer influence can cause adolescent

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girls to internalize messages portraying a thin figure as a body ideal (Knobloch-Westerwick & Crane, 2012). In turn, peer and family influences can reinforce these ideals through actions, comments, or conversations, such as positive compliments or negative criticism (Vincent & McCabe, 2000).

Despite the influence of media, family and peer relationships have been found to have an even stronger impact on the development of body dissatisfaction, as they are more proximal and prevalent in the life of the adolescent (Abraczinskas, Fisak, & Barnes, 2012). The role of mothers in adolescent development is especially important to consider, as they act as models for daughters in the establishment of eating pathology and weight loss behaviors (Vincent & McCabe, 2000). Although the development of adolescent body image is influenced by a wide range of variables, maternal example is arguably the most significant of these factors because of the instrumental role a mother plays during this crucial stage of her daughter's development. Both direct and indirect maternal influence, as well as the emotional quality of the mother-daughter relationship, contribute to development of body dissatisfaction in adolescent girls.

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### **Direct Maternal Influence**

During the time of preadolescence, girls begin to challenge their own concepts of self and compare themselves to those around them (Arroyo & Andersen, 2016). As these cognitive developments occur, the direct influence of mothers can significantly affect the manner in which daughters perceive their bodies. Direct maternal influence, expressed through deliberate, body-related communication, differs from indirect influence, which is passively exerted through parental modeling (Linville, Stice, Gau, & O'Neil, 2011). Research has found that both forms of maternal influence affect the development of body satisfaction in adolescent daughters (Arroyo & Andersen, 2016; Linville et al., 2011). As girls continue to challenge their own self-perceptions, they can also challenge the perception of their own bodies and compare their own physical features to those of their mothers, sisters, peers, and others around them. Direct maternal influence in the form of commentary or criticism from mothers can cause girls to feel insecure and develop a negative perception of their bodies.

Encouraging daughters to lose weight is one way that mothers can exert direct maternal influence on the development of adolescent body dissatisfaction. A study done by Ben-

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edikt, Wertheim, and Love (1997) examined a sample of 89 adolescent Australian girls and their mothers. Using a Likert-type assessment, researchers measured both mothers' and daughters' perceptions of maternal weight loss encouragement, as well as moderate weight-loss behaviors. Results indicated that when mothers encouraged their daughters to lose weight, and when daughters perceived this encouragement, the daughters often lost weight (Benedikt et al., 1998). According to these results, girls who were encouraged to lose weight by their mothers were more likely to act upon those promptings. Although oftentimes intended to promote physical health, this maternal encouragement to lose weight can lead to an unhealthy drive for thinness and prolonged body dissatisfaction.

Another form of direct influence that predicts the development of body dissatisfaction in adolescent girls is maternal criticism. Sniezek (2006) conducted a study to test whether perfectionism and eating disorders were predicted by daughters' perceptions of parental criticism in a sample of adolescent girls ages 13-15. Using the Eating Disorders Examination Questionnaire (EDE-Q) and the Adolescents' Perception of Criticism of Attractiveness by Mother Subscale (as measured by the Parental Criticism Questionnaire, PCQACAM), Sniezek (2006) found

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that 20% of the variance of EDE-Q scores was accounted for by the degree to which daughters perceived their mothers as critical of their own appearance. Using the Perfectionism Subscale of the Eating Disorder Inventory (EDI-2), Sniezek (2006) also found that girls who scored higher on the PCQA CAM scored higher on the EDI-2 perfectionism subscale. These results suggest that girls who perceived their mothers to be critical of their appearance were more likely to exhibit behaviors of disordered eating and perfectionism. In addition, Taniguchi and Aune (2013) found perfectionism to be a risk factor in the development of eating disorders. Taken together, these findings suggest that appearance-related maternal criticism may lead to perfectionism which can lead to disordered eating.

Although criticism from both parents has been shown to negatively influence the development of body satisfaction, research has found that criticism from mothers is particularly influential on daughters. A study done by Taniguchi and Aune (2013) sought to understand the effect that parent-child communication has on body dissatisfaction in a sample of 154 adolescent participants. Researchers used the Parent Adolescent Communications Scale (PACS) to measure daughters' perception of negative parent-child communication and the second



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edition of the Eating Disorders Inventory (EDI-2) to measure body dissatisfaction. The results showed that mothers and daughters who frequently criticized one another's appearance exhibited higher levels of body dissatisfaction. Additionally, daughters' perception of maternal criticism was a stronger predictor of body dissatisfaction than their perception of paternal criticism (Taniguchi & Aune, 2013). These findings indicate that mothers' criticism of their daughters' appearance can significantly increase the development of adolescent body dissatisfaction. Perhaps mothers are more critical because they spend more time with daughters than fathers and because they are a same-sex role model.

Research has also found daughters' perceptions of maternal criticism to be more predictive of adolescent body dissatisfaction than the level of maternal criticism reported by mothers themselves (Keery, Eisenberg, Boutelle, Neumark-Sztainer, & Story, 2006; Ogden & Steward, 2000). The previously mentioned study by Sniezek (2006), which found adolescent perceptions of maternal criticism to be predictive of body dissatisfaction, also tested whether mothers' self-reported levels of criticism toward their daughters were predictive of adolescent eating disorders. Using the Parental Criticism Questionnaire

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(PCQGC), Snizek (2006) found no significant relationship between mothers' self-reports and the occurrence of eating disorders based on their daughters' Eating Disorders Examination Questionnaire Global scores. Overall, mothers reported themselves as less critical in comparison to daughters' perceptions of their mothers' criticism. These findings suggest that the amount of maternal criticism, as perceived by the daughter, plays an instrumental role in the development of adolescent body dissatisfaction. Despite the fact that daughters' perceptions of criticism may not be perfectly reflective of reality, even infrequent critical comments made by a mother can cause daughters to perceive higher levels of maternal criticism. These negative perceptions can place daughters at a greater risk for increased body dissatisfaction.

### **Indirect Maternal Influence**

Although direct maternal communications, such as criticism and encouragement to lose weight overtly influence daughters' feelings of body satisfaction, mothers' own personal attitudes and behaviors can also affect their daughters' self-perception in a more discrete and implicit way (Linville et al., 2011).

Throughout daughters' preadolescent to adolescent devel-

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opment, indirect maternal influence can be exerted through attitudes, indirect comments, and example. One influential and highly supported theory of human development is Bandura's (1977) social learning theory. This theory states that learning is a cognitive process which occurs through observation. Children often observe behaviors of same-sex models and replicate those behaviors (Bandura, 1977). Mothers in particular were found to have a significant influence on their daughters as mothers acted as models of behavior (Arroyo & Andersen, 2016). Mothers who personally experience body dissatisfaction can unintentionally model this sense of body dissatisfaction to their daughters.

Mothers can indirectly model body dissatisfaction through what is known as self-objectification. In recent decades, Western culture has increasingly scrutinized the appearance of the female body and its failure to meet unrealistic beauty expectations (Knobloch-Westerwick & Crane, 2012). This scrutiny, known as objectification, treats the female body as an object subject to evaluation. Self-objectification occurs when women evaluate and criticize their own bodies from an external perspective (Fredrickson & Roberts, 1997). A study done by Arroyo and Andersen (2016) examined the relationship levels

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of self-objectification between mothers and daughters. Using an original assessment of self-objectification, researchers measured levels of self-objectification in a sample of 199 women ages 18-25 and their mothers. While the results of the study showed only a small level of correlation, it was significant, indicating that mothers' self-objectification likely negatively influenced daughters' self-objectification, even if it was not the only factor, or even the dominant factor. In accordance with Bandura's social learning theory, daughters actively observe mothers who self-objectify and mimic the behaviors of negative self-evaluation exhibited by their maternal models. This self-objectification causes young girls to compare their own bodies to the socially constructed and often unrealistic idealized thin body expectation which leads to body dissatisfaction. Many women may even feel that this self-evaluation of their bodies is a reflection of their own self-worth. Such evaluations can lead to feelings of shame and distorted perceptions of self.

Mothers can model body dissatisfaction by complaining or co-ruminating with their daughters about the appearance of their own bodies. Co-rumination is the act of sharing or discussing one's own negative feelings with another person (Arroyo & Andersen, 2016). A study done by Lowes and Tig-

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gemann (2003) sought to understand the relationship between parental body dissatisfaction and child body dissatisfaction. In a sample of 135 Australian 5- to 8-year-old boys and girls, researchers found a significant correlation between the incidence of maternal body dissatisfaction and daughter body dissatisfaction, while they found no significant correlation between paternal and daughter body dissatisfaction. Vincent and McCabe (2000) found that girls who frequently engaged in conversations regarding weight loss were more likely to exhibit disordered eating. It may be inferred from these results that mothers can model their own body dissatisfaction to their daughters through the social learning model. Frequent appearance-related complaints or co-rumination act as models of behaviors for daughters and can influence them to feel dissatisfied with their bodies.

Maternal attitudes, when communicated to daughters, can also have a great effect on daughters' attitudes towards their own bodies. Cooley, Toray, Wang, & Valdez (2008) found a very strong positive correlation between the level of a daughter's body dissatisfaction and the level of a mother's dissatisfaction with her daughter's body. Pike and Rodin (1991) also found that mothers who felt more dissatisfied about their own bodies had

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more negative perceptions of their daughters' bodies. Evidently, a daughter's attitude about her own body can be modeled after her mother's attitude. However, social learning occurs based on overt behavior exhibited by a parental model (Bandura, 1977). In accordance with Bandura's (1977) theory, unexpressed parental attitudes alone do not predict body dissatisfaction in daughters. A more accurate predictor of adolescent body dissatisfaction is daughters' perceptions of their mothers' attitudes toward daughters' bodies.

The previous studies suggest that mothers can indirectly affect their daughters' feelings of body dissatisfaction through their own personal habits and behaviors. Mothers act as models for their daughters, who learn by mimicking their mothers' behaviors. Mothers who evaluate their own bodies as if they were objects and complain about their bodies model this behavior to their daughters. Mothers must think and speak positively about their daughters' bodies as well as refrain from co-rumination and self-objectification, in order to help daughters think positively about their bodies. In summary, mothers should celebrate their bodies and model a more body-positive attitude for their daughters.

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### **Emotional Quality of Mother-Daughter Relationship**

Direct and indirect interactions (such as criticism and maternal modeling) are elements of the mother-daughter relationship, yet, research has found that the quality of this relationship itself can influence adolescent body dissatisfaction (Cheng & Mallinckrodt, 2009; Cooley et al., 2008; Pike & Rodin, 1991; Smith et al., 2016). This notion is echoed in Ogden and Steward's (2000) interactive hypothesis. This hypothesis predicts that the mother-daughter relationship, rather than maternal modeling alone, contributes to the development of body dissatisfaction in daughters (Ogden & Steward, 2000). Based on this hypothesis, one may conclude that unhealthy mother-daughter relationships would contribute to body dissatisfaction, while healthy mother-daughter relationships would prevent or protect daughters from body dissatisfaction.

One study found that girls with eating disorders reported that their parents were less caring and more overprotective (Calam et al., 1990). This study, conducted by Calam et al. (1990), used the Parental Bonding Instrument (PBI) to assess the levels of parental care and protection reported by a sample of young adult women with a diagnosed eating disorder and a control sample without a diagnosed eating disorder. Care

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was defined as empathy within the parent-child relationship, while protection was defined as the level of control exerted by parents within the relationship (Calam et al., 1990). Women diagnosed with bulimia and anorexia nervosa were significantly more likely to rate their parents as low in care or high in protectiveness when compared with the control group (Calam et al., 1990). Women with diagnosed eating disorders perceived their parents as less caring, which suggests that a negative perception of parent-child relationships may be predictive of body dissatisfaction. Parents who are overprotective of their daughters limit their autonomy, which can encourage them to engage in disordered eating as an effort to gain a sense of autonomy and control.

Interestingly, a daughter's perception of the quality of the mother-daughter relationship is more predictive of eating pathology and body dissatisfaction than the mother's perception of the relationship (Arroyo & Andersen, 2016; Cooley et al., 2008; Smith et al., 2016; Taniguchi & Aune, 2013). A study done by Smith, et al. (2016) used the interactive hypothesis to better understand how mothers' and daughters' perceptions of the mother-daughter relationship affected childhood body dissatisfaction in a sample of 152 8- to 12-year-old girls and



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their mothers. To determine body dissatisfaction, researchers used the Child Figures Drawings (CFD) assessment, which presented the child with images of female figures which range from thin to heavy. The child then identified the figure which they believed best represents their body type, as well as the figure which they considered to be their ideal body type. The difference between these two figures determined the child's level of body dissatisfaction (CFD score). Researchers also used the Clinical Assessment of Interpersonal Relations (CAIR) to measure the participants' perception of the mother-daughter relationship. The results showed that daughters who scored lower on the CAIR reported higher scores of body dissatisfaction based on the CFD assessments. There was, however, no significant correlation between mothers' perceived mother-daughter relationship and adolescent body dissatisfaction (Smith et al., 2016). The results of this study suggest that daughters who perceive a more positive mother-daughter relationship exhibit lower body dissatisfaction and higher body esteem. Although the participants of this study are pre-adolescent, levels of body dissatisfaction typically increase as girls progress into adolescence (Taniguchi & Aune, 2013). Although significant within a preadolescent sample, the results from this study could even

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be considered under-representative of the body dissatisfaction experienced by the older adolescent population, which might experience even higher rates of body dissatisfaction accounted for by the perceived mother-daughter relationship. These results also correspond with previous studies, which have found that daughters' perceptions of indirect and direct maternal interactions are more predictive of adolescent body dissatisfaction than the reports of their mothers (Keery et al., 2006; Ogden & Steward, 2000; Sniezek, 2006; Taniguchi & Aune, 2013).

### **Conclusion**

Many families, such as the previously mentioned Knight family, have children who struggle with body dissatisfaction. Mothers can come to better alleviate their daughters' struggles by avoiding negative appearance-related interactions, by modeling body positivity, and by improving the emotional quality of the mother-daughter relationship. With an understanding that direct maternal influence, indirect maternal influence, and the emotional quality of the mother-daughter relationship contribute significantly to the development adolescent body image, mothers can strive to avoid appearance-related criticism, model a healthy sense of body satisfaction, and to grow emotionally

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closer to their daughters. These practices may act as preventative measures for the development of body dissatisfaction and eating disorders.

Research regarding direct maternal influence allows one to conclude daughters who are encouraged by their mothers to lose weight are more likely to engage in weight loss behaviors and exhibit higher levels of body dissatisfaction (Benedikt, Wertheim, & Love, 1997). It can also be concluded that maternal criticism can increase perfectionism behaviors and body dissatisfaction (Snizek, 2006; Taniguchi & Aune, 2013). Mothers can strive to help their daughters develop body satisfaction by refraining from giving criticism and encouragement to lose weight, and instead encourage lifestyles which promote physical, mental, and emotional healthiness.

Research on indirect maternal influence also suggests that daughters who see their mothers engaging in self-objectification and co-rumination are more likely to follow these patterns and experience body dissatisfaction (Arroyo & Andersen, 2016; Vincent & McCabe, 2000). This suggests that mothers who have a healthier body image are more likely to have daughters with body satisfaction. Mothers can model this behavior and attitude by speaking positively about their own bodies and

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refraining from engaging in verbal comparisons.

Based on existing research, one might infer that the emotional quality of the mother-daughter relationship is positively correlated with healthy levels of adolescent body satisfaction (Calam, Waller, Slade, Newton, 1990; Smith et al., 2016). Parents can help their daughters to develop healthy body image by being caring and loving to their daughters and accepting them regardless of their body type. Mothers can also allow their daughters to develop their own sense of autonomy by refraining from overprotection, which will in turn help daughters to develop a healthy sense of identity and body image. Although daughters' perceptions of the mother-daughter relationship predict body dissatisfaction more than the parents' perception of the relationship, mothers can demonstrate love and care to try to improve their daughters' perceptions of these relationships, and thus help them feel satisfied with themselves and their bodies.

A limitation of the research regarding mother-daughter relationships and body dissatisfaction is the subjective nature of these relationships. Much of the research focuses on the daughters' perceptions of mother-daughter interactions, as the reality of these relationships are difficult to measure. Future research

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might investigate the discrepancy between the relationship perceptions and the relationship reality and how those contribute to daughter body dissatisfaction. Future research should also take a more proactive approach and focus on ways that mothers can influence the development of positive body image. It is possible that verbal validation may have a positive influence on the development of body satisfaction. Research is also needed to explore the benefits of positive reinforcement based on accomplishments, such as education and work ethic, rather than physical appearance.

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