1.1. Introduction

Although body dissatisfaction is most prevalent during adolescence (Gowers & Shore, 2001), there is considerable research suggesting that these concerns may arise from a much younger age (McLaughlin, Belon, Smith, & Erickson, 2015; Smolak & Levine, 2001). A number of studies using preadolescent samples have found that children as young as five are dissatisfied with their current weight and shape (Davidson, Markey, & Birch, 2000; Flannery-Schroeder & Chrissler, 1996), hold fears about becoming fat (Feldman, Feldman, & Goodman, 1998), and express a desire to be thinner (Lowes & Tiggemann, 2003). Longitudinal research suggests that these concerns about weight and shape do not subside from childhood to early adulthood, but instead appear to intensify with age (Cash & Henry, 1995; Smolak & Levine, 2001). Body dissatisfaction has been described as one of the most robust risk factors in the development and maintenance of disordered eating (Stice, 2002). Among adolescent females, body dissatisfaction has been shown to have strong positive associations with the use of weight loss strategies including dieting, excessive exercise, and laxative abuse (Davis, Kennedy, Ravelski, & Dionne, 1994; Paxton et al., 1991; Stice & Shaw, 2002). Strategies such as these are widely believed to precede the onset of eating disorders. Given that body dissatisfaction has been identified in children well before they have reached adolescence, the need to help foster positive body image in children from a young age becomes even more apparent, because this may help to prevent the later onset of more serious physical and psychological problems.

Extensive research has been dedicated to understanding the risk factors associated with body dissatisfaction and disordered eating (Stice, 2002; Striegel-Moore & Bulik, 2007), and researchers have examined both biological influences (e.g., Klump, McGue, & Iacono, 2000; Spanos, Burt, & Klump, 2010), as well as the influence of sociocultural factors such as the media, peers, and family (e.g., Keery, Van den Berg, & Thompson, 2004; Van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002). During preadolescence, the parent-child relationship is the primary source of influence in development, and plays an important role in shaping children's attitudes and values about body image (Jones, 2011, chap. 13). By establishing lifestyle patterns of diet, exercise, and evaluation of others, parents express their expectations and beliefs about physical appearance and eating behavior to their children from a young age (Salvy, Elmo, Nitecki, Kluczynski, & Roemmich, 2011). Furthermore, while during adolescence female eating behaviors are more influenced by peers, younger children's food choices and eating behaviors are more strongly influenced by mothers than by friends (Salvy et al., 2011).
Given that mothers are often regarded as the most obvious role models of eating and weight issues for their developing daughters (Cooper & Stein, 2013), postulated mechanisms of parental influence have focused on qualities in the mother-daughter relationship (Cooley, Toray, Wang, & Valdez, 2008). Within the literature, two main modes of maternal influence have been proposed. One postulated mechanism is that mothers may directly influence the development of body image and eating disturbances in their daughters by making explicit negative comments about their daughter's shape and weight in the form of teasing, criticism, and encouragement to lose weight (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). The second postulated mechanism is that mothers may indirectly influence their children's body image and eating habits by modeling their own negative body image related beliefs and dieting behaviors (Rogers, Paxton, & Chabrol, 2009). Thus, whereas modes of direct influences are concerned with mother's explicit negative appraisals of their daughter's weight and shape, modes of maternal modeling are focused on mothers' negative appraisals of their own weight and shape and their engagement in various weight-loss strategies that may be vicariously learned by their daughters. Maternal modeling may, therefore, influence daughters' body image because the daughters may copy the behavior of their mother (e.g., making appearance comparisons or dieting) and/or because their mother's self-critical comments about their weight and shape, and weight loss behaviors may teach girls to place great value on the importance of being thin, both of which could result in girls becoming dissatisfied with their appearance. Although both direct and indirect maternal influences may be important predictors for girls' body image, the current study will focus on indirect influences to examine the immediate impact of maternal modeling on daughters' body image concerns and eating attitudes.

Research investigating the role of maternal modeling has predominantly been correlational. Some studies have found significant positive correlations between daughters' body dissatisfaction and eating disturbances and the body image concerns and behaviors of their mothers (Field et al., 2005; Keery et al., 2004; Pike & Rodin, 1991) and preadolescent (Davison et al., 2000; Goncalves, Silva, Gomes, & Machado, 2012; Hill, Weaver, & Blundell, 1990; Rüther & Richman, 1993) samples. There is also research suggesting that preadolescent girls' perception of their mother's body dissatisfaction may predict their own body dissatisfaction (Lowes & Tiggemann, 2003). While engagement in extreme weight loss strategies and actual dieting behavior is uncommon among children, studies of younger samples suggest that maternal modeling may influence the negative body image beliefs and concerns that precede these behaviors (Abramovitz & Birch, 2000). For example, research has shown that mothers' own dieting behaviors and levels of body dissatisfaction are positively correlated with preadolescent girls' body image concerns and conceptual understanding of dieting related concepts (Abramovitz & Birch, 2000; Davison et al., 2000). However, results examining the relationship between mothers' and daughters' weight related attitudes and behaviors are inconsistent, with other studies reporting either no significant correlation (Baker, Whisman, & Brownell, 2000; Fullkerson et al., 2002; Kanakis & Thelen, 1995; Moreno & Thelen, 1993) or mixed results (Abraczinskas, Fisaka, & Barnes, 2012; Hill & Franklin, 1998; Wertheim, Martin, Prior, Sanson, & Smart, 2002). This inconsistency may be, in turn, due to methodological limitations. Research to date has been mostly correlational, and hence has been unable to reliably establish the direction of effect, or control for the influence of third variables such as media pressures (e.g., Thompson et al., 1999; Tiggemann & McGill, 2004) or anxiety and depressive symptoms (e.g., Chamay-Weber, Narring, & Michaud, 2005; Kostanski & Gullone, 1998; Santos, Richards, & Bleckley, 2007).

Although limited in number, some studies have sought to overcome the limitations of simple correlational research by utilizing longitudinal designs, but again results have been inconsistent. Although some early research failed to show a significant prediction of mothers' weight and shape concerns and the concerns of their daughters over time (Attie & Brooks-Gunn, 1989; Byely, Archibald, Graber, & Brooks-Gunn, 2000), more recent studies have demonstrated that mothers' self-reported weight and shape concerns predict body image and eating disturbances in their daughters years later (Jacobi, Agras, & Hammer, 2001; Stein et al., 2006; Van den Berg, Keery, Eisenberg, & Neumark-Sztainer, 2010).

1.1. The present study

The aim of the present study was to investigate the immediate causal influence of maternal modeling on the body esteem, body satisfaction, eating attitudes, and eating behaviors of young girls by manipulating maternal comments about their own weight, shape, and diet and assessing the effects of this manipulation. It was hypothesized that girls whose mothers made self-critical comments about their own weight, shape, and diet would show lower body esteem, less body satisfaction, more problematic eating attitudes, and eat fewer sweets compared to girls whose mothers made no weight, shape, or diet related comments. These effects were predicted even after controlling for potential constructs previously associated with girls’ body dissatisfaction (Abraczinskas et al., 2012; Davison et al., 2000; Kostanski & Gullone, 1998; Thompson et al., 1999), such as daughters’ body mass index (BMI), daughters’ age, daughters’ anxiety and depressive symptoms, mothers’ concerns about their daughter’s weight and diet, mothers’ concerns about their own weight and diet, and mothers’ age and BMI. To our knowledge, this was the first experimental study to examine the immediate impact of maternal modeling on young girls’ body image and eating behavior. The experimental and analogue nature of this study, however, only allows for the examination of the short-term influence of a single experience of maternal modeling on daughters body image and eating attitudes.

2. Method

2.1. Participants

Participants were 50 girls, aged 8–12 years old (M = 10.30, SD = 1.68) and their mothers, who had a mean age of 41.46 years (SD = 3.29). The mean body mass index (BMI; kg/m2) of the girls was 20.64 (SD = 3.40; range = 14–29), and of the mothers was 24.27 (SD = 4.45; range = 18–35). The majority of mother-daughter pairs identified as Caucasian (n = 33, 66%), 8 (16%) identified as Asian, and 9 (18%) identified as ‘other’. All participants were English-speaking. Mother-daughter pairs were recruited from the local community using advertising flyers, disseminated within several local businesses. In return for their participation, all pairs went into a draw to win a family movie voucher. Mother-daughter pairs were randomly allocated to one of two conditions; maternal modeling (experimental condition, n = 25) or no modeling (control condition, n = 25). Independent samples t-tests revealed that there was no significant difference in the sex of key variables of girls, t(36.70) = 0.13, p = 0.90, or mothers, t(48) = −0.08, p = 0.93, or the mean BMI of girls, t(48) = 1.34, p = 0.19, or mothers, t (48) = 1.84, p = 0.07, in the experimental and control groups. Results from a chi-square test of contingencies indicated that mother and daughter ethnicity did not significantly differ between the experimental and control groups, χ²(2) = 0.88, p = 0.64.

2.2. Outcome measures

Daughters’ body esteem. Daughters’ body esteem was measured using the 24-item Body Esteem Scale (BES; Mendelson & White, 1982), which assesses levels of satisfaction with general appearance and overall body shape. Items are phrased as self-statements (e.g., “I like what I look like in pictures”), and respondents select either ‘yes’ (1) or ‘no’ (0) from a two-item forced choice response set. A total body esteem
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