



The relation between parental influence, body image, and eating behaviors in a nonclinical female sample

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ABSTRACT

The purpose of the current study is to create a comprehensive composite measure of parental influence based on previously developed measures to clarify the underlying dimensions of parental influence and to determine the degree to which parental influence relates to body image and dysfunctional weight concerns. Previously published literature was reviewed for measures of parental influence, and items from 22 measures were condensed and combined into a single questionnaire, which was completed by 367 female undergraduate psychology students. Two dimensions emerged from a principle components analysis: Direct Influence, which includes weight and eating related comments, and Modeling, which includes parental modeling of dieting and related behavior. Direct Influence and Modeling were significantly related to eating disturbance, such as drive for thinness and bulimic symptomatology. Overall, the results integrate the previous literature and clarify the underlying dimensions of parental influence. Further, this study provides directions for future research related to the development and maintenance of body image and eating disturbance.

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Introduction

Several studies have focused on the influence of social factors in the development and maintenance of body image and eating disturbance, and parents are among the most commonly examined sources of influence (Hill & Franklin, 1998; Moreno & Thelen, 1993; Pike & Rodin, 1991; Smolak, Levine, & Schermer, 1999; Thelen & Cormier, 1995). One reason for the focus on parental influence is that parents typically are the first sources of socialization (McCabe & Ricciardelli, 2003). Further, based on the Tripartite Influence Model, parental influence, along with peer and media influence, has been described as a distinct factor in the development of body image and eating disturbance (Keery, van den Berg, & Thompson, 2004; Shroff & Thompson, 2006; van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002).

Although considerable variability exists in the operationalization of parental influence in the development of maladaptive eating behaviors and body image, researchers often discuss parental influence as two distinct categories. The first category is direct influence, also referred to as verbal communication or verbal influence (Fulkerson, McGuire, Neumark-Sztainer, Story, French, & Perry, 2002; Smolak et al., 1999; Vincent & McCabe, 2000; Wertheim, Mee,

& Paxton, 1999). The second category is modeling, also referred to as indirect influence (Ogden & Steward, 2000; Pike & Rodin, 1991; Smolak et al., 1999; Stice, 1998; Vincent & McCabe, 2000; Wertheim et al., 1999). Direct influence typically includes parental behaviors such as discussion and encouragement of child dieting or other attempts to restrict the child's weight (Fulkerson et al., 2002; Smolak et al., 1999; Vincent & McCabe, 2000; Wertheim et al., 1999). Modeling includes behaviors such as parental dieting, parental expression of weight or body dissatisfaction, and other observable behaviors on the part of the parent to maintain or reduce weight (Ogden & Steward, 2000; Pike & Rodin, 1991; Smolak et al., 1999; Stice, 1998; Vincent & McCabe, 2000; Wertheim et al., 1999).

Research has found consistent support for direct influence as a predictor of body dissatisfaction and weight-loss behaviors (Smolak et al., 1999; Wertheim et al., 1999; Young, Clopton, & Bleckley, 2004). For example, Vincent and McCabe (2000) found parental discussion about weight loss predicted disordered eating behavior in a sample of nonclinical adolescent girls. In addition, parental encouragement of daughters to lose weight or diet has been found to be associated with bulimia symptoms, including vomiting and the use of laxatives (Benedikt, Wertheim, & Love, 1998; Dixon, Adair, & O'Connor, 1996; Hanna & Bond, 2006; Moreno & Thelen, 1993; Pike & Rodin, 1991).

In addition to direct influence, parental modeling is predictive of body dissatisfaction and maladaptive eating behaviors in children (Edlund, Halvarsson, & Sjöden, 1996; Pike & Rodin, 1991; Rodgers

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& Chabrol, 2009; Smolak et al., 1999; Stice, 1998; Wertheim et al., 1999). Specifically, by engaging in weight loss behaviors, or through the expression of their own body image dissatisfaction, parents may indirectly transmit messages that reinforce the importance of the thin ideal (Wertheim et al., 1999). For example, Stice (1998) found that modeling of family abnormal eating behavior was associated with bulimic symptoms and predicted the onset of bingeing and purging in daughters. Pike and Rodin (1991) found that mothers' dieting behavior and weight concerns were associated with weight concerns in their daughters. Although the studies cited above found support for modeling, it is noteworthy that other studies failed to find an association between modeling and body image or eating disturbance (Byely, Archibald, Graber, & Brooks-Gunn, 2000; Dixon et al., 1996; Fulkerson et al., 2002; Kanakis & Thelen, 1995; Ruther & Richman, 1993).

There are a number of potential explanations for these mixed findings. In particular, Fulkerson et al. (2002) suggested that body mass may play a role in parental influence. Children and adolescents with a higher BMI are more likely to receive direct feedback from parents about weight loss (Thelen & Cormier, 1995). Furthermore, studies that adjust for BMI are less likely to find an association between parental modeling and body image or eating disturbance (Fulkerson et al., 2002).

In addition, modeling may serve a particularly important role in early adolescence, since that is a time when social comparison begins to emerge as well as an increase in weight and shape consciousness in girls (Levine & Smolak, 1992). Modeling may become less important as women age and their values are based more on internalized beliefs; therefore, developmental stage may be an additional factor that impacts the transmission of body image concerns and eating disturbance. It is also possible that methodological differences may account for the inconsistent support for modeling. In particular, studies utilizing clinical level samples more often find an association between modeling and eating disturbance (Pike & Rodin, 1991); however, the findings in this area have been inconsistent (Hill & Franklin, 1998; Kanakis & Thelen, 1995).

It is also noteworthy that, although several measures of parental influence have been developed, research examining the psychometric properties of these measures has been limited (Wood, Becker, & Thompson, 1996). In particular, few studies have examined the factor structure of measures of parental influence (Benedikt et al., 1998). A related limitation is that there appears to be a general lack of consistency regarding the operationalization of the dimensions or components of parental influence. More specifically, several researchers have conceptualized direct communication and modeling as two distinct categories (Fulkerson et al., 2002; Vincent & McCabe, 2000); however, other researchers have treated parental influence as a single construct (Hill & Franklin, 1998; Pike & Rodin, 1991). In addition to the above limitations, there appear to be inconsistencies in the terminology or labels used to describe similar, and perhaps overlapping, aspects of parental influence. For example, Fulkerson et al. (2002) used the term "direct influence" to describe parental encouragement of dieting and weight-related comments, while Kichler and Crowther (2001) used "negative familial influence." Overall, researchers concluded that the construct of parental influence needs to be clarified, as the full scope of the construct may not have been addressed in previous studies (Byely et al., 2000; Dixon et al., 1996; Fulkerson et al., 2002; Kanakis & Thelen, 1995; Ruther & Richman, 1993; Shroff & Thompson, 2006).

In summary, although several studies have examined the role of parental influence in the development of body image and eating disturbance, there are a number of limitations to the previous literature. These limitations include inconsistent labeling and classification dimensions, and few studies have examined the psychometric properties of these measures, including the factor structure. In response to these limitations, the primary purpose

of the current study was to conduct an integrative analysis of previously developed measures of influence to: (1) elucidate the underlying dimensions of parental influence, and (2) develop a comprehensive and psychometrically sound measure of parental influence on the development of body image and eating disturbance. It was hypothesized that parental influence will be a multi-dimensional construct, which includes a direct influence and a modeling dimension, along with the potential for more. It was also hypothesized that each of the dimensions of parental influence will exhibit concurrent validity, as these dimensions are anticipated to be associated with body image and eating disturbance.

Method

Participants

The sample consisted of 367 female undergraduate students at a large university in the southeast United States. The majority of the participants were White/Caucasian (75.7%). The average participant age was 22.69 years ($SD = 5.61$). Based on self-report of height and weight, the BMI for a majority of participants (67.6%) was within the normal range, which was operationalized as 18.5–24.9. Further, 26.0% of the participants fell within the overweight/obese range, 25.0 or greater. Finally, 6.3% fell within the underweight range, a BMI of 18.5 or lower.

Development of the Parental Influence Questionnaire

The Parental Influence Questionnaire (PIQ) is a retrospective measure that was developed for the purpose of this study. In development of this measure, efforts were made to obtain a broad and comprehensive pool of potential items (Clark & Watson, 1995). First, an extensive literature review was conducted using the Psycinfo database, in which all measures of parental influence related to body image and eating disturbance through July 2010 were identified and reviewed. These measures were located using combinations of the following search terms: Body Image, Eating disturbance, Parent influence, Direct influence, Indirect influence, Modeling, Children, Adolescents, and Dieting. Measures were included if the article in which it was found was peer-reviewed, written in English, and was related to the influence parents have on the body image or eating disturbance of their own children. Based on this review, the initial item pool was created by extracting all potentially relevant items from measures referenced in published studies. When items were not available from published manuscripts, the authors of the manuscripts were contacted for the specific items. All contacted authors responded to requests.

Based on this review, 118 items from 22 measures were included in the initial item pool (see Table 1).

When necessary, items were modified to fit a 5-point Likert scale. This format is consistent with a majority of previously published measures of parental influence and the following response options were designated: Strongly Disagree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree and Strongly Agree. Further, items were modified where necessary to fit the retrospective nature of this study, and when asked to rate the items, participants were asked to rate their interactions with their parents when a child and adolescent.

Validation Measures

Eating Disorder Inventory-3. The Eating Disorder Inventory (EDI-3; Garner, 2004) is a self-report inventory for the identification of symptoms of eating pathology. The Drive for Thinness, Bulimia, and Body Dissatisfaction subscales were utilized. The Drive

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