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Maternal Transmission of Body Image in School-Aged Children

CAROLYN GORMAN

Abstract

This study examines transmission of body image attitudes from mothers to school aged children ages 6 - 8. Participants were 28 mother-child pairs from two area schools. Mothers completed assessments measuring their satisfaction with their appearance and their child's appearance. Children were interviewed individually where they chose actual and ideal figures and answered questions regarding feelings about their body. It was hypothesized that children's body image would be significantly associated with mother's body image. Results revealed that the children were fairly satisfied with their appearance. Children's body image was significantly associated with mother's satisfaction ratings of their child's appearance. Mother's body dissatisfaction was predicted by her BMI. These results should be interpreted with the awareness of limitations due to the small sample size. Future research will involve increasing participation and the investigation of body image investment.

Thoughts about our body can have a significant impact on our psychological health and overall happiness. Psychologists use the term "body image" to describe this concept. Body image is multidimensional as it involves countless aspects of human psychology (Cash & Fleming, 2001). Pruzinsky and Cash (2004) refer to it as "...a fundamental construct for understanding human functioning" and underline its role in an individual's quality of life. Our body esteem and various feelings and pathology may seem unrelated to the lay person but this relationship has been the subject of much research in the twentieth and twenty-first centuries. Paul Schilder has been credited with initiating recognition of the multidimensional nature of body image in his 1935 biopsychosocial approach (Pruzinsky & Cash, 2004). In the past fifty years alone, many discoveries and advances have been made in this field of study and body image is now examined in many contexts. Body image in children is a more recent focus and much more research is necessary.

Evaluation and investment are two main components to body image (Cash & Fleming, 2001). Evaluation refers to one's body satisfaction which is often measured by the degree of difference between a person's actual appearance and their ideal appearance (Thompson & Van Den Berg, 2004). Investment in terms of body image is the amount of importance placed on appearance...
Research investigating young children and what influences their body image may provide insight toward the development of appropriate preventative measures and interventions. An important influence on children's body image is maternal body image attitudes. It has been noted that both parents contribute to body image development in their children, but more often it is the mother's attitudes and behaviors that make a significant difference (Kearney-Cooke, 2002). Researchers Smolak, Levine, and Schermer (1997) cited that mothers can influence their child by modeling negative body image and its associated behaviors and/or by communicating her dissatisfaction with her child's appearance. Their study found that while both boys and girls are significantly affected by parental influence, girls are affected more often and more so by mothers than fathers. They suggested that this is due to the fact that thinness has been made an important aspect of femininity in today's society and parents feel that they are doing the right thing by monitoring their daughter's weight. Researchers Lowes and Tiggemann (2003) conducted recently a study in Australia with girls and boys ages 5 to 8 and found that girls reported having more parental control over their eating habits and a greater awareness of dieting than boys. They also found that both girls and boys had a significant positive correlation between their own body dissatisfaction and that of their mothers – the effect of the fathers' dissatisfaction was not significant for either gender. This may be attributed to the common practice of mothers having more control over food preparation and clothing choices. Studies have shown that greater food restriction actually encourages unhealthy attitudes toward food and eating. They imply that parents may believe that they are keeping their children safer by monitoring what and how often their children eat, but are doing just the opposite (Lowes & Tiggemann, 2003). The actual appearance and size of a parent (mothers in particular) can also affect the standards the child will internalize. If that parent expresses dissatisfaction it is likely that the child will adopt similar attitudes (Pike & Rodin, 1991). Another perspective is that parents are not concerned enough about their children's health. According to a very recent study, parents are failing to recognize their children as overweight or at risk for overweight and therefore are unable to see the need for intervention even when their doctor has proposed it. The same study showed that of parents of children found to be overweight, only 26% were concerned about their child's weight (Eckstein, Mikhail, Ariza, Thomson, Millard, & Binns, 2006).

According to Smolak, Levine, & Schermer (1997) two pathways for maternal transmission of body image include modeling and direct communication. They found that both of these have been shown to have a significant effect on fourth and fifth grade children. Not only did the parents that are dissatisfied with their bodies model unhealthy attitudes, but they were also shown to make more direct comments about their child's weight than satisfied parents. The boys seemed to only have been effected by the direct verbal comments while girls were affected by vicarious influences (modeling) and comments. Parental concern about being fat led to daughters' developing concerns about their own weight. It should be noted that at least one study suggested that girls are not affected by their mothers' body image concerns (Byely et al, 1999). While most literature seems to disprove the latter it is obvious that more research is needed to better elucidate the factors that contribute to negative body image in children. However, family relations that were determined to be "conflictual" were also reported to have a significant effect in the development of negative body image in adolescent girls (no boys were included in this study) (Byely et al. 1999).

Body image development in children is now being researched more aggressively although most existing body image studies are centered on adolescents. The motivation to probe more deeply into preadolescent body image comes from research reporting that 31% to 46% of 9 year old girls fear becoming fat and engage in dieting and binge eating (Edlund, Halvarsson, and Sjoden, 1996) and 31% to 39% of young boys ages 8 to 12 are dieting to lose weight (McCabe, Ricciardelli, 2005). McCabe and Ricciardelli (2005) also found that not only thinness, but muscles are a concern for children as young as 5 years old, boys in particular. Research has shown that significant percentages of young children demonstrate symptoms of eating disturbance according to scores on the Children's Eating Attitude Test.

Findings like these are important because much of the research has been focused on the objectification of women in the media. However, it now appears that similar body ideals are also being applied to men. Boys scored significantly higher than girls on importance of muscle size and muscle increasing strategies.
and media to increase muscles than girls. The changes that G.I. Joe has undergone in the past few decades are similar to those changes that have upset consumers about Barbie as a role model for young girls (Olivarida, 2002). Phares, Steinberg, and Thompson (2004) noted that findings showing that girls have more body dissatisfaction than boys may only be due to the fact that boys’ body dissatisfaction is not captured by the same assessments that measure it in girls (2004).

Given all these recent findings there is still a “wide gap” between cultural expectations of men and women and the presentations of males and females in media (Grogan & Wainwright, 1996). Therefore, much of the findings in body image are more appropriately applied to females than males. Regardless, discoveries in both male and female body image have brought attention to a more urgent need to determine how early in development such concerns arise. While a health conscious and active childhood may set the foundation for a healthy and happy life, children are much too concerned about their bodies at young ages. For example, in a study of two groups of four girls (8 year olds and 13 year olds), both groups were interviewed in order to compare these two age groups’ experiences of body dissatisfaction. Both groups expressed experiences that are a cause for concern but also seemed aware of what was acceptable and realistic. The 8 year olds described dieting as a means to thinness not health and expressed worries about being or becoming fat as did the 13 year olds (Grogan & Wainwright, 1996).

Understanding body image development is imperative to preventing negative body image and its damaging effects. There have been a number of studies on adolescents, females in particular, due to the belief that dissatisfaction comes with puberty and the natural changes that occur to the body during this time (Levine & Smolak, 2002). Recently there has been research which suggests that body image concerns begin much sooner. Preadolescent children, like the group of 8 year old girls, are already experiencing the body image concerns that older research had attributed to puberty and changes that come during adolescence (Sands, Tricker, Sherman, Armatas, & Maschette, 1996). In fact, children as young as 5 have been included in studies that have yielded significant body image concerns (McCabe & Ricciardelli, 2005). This is not surprising seeing how most children are entering kindergarten at this age and spending a good part of the day at school surrounded by peers and many types of media. Such an environment would provide a first look at social comparison and interactions like teasing and simply discussing aspects of appearance.

All of these findings that have addressed parental influence on children’s body image have led to the present study. It will examine the relationship between mother’s body image and their children’s body image, both daughters and sons. Most studies have concluded that it is the maternal figure that has the greater effect in this area so we will not be examining paternal body image in this study. While there are many important factors in the development of body esteem the primary aim of this project is to determine whether or not mother’s body image is significantly associated with their child’s body image. Mother’s satisfaction with their child’s appearance was also examined. It was hypothesized that children of mothers with a more negative body image would have a more negative body image. It is important to investigate young boys and girls so that we might discover when and how these negative attitudes develop before more serious pathologies develop.

Methods
Participants
Participants were mother-child pairs from two area schools’ first and second grade classes (n = 28). Children were from 6 to 8 years of age (M = 7.34) and mothers were from 20 to 50 years old (M = 38.5). The sample was 85.7% white, 7.1% Hispanic, and 7.1% other for mothers and 85.7% white, 10.7% black, and 3.6% Hispanic for the children. Of the 28 children there were 13 boys and 15 girls. Of the 209 families contacted to participate forty permission slips were returned. All 40 of those children were interviewed, but only 28 sets (mother-child pairs) of data were complete.

Measures
Figure Rating Scale
The FRS (Stunkard et al., 1983) was developed to measure body dissatisfaction in adults. It consists of 9 male or female figures that increase in weight and shape from very thin to obese. The subject is to pick the figures that represent their actual figure and their ideal figure. Dissatisfaction is measured by the discrepancy between the two figures chosen.

Body Esteem Scale
The BES (Franzoi & Shields, 1984) measures physical attractiveness, upper body strength, and physical condition for males and sexual attractiveness, weight concern, and physical condition for females. It is made up of 35 different body parts and functions that are rated on a Likert scale ranging from 1 (“have strong negative feelings”) to 5 (“have strong positive feelings”). For the current study the BES sent home to parents was modified to 31 of the 35 original items and “height” was added.

Body Image Assessment for Children
The BIA-C (Veron-Guidry & Williamson, 1996) measures body dissatisfaction in children. The child chooses from 9 silhouettes (male for male children, female for female children) a figure that represents their actual size and one that represents their ideal
size. The discrepancy between the two choices is used to measure body dissatisfaction. In the current study the children were made aware of the fact that they could choose the same figure for both actual and ideal or two different ones to avoid suggesting that there must be a discrepancy. To measure mother’s satisfaction with their child’s appearance mothers also rate their perceptions of their child’s actual and ideal size and shape on this scale.

Additional Assessments

In order to obtain a more comprehensive body image assessment (more than just body size) in these children a structured interview was conducted. The children chose an actual and ideal from the BIA-C figures. Next they were asked two open-ended questions, “Tell me what you like about the way you look” and “Is there anything that you don’t like about the way you look?” To directly compare mother’s body image assessment to child’s body image assessment 16 of the original BES items were modified to accommodate the child’s comprehension - for example, using “how big you are” instead of “body build.” Teeth, hair, skin color, and clothing were also added to the list of items on the children’s version. The children used a visual aid to demonstrate their feelings about the items. The FACES scale (Wong & Baker, 1988) was developed to measure pediatric pain. It consists of 5 cartoon-like faces with expressions representing “no hurt” to “hurts the worst.” In the current study the same 5 faces were used to represent satisfaction with body parts or function on the BES on a 5-point scale ranging from “very happy” to “very unhappy.” At the end of the interview they were allowed to ask the interviewer any questions that they had, thanked, and offered a sticker for their cooperation.

Procedure

Approval to conduct this study was obtained from the Bridgewater State College IRB. Permission to go into Burnell Campus School and Paul Cuffee Charter School (in Southeastern Massachusetts and Rhode Island) was obtained from the school principals and appropriate administration. Information packets were sent home to parents of all first and second grade students. One school requested that they be mailed home to parents while the rest were sent home with children from school. One school was predominantly Hispanic therefore all materials sent home to the parents were translated into Spanish by a hired translator. Materials sent home included a cover letter explaining the purpose of the study in plain language, an informed consent packet, a permission slip, three assessments, a demographics survey, and a checklist to aid the process. A reminder letter was also sent home with the children to increase participation.

All assessments (including those not sent home to parents) were modified slightly to ensure appropriateness for the current study, control for offensive language, and accommodate difficulties the children may have experienced in reading and comprehension levels. The female caretaker was instructed to fill out the enclosed assessments and questionnaires and return them anonymously by means of the prepaid envelopes provided. The children whose parents consented provided assent. They were informed what was going to happen in their interview and all assented verbally and by writing their name on an assent form. During allotted class times planned with teachers the children were interviewed for approximately 15 minutes where assessments were administered to them verbally in order to accommodate different reading levels.

Results

There was a positive correlation between the children’s own body dissatisfaction and the dissatisfaction that the mothers displayed for their child’s body image (r = .593, p < .05). Correlations were also conducted to examine the relationship between dissatisfaction and actual BMI (body mass index) for both mothers and children (r = .573, p < .05). Mother’s dissatisfaction and mother’s actual choice on the FRS significantly correlated with BMI (r = .587, p < .05). Children tended to choose the same figures on the BIA-C for their ideal figure and how they felt they actually looked (r = .593, p < .05).

Other correlations were conducted to examine the relationships between mother’s dissatisfaction and child’s dissatisfaction, mother’s actual BMI and child’s actual BMI, child’s dissatisfaction, child’s BMI and mother’s dissatisfaction with child, and both mother and child’s weight concern and weight concern scores. No significant relationships were found.

Discussion

The purpose of this study was to examine the transmission of body image attitudes from mother to child. Contrary to our hypothesis, mother’s body image was not related to her child’s body image. The small sample size should be taken into account when generalizing such results to a population considering findings that suggest otherwise in larger studies. However, mother’s satisfaction with her child’s appearance was significantly related to her child’s body image as expected. This suggests that the transmission is not one of modeling but more direct. These results could imply that child’s anxiety over body image brings the problem to the mother’s attention or that mother’s dissatisfaction raises awareness in the child and causes their anxiety; the direction of this relationship is unclear. Many studies suggest maternal transmission is expressed by way of direct comments or vicarious reinforcements (Smolak, Levine, & Schermer, 1997). If a parent is dissatisfied with their child’s appearance, this child is also likely to be dissatisfied with their own appearance. This finding is particularly interesting given the fact that the child’s actual body size was not related to either the mother’s ratings or
the child’s ratings. This suggests that something else is at work here. One could speculate that mothers who are more invested in physical appearance are more apt to express dissatisfaction with their child’s appearance. Unfortunately, investment in physical appearance was not measured. Further research is needed to better understand this relationship.

Mothers with higher BMI’s reported higher dissatisfaction with their bodies. This supports the expectations of the current study. Actual BMI has been found to predict body dissatisfaction in many studies. Not only in adults, but for children obesity is a growing problem amongst all ages. With the stigma of overweight and concern or lack of concern by parents, body image disturbances may develop that actually do exist for them simply as a result of being objectively overweight (Eckstein et al., 2006). Such cases are not involved with perception or unreasonable investment because the subjects are objectively overweight. As previously mentioned, the stigma against overweight people greatly affects body image (Eckstein et al., 2006). The fact that mothers with higher BMI chose larger figures on the FRS implies that the assessment is valid and reliable. A significant relationship was also found between child’s actual and ideal choices on the BIA-C. This is good news since it implies that the children are fairly satisfied with their appearance. Prevention programs could target this age group.

As mentioned, our small sample size makes it difficult to apply our results to the general population with confidence. The participation level of the parents may be due to the subject matter of the study. It has been noted that body image and its factors is not only at hot subject during current times but also a sensitive one. This is not necessarily something that could have been controlled for but more efforts and direct communication between the researchers and the parents may have elicited more participation. The length of the packets sent home may also have influenced the number of complete packets turned in. The informed consent involves technical vocabulary which is required by the local IRB guidelines. Placing it in the back of the more easily interpreted assessments and cover letters may be a way of getting the participants to read more of the material before deciding not to take part.

In addition to increasing participation, a suggestion for future research would be to look into mothers’ body image orientation or investment (how important appearance is to the mother). It may not be so important how the mother feels about herself but how important appearance is to the mother. Elaborating on this and the findings of the current study could contribute to more ideas for preventative efforts.

**References**


