

RUNNING HEAD: Maternal Influences

**Maternal Influences on Women's and Men's
Body Shame and Body Surveillance**

An Honors Thesis (HONRS 499)

by

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Abstract

Research shows that body dissatisfaction is relatively common in the American society, particularly among European-American women. Sociocultural factors, such as the media, peers, and parents, play a significant role in the development of women's body dissatisfaction, including body surveillance and body shame. However, mothers, in particular, may be more influential than the media and peers in the development of women's body surveillance and body shame. Mothers will often emphasize the importance of thinness by actively encouraging their daughters to lose weight or by criticizing their body shape. However, women will often feel negatively about their bodies if they are unable to conform to the ideal body standard. This study proposes that there is a significant relationship between body surveillance, body shame, and maternal emphasis on appearance. Expected analyses and results for this study are also discussed.

People in the Western society are often bombarded with pressures to maintain a certain body shape or physical appearance. In the American culture, particularly, women and men receive messages from family, peers, and the media that imply that they will be attractive, socially accepted, and successful if they have a thin body shape or a lean, muscular body. In contrast, there are numerous negative connotations associated with being overweight, such as laziness, unattractiveness, being dirty or messy, and having poor self control (Klaczynski, Goold, & Mudry, 2004).

The messages people receive about their own and other people's bodies contribute to the development of their personal body image. Body image refers to the perceptions, thoughts, feelings, and behaviors one has about her or his physical attributes (Cash & Henry, 1995). However, a large majority of people, especially women, report feeling dissatisfied about their bodies (Cash & Henry, 1995; Fallon & Rozin, 1985). Because body dissatisfaction has been strongly linked to disordered eating behaviors (Leon, Fulkerson, Perry, & Cudeck, 1993; Attie & Brooks-Gunn, 1989), it is imperative to determine the factors that influence the development of body dissatisfaction. Past research has shown distinct gender, sexual orientation, and ethnic differences in body dissatisfaction. These discrepancies, however, may be related to the differences in cultural messages imposed by the media, peers, and parents onto each specific group (Schooler, Ward, Merriwether, & Curuthers, 2004; McCabe & Ricciardelli, 2003; Strong, Williamson, Netemeyer, & Greer, 2000).

Socio-Psychological Theories

Several theories can help explain how body image develops within individuals, as well as why gender, sexual orientation, and ethnic differences in body dissatisfaction

occur. These theories include the social learning theory, social cognitive theory, social comparison theory, and the construct of objectified body consciousness. These theories are similar because they emphasize the importance of socialization agents in the development of body image.

According to the social learning theory by Albert Bandura (1977), people learn, or change their behavior, by observing and modeling the behaviors of others. In particular, people will often model the behaviors of other similar individuals, such as peers or parents, or people with an admired status, such as celebrities. Applying the social learning theory to development of body image, people may model weight-loss behaviors, such as dieting or exercising, that are demonstrated by parents, peers, or other models. However, excessive dieting or exercising may lead to the development of body dissatisfaction in certain individuals (Attie & Brooks-Gunn, 1989).

More recently, Albert Bandura (1986) added cognitive processes to the social learning theory, and renamed the theory the social cognitive theory. The social cognitive theory states that models, social persuasion, verbal messages, and personal beliefs and cognitions all contribute to the process of learning. Therefore, the development of body image in people can be influenced by models (media images, peers, and parents), verbal feedback about the body (from parents and peers), and the individuals' own beliefs and thoughts about their bodies. Numerous researchers theorize that sociocultural factors, such as the media, peers, and parents, are the primary influences in the development of body image in individuals (see McCabe & Ricciardelli, 2001). These sociocultural factors are responsible for transmitting the cultural ideals of attractiveness and body shape through modeling, reinforcement, and values (i.e. qualities that are considered

worthwhile and desirable) (Jones, Vigfusdottir, & Lee, 2004; Tsiantas & King, 2001; Pike & Rodin, 1991). For example, Pike and Rodin (1991) found that mothers who value thinness may model disordered eating behaviors and reinforce their daughters unintentionally for engaging in similar behaviors.

The development of body dissatisfaction may also be explained by the social comparison theory (Festinger, 1954). According to the social comparison theory, individuals will often compare their opinions, abilities, or attributes with the opinions, abilities, and attributes of other people. In general, people tend to compare themselves with similar people, such as peers, friends, and family members. However, people will occasionally engage in upward social comparisons, such that they will compare themselves to people who are perceived to be better than them in some aspect. Heinberg and Thompson (1992) applied this theory to the development of body dissatisfaction, and they stated that people will often compare their bodies and appearance to other similar individuals, as well as to individuals who are perceived to have the ideal body type. When individuals believe that their bodies or appearance is dissimilar to the people with whom they are comparing, then body dissatisfaction may develop.

McKinley and Hyde (1996) discuss another similar socialization concept, which is the construct of objectified body consciousness. They state that women's bodies are considered as objects to be looked at. Women are often taught to look at themselves as if they were outside observers, which is often called *body surveillance*. Thus, when women frequently monitor their bodies, internalization of the cultural ideal for a woman's body (i.e. a thin waist, mid-section, arms, and legs) may result. This leads women to choose to conform to the cultural ideal because they want to, not because of social pressure to do

so. However, when women fail to attain the internalized cultural ideal, negative feelings about their bodies and about themselves may occur. These negative feelings about their bodies and about themselves are defined as *body shame*. McKinley and Hyde (1996) found that higher levels of body shame are associated with higher levels of body surveillance, restricted eating, and disordered eating in college women.

The social learning theory, the social cognitive theory, the social comparison theory, and the construct of objectified body consciousness have been used in current studies to explain why differences in body satisfaction occur within gender, sexual orientation, and ethnicity. The following is a summary of the research on body dissatisfaction, including group differences and the factors that influence body dissatisfaction in men and women.

Sociological Differences

Gender Differences in Body Dissatisfaction

Numerous studies have shown that females are more dissatisfied with their bodies than males (Yates, Edman, Aruguete, 2004; Vincent & McCabe, 2000; Rozin & Fallon, 1988; Fallon & Rozin, 1985). Women, when compared to men, often report wanting a significantly smaller ideal body shape, in relation to their current body size (Yates et al., 2004; Rozin & Fallon, 1988; Fallon & Rozin, 1995). Women also report wanting to lose more weight than men do (McCabe & Ricciardelli, 2001; Thompson & Sargent, 2000), and women tend to exhibit greater disordered eating behaviors than men (Tiggeman & Kuring, 2004).

Gender differences in body satisfaction and weight-loss strategies may occur because women, compared to men, receive more messages from parents and peers to

maintain a certain appearance or body shape (McCabe & Ricciardelli, 2001). These messages tend to emphasize the importance of thinness and appearance. Furthermore, McKinley (1999) suggests that women, more than men, are often taught that physical appearance, particularly thinness, is important for life success and for establishing heterosexual relationships. Thus, Jones et al. (2004) showed that women may feel more dissatisfied with their bodies than men do if they fail conform to the ideal body type. As a result, women may adopt more extreme methods to lose weight, such as purging and fasting, in order to attain the ideal body type (Tiggeman & Kuring, 2004).

Sexual Orientation and Body Dissatisfaction

In contrast, only a small number of studies have been conducted to determine the relationship between sexual orientation and body dissatisfaction. Of the few studies available, research shows that heterosexual males, when compared to homosexual males, lesbians, and heterosexual females, report the greatest body satisfaction (Strong et al., 2000; Beren, Hayden, Wilfley, & Grilo, 1996). Strong et al. (2000) proposed that this is because heterosexual men may be the least likely of the four groups to receive messages emphasizing the importance of thinness and physical attractiveness. Thus, heterosexual men may feel more satisfied with their bodies. In contrast, both gay males and lesbians report similar levels of body dissatisfaction as heterosexual women do (Strong et al., 2000; Beren et al., 1996). Strong et al. (2000) theorized that homosexual males might have similar body dissatisfaction as heterosexual females than heterosexual males because there is a bigger emphasis on lean, muscular body shapes within the homosexual male subculture; and homosexual males may receive more cultural pressure to maintain a certain body shape than heterosexual men. In addition, lesbians also receive similar

sociocultural pressures to maintain a thin body shape as heterosexual women do. Thus, lesbians may have similar levels of body dissatisfaction, as well as disordered eating patterns (e.g. bingeing or purging) as heterosexual women do (Strong et al., 2000; French, Story, Remafedi, & Resnick, 1996).

Ethnicity and Body Dissatisfaction

Numerous studies have focused on ethnic differences in body dissatisfaction. African-American women consistently report greater body satisfaction and less concern about weight than European-American women and/or Hispanic-American women (Schooler et al., 2004; Henriques & Calhoun, 1999; Altabe, 1998; Cash & Henry, 1995; Story, French, Resnick, & Blum, 1995). In addition, African-American women report the least amount of dieting (Story et al., 1995), and gave themselves higher ratings of attractiveness (Altabe, 1998) than European-American women and Hispanic-American women. European-American women and Hispanic-American women generally do not differ significantly in their reports of body dissatisfaction (Altabe, 1998; Cash & Henry, 1995). Little research has been conducted on body satisfaction in Asian-Americans. However, there is some evidence that Asian-American women are more satisfied with their bodies than European-American women and Hispanic-American women, but are less satisfied with their bodies than African-American women (Altabe, 1998).

Yates, Edman, and Aruguete (2001) theorized that African-American women, compared to European-American women, are protected from the internalization of the thin ideal. On average, African-American women tend to have larger body sizes and heavier body weights than European-American women. According to Schooler, Ward, Merriwether, and Curuthers (2004), African-American women may be more accepting of

larger body sizes because African-American women tend to make more social comparisons to other African-American women rather than to women of other ethnic groups. Furthermore, a study by Patel and Gray (2001) indicates that African-American men, in comparison to European-American men, typically prefer larger body figures for women. Moreover, African-American women tend to be more accurate in judging what men think is attractive than European-American women are. Because African-American women are aware that African-American men prefer larger body sizes, they may be less concerned with attaining a thin body, and thus, have healthier body images.

Sociocultural Influences

Much research has been conducted to determine which factors influence individuals to conform to the ideal body standard. The most widely researched areas have focused on the media, peers, and parents as the principal influences on the development of body dissatisfaction (McCabe & Ricciardelli, 2003; McCabe & Ricciardelli, 2001). The media is proposed as the primary culprit for popularizing the thin ideal. Silverstein, Peterson, and Perdue (1986) showed that women's body sizes in media images have steadily decreased throughout the twentieth century. In addition, the images in the media are significantly smaller than female population (Fouts & Burggraf, 2000). Because women often compare their bodies to images in the media, they may develop negative feelings about their bodies if they perceive their bodies to be different from the images in the media (Cattarin, Thompson, Thomas, & Williams, 2000). Peers and parents will also give direct and indirect feedback to an individual concerning her or his appearance. This feedback may be in the form of criticism, weight discussions, appearance conversations, and modeling (McCabe & Ricciardelli, 2001). The influences

of the media, peers, and parents on the development of body image will be discussed further in the next sections.

Media Influences on Body Dissatisfaction

Several studies demonstrate that exposure to media images of thinness can negatively affect an individual's body satisfaction due to the process of social comparison (Cattarin et al., 2000; Jones, Vigfusdottir, & Lee, 2004; Posavac, Posavac, & Posavac, 1998; Schooler et al., 2004). Greater amounts of television watching have been linked to increased body dissatisfaction, especially for European-American women. Television programs with predominantly European-American casts tend to depict greater numbers of thin women than shows with predominantly African-American casts. Because European-American women are more likely to compare their bodies with other European-American women in the media, they may feel more dissatisfied with their bodies if their bodies are different from the depictions in the media.

In contrast, Schooler et al. found that African-American women tend to experience fewer negative thoughts about their bodies and a lower drive for thinness when they view greater amounts of television with predominantly African-American cast members. The researchers theorize that African-American women tend to make more social comparisons to people that are similar to themselves, such as other African-American women, rather than to women who are perceived to be different, such as women in other ethnic groups. Because there is a larger range of body types in television shows with predominantly African-American casts, African-American women may engage in fewer social comparisons to thinner women, and thus, feel more satisfied about their bodies.

In addition to television programs, commercials may also impact a woman's body satisfaction. In a study by Cattarin, Thompson, Thomas, and Williams (2000), women who viewed commercials depicting ultra-thin models reported an increase in feelings of depression and anxiety and a decrease in overall mood and appearance satisfaction. In contrast, women reported lower levels of depression and anxiety and higher appearance satisfaction when they viewed commercials depicting female models that did not meet the thin and attractive cultural ideal. Thus, televised images of the thin ideal can negatively influence a woman's affect and the way she feels about her appearance. Although numerous studies show that women are negatively impacted by viewing thinness images in the media, there has been little research conducted to determine how televised images of the male ideal body affect men's body satisfaction. However, McCabe and Ricciardelli (2001) suggest that males are not as influenced by media images as girls are. These authors theorize that the ideal body shape for males is not as clearly defined in the media. Thus, males may not be as pressured as females are to conform to a specific ideal body shape.

Magazines are another popular form of media that promote the thin ideal. Several studies have shown that a person's body dissatisfaction is associated with greater exposure to appearance-related magazines, such as fashion magazines, entertainment magazines, and sports/fitness magazines (Jones et al., 2004; Botta, 2002; Posavac, H., Posavac, S., & Posavac, E., 1998). This relationship, however, is more prevalent in adolescent girls than it is in adolescent boys, as girls report greater exposure to appearance-related magazines, such as fashion magazines and entertainment magazines, than boys do (Jones et al., 2004). In addition, women express greater weight concern

when they are exposed to images of ultra-thin fashion models in magazines than when they are exposed to images of realistic women (Posavac, H. et al., 1998). Furthermore, Botta (2002) found that women expressed higher levels of body dissatisfaction, drive for thinness, bulimic behaviors, and anorexic behaviors when they compared their bodies to the media images of the ultra-thin fashion models' figures.

Peer Influences on Body Dissatisfaction

Like the media, peers play a pivotal role in the development of an individual's thoughts and beliefs about their bodies (McCabe & Ricciardelli, 2001). According to Jones (2002), peers often serve as models for comparison, such that both boys and girls tend to compare their appearance with same-sex peers. Jones found evidence that individuals will compare their body shapes to peers more than they will compare their bodies to celebrities or models. Further, higher levels of social comparison to peers were strongly and positively correlated with body dissatisfaction in both boys and girls.

Paxton, Schutz, Wertheim, and Muir (1999) found that individuals may model their friends' behavior. Adolescent girls' weight loss behaviors were significantly correlated with their friends' weight loss behaviors. Moreover, adolescent girls exhibited similar body image concerns, dietary restraint, and weight loss behaviors as other girls in their friendship groups. Friendship groups who expressed more body image concerns also reported more discussion about dieting and weight-loss with their friends, reported more teasing about their appearance from their peers, and compared their bodies to others more often. In addition, girls with poor body image also reported that their friends were more concerned with weight loss. Thus, adolescent girls may adopt their friends' attitudes and behaviors concerning physical appearance.

Peer criticism and discussions about the importance of attractiveness or body size and shape may also affect body dissatisfaction in adolescents (Jones et al., 2004).

Several studies have shown that the more individuals are teased about their body size or shape, the greater the individuals' body dissatisfaction (Jones et al., 2004; Levine, Smolak, & Hayden, 1994). Jones et al. (2004) suggest that peer criticism, such as teasing, about appearance is one of the strongest predictors for body dissatisfaction in boys and girls. Similarly, they suggest that greater amounts of appearance-related conversations, both positive and neutral, can lead to the internalization of the thin ideal (i.e. believing that media images represent the ideal body) and an increase in body dissatisfaction for both sexes. However, this relationship tends to be stronger for girls than for boys because girls engage in more appearance conversations than boys do.

Parental Influences on Body Dissatisfaction

Similar to studies of media and peers, many studies show that parents can also directly influence the development of their children's body image (Barker & Galambos, 2003; Vincent & McCabe, 2000; Benedikt, Wertheim, & Love, 1998; Swarr & Richards, 1996; Thelen & Cormier, 1995; Moreno & Thelen, 1993; Pike & Rodin, 1991). Several studies have focused on how an individual's body image is related to perceived relationships with their parents. Further, there is some evidence that adolescents have healthier body images when they perceive more positive relationships with their parents (Barker & Galambos, 2003; Swarr & Richards, 1996). Swarr and Richards (1996) showed that girls who reported feeling close to their parents, spent more time with their parents, and perceived their parents as more friendly, showed fewer weight-related concerns and fewer disordered eating behaviors later in life. In addition, McKinley

(1999) showed that college women exhibited greater body esteem, defined as how individuals feel about various aspects of the body (e.g. the waist, weight, physical stamina, etc), when they perceived that their mothers approved of their appearance.

However, Vincent and McCabe (2000) found that direct parental influences, rather than the perceived quality of the relationship between the parent and child, can negatively affect body image in boys and girls. These direct parental influences include modeling, appearance criticism, encouragement to lost weight, and discussions about weight. Each of these parental influences will be discussed further in the following section.

The relationship between maternal modeling and body dissatisfaction and weight-loss behaviors in children is unclear. Several studies suggest that children will adopt weight-control behaviors (dieting) and body dissatisfaction beliefs that are modeled by their mothers (Lowes & Tiggeman, 2003; Vincent & McCabe, 2000; McKinley, 1999). In a study by Lowes and Tiggeman (2003), children's body dissatisfaction levels were positively correlated with their mothers' body dissatisfaction. In addition, McKinley (1999) found that college women's surveillance scores (i.e. viewing their own body as an outside observer) were positively correlated their mother's surveillance scores. Furthermore, mothers' and daughters' body esteem levels (i.e. feelings about various aspects of the body) were positively correlated. Therefore, young girls may model their mother's behaviors, such as dieting or focusing on outward appearance (i.e. surveillance), or their mother's negative attitudes, such as body dissatisfaction.

However, Benedikt et al. (1998) did not find that daughters modeled their mothers less severe weight-loss strategies, such as exercising and restricting food intake (see also

Thelen & Cormier, 1995). Instead, the researchers found evidence that daughters may model their mothers' more extreme weight-loss behaviors, such as fasting, crash dieting, and/or skipping meals, rather than the less extreme weight-loss behaviors (i.e. exercising and restricting food intake). Mothers who engaged in extreme weight loss behaviors also had daughters who engaged in similar or the same extreme weight loss behaviors. In addition, Pike and Rodin (1991) found that mothers' of daughters with eating disorders reported significantly more eating disordered behaviors themselves than mothers' of daughters with normal eating behaviors.

In addition to modeling, parental criticism towards their child's body may be related to increased body dissatisfaction, disordered eating problems, and internalization of the thin ideal in girls and boys (Moreno & Thelen, 1993; Pike & Rodin, 1991). Rieves and Cash (1996) showed that thirty percent of college women reported that their mothers teased or criticized their appearance during adolescence, and twenty-four percent of college women reported that their fathers teased or criticized their appearance during adolescence. In addition, a small percentage of participants reported that during childhood their parents criticized or teased them more than peers, siblings, and friends. The most commonly teased or criticized areas were the face and head, weight, and the upper torso. Moreover, Rieves and Cash found that greater levels of appearance-related teasing during adolescence was associated with more negative feelings about the body while eating, exercising, and grooming. They also found that greater levels of appearance-related teasing during adolescence were associated with more negative feeling toward physical attributes and body shape. Similarly, a study by Thompson and

Sargent (2000) found that parental criticism towards appearance during childhood was associated with higher levels of weight concern in adult women.

Research shows that parental encouragement to lose weight or to diet consistently predicts body dissatisfaction and weight-loss attempts in adolescent girls (Benedikt et al., 1998; Thelen & Moreno, 1995) and college women (Moreno & Thelen, 1993). Several studies have found that a large portion of mothers and fathers encouraged their daughters to lose weight, regardless of their daughters' actual weight (Benedikt et al., 1998; Thelen & Cormier, 1995). Interestingly, in a study by Thelen and Cormier (1995) surveying seventy families with either normal-weight or overweight children, seventy-five percent of mothers and seventy-six percent of fathers reported encouraging their daughters to lose weight. Further, seventy percent of both the mothers and the fathers reported encouraging their sons to lose weight. However, Thelen and Cormier showed that girls tend to perceive more encouragement to lose weight from their mothers than their fathers, even though mothers and fathers equally encourage their daughters to lose weight. Girls who reported greater amounts of encouragement to lose weight from their mothers exhibited higher frequencies of dieting. In addition, they report that scores on the Children's Eating Attitudes Test, which measures body weight concern and dieting behaviors, were positively correlated with the daughter's perception of their mother's encouragement to lose weight. Although research on parental encouragement for their sons' to lose weight has been rare, Vincent and McCabe (2000) found that disordered eating behaviors, such as purging and laxative use, in adolescent boys were associated with encouragement to lose weight from mothers and fathers.

In another study looking at maternal encouragement to diet, Benedikt, Wertheim, and Love (1998) assessed eighty-nine mother and daughter pairs in their levels of body dissatisfaction and weight loss behaviors (such as skipping meals, calorie counting, laxative use, etc.). The mothers also reported how much they encouraged their daughters to diet, and the daughters reported how much they perceived their mothers were encouraging them to diet. The results showed that the more the mothers encouraged their daughters to diet, the more the daughter felt dissatisfied with her body and attempted to lose weight.

Parental encouragement to lose weight or diet may also be related to eating disordered behaviors. In Moreno and Thelen's (1993) study comparing bulimic college women, sub-clinical bulimic college women (i.e. women who meet some of the criteria for bulimia), and normal-eating college women, bulimic women reported the greatest amount of parental encouragement to diet or lose weight. Furthermore, the mothers of the bulimic women reported encouraging their daughters to lose weight more often than mothers of normal-eating college women.

Although modeling, parental criticism about the body, and parental encouragement to lose weight were shown separately to affect body dissatisfaction in men and women, all three may occur simultaneously and contribute to the development of body dissatisfaction. In a study by McCabe and Ricciardelli (2003), parental encouragement to lose weight, teasing, and modeling were all combined into one category called feedback. The combination of maternal encouragement to lose weight, teasing, and modeling were found to be negatively correlated with body satisfaction in adolescent girls, but no significant relationship was found for adolescent boys. Greater

amounts of maternal feedback were also positively related to using food supplements to lose weight, as well as binge eating among adolescent girls and boys. In contrast, the combination of paternal encouragement to lose weight, teasing, and modeling was found to be negatively correlated with body satisfaction in both adolescent boys and girls.

Feedback from the father was also positively associated with adolescent boys' use of food supplements to lose weight and their desire to gain muscle tone. Thus, McCabe and Ricciardelli showed that the combination of active encouragement to diet, teasing, and modeling by parents may have detrimental effects on adolescent girls' and boys' body image development and body change strategies. Particularly, feedback from the mother may have greater influence in adolescent girls, and feedback from the fathers may have greater influence in adolescent boys.

Numerous studies show that discussions between mothers and daughters about weight are relatively common during adolescence. Girls tend to have more discussions about weight with their mothers than boys do (Vincent & McCabe, 2000; Moreno & Thelen, 1993). Vincent and McCabe (2000) showed that discussions about weight between mothers and daughters were associated with normative weight loss behaviors, such as exercising and dieting, in adolescent females. In addition, bulimic women and sub-clinical bulimic women typically report discussing weight in the home more often than normal-eating women. Thus, familial discussions about weight may contribute to the development of eating disordered behaviors (Moreno & Thelen, 1993).

As the research shows, there are numerous parental factors associated with the onset of body dissatisfaction and weight concern, such as criticism or active encouragement to lose weight. Although fathers may influence body image development

in their children, the present study will focus only on maternal influences in their child's development of body surveillance and body shame. Few studies have focused on the relationship between mothers' general appearance-related comments towards their children and the children's feelings about their bodies and themselves. Instead, the majority of studies focus on the relationship between mothers' negative comments about their daughters' bodies and their daughters' body dissatisfaction. However, mothers may be more likely to give positive or neutral appearance-related comments, rather than negative appearance-related comments, to their daughters. Therefore, it is important to determine if mothers' seemingly positive or neutral comments about appearance affect their daughters' feelings about their bodies or themselves.

Thus, the focus of this study will be to determine if general appearance-related comments from the mother are related to how much the child monitors his or her own body (body surveillance) and feels negatively about his or her body due to internalization (body shame). In addition, I will assess possible gender and ethnic differences in body surveillance and body shame levels. Because women receive more messages emphasizing the importance of appearance than men do, I hypothesize that (1) women will have higher levels of body surveillance and body shame than men. In addition, because McKinley and Hyde (1996) proposed that body surveillance and body shame are related to cultural messages about appearance, I hypothesize that (2) the more maternal emphasis is placed on appearance, the higher the daughter's level of body surveillance and body shame. Also, numerous studies have shown that African-American women have greater body satisfaction than European-American women. Therefore, I

hypothesize that (3) European-American women will have greater body surveillance levels and greater body shame levels than African-American women.

Method

Participants

For this study, I would like to include 100 women and 100 men ranging from ages 17 to 30 who are enrolled in a 4-year college or university. In order to generalize to the population, I would also like to include 50 women and 50 men ranging in ages from 17 to 30 who are not currently enrolled in a college or university. In addition, I would like this sample to be ethnically diverse, including 35% African-American Americans, 35% European-American Americans, 10% Asian-Americans, 10% Hispanic-Americans, and 10% comprised of various nationalities.

Measures

To assess the degree to which individuals experience body surveillance and body shame, the Objectified Body Consciousness (OBC) Scale (McKinley & Hyde, 1996) will be used. The OBC Scale is a 24-question survey that consists of three subscales: Body Surveillance Scale, Body Shame Scale, and the Control Beliefs Scale. McKinley and Hyde (1996) have shown the OBC Scale to be a reliable and valid measure to assess body surveillance, body shame, and control beliefs. Internal consistency alpha coefficients for each subscale are reported below. Although there is no specific hypothesis concerning control beliefs, it will be included in this survey in order to maintain the original reliability and validity of the OBC scale. Reverse scored items will be denoted by an asterisk.

Body Surveillance. Body surveillance will be measured by using the Body Surveillance subscale of the Objectified Body Consciousness (OBC) questionnaire (McKinley & Hyde, 1996). This measure consists of eight items that assesses how much a person monitors her or his appearance from the viewpoint of others. Examples from this measure include “I often worry about whether the clothes I am wearing make me look good”, and “I rarely think about how I look.” Participants will respond to these items using a 6-point Likert-type scale, ranging from 1 (strongly disagree) to 6 (strongly agree), with an option to choose NA (not applicable). Total scores will range from 0 to 48, with higher scores indicating greater body surveillance. There is evidence of good reliability for this subscale, with a reported internal consistency alpha coefficient of .89 (McKinley & Hyde, 1996).

Body Shame. Body shame will be measured by using the Body Shame subscale of the OBC questionnaire (McKinley & Hyde, 1996). This subscale consists of eight items assessing the extent to which a person feels negatively about themselves due to the internalization of cultural and societal messages concerning physical appearance. Example items of this measure include “I feel like I must be a bad person when I don’t look as good as I could”, and “When I’m not the size I think I should be, I feel ashamed.” Participants will respond to these items using a 6-point Likert-type scale, ranging from 1 (strongly disagree) to 6 (strongly agree), with an option to choose NA. Total scores will range from 0 to 48, with higher scores indicating greater body shame. There is evidence of good reliability for this subscale, with a reported internal consistency alpha coefficient of .75 (McKinley & Hyde, 1996).

Control Beliefs. Control beliefs will be measured by using the Control Beliefs subscale of the OBC questionnaire (McKinley & Hyde, 1996). This measure consists of eight items that assesses how much a person believes he or she can control his or her appearance and weight through his or her own actions. Example items from this subscale are “I think a person can look pretty much how they want to if they are willing to work at it”, and “I think a person is pretty much stuck with the looks they are born with.” Participants will respond to these items using a 6-point Likert-type scale, ranging from 1 (strongly disagree) to 6 (strongly agree), with an option to choose NA. Total scores will range from 0 to 48, with higher scores indicating greater control beliefs. There is evidence of good reliability for this subscale, with a reported internal consistency alpha coefficient of .72 (McKinley & Hyde, 1996).

Maternal Emphasis on Appearance. To assess the degree to which general appearance-related comments or conversations from the mother occur, eight items were developed specifically for this study. These items were developed because the majority of studies focus only on negative appearance-related comments by mothers, such as appearance teasing or active encouragement to lose weight. However, the main focus of this study is to look at maternal appearance-related comments that may be construed as either positive or neutral. For this measure, neutral comments will not include any positive or negative judgements or concepts. Example neutral items from this measure is “My mother compares my appearance to others”, and “My mother comments on the size and shape of my body.” Positive comments will include statements with positive judgements or concepts and statements that de-emphasize the importance of appearance. The positive items from this measure are “My mother tells me that I am beautiful or

handsome”, and “My mother tells me that appearance is unimportant.” Participants will respond to these items using a 6-point Likert-type scale, ranging from 1 (strongly disagree) to 6 (strongly agree), with an option to choose NA. Total scores will range from 0 to 48, with higher scores indicating greater maternal emphasis on appearance. In order to gather reliability data, each of these questions will be pilot-tested before distributing the survey.

Relationship with Mother. Past research shows that the perceived relationship with parents may be related to body dissatisfaction. To assess each individual’s perceived relationship with his or her mother, four items were developed for this survey. One item will measure how close each individual feels to his or her mother. This item will use a 5-point Likert-type scale ranging from 1 (Not close at all) to 5 (Very close), with a mid-point of 3 (Somewhat close). The second item will measure each individual’s feelings towards his or her mother. This item will use a 5-point Likert-type scale ranging from 1 (Extremely negative) to 5 (Extremely positive), with a mid-point of 3 (Indifferent). The third item will measure the extent to which each individual perceives his or her mother as being friendly. This item will use a 5-point Likert-type scale ranging from 1 (Very unfriendly) to 5 (Very friendly), with a mid-point of 3 (Somewhat friendly). The fourth item will measure how much time each individual spends with her or his mother. This item will use a 5-point Likert-type scale ranging from 1 (Almost no or no time) to 5 (Almost all or all of the time), with a mid-point of 3 (Some time). For each of these items, participants have the option to choose NA. Total scores on this measure will range from 0 to 20, with higher scores indicating a positive relationship with his or her mother.

Maternal Struggle with Weight. Because there is conflicting evidence for the extent to which individuals model their mothers' weight-related behaviors, this measure will be included to assess each individual's perceptions of her or his mother's struggle with weight and dieting. Four items were developed to assess each individual's perceptions about her or his mother's dieting frequency, how much each mother is watchful of her weight, how much each mother exercises, and how much each mother engages in extreme weight-loss behaviors such as fasting or skipping meals. An example item from this measure is "My mother diets in order to control weight." Participants will respond to each item on a 5-point Likert-type scale, ranging from 1 (Almost never or Never) to 5 (Almost always or Always), with a mid-point of 3 (Sometimes). Participants will also have the option to circle NA. Total scores will range from 0 to 20, with higher scores being indicative of greater maternal struggle with weight.

Demographics. Each participant will be asked to indicate her or his gender, age, class rank, and ethnicity at the end of the survey. In addition to these items, four items will assess the presence of consistent parental figures during each individual's childhood (i.e. from birth to 18 years). An example item will be "Did you have a mother living in your home for the majority of your childhood from birth to 18 years of age?" Each participant will indicate either yes or no to each of these four items. Also, each individual's number of siblings will be collected..

Procedure

The college participants will be recruited from a large introductory course in psychology. The non-college participants will be recruited from various public locations in the community. Informed consent will be obtained prior to completing the survey. The

college participants will complete the survey in a classroom setting with other individuals. Upon completion, the students will place their surveys into a large envelope near the front of the room. The non-college participants will receive a survey and an addressed, stamped envelope after giving consent. They will then fill out the survey at a later time and return the completed survey by mail in the stamped envelope. Each participant will complete the survey anonymously and completed surveys will be kept confidential.

To control for order effects, items from the OBC will be randomly presented as done by McKinley and Hyde (1996). All other items will be presented in the same order for all participants. The survey is shown in Appendix A.

Expected Analysis and Results

To test the first hypothesis (H1) that women will have higher levels of body surveillance and body shame than men, I will run t-tests comparing men's and women's scores for body surveillance, body shame, control beliefs, maternal emphasis on appearance, their perceived relationship with their mother, and their perceptions of their mothers' struggle with weight. I expect to find that women report significantly greater body shame, body surveillance, and maternal emphasis on appearance than men. However, I do not expect to find gender differences in control beliefs, perceived relationship with mother, and their perceptions of their mothers' struggle with weight.

In addition to gender differences, I will also test possible age differences for each of the dependent variables. To do this, a correlation matrix will be generated using age, body surveillance, body shame, control beliefs, maternal emphasis on appearance, perceived relationship with mother, and their perceptions of their mothers' struggle with

weight. Because the majority of participants will be college students, and thus, similar in age, I do not expect to find a significant correlation between age and these dependent variables.

However, if age differences occur, I will assess possible class rank differences. I will perform a correlation analysis comparing class rank and each of the dependent variables. However, I do not expect to find significant differences for class rank because class rank is strongly associated with age, such that individuals within a class tend to be the same age.

Ethnic differences will also be assessed. Hypothesis (3) states that European-American women will have greater body surveillance and body shame levels than African-American women. However, other ethnicities will also be included, particularly Hispanic-Americans and Asian-Americans. Thus, ANOVAs will be performed comparing each ethnic group with the corresponding scores for body surveillance and body shame. If a significant difference occurs, post hoc analyses will be performed to further explore the ethnic differences. I expect to find results similar to past research, such that African-American women will report the least body surveillance and body shame and European-American women will report the greatest body surveillance and body shame.

After completing the group comparisons, a correlation matrix will be generated to test the remaining hypothesis. Hypothesis (2) states that the more maternal emphasis is placed on appearance, the higher the daughter's level of body surveillance and body shame. Thus, to test this hypothesis, I will correlate the total scores for the maternal emphasis on appearance scale and the total scores for women's body surveillance. In

addition, I will correlate the total scores for the maternal emphasis on appearance scale and the total scores for women's body shame. Separate correlation analyses for men and women will be performed to determine the relationship between each of the dependent measures. A predicted correlation matrix for women is shown in Appendix B.

Because this study focuses on maternal influences, it is important for the mother to be present during the majority of each participant's childhood. However, if several participants report the absence of a mother figure for the majority of their lives, then they may serve as a control group, such that these individuals' scores on body surveillance and body shame could be compared to the body surveillance and body shame scores in individuals with a consistent mother figure. If this study obtained enough participants without consistent mother figures for the majority of their lives, then I would expect that these individuals may have lower body surveillance and body shame scores than individuals who had consistent mother figures for the majority of their lives. This result is predicted because mothers may directly influence the development of body shame and body surveillance in their children.

In addition, I included items that assessed the presence of a father or father figure for the majority of childhood. There may be differences in body shame and body surveillance scores in individuals who did not have a consistent father or father figure for the majority of their childhood compared to individuals who did have a consistent father or father figure. If a substantial number of participants report the absence of a father or father figure during childhood, then they may be compared to individuals who report having a consistent father or father figure. However, because the main focus of this study

is on maternal influences rather than paternal influences, I do not propose a specific hypothesis concerning the presence or absence of a father.

In addition to the presence of parents, the number of siblings each individual has may be related to the amount of undivided attention each individual receives from her or his mother. Individuals with several siblings may receive less maternal attention than individuals with few or no siblings. Thus, a correlation matrix will be generated using the number of siblings, body surveillance, and body shame. I do not propose a specific hypothesis about the number of siblings because this study does not focus on siblings.

Conclusion

Research shows that body dissatisfaction is a pervasive problem in the American society, particularly among European-American women. Numerous factors may influence the development of body dissatisfaction, including body surveillance and body shame, in certain individuals. However, parents, particularly mothers, play a salient role in the development of their daughter's body satisfaction. Mothers may unintentionally influence their daughters to feel negatively about their bodies by actively encouraging their daughters to lose weight or by criticizing their body shape. In addition, mothers may also send their daughters the message that appearance is important in life, and thereby, influence their daughters to feel negatively about their bodies if they do not conform to the preconceived standard. Because body surveillance and body shame are linked to disordered eating patterns in young women, it is imperative to determine the relationship between maternal comments about appearance and women's body surveillance and body shame. With this information, interventions can be proposed to reduce the amount of body surveillance and body shame each individual experiences.

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Appendix A:

Participants will respond to items 1 – 32 using this scale.

1	2	3	4	5	6	NA
Strongly					Strongly	Not
Disagree					Agree	Applicable

Surveillance Scale:

1. I rarely think about how I look. *
2. I think it is more important that my clothes are comfortable than whether they look good on me. *
3. I think more about how my body feels than how my body looks. *
4. I rarely compare how I look with how other people look. *
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people. *
8. I am more concerned with what my body can do than how it looks. *

Body Shame Scale:

9. When I can't control my weight, I feel like something must be wrong with me.
10. I feel ashamed when I haven't made the effort to look my best.
11. I feel like I must be a bad person when I don't look as good as I could.
12. I would be ashamed for people to know what I really weigh.

13. I never worry that something is wrong with me when I am not exercising as much I should. *
14. When I am not exercising enough, I question whether I am a good enough person.
15. Even when I can't control my weight, I think I'm an okay person. *
16. When I'm not the size I think I should be, I feel ashamed.

Control Beliefs Scale:

17. I think a person is pretty much stuck with the looks they are born with. *
18. A large part of being in shape is having that kind of body in the first place. *
19. I think a person can look pretty much how they want to if they are willing to work at it.
20. I really don't think I have much control over how my body looks.*
21. I think a person's weight is mostly determined by the genes they are born with. *
22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same. *
23. I can weigh what I'm supposed to when I try hard enough.
24. The shape you are in depends mostly on your genes. *

The following 16 items contain questions or statements about your mother or the person who acted as a mother to you. When answering these items, think about your mother or the person who resembles a mother to you. Your mother or mother figure may be your biological mother, adoptive mother, female guardian, or any female relative or friend that has acted as a mother to you from birth to 18 years of age and have spent a considerable amount of time with. If you did not have a consistent mother or mother figure for the majority of your life, then skip to item #45.

Maternal Emphasis on Appearance Scale:

25. My mother comments on my appearance often.
26. My mother compares my appearance to others.
27. My mother makes comments about how my body looks in my clothes.
28. My mother tells me that appearance is unimportant. *
29. My mother suggests ways to improve my appearance.
30. My mother tells me that it is important to look attractive.
31. My mother comments on the size and shape of my body.
32. My mother tells me that I am beautiful or handsome.

* denotes reverse scored items

Relationship with Mother:

33. How close do you feel to your mother?

1	2	3	4	5
Not Close at all	Slightly close	Somewhat close	Moderately close	Very close

34. In general, what are your overall feelings about your mother?

1	2	3	4	5
Extremely negative	Negative	Indifferent	Positive	Extremely positive

35. In general, how friendly is your mother?

1	2	3	4	5
Very Unfriendly	Slightly friendly	Somewhat friendly	Moderately friendly	Very friendly

36. Up to the age of 18, how much time, on average, did you spend with your mother on a daily basis?

1	2	3	4	5
Almost no or no time	Very little time	Some time	Most of the time	Almost all or all of the time

Maternal Struggle with Weight Scale:

Participants will respond to these 4 items using this scale:

1	2	3	4	5
Almost never or never	Rarely	Sometimes	Often	Almost always or always

37. My mother diets in order to control weight.

38. My mother watches her weight.

39. My mother exercises in order to lose weight.

40. My mother fasts and/or skips meals in order to control weight.

Demographics:

41. Age _____

42. Gender: Male Female

43. Class Rank: Freshman Sophomore Junior Senior Graduate Student

44. Ethnicity/Race (e.g. Black or African-American; White or Caucasian, etc)

45. Did you have a mother or mother figure living in your home for the majority of your childhood from birth to 18 years of age?

Yes

No

If yes, skip to question #46.

If no, then was there another person who you considered a mother figure but did not live with you for the majority of your childhood from birth to 18 years of age?

Yes

No

If yes, who was this person? _____

46. Did you have a father or father figure living in your home for the majority of your childhood from birth to 18 years of age?

Yes

No

If yes, then skip to question #47.

If no, then was there another person that you considered a father figure but did not live with you for the majority of your childhood from birth to 18 years of age?

Yes

No

If yes, who was this person? _____

47. How many siblings do you have?

0

1

2

3

4 or more

If you have more than 4 siblings, please state how many siblings you have. _____

Appendix B:

Intercorrelation Matrix for Women's Scores:

Subscale	Surveillance	Shame	Control	Rel. w/ Mom	Mom Struggle	MEA
Surveillance	-----	Pos., Sig.	Pos., Sig.	Neg., NS	Pos., Sig.	Pos., Sig.
Shame		-----	Pos., Sig.	Neg., NS	Pos., NS	Pos., Sig.
Control			-----	Zero	Pos., Sig.	Pos., Sig.
Rel w/ Mom				-----	Neg., NS	Neg., NS
Mom Struggle					-----	Pos., NS
MEA (maternal emphasis on appearance)						-----

Pos. = Positive correlation

Neg. = Negative correlation

Sig. = Significant at $p < .05$

NS = No significant relationship, $p > .05$

* **Bold type indicates a hypothesis relationship**