

Maternal Body Dissatisfaction and its Relationship to Parenting Behavior

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- Intergenerational transmission of attitudes and behaviors, especially from mothers to daughters, may help explain the development of eating disorders. However, little is known about the relational mechanisms by which this vulnerability may be transmitted. Stein and Woolley (1996) suggested that dysfunctional eating attitudes among mothers may lead to: (a) underfeeding of children, (b) conflict with and criticism of children, (c) poor role modeling, (d) unsatisfactory relationships with spouse & children, and (e) poor parenting.
- We were specifically interested in how body dissatisfaction affects mothers' parenting behaviors (i.e., praise, criticism, physical nurturance, affective expression, role reversal, autonomy granting). In addition, because research has demonstrated that parents often interact differently with daughters and sons (Fiese & Skillman, 2000; Fivush et al., 2000; Leaper et al., 1998; Pomerantz & Ruble, 1998), we also explored whether these associations differed for mother-daughter and mother-son dyads.

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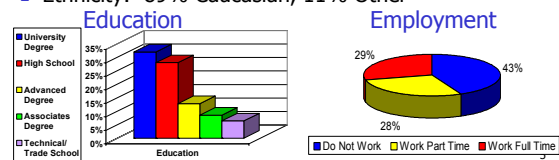
ABSTRACT

The purpose of this study was to examine associations between body dissatisfaction and parenting behaviors (i.e., praise, criticism, physical nurturance, affective expression, role reversal, autonomy granting) with daughters and sons. Mothers (N=101) completed the EDI-2 (Garner, 1991), a parenting inventory, and were videotaped in a 30-min. parent-child interaction with their 5- to 11-year-old children, which was later coded for parenting behaviors. Statistically significant Pearson correlations revealed that mothers reporting higher body dissatisfaction expressed less praise, acknowledged less affect (positive & negative) & allowed less autonomy in their interactions with their daughters. Only one significant correlation between maternal body dissatisfaction and negative affect emerged for mother-son dyads.

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PARTICIPANTS: Mother-child Dyads (N=101)

- 48 Daughters, Age: $M = 8.2$, Range = 5 to 11 years
- 53 Sons, Age: $M = 8.5$, Range = 4 to 11 years
- 101 Mothers:
 - Age: $M = 36.2$, Range = 24 to 49 years
 - Marital Status: Married = 66%, Divorced = 21%, Single = 13%
- Ethnicity: 89% Caucasian, 11% Other



INTRODUCTION

Dysfunctional family interaction patterns are often cited as major contributors to the development of eating disorders. Research suggests that families of individuals with eating difficulties are characterized by overprotectiveness, intrusiveness, enmeshment, perfectionism, rigidity, hostility, low levels of emotional expressiveness, and lack of conflict resolution (Bruch, 1973; Humphrey, 1989; Kent & Clopton, 1992; Minuchin et al., 1978; Rhodes & Kroger, 1992; Sargen et al., 1985). Parents of eating disordered individuals are likely to have poor interpersonal boundaries and a tendency to overcontrol their children (Bruch, 1978; White, 1992). In addition, adolescents and young adults with eating disorders often describe their parents as lacking warmth and interfering with their attempts to become more autonomous (Minuchin et al., 1978; White, 1992).

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INSTRUMENTS

- Eating Disorders Inventory – 2** (Garner, 1991). Scale:
 - Body Dissatisfaction (BD)
- Adult-Adolescent Parenting Inventory-2** (Bavolek & Keene, 1999). Measures parenting attitudes. Scales:
 - Role Reversal – low scores indicate boundary dissolution
 - Power/Independence - low scores indicate mothers allow less autonomy
- Parent-Child Interaction Assessment** (Hologrocki, Frieswyk, Kaminski & Hough, 1999; Hologrocki, Kaminski, & Frieswyk, 1999). Scales:
 - Physical Nurturance (Affection)
 - Positive Personal Comments (Praise, Compliment)
 - Negative Personal Comments (Criticism, Discouragement)
 - Personally Identified Positive Affect (Joy, Excitement, Pride, etc)
 - Personally Identified Negative Affect (Anger, Sadness, Worry, Guilt, etc)

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HYPOTHESES

- Body dissatisfaction among mothers will be significantly correlated with their parenting behaviors with daughters. We expect
 - Positive correlations for: criticism, role-reversal
 - Negative correlations for: praise, physical nurturance, positive and negative affect, power/independence
- Exploratory analyses will show similar correlations for parenting behaviors with sons.

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- Thus, high BD appears to differentially affect maternal behavior with daughters and sons. The absence of the usual maternal praise and affective communication may decrease opportunities for daughters to feel good about themselves and learn how to cope with emotions, which may in turn create a vulnerability to the development of eating dysfunction. In contrast, the atypical expression of anger or sadness with sons may reflect mothers' generic discontentment, expressed here as body dissatisfaction, or alternatively maternal neediness and a bid for comfort or protection from sons.
- Our findings suggest that high body dissatisfaction in mothers predicts specific characteristics of mother-daughter interactions that are often associated with eating disorders. Results support conceptualizations of the family having a role in the development of eating disorders and suggest that therapeutic intervention and prevention efforts might profitably target these types of relational mechanisms by which risk for eating disorders may be transmitted from one generation to the next.

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RESULTS: Pearson correlations for Maternal Body Dissatisfaction and Parenting Behavior

Parenting Behavior	Sons	Daughters
Physical Nurturance	0.14	-0.11
Praise	0.01	-0.60**
Criticism	0.06	0.18
Positive Affect	-0.09	-0.69**
Negative Affect	0.26	-0.47**
Role Reversal	0.00	0.11
Power/Independence	0.16	-0.33*

* $p < .05$, ** $p < .01$

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DISCUSSION

- Current findings are consistent with previous research documenting less encouragement of autonomy for daughters compared to sons generally (Pomerantz & Ruble, 1998) and in families of individuals with eating problems. Although studies typically report that emotional language (especially re: sadness) and supportive speech (e.g., praise) are generally more likely to characterize mother-daughter interactions (Fiese & Skillman, 2000; Fivush et al., 2000; Leaper et al., 1998), mothers with higher BD demonstrated low levels of praise and affective expression with their daughters. These same parenting deficits are often seen in families of girls with eating disorders. In contrast, only a moderate positive correlation between BD and expression of negative affect was found for mother-son dyads.

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