

Purchase College

Breaking the Body Image Cycle

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### Abstract:

Body image includes the mental representation one has of their body, along with the thoughts and feelings about that body. When discussing the development of body image in young girls, it is most common to review outside influences like media, but more research is being done on more proximate factors like family. In particular, there has been a focus on how mothers negatively affect their adolescent daughters' body image. By examining the qualities of mother-daughter relationships as well as maternal modeling, we can understand how mothers are affecting their daughters in terms of self-esteem and body satisfaction. Because a mother and daughter's self-objectification are positively related to one another, a mother's body attitude and her beliefs about beauty standards are negatively influencing her daughter's body image. Daughters are internalizing their mothers' insecurities. Mirroring mothers' weight concerns and dieting habits are putting adolescent girls at a greater risk for disordered eating. Disordered eating can have especially critical effects when the daughter is going through puberty, as it can inhibit proper physical and mental development. The perpetuation of a societal ideal thin by mothers is harmful to both daughters and the society they grow up in. Acknowledging their role in the development of their daughters' body image can assist mothers in filtering out negative influences while reinforcing positive ones. Efforts to prevent negative body image among adolescent girls can include modeling healthy behavior, like avoiding diets, and providing an environment that fosters healthy choices. These endeavors can help children develop identities that go beyond physical appearance.

## Breaking the Body Image Cycle

It is universally understood that women face societal pressure to look a certain way, but what is less clear is exactly where this requirement for outside validation concerning physical appearance comes from. Research has been done to investigate both internal and external components of the development of body image. The media is particularly seen as a major factor in how women view themselves (Huang, pg. 1). A factor that is less often examined but can be just as, if not more, influential is parental body attitude. Body attitude or body image has been defined as “the mental representation of our bodies that we hold in our minds,” and psychologists have acknowledged that there are certain pathologies that may alter this representation (Roosen). Literature within the field suggests that body attitudes are formed during early childhood. More recent research has found that such attitudes are forming in even younger age groups than previously considered. As we come to better understand the influence of gender roles on body image, more research is being done on how mothers can directly shape their daughter’s body image. Mothers can relay their own beliefs about beauty standards, impacting their daughters’ weight related behaviors. Through both modeling of weight related behavior and familial relationship style and quality, mothers negatively influence their daughter’s body image, notably in pre-adolescent girls.

Most of the research pertaining to body image has only recently been conducted within the last couple of decades. Of this research, much of the interest has been in body image under extreme conditions, like eating disorders (Markey, pg. 1387). There exists a broad range of body image experiences and their consequences deserve to be examined as well. Understanding how and when body attitudes are formed is imperative in grasping parental influence. Research has focused on puberty as a crucial time in the formation of body image. “Puberty is a transitional

period between childhood and adulthood, during which a growth spurt occurs, secondary sexual characteristics appear, fertility is achieved, and profound psychological changes take place” (National, pg. 1). Pubertal changes occur in girls from about age eight to age fourteen, and in boys from about ages nine to fifteen. Although puberty is largely controlled by the brain, the pituitary gland, and the gonads, it is also controlled by their interactions with the surrounding social and cultural environment (National, pg. 2). Young girls go through physical changes and natural weight gain. This may make girls more self-aware of societal body standards and they may find themselves comparing their own bodies to those ideals. Most studies “reveal puberty as a risk factor for girls’ body dissatisfaction” (Markey, pg. 1388). Puberty affects girls and boys differently, and it is relevant to examine how these differences can impact body image. For boys, getting taller and increasing muscle mass may bring some closer to and even to their ideal figure. For girls, nearly the opposite is true, as natural weight gain may cause them to fall further away from their ideal figure (Lowes, pg. 144). These differences are decisive in why adolescent girls are more likely to experience negative body image than their male counterparts.

During puberty, children do not only develop physically, but they also begin to develop an identity. Adolescents begin to evaluate themselves within a societal context. “Adolescents’ perceptions of their physical appearance contributes most significantly to their sense of self” (Markey, pg. 1388). Children begin to dress themselves and outwardly express themselves. Their physical appearance becomes essential to their personality, and they may become more aware of what they look like. Adolescence is also a momentous time for fostering peer relationships. Children discuss their physical appearances with their friends and that feedback they receive may have an influence on their desire to change physically. Negative feedback in particular has been found to be detrimental in the development of body image (Markey, pg.1388). Amid these

mental and physical changes, children are not only becoming cognizant about what they look like to themselves, but also what they look like to those around them. Being more receptive to the opinions of others may make children more vulnerable when it comes to body image.

Despite the fact that the biological odds may seem stacked against women, on top of consistently being objectified in the media, not all women experience self-objectification or dissatisfaction with their bodies. This has inspired research that focuses more on immediate sociocultural factors, like family, and their role in shaping body image (Arroyo, pg. 231). As young girls begin to develop a physical and mental sense of self, they begin to take note of how they are perceived by others as well as how others perceive themselves. It is only natural that they start becoming aware of dieting and dissatisfaction with body in their mothers. Studies show that girls are demonstrating dissatisfaction with their own bodies in pre-adolescence. By age seven or eight, a considerable number of girls expressed a desire to be thinner (Lowes, pg. 136). This raises the questions of when exactly young girls become mindful of dieting and other unhealthy ways to reach this ideal figure and who they are learning this behavior from.

In a study in which children were interviewed to gauge knowledge surrounding dieting, it was found that children aged eight to thirteen were 'well informed' about what constitutes dieting, and that children of this age 'soak up the information that is so widespread in their environment' (*Schur et al.* Qtd. In Lowes, pg. 136). The children were first asked to define what a 'diet' was in order to see what kind of definitional understanding they had. They were then presented with a short story and asked a series of questions to see what kind of conceptual understanding of dieting they had. While only 25.2% of children were able to define 'diet,' 52% recommended that the fictional character in the short story should diet in order to lose weight. When the results are broken down by age, five- and six-year-olds did not differ significantly in

their definition of dieting, but seven- and eight-year-olds had significantly greater knowledge of the definition compared to both five- and six-year-olds (Lowes, 141). This could point to when exactly children become fully cognizant of dieting and body image. It is likely that the impact of body image, whether poor or positive, affects children younger than expected. Looking at a sample of slightly older children, “Gustafson-Larson and Terry (1992) found that 40% of fourth-grade children reported very often or sometimes dieting, while 80% reported very often or sometimes altering their food choices to prevent weight gain. Likewise, Thelen and Cormier (1995) found that 28% of fourth-grade girls and 21% of boys had dieted at least once” (Lowes, pg. 136). This hints at the gap between the ages of four and nine to be a critical time in the formation of body image and the understanding of dieting as a means to improve body image. Understanding this progression of body image may prove useful in early prevention or support for children.

In a separate study, pre-school children were presented with positive and negative qualities and asked to assign each quality to a body figure size. The body figures ranged from very thin to very large. For example, the children were asked to identify a figure that was mean or that they would not invite to their birthday party. The study found that children selected larger figures for negative characteristics, while selecting thinner figures for positive characteristics (Damiano, par.12). It is concerning that children as young as four years old already held such biases against larger bodies. Body dissatisfaction was also assessed, finding that most participating boys and girls were satisfied with their body size. This was a compelling contrast to the great deal of weight bias that was demonstrated by the children. Further research is needed to track changes in body attitudes towards others and changes in their own body attitudes. Nonetheless, the discovery that even some four-year-old children perceive that they have a larger

body size and desire to be thinner may hint at early-onset negative body image (Damiano, par. 32). These facts may also serve as evidence for increased weight stigma being passed from mother to child.

Recognizing that children of such a young age have such a significant awareness of dieting is troubling, but it hints at the fact that they pay attention to and internalize the behaviors of their mothers. Mothers are constantly vocalizing their dissatisfaction with their bodies. Daughters observe their mothers and begin to mirror both their desire to be thin and their method of achieving such a desire, i.e., dieting. This internalization leads daughters to have poor body image and restrict caloric intake in order to feel better about or alter her physical appearance. Mothers have a negative impact on their daughter's body image because they endorse an unhealthy relationship with food. Instead of viewing food as a means to nourish their body, daughters are viewing it as a way to control their physical appearance.

The study in which children were asked to assign figures to personal attributes is one of many that found a gender-linked model of transmission of body size attitudes. Boys were more influenced by their father's attitudes, while girls were more influenced by their mother's attitudes. The previous study which sought out children's understanding of dieting also found that "girls' level of body dissatisfaction was related to their perception of their mother's, but not their father's, body dissatisfaction" (Lowes, pg. 145). Contrastingly, this study found that boys were also influenced more by their mothers than their fathers. Researchers explain that this may be because a mother "may be the parent most heavily involved in the production and presentation of food, and also in the choice of clothing. Thus, her concerns regarding weight and body shape are likely the most salient for the young child." (Lowes, pg. 145).

Although fathers may also play a role and should not be left out of the conversation, it is most common for mothers to be the primary caregiver for a child and therefore likely the greatest influence. Mothers have direct control over what a child is eating for a large portion of their adolescence. They decide when and how often children eat meals, as well as what portions they eat. Aside from what goes on the plate at the dinner table, mothers have control over the environment surrounding meals. They make it clear to a child that they are not happy with the child's weight. Fostering an environment in which a child is made to feel guilty over what they are eating or is made to feel self-conscious about how much they are eating can be detrimental to that child's body image.

Equally important, a study by Arroyo and Anderson investigated the extent to which a mother's self-objectification was related to their daughter's self-objectification. The study focused on mothers and their college-aged daughters and hypothesized about three intervening factors: maternal care as a direct factor, and co-rumination and mothers' weight concerns as indirect factors. These factors are considered under objectification theory, social learning theory, and attachment theory. Objectification theory posits that women are treated as bodies that exist for the pleasure of others, and that women evaluate their bodies from an external standpoint (Arroyo, pg. 232). Social learning theory is used to evaluate this objectification between mothers and daughters. Social learning theory explains that people acquire behaviors by observing and modeling others' behaviors. Adolescent daughters mirror their mother's self-objectification. Attachment theory contends that a person's well-being is determined by the relationship with their primary caregiver, which is the mother in most cases (Arroyo, pg. 232). Both mothers and daughters were asked about the nature of their relationship.



The results of the study confirm that mothers' and daughters' self-objectification are positively related to one another. This supports social learning theory in that daughters learn to self-evaluate by observing such behaviors in their mothers'. It also confirmed that perceived maternal care was found to moderate this relationship, meaning that daughters reported higher levels of self-objectification when they perceived their mothers to be less caring. Mothers reinforce daughters' negative body attitudes with lack of consistent caring or supporting messages (Arroyo, pg. 238). Of the indirect factors, perceived co-rumination about weight with mothers was found to be a significant mediator, but perceived mother's weight related concerns were not (Arroyo, pg. 231). Daughters whose mothers engage in more weight related conversations and display more weight related concerns report higher levels of self-objectification.

Daughters learn gendered behavior from their mothers and, through such conversations about weight and appearance, grasp personal and societal ideals which they then compare their own weight to. If a mother shows a preoccupation with weight, it is more likely that she encourages her daughter to lose weight, which may lead to restrained eating (Arroyo, pg. 232). Mothers do not filter their insecurities when it comes to conversing with their daughters. In fact, they project them onto their daughters. Mothers may think that they are expressing their feelings, but they are failing to realize the disservice they are doing for their daughters. These interactions are harmful because they maintain and perpetuate socially constructed objectification of women's bodies. This leads daughters to adopt unhealthy behaviors which can further develop into eating disorders.

A separate study stepped away from the idea that daughters model their mother's behavior and focused primarily on how mother-daughter relationship quality can affect body

image. The study examined the relationship quality between daughters aged eight to twelve and their mothers, as well as the daughters' body image. The girls were asked to choose figures that best represented their current figure as well as their ideal figure in order to understand their level of satisfaction with their bodies (Smith, 2685). They were then asked to answer questions on a scale to measure their perception of the quality of the relationship with their mothers. The girls were presented with statements such as "I am really understood by my mother" and asked to choose from options that ranged from "strongly agree" to "strongly disagree" (Smith, 2686). Mothers were presented with the same tasks but in relation to their daughters. The study determined that girls who reported more positive relationships with their mothers also reported higher body esteem and less body dissatisfaction. Maternal perception of the relationship quality was not associated with any of the measures of child body image (Smith, pg. 2690).

How a mother feels about her relationship with her daughter plays less of a role on her daughter's body image than how her daughter feels about their relationship. Only a slight majority (50.7%) of daughters in the study reported a relationship with their mother of "average" strength. A decent amount (36.8%) of daughters described the relationship as "moderately negative" (Smith, pg. 2688). Less than seven percent of daughters reported a positive relationship. Most girls do not perceive a positive relationship with their mother, and as a result most girls are experiencing the negative effects of lower body esteem and higher body dissatisfaction. The correlation between mother-daughter relationship and body image is even stronger for daughters who are overweight/obese (Smith, pg. 2691). This is demonstrative of the bias that many mothers carry about weight and inflict on their daughters in particular. The fact that most mothers described their relationship with their daughters as positive and that this perception of their relationship quality was not correlated with their daughter's body image may

be part of the problem. Mothers may believe that they are being positive and supportive influences, when they are instead part of the problem. This misconceived idea about their role can prevent them from acknowledging their actual responsibility in the development of body image.

More concrete variables, like dietary intake and physical activity, in adolescents are also important when analyzing body satisfaction. Eating habits and physical activity are habits that originate in early childhood and are carried into adulthood (Gubbels, par. 1). One study examined parenting practices concerned with dietary intake, like restricting the intake of unhealthy food, and physical activity, like restricting the amount of sedentary time. One of the more interesting findings of the study was that parents imposed more dietary restrictions on girls than boys but restricted the sedentary time of boys more than girls (Gubbels, par. 21). This means that girls were asked to eat less while boys were encouraged to be more active.

Such a finding can point to the importance of framing healthy behaviors in children. Encouraging children to partake in healthy activities may have a different impact than wanting them to consume less food. Promoting physical activity can foster healthy behaviors in adolescents, while promoting dietary restrictions can have adverse effects on an adolescent's health. This is yet another indication of the gender biases that exist in the formation of body image. "It was found that girls perceived their parents to have greater control over their eating behavior than boys in every age group. Given that the girls were not significantly heavier, such parental concern for their daughters, in comparison with sons, does not seem warranted. It is, however, consistent with Hill and Franklin's (1998, p. 11) reasoning that 'parents want the best for their child, and for women, it appears that the best comes to those who are thin'" (Lowes, pg. 145). Mothers are projecting the idea that their daughters' value is dependent on weight or

physical appearance. This makes it clear to young girls that the emphasis is on weight rather than overall health. The difference in standards between male and female adolescents in terms of physical appearance needs to be acknowledged and considered by parents when it comes to raising their children.

Mothers in particular must recognize their own bias when it comes to physical appearance and weight. Studies have found that “mothers' dislike of overweight children and personal fear of fat were positively associated with young children's negative attitudes about an overweight figure” and “mothers' internalization of the thin ideal was associated with young children selecting thinner figures for positive characteristics” (Damiano, par. 4). A mother's internalization of a societal thin ideal not only causes their daughters to become vulnerable to body image insecurities and even eating disorders, but also to impose judgments on others according to their weight. This is harmful for daughters' formation of peer relationships, as they are judging people's characters based on superficial elements. This also has detrimental effects for society in general, as more and more value is placed on outward appearance rather than a legitimate appraisal of personality.

When mothers do not have a healthy relationship with food and positive body image, they set their daughters up to follow in the same footsteps. The impact that mothers' eating disorders have on their daughters has been a particular focus in the field of research on body image. Studies have shown developmental disturbances in children of mothers with eating disorders, but little research has been done when disturbed eating habits tend to emerge, principally in middle childhood (Stein, 324). One of the few studies conducted was a follow-up comparative study, which investigated the eating habits and attitudes of ten-year-old children to see whether or not they have been affected by maternal eating disorders. Participating children

were found to exhibit more dietary restraint and to hold over-valued ideas about weight and body type (Stein, pg. 327). Although children did not meet the criteria for anorexia nervosa, some displayed habits in line with a diagnosis of food avoidance emotional disorder or selective eating. One explanation for this may be that mealtimes were observed as a source of contention between mothers and children, which may communicate to the child to place importance on the amount and manner in which they eat. The study found that length of exposure to maternal eating psychopathology was a strong factor in influencing whether a child would go on to develop disturbed eating habits. Accordingly, “the longer children are exposed to dysfunctional maternal eating habits and attitudes, the more likely they are to develop dysfunctional eating habits and attitudes themselves” (Stein, pg. 328).

The incidence of anorexia nervosa, characterized by severely restrictive eating in order to achieve an ideal figure, is increasing in younger populations (Jenkins, pg. 1). Reducing caloric intake at such young and vulnerable ages “may delay puberty and restrict subsequent physical growth, perhaps permanently” (Higgs, pg. 346). Mothers exposing children to disordered eating can have adverse effects on crucial physical and mental development. At age fourteen or younger, a diagnosis of anorexia is considered early onset. The age of development of anorexia has been observed to have differences in clinical features. Individuals with early onset anorexia nervosa “demonstrated a longer illness duration, higher eating disorder symptoms and dysmorphic concern than those with later onset anorexia nervosa” (Jenkins, pg. 1). They also demonstrated decreased cognitive flexibility. Poor body image before and during puberty can be critical if it develops into an eating disorder.

It is important to note that many of the studies mentioned preclude assumptions of causality and rather support an interactive model between mother-daughter relationship and body

image. It may be useful to consider further research on the developmental progression of gender alongside body image. Some researchers have pointed to social cognitive theory of gender development, which hypothesizes that “gender development is abetted by modeling observed gendered behavior, learning from the consequences of gendered behavior, and by direct instruction on gendered behavior” (Arroyo, pg. 238). It is essential to remember that mothers exist within the same society that fosters insecurities in practically all women.

The conclusion that mothers have a negative impact on their daughters’ body image is not all bad news. The fact that mothers can play a role in the shaping of their children’s body image means that there is the possibility for this role to be a positive one. Because “A more positive mother–child relationship is associated with lower body shame and higher body esteem in adolescents and individuals with a history of low parental care report higher levels of body dissatisfaction and a more negative body image (Ackard et al. 2006; Katz-Wise et al. 2012)” the quality of the relationship with one’s mother may serve as a protective factor against poor body image (Arroyo, pg. 233). Thus, enhancing mother-daughter relationships can serve as a preventative effort at the family level. If “it is possible that the perception of a positive maternal relationship could protect at-risk/overweight girls from negative peer feedback about their weight or media messages about weight loss, such that overweight/obese girls with positive relationships with their mother place less importance on these messages,” then mothers can in fact play a crucial role in breaking the cycle of negative body image for women (Smith, pg. 2691).

It is important to address the efforts in preventing negative body image among adolescents in order evaluate what has proven successful. Parents must self-evaluate at various levels in order to support their child in participating in healthy behaviors. “Parents can identify

risk factors that they are able to modify (e.g., exposure to conversations about dieting at home) and protective factors that they would like to reinforce (e.g., child's interest in sports participation) and develop a plan for addressing these factors" (Neumark-Sztainer, pg. 135). Family meal structure is a key influence on the use of unhealthy weight control behaviors. Girls who report unhealthy weight control behaviors tend to report low family meal structure, while girls who do not report unhealthy weight control behaviors tend to report high family meal structure (Neumark-Sztainer, pg. 137). This means that sitting down and having as many structured meals as possible with children helps to prevent unhealthy behavior. Mothers can also avoid talking about weight less and avoid derogatory comments in order to "serve as a filter, filtering out the potentially harmful messages that their children may be receiving from the more distal levels of influence, such as their peers or the media" (Neumark-Sztainer, pg. 137). Currently, mothers have a negative impact on their daughters' body image, but they have the potential to be a positive influence. Instead of perpetuating harmful messages to adolescent daughters, mothers can play a key role in blocking them out.

There are specific ways that mothers can filter out negative influences while reinforcing positive ones to support healthy behaviors in their children. Mothers can model healthy behaviors by avoiding things like dieting or making negative weight-related comments. Engaging in physical activities and making healthy food choices can also be beneficial for their children. Another behavior includes providing an environment that fosters healthy choices for children. This includes making healthy foods readily available and structuring out family meals. A key behavior is helping children develop identities that go beyond physical appearance. This can help to prevent poor body image. In addition to modeling behavior, mothers can make sure to provide an environment in which children feel comfortable discussing weight concerns

(Neumark-Sztainer, pg. 138). Catching problematic behavior or negative self-talk early on can help children stay on track with healthy habits and prevent behaviors that compromise their health, such as eating disorders.

The reason that positive influence between mothers and their daughters is not occurring may be that ‘parents understand quite well what they should be feeding their children, but there is a significant gap in understanding how to encourage their children to eat healthily (Hart, pg. 1). In order to effectively encourage healthy behaviors, mothers should approach their children from a health-centered perspective rather than a weight-centered one. Although obesity in children is a serious health concern, body dissatisfaction is also a health concern and can actually exacerbate the symptoms of obesity (Hart, What Parents Know pg. 1). Another concern is that parents do not have a good understanding of body image, believing that it is only relevant to parenting later in childhood (Hart, What Parent Know pg. 1). If mothers acknowledge the importance of positive body image, they can better assess risk factors and influences and identify what they can do about them.

In a study that investigated what parents understood about body image in children, researchers asked parents what they wanted out of public health interventions to help them adequately prevent body dissatisfaction in their children. “Parents want information on positive feeding practices and strategies to avoid developing negative ones” (Hart, What Parents Know pg. 1). Most of the available guidelines clearly do not meet the multiple demands of both parents and children. A group of researchers aiming to change this have designed “Confident Body, Confident Child (CBCC), an intervention for parents of 2-to-6-year-old children, designed to promote body satisfaction, healthy eating, and weight management in early childhood” (Hart, Confident Body pg. 458). The program begins by explaining to parents why their own body



image is important for their children, making them cognizant of the ways in which they are displaying harmful behavior. Tips are provided about how to assess feelings about their bodies, even giving parents ideas about how to respond in certain scenarios. Parents are then given tips on how to help build their child's self-esteem, as well as things to avoid doing and why they may be harmful. Tips about dealing with outside factors, such as extended family, peers, and media are also provided (Damiano, S.D). This is useful in encouraging parents to filter out negative influences.

Teaching mothers how to have constructive and healthy conversations about weight and body image with their children can stop mothers from being negative influences on body image. It is important for mothers to learn that their behaviors are harmful, how to catch themselves before they partake in that harmful behavior, and what to do instead. Framing positive body image as a dynamic between healthy eating and physical activity, rather than just a particular size or weight, can allow for mothers to assist their children in developing positive body image. Mothers need to shift from promoting an ideal body to promoting a healthy body.

It is unmistakable that mothers have a great influence on their daughters' body image. As more research is done, the ways in which daughters are directly and indirectly negatively influenced by their mothers is better understood. An improved awareness of the effects of modeling weight related behaviors and familial relationship quality may counter negative body image in adolescents and even prevent eating disorders later in life. The first step that mothers must take is admitting and understanding the negative role that they currently play. Mothers must actively try to unlearn the toxic beliefs about weight and physical appearance that are harming both themselves and their daughters. This can allow for mothers to go from having a negative impact to instead being a protective factor in the prevention of negative body image.

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