

Exploring the Extent of Maternal Awareness on the Development of Eating Disorders Among Young Girls

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ABSTRACT

Young girls are often pressured to conform to societal beauty standards within their developmental contexts, as a child's environment often influences the values that they adopt. Specifically, maternal influence is a major risk factor for the development of eating disorders among daughters, as mother-daughter relationships either buffer or enhance the salience of societal ideals. Thus, this study aimed to explore the extent to which mothers understand the impacts of three key maternal risk factors: Maternal Modeling, Maternal Criticism, and Insecure Attachment. To evaluate maternal perspectives, a survey was distributed to the mothers at Lake Washington High School (LWHS). The survey collected participants' (n=70) opinions on whether 3 scripted scenarios, each corresponding one of the risk factors, were harmful or not and why. It was apparent that participants were more likely to correctly understand risk factors directly linked to food and body image such as Maternal Modeling and Maternal Criticism but were less likely to comprehend risk factors indirectly related, such as Insecure Attachment. Participants were also presented with Likert scales that prompted them to recall their own mothers' behaviors. It was found that when a mother is aware of a risk factor, she is less likely to practice it and more likely to teach her daughter that it is harmful. Implications of these findings include the implementation of programs to spread awareness about maternal risk factors such as Insecure Attachment, to teach mothers how to foster a healthy environment surrounding food and body image for their daughters.

Introduction

Body image is a prominent factor in every teenage girl's life. Although the ecological contexts in which body image concerns occur often vary, whether it be at home, in school, with friends, etc., discussions and expectations around societal ideals for women along with ideologies and values regarding food and body image are always present. Throughout my adolescence, my mother has constantly dealt with body dissatisfaction due to a variety of factors, but especially because of the family environment she grew up in that emphasized the pressure to conform to the thin ideal. When we would visit my grandmother, I was exposed to a variety of strict dieting behaviors, judgement towards other people's bodies, and an overall toxic climate surrounding food and body image. I began to comprehend that the behaviors I saw in my mother were just a fraction of her childhood reality as she grew up in a home that modeled maternal body dissatisfaction, unhealthy eating habits, and encouraged the thin ideal. I connected my own struggles around food and body image to the behaviors that I had witnessed from both my mother and my grandmother throughout my childhood. These experiences helped me appreciate the importance of a mother's role in shaping a daughter's perception of what it means to be a woman, as I saw the generational similarities between the beliefs and behaviors that my grandmother, my mother, and myself shared.

The body of literature has already established a variety of maternal risk factors for the development of eating disorders among young girls, the most prominent being maternal criticism, maternal modeling, and insecure attachment. However, it is unclear whether mothers are aware of the extensive impact that these risk factors have on the development of eating disorders among daughters. Therefore, the goal of this study was to explore the extent of maternal awareness around this topic to guide future research endeavors hoping to improve maternal awareness surrounding the types of parenting behaviors that often have an adverse effect on the way that daughters understand ideologies surrounding food and body image.

Literature Review

Family Dynamics

Eating disorders have been found to develop at an early age for girls, with 35% of 5-year-old girls reporting the use of dietary restraint (Damiano et al., 2015). Family dynamics have been identified as a major risk factor for the development of eating disorders among young girls, as the home environment has a major influence on the cultural values and ideals that daughters are exposed to and adopt (Allen et al., 2014). Regarding the development of eating disorders among girls, the family is what influences a daughter's understanding of cultural messages surrounding body image and is a conduit that reinforces the importance of said messages (Haworth-Hoepfner, 2017). In addition, dysfunctional family dynamics can prohibit the ability of children to develop effective and healthy coping strategies, which can often lead to the use of eating disorder behaviors to resource themselves (Leys et al., 2017). More specifically, maternal influence has been pinpointed as most impactful, as it was found that girls often feel as though their mothers emphasize the importance of weight and shape more so than their fathers (Rodgers and Faure and Chabrol, 2009).

Maternal Modeling

The early relationship between mothers and daughters is vital in shaping an environment that will either buffer or enhance the development of eating disorders among young girls (Milan and Acker, 2014). Since mothers serve as a model for their daughters to understand what it means to be a woman, daughters are largely impacted by their mother's comments and behaviors regarding body image and eating practices compared to sons (Brun and Mayhew and Mudry, 2021). Therefore, since daughters copy the behaviors that they see their mothers perform, body dissatisfaction, binge eating, and dietary restraint among mothers may increase the chances that the daughter will develop similar behaviors (Marcos et al., 2012). Further, mothers who experience body dissatisfaction and unhealthy eating behaviors are likely to reinforce harmful attitudes towards weight and food to their daughters (Brun and Mayhew and Mudry, 2021; Maor and Cwikel, 2016). Thus, young girls who observe disordered eating behaviors in their mothers often experience body dissatisfaction themselves (Brun and Mayhew and Mudry, 2021). In addition, dietary restraint among daughters is commonly predicted by maternal concern about child weight (Allen et al., 2014), and maternal concern regarding her child's weight is closely linked to her own body dissatisfaction or fear of gaining weight (Rodgers et al., 2013). When mothers put more importance on their own appearance as well as their daughters' weight and shape, the drive to achieve the thin ideal increases (Rodgers and Faure and Chabrol, 2009). Therefore, maternal concern regarding child weight, which is often predicted by her own negative body image, as well as maternal modeling of eating disorder behaviors are both major risk factors for the development of eating disorders among adolescent girls.

Maternal Commentary

When mothers face concerns about their own bodies, they often project their body dissatisfaction onto their daughters by criticizing their weight and encouraging restrictive dieting practices (Cooley et al., 2007). Mothers who pressure their daughters to diet and lose weight often cause them to practice disordered eating behaviors. More specifically, maternal criticism of weight and shape, as well as encouragement to diet are actions that serve as social reinforcement of the thin ideal (Marcos et al., 2012), which leads to unhealthy dieting practices to conform to societal beauty standards. Further, cultural messages regarding the salience of weight and appearance are often amplified within households that frequently discuss such topics (Haworth-Hoepfner, 2017). Therefore, conversations regarding appearance that include maternal criticism often predict dietary restraint among young girls (Damiano et al., 2015). Maternal commentary on daughter appearance may also cause the development of Eating Disorder Voices (EDVs), which are defined as “a second or third person commentary on actions and consequences related to eating, weight, and shape” (Pugh and Waller and Esposito, 2018). Voices such as these may be a subconscious reflection of maternal criticism, which further demonstrates the adverse effect of maternal commentary on the development and longevity of eating disorders.

Attachment Styles

Daughters with Anorexia Nervosa often describe their parents as overprotective, controlling, and unsupportive of their independence (Izydorczyk et al., 2021). For example, in one study it was found that sisters with Anorexia Nervosa were first left with another adult overnight at an older age compared to the healthy siblings, which indicates that maternal overprotection is likely a risk factor for the development of some eating disorders (Taborelli et al., 2013). While some patients with a history of eating disorders experienced more anxiety and overprotection from their parents, some experienced higher levels of avoidance as well as rejection in their family relationships (Toreno et al., 2008). Unstable attachment levels within relationship types such as these have proven to be associated with the development of eating disorders (Izydorczyk et al., 2021). As a result of insecure relationships, adolescents with eating disorders may interpret their weight as a reason for the people they care about not to love them or value their relationship (Milan and Acker, 2014). Young girls who feel insecure about the love or care within their relationships often use eating to cope with their feelings of insecurity and attachment vulnerability (Milan and Acker, 2014). In addition, when children experience repeated or significant stressful situations without a stable support system, they are more likely to turn towards emotional eating as a coping strategy (Allen et al., 2014). Emotional abuse during adolescence, whether it be overprotection or insecure maternal attachment, may lead to lower self-esteem and negative beliefs about the self and others, which in turn increases the risk of the development of unhealthy eating pathology and negative body image (Pugh and Waller and Esposito, 2018; Colmsee and Hank and Bosnjak, 2021).

The Gap

The body of literature regarding maternal influence on the development of eating disorders among young girls is quite extensive. Maternal Modeling (Marcos et al., 2012; Brun and Mayhew and Mudry, 2021; Maor and Cwikel, 2016; Allen et al., 2014; Rodgers et al., 2013; Rodgers and Faure and Chabrol, 2009), Maternal Criticism (Cooley et al., 2007; Marcos et al., 2012; Haworth-Hoepfner, 2017; Damiano et al., 2015; Pugh and Waller and Esposito, 2018), and Insecure Attachment between mothers and daughters (Izydorczyk et al., 2021; Taborelli et al., 2013; Milan and Acker, 2014; Pugh and Waller and Esposito, 2018; Colmsee and Hank and Bosnjak, 2021; Toreno et al., 2008) have been identified as major risk factors for eating disorders among daughters. However, it is reasonable to assume that most mothers do not have negative intentions in shaping their daughter's body image, even though they often have a negative effect. Therefore, mothers may not work to improve

their parenting methods around food and body image if they do not understand the types of actions that are harmful and have the greatest impact. Thus, it is important to investigate whether mothers are able to evaluate the extent to which certain behaviors may impact their daughters' ideologies surrounding body image and eating pathology.

This gap in research poses the question: To what extent are mothers able to understand the types of maternal behaviors that often lead to the development of eating disorders among daughters? By presenting mothers with multiple scripted scenarios that exhibit either risk factors or protective factors for eating disorders, this study aimed to evaluate the extent to which mothers were able to identify harmful maternal behaviors that enhance unhealthy eating pathology and negative body image among young girls.

I hypothesized that participants would be more capable of identifying the risk factors that are more directly related to food and body image but would struggle to understand the risk factors that are indirectly related to the development of eating disorders.

Methods

Design

This study utilized surveys to explore the extent to which mothers are aware of the impact of maternal behaviors on the development of eating disorders among young girls. The goal of survey research is to obtain information about the behaviors, opinions, attitudes, or previous experiences of a group of participants by asking them questions and systematically coding their answers (Leedy, P.D & Ormrod, J.E. (2019). *Descriptive Research Designs* (12th edition). Further, this study explored the opinions and ideologies of the sample community through qualitative and quantitative questions modeled by Cooley et al., (2007), to gain an understanding of the nuanced perspectives of the participants. In addition, 5-point Likert Scales were integrated to uncover the previous experiences of each participant that may have informed their ideologies and values expressed in the survey responses.

Participants

A Microsoft Forms survey was distributed through Parent Square by 7 teachers to the parents of the students in each of their classes at Lake Washington High School (LWHS). The survey was completely voluntary and ensured that each participant was a mother of a daughter at LWHS. Lake Washington High School resides in the Lake Washington School District (LWSD). LWHS is a mid-sized high school with 2,068 full time students, grades 9-12, as of the 2023-2024 school year ("Enrollment Report", 2023; "Washington State Report Card", 2023).

Materials

Data was collected in a short survey that was predicted to take 7-10 minutes to complete, containing both quantitative and qualitative questions as modeled in previous studies examining maternal effects on daughter eating pathology and body image such as Cooley et al., (2007). Each question was in reference to a brief scripted scenario that exemplified either a healthy or unhealthy maternal behavior concerning the development of eating disorders among daughters.

Following the initial consent form questions that described the nature of the survey and ensured that each participant approved of their responses being used in this study (Appendix A), the survey employed scripted scenarios as stimuli. Each of the scenarios was a fictitious conversation between a mother and daughter,

strategically crafted to represent the major risk factors of eating disorders generally caused by mothers identified in the Literature Review. Mixed with scenarios that demonstrate Maternal Criticism (Appendix B), Maternal Modeling (Appendix C), and Insecure Attachment Styles (Appendix D), healthy parenting behaviors were also incorporated so that each participant was forced to think critically about their answers. Although the incorporation of both healthy and unhealthy maternal behaviors increased the credibility of participant responses, the data from the questions corresponding to the healthy scenarios were not used in the results, as the goal of the survey was to evaluate whether mothers understood the impacts of unhealthy maternal behaviors specifically. Creating scenarios of conversations between mothers and daughters that corresponded to each question allowed for accurate representation the different maternal risk factors of eating disorders without using the personal information of others or relying on self-evaluation from each participant on their parenting behaviors.

Each question within the survey contained three parts. Part A of each question was a quantitative multiple-choice question that evaluated whether each participant thought that the behavior demonstrated in the scenario corresponding to that question was healthy or unhealthy in relation to the development of eating disorders. These quantitative questions were followed with qualitative free response questions in Part B that asked each participant to explain their reasoning for their answer in Part A. Lastly, Part C was a 5-point Likert Scale that asked mothers whether the behavior shown in the scenario corresponding to that question are similar to their own experiences as a daughter.

Procedure

The research process began with the allocation of the survey to 7 teachers at LWSHS who then distributed it to the parents of LWSHS via Parent Square. The survey remained open for responses for a total of 3 weeks to ensure ample time to gather as large of a sample size as possible. After the results were received from the survey questionnaire, quantitative results were collected in a password-secured Excel spreadsheet to evaluate whether mothers were able to correctly identify whether the risk factors were harmful. Qualitative free response results were also kept in the Excel spreadsheet and were carefully evaluated and categorized under major themes to determine whether mothers could identify each risk factor as harmful as well as accurately explain why each behavior was a risk factor for the development of eating disorders. Based on the data collected, it was identified whether mothers could accurately explain which types of maternal behaviors were impactful, as well as explore whether their relationships with their own mothers had an impact on their understandings. These results may guide further research studies aiming to encourage maternal behaviors that support healthy eating practices and a positive body image.

Results

The survey had a total of 70 participants, all of whom were mothers of daughters at Lake Washington High School (LWSHS). The mothers of LWSHS have daughters between the ages of 14-18 years old, in grades 9-12 ("Enrollment Report", 2023; "Washington State Report Card", 2023).

LWSHS is located in Kirkland, WA. In 2021, Kirkland had a population of 91,700 people with a median household income of \$121,998. The 5 largest ethnic groups are White (non-Hispanic) (67.9%), Asian (non-Hispanic) (16%), Two+ (non-Hispanic) (6.19%), White (Hispanic) (3.38%), and Other (Hispanic) (2%).

Quantitative Responses

There were a total of 70 participants from LWSHS. 94% of participants were able to correctly identify that Maternal Criticism is a risk factor for the development of eating disorders among daughters (Figure 1). 89% of

participants correctly identified that Maternal Modeling is also a risk factor (Figure 2), while only 51% of participants were able to correctly identify Insecure Attachment as a risk factor (Figure 3).

Maternal Criticism

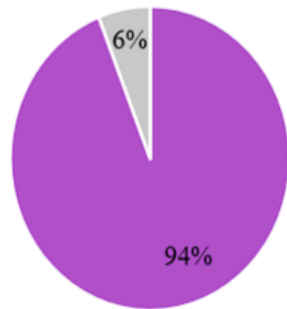


Figure 1. The percentage of participants who correctly identified Maternal Criticism as a risk factor compared to those who did not.

■ Correctly Identified ■ Incorrectly Identified

Maternal Modeling

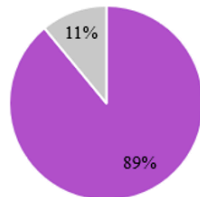


Figure 2. The percentage of participants who correctly identified Maternal Modeling as a risk factor compared to those who did not.

■ Correctly Identified ■ Incorrectly Identified

Insecure Attachment

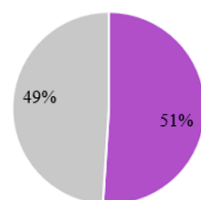


Figure 3. The percentage of participants who identified Insecure Attachment as a risk factor compared to those who did not.

■ Correctly Identified ■ Incorrectly Identified

Qualitative Responses

The reasons behind each participant's answers were further investigated through qualitative questioning in Part B. When mothers were asked to explain their answers to Part A, 2-3 major themes were apparent in each set of responses shown in Table 1 and Table 2.

Table 1. Reasons for why participants thought that the risk factors were *not* harmful (incorrectly identified).

Scenario	No. of Participants per Rationale	Rationale	Example(s)
Maternal Modeling	3	There are more impactful risk factors.	"There are much bigger factors at hand that impact whether or not a daughter will have an eating disorder."
	3	Encourages daughter to have healthy habits.	"A daughter shouldn't even have the thought of an eating disorder, if anything they should feel the need to work out more."
	2	Not criticizing the daughter.	"This says more about what the mother thinks of herself, not how her daughter looks."
Maternal Criticism	2	There are more impactful risk factors.	"According to science, parents do not cause eating disorders."
	1	Encourages daughter to have healthy habits.	"Maintaining one's weight or drawing awareness to it is a life skill, something we all must learn to manage for our well-being."
Insecure Attachment	20	Not related to the development of eating disorders.	"Mothers being busy is not related to eating disorders."
	10	It's important for parents to set boundaries.	"If she is busy, she is busy. This was not conveyed with kindness, but I don't think food is involved."

Note. If a participant's response did not fit a common theme, it was not highlighted in the chart above. Additionally, some responses were edited to be grammatically accurate for greater coherence.

Across all scenarios, participants who did not identify the scenarios as risk factors commonly expressed that mothers do not have any impact on their daughter's development of eating disorders. Another common rationale was that the scenario was simply not related to eating disorders at all. Lastly, a frequent theme was that the scenarios were helpful because they encouraged the daughter to have healthy habits.

Table 2. Reasons for why participants identified the risk factors as harmful (correctly identified).

Scenario	Number of Participants per Rationale	Rationale	Example(s)
Maternal Modeling	15	Self-Critical.	"Models negative self-talk and being hyper critical of oneself."

	19	Unconscious modeling.	“The mother is demonstrating a negative set-image, which the daughter may learn to apply to herself.”
	9	Reinforcing stereotypes.	“This could impact how the child now views herself based off of societal pressures to look a certain way.”
Maternal Criticism	20	Places blame on the daughter.	“It places blame on the daughter for not being good enough and implies that the daughter needs to fix something.”
	22	Body shaming.	“This teaches the daughter there is something wrong with her body, not the jeans!”
Insecure Attachment	9	Low self-esteem.	“This is less related to eating disorders in my opinion however mother's making their kids a priority leads to higher self-esteem overall.”
	5	Attention seeking.	“It implies that playing sports isn’t valuable or worthwhile to the mother. This could cause her daughter to find other ways to make her mom pay attention to her, like through her looks.”
	10	Low self-esteem leads to ED.	“Eating disorders are tied to self-esteem. By telling her daughter she doesn't have time for her she is saying she doesn't value her, which is negative for her daughter's self-esteem.”

Note. If a participant’s response did not fit a common theme, it was not highlighted in the chart above. Additionally, some responses were edited to be grammatically accurate for greater coherence.

Unlike the results shown in Table 1, Table 2 demonstrates that from the participants who correctly identified the risk factors as harmful in Part A of each question, participant responses in Part B regarding the rationale for their choices in Part A widely varied.

Identifications and Explanations

To gain a further understanding of the extent to which mothers fully understood each scenario two charts were compared (Figures 4 and 5).

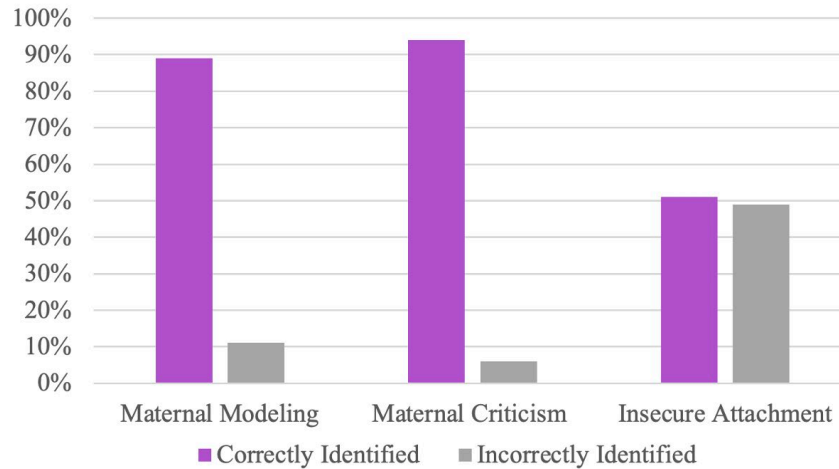


Figure 4. Comparison between the percentage of mothers who were able to correctly identify each risk factor and the mothers who were not able to correctly identify each risk factor.

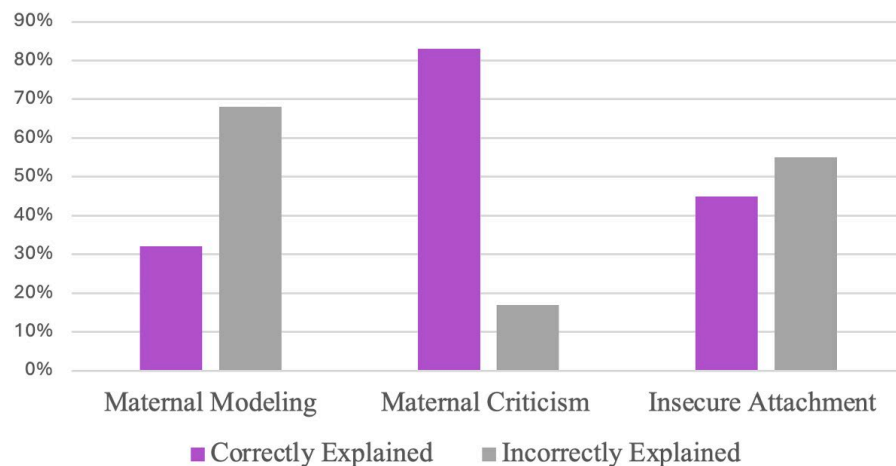


Figure 5. Comparison between the percentage of mothers who were able to both correctly identify and explain each risk factor and mothers who were only able to correctly identify each risk factor.

From the comparison between Figure 4 and Figure 5, it is evident that even mothers who correctly *identified* each risk factor as harmful did not always understand *why* it was a risk factor for the development of eating disorders. This theme was most evident for Maternal Modeling and Insecure Attachment. However, Figures 4 and 5 show that most mothers (83%) were able to both correctly identify that Maternal Criticism was a risk factor as well as accurately explain why.

Evaluating the Extent of Generational Impact

To understand the extent to which mothers influence their daughter's beliefs around factors related to eating disorders, each participant was asked to determine if their own mother exhibits similar behaviors as the scenarios presented.

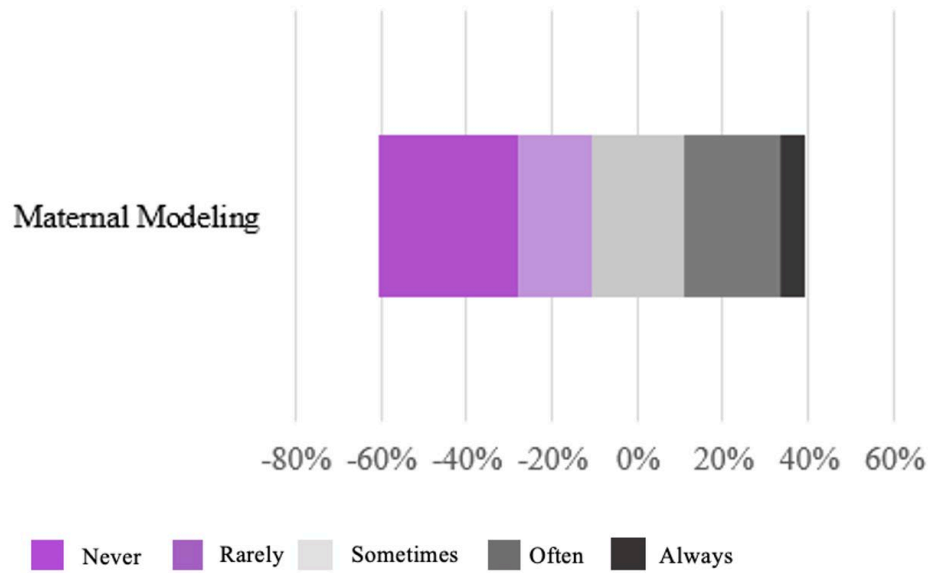


Figure 6. The percentage of mothers who experienced their own mother demonstrate Maternal Modeling.

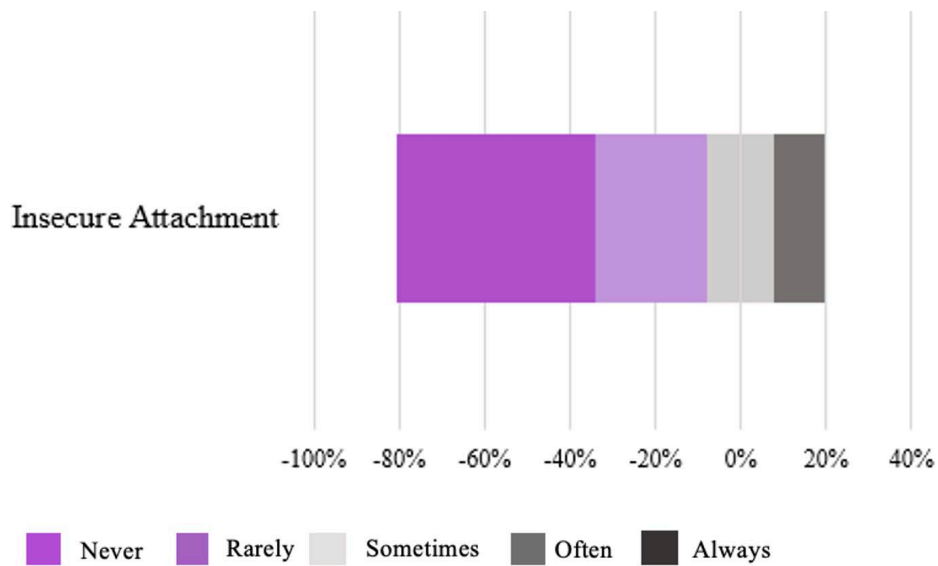


Figure 7. The percentage of mothers who experienced their own mothers demonstrate Insecure Attachment.

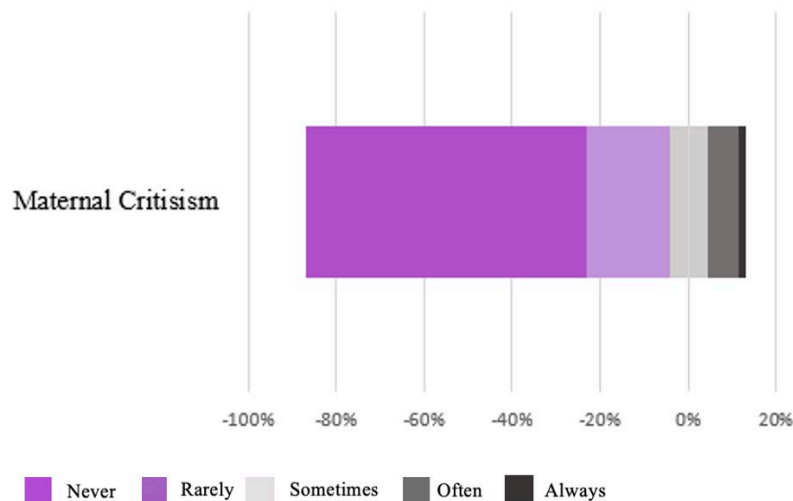


Figure 8. The percentage of mothers who experienced their own mother demonstrate Maternal Criticism.

By examining Figures 6, 7 and 8, it is clear that most participants did not recall their own mothers exhibiting behaviors similar to the three risk factors (Maternal Modeling, Maternal Criticism, and Insecure Attachment). However, Maternal Modeling was neither common nor uncommon for participants to experience. In contrast, Maternal Criticism was very rarely experienced.

Discussion

The goal of this study was to evaluate the extent to which mothers are able to identify and explain the most impactful types of maternal behaviors that often lead to the development of eating disorders among daughters. The three most influential maternal risk factors for the development of eating disorders among young girls identified in the Literature Review were Maternal Modeling, Maternal Criticism, and Insecure Attachment.

The voluntary survey sent to the mothers of LWSH evaluated each mother on their ability to first identify whether they believed that the maternal behavior presented to them in each scripted scenario was healthy or unhealthy, and second explain their rationale for each identification. From the quantitative and qualitative data, it is apparent that most mothers were able to correctly identify maternal criticism and maternal modeling as risk factors but were often unable to identify insecure attachment as a risk factor for the development of eating disorders.

From the mothers who correctly identified each risk factor, less were able to correctly explain why each risk factor was harmful. This theme was apparent for both Maternal Modeling and Insecure Attachment. In contrast, most mothers were able to correctly explain why Maternal Criticism was harmful. Therefore, Maternal Criticism was the only risk factor that mothers were commonly able to correctly identify as a risk factor and accurately explain why.

The data presented points to the theme that mothers were more so able to understand risk factors when they were more directly correlated the development of eating disorders. For example, Maternal Criticism was most understood by mothers, and is also the easiest to comprehend as harmful because it is a direct criticism of the daughter's body and/or eating habits. Further, Maternal Modeling was correctly identified most of the time, but was not accurately explained by most participants. This is most likely due the fact that mothers understood the scenario as negative because it was a pessimistic reflection of the mother's body but were not able to explain why it was harmful to the daughter because it did not directly relate to the daughter's body image or eating

habits. Similarly, Insecure Attachment was least identified as harmful as it did not directly relate to food or body image.

The third question after each stimulus asked the participants how often their own mother exhibits behaviors similar to the ones presented in the scenario. Insecure Attachment was not experienced often, and Maternal Criticism was experienced even less. However, Maternal Modeling was more frequently experienced than the other two. Thus, participants were most often able to correctly identify and explain Maternal Criticism and were less likely to experience Maternal Criticism from their own mothers. This further proves the theory that ideologies around food and body are often passed down from mother to daughter, since there was a correlation between the participant's understanding of a risk factor and the frequency that their mother enacted similar behaviors. In other words, participants did not see their mothers practice Maternal Criticism and were more likely to understand why it was harmful. This may point to the overall theme that when a mother is unaware that a maternal behavior is harmful, she is more likely to practice it, and less likely to teach her daughter that it is harmful for the development of eating disorders.

Limitations, Implication, and Future Research

Maternal risk factors for the development of eating disorders among young girls have previously been established in the current body of research. Thus, this research is significant as it shows that many mothers lack a wholistic understanding about indirect maternal behaviors that are often harmful for the development of eating disorders. Further, mothers are often unaware that maternal behaviors indirectly related to food and eating pathology, such as Insecure Attachment, are just as impactful as the risk factors that are more direct. In other words, the results from this study show that although most mothers understand direct risk factors, most lack an understanding about the impacts of indirect maternal behaviors. This emphasizes the importance of spreading awareness to mothers about the impacts of maternal behaviors on the development of eating disorders, so that they can learn to improve their parenting methods to support a healthy body image and eating pathology for their daughters.

Therefore, it is imperative that future researchers should focus on finding the most effective and efficient ways to spread awareness to mothers about the impacts of maternal behaviors on the development of eating disorders. This goal is supported by Maor and Cwikel, (2016), who advised future researchers to focus on ways to improve public health intervention programs aimed at improving the mother-daughter relationship surrounding food and body image. In addition, future studies should research mother-daughter dyads by correlating maternal levels of awareness to daughter reports of body satisfaction levels and eating behaviors. This would further prove the impact of maternal behaviors on the development of eating disorders because it could show the direct impact of maternal understanding of risk factors to a daughter's beliefs and experiences.

There are some limitations to the conclusions of the findings presented. First, this study took place in Kirkland WA, which swings political left and has a higher median income of that of the United States. These factors may have had an impact on the values and ideologies of the sample community. Therefore, different geographical regions should be studied to gain a better understanding of how political preferences, culture, and socioeconomic status can impact maternal attitudes around food and body image. In addition, there are a variety of factors that have an impact on the development of eating disorders among daughters besides simply maternal influence. Factors such as these include social media exposure, social settings, and life experiences unique to each individual. This idea can also be applied to the sample community, which is why it is important not to confuse correlation with causation. In terms of the data collected on generational impact, a participant may have correctly identified and explained each risk factor but did not learn such ideologies from their own mother, but rather, through their personal life experiences. In addition, although spreading awareness is a necessary step to improve mother-daughter dyads surrounding food and body image, there are multiple limitations that may pre-

vent the success of such a solution. One concern is that programs aimed at spreading awareness require resources such as funding. In addition, some mothers may lack a general interest in maternal influence on the development of eating disorders and may not have access to the time or resources needed to take the initiative to improve their parenting behaviors. Despite these limitations, the results of this study demonstrate that spreading awareness about the impact of maternal behaviors is a necessary initiative to improve the climate around body image and eating pathology among the mother-daughter dyad.

Acknowledgments

I would like to thank my advisor for the valuable insight provided to me on this topic.

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Appendix A

1. By completing these voluntary survey questions, you are giving me permission to use your responses in service of my research project.

There is no reward for completing this survey nor is there any consequence for not taking it. However, contributing to this research project will help spread awareness about the impacts of maternal behaviors on the development of eating disorders among young girls.

If you submit this survey and later decide that you would like me to exclude your answers from the study, you can email me privately to let me know. Your privacy is most important, so this will not be an issue at all.

Lastly, this survey does not ask for your personal information and therefore it will never be used in this study. This includes your name, email, gender, etc.

Do you understand that by answering the following questions, you are giving me permission to use any and all of your responses in this study?

☐ Yes

☐ No

2. Do you give Violet Otte permission to use your responses to these questions in this research project?

☐ Yes

☐ No

Appendix B

Scenario 1 (Maternal Criticism):

9. Does this scenario demonstrate something a mother could say to their daughter that could be a risk factor for the development of eating disorders?

Mother: "We've been shopping for so long and you have not been able to fit into a single pair of jeans".

☐ Yes

☐ No

10. Please explain your answer to the previous question. Why do you think the behavior demonstrated in the scenario is harmful or helpful?

Enter your answer

Appendix C

Scenario 2 (Maternal Modeling):

3. Does this scenario demonstrate something a mother could say to their daughter that could be a risk factor for the development of eating disorders?

Daughter: "Mom, you look so pretty in these photos!"

Mother: "My thighs look bigger than they should; I might have to hit a spin class tomorrow".

☐ Yes

☐ No

4. Please explain your answer to the previous question. Why do you think the behavior demonstrated in the scenario is harmful or helpful?

Enter your answer

Appendix D

Scenario 3 (Insecure Attachment)

12. Does this scenario demonstrate something a mother could say to their daughter that could be a risk factor for the development of eating disorders?

Mother: "I know you wanted me to come to your soccer game this afternoon since I missed the last one, but I'm too busy to spend my time doing that".

☐ Yes

☐ No

13. Please explain your answer to the previous question. Why do you think the behavior demonstrated in the scenario is harmful or helpful?

Enter your answer