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The role of the mother daughter relationship
in explaining weight concern

Jane Ogden and Jo Steward

Department of General Practice, UMDS, London

Address for correspondence:
Jane Ogden (PhD)
Senior Lecturer in Health Psychology
Department of General Practice,
UMDS
5 Lambeth Walk
London SE 11 6SP

Introduction

As a possible explanation of the occurrence of weight concern and eating disorders amongst young girls and women research has explored the role of the family environment (eg. Stice, 1994; Bruch, 1973; Selvini-Palazzoli, 1974). In particular research has focused upon the mother - daughter relationship and in the main, it has been suggested that mothers may transmit their own weight concern to their daughters. For example, Hall and Brown (1982) reported that mothers of girls with anorexia show greater body dissatisfaction than mothers of non disordered girls. Likewise, Steiger, Stotland, Trottier and Ghadirian (1994) found a direct correspondance between mothers and daughters levels of weight concern. Further, Hill, Weaver and Blundell (1990) reported a link between mothers and daughters degree of dietary restraint and Hill and Franklin (1998) found that mothers of dieting girls showed more snacking and fasting behaviour than mothers of daughters who were not dieting. Similar results have also been reported by Ruther and Richman (1993) and Levine et al (1993). However, research examining concordance between mothers and daughters has not always produced consistent results. For example, Attie and Brooks Gunn (1989) reported that mothers' levels of compulsive eating and body image could not predict these factors in their daughters. Further, Pike and Rodin (1991) found that there was no evidence for daughters imitating the weight concern of their parents and Thelen and Cormier (1995) concluded that although eating disordered daughters may percieve their mothers to encourage their weight loss, this was more their perception of their mothers beliefs than a reality. Likewise, Ogden and Elder (1998) reported discordance between mothers and daughters weight concern in both Asian and white families.

Therefore, there are inconsistencies in the literature describing concordance between mothers and daughters levels of weight concern. It is possible that this is due to the different measures

of weight concern used ranging from snacking, fasting, to dietary restraint, body dissatisfaction and clinical eating disorders. It is also possible that the range of results reflect the different populations studied who vary in terms of age, geography and the presence or absence of a child with an eating disorder. However, perhaps the inconsistencies are due to the nature of the research question being asked. Examining concordance between mothers and daughter's weight concern assumes that the mothers role in the development of their daughter's concern about weight is simply one of role model. This assumes that the transmission between mothers and daughters involves an example being set by the mother and followed by the daughter. In line with this, inconsistencies in the literature can be seen to reflect the extent to which the modelling influences provided by the mother were sufficiently powerful to be adopted by the daughter. However, it is possible that the transmission from mother to daughter reflects a more complex process which is not determined by the mothers weight concern per se but by aspects of the mother daughter relationship. From this perspective, inconsistencies in the literature may indicate whether or not these unstudied aspects of the relationship were present.

What aspects of the mother daughter relationship, therefore, may relate to the development of weight concern in the daughter? The literature exploring the families of eating disordered children provides some insights as to what such factors may be. For example, Crisp et al (1980) argued that undefined boundaries within the family and the existence of an enmeshed relationship between mother and daughter may be important factors. Likewise, Smith, Mullis and Hill (1995) suggested that a close relationship between mother and daughter may result in an enmeshed relationship and problems with separation in adolescence. Such enmeshment has direct implications for both the mother's and daughter's autonomy. In line with this, Minuchin, Rosman and Baker (1978) argued that although optimum autonomy does not mean breaking

all bonds between mother and daughter, mother - daughter relationships which permit poor autonomy for both parties may be predictive of future psychopathology. Further, Bruch (1973) argued that anorexia may be a result of a child's struggle to develop their own self identity within a mother - daughter dynamic which limits the daughter's autonomy. She suggested that mothers who believe that they are able to anticipate their child's needs preclude the child developing a sense of autonomy and that eating disorders may be an attempt to regain control.

Some authors have also examined the relationship between autonomy, enmeshment and intimacy. For example, Smith et al (1995) argued that an increased recognition of autonomy within the mother - daughter relationship corresponds with a decrease in enmeshment and a resulting increase in intimacy. Further, it is suggested that such intimacy may be reflected in a reduction in conflict and subsequent psychological problems (Smith et al, 1995). However, most of the suggestions concerning the nature of the mother-daughter relationship exist within the therapeutic literature and to date only a few studies have attempted to examine some of these suggestions empirically. For example, Hill and Franklin (1998) included a measure of family cohesion and concluded that mothers of dieting daughters desired greater cohesion than those whose daughters did not diet. Likewise, Pike and Rodin (1991) also noted a preference for family cohesion in mothers of eating disordered girls. However, the complex nature of the mother-daughter relationship remains untested.

It is therefore suggested that there are two possible contributions made by the mother - daughter relationship to the development of weight concern. The first is simply as a forum for the daughter to model her mother's own concerns. The second is as an interactive process which is itself either protective or facilitative of weight concern. The present study primarily aimed to examine the degree of concordance between mothers and daughters in terms of weight concern in line with a modelling hypothesis of transmission. In addition, the study also

aimed to explore the contribution of aspects of the mother - daughter relationship in predicting weight concern in the daughter. In particular, the study aimed to assess the role of enmeshment, projection, the mothers and daughters perceptions of their own and each others autonomy, beliefs about the mothers role and perceptions of intimacy as predictors of the daughters dieting behaviour and body dissatisfaction.

Method

Subjects

Questionnaires were completed by 30 daughters (aged 16-19, mean age 17.13 ± 0.78) and their mothers (aged 41-57, mean age 48.37 ± 4.2) recruited via an independent single sex inner city school which was selected as a means to control for class (response rate 52%). The majority of the daughters and mothers were white (daughters: white n=19, black n=2, Asian n=6; mothers: white n=20, black n=2, Asian n=7) and considered themselves to be upper middle class (daughters: upper middle n=15, lower middle n=9, working n=4; mothers: upper middle n=15, lower middle n= 6, working n=6).

Design

The study involved a within subjects design (mother vs daughter) with comparisons made between mothers and their matched daughters.

Procedure

Daughters were recruited during a lunch time seminar and asked to complete and return questionnaires immediately. They were also asked to give matched questionnaires to their mothers to complete which were coded to enable mother and daughter pairs of questionnaires to be identified.

Measures

Subjects completed questionnaires consisting of the following items.

i) **Profile characteristics:** subjects recorded their age, height, weight (to compute BMI), ethnic group (white / Black African / Black Caribbean / Asian / Other) and subjective social class (working / lower middle / upper middle / upper).

ii) **Beliefs about the mother- daughter relationship:** Discussions were held with mothers and daughters matched in age to the target group concerning the nature of the mother daughter relationship and how this relationship may impact upon weight concern. Items were derived from these discussions which were used to develop the final questionnaire which was examined for internal reliability following data collection. The final questionnaire examined the following six aspects of the mother / daughter relationship, each consisting of 6 statements and was matched for both mothers and daughters apart from the phrases 'my mother', 'my daughter', and 'I'. Subjects were asked to rate a series of statements on a 5 point likert scale ranging from 'totally disagree' (1) to 'totally agree' (5).

a) **Mother's autonomy:** This was designed to reflect the extent to which the mother is deemed to have control over the daughter's activities (eg. 'My mother (I) should have the final say in my (my daughter's) social activities', 'My mother (I) has the right to say what time I (my daughter) should be home by', 'My mother (I) has the right to say when she can go into my (my daughter's) bedroom'; Cronbach's alphas: Mothers=0.68, Daughter's= 0.64))

b) **Daughter's autonomy:** This was designed to assess the extent to which the daughter is perceived to have the right to be autonomous from her mother (eg. 'My mother (I) can accept my (my daughter's) right not to discuss something', 'I (My daughter) have the right to keep secrets from my mother (me)', 'My mother (I) encourages me (my daughter) to develop my

(her) own life'; Cronbach's alphas; Mother's=0.51, Daughter's=0.56).

c) **Projection:** This was designed to assess the extent to which the relationship between mother and daughter was enmeshed and where there were unclear boundaries between the two (eg. 'I (my daughter) should try to fulfill my mother's (my) wishes', 'My mother (I) should try to live up to my (my daughter's) expectations', 'My (my daughter's) success is a sign that I have (am) a good mother'; Cronbach's alphas; Mother's=0.77, Daughter's=0.3).

d) **Weight concern:** This indicated the extent to which weight formed a focus for their relationship (eg. 'It is right for my mother (me) to voice her (my) concerns about my (my daughter's) weight', 'My mother (I) has the right to comment on my (my daughter's) eating habits', 'My mother (I) would feel proud of me (my daughter) for being thin'; Cronbach's alphas; Mother's 0.44, Daughter's=0.52).

e) **Intimacy:** This indicated the extent to which the subjects believed in an equal confiding relationship (eg. 'My mother (I) is always willing to listen to my (my daughter's) problems', 'My mother (I) can discuss anything with me (my daughter)', 'I (my daughter) is interested in my mother's (my) life'; Cronbach's alphas; Mother's=0.67, Daughter's=0.82).

f) **Mother's role:** This assessed the extent to which it was believed that the mother should have a role beyond that of being a mother (eg. 'My mother (I) should be encouraged to develop her (my) life outside of our family', 'My mother (I) should be allowed more freedom from me (my daughter) as I (she) grows up', 'Being a mother should always be central to my mother's (my) life'; Cronbach's alphas; Mother's=0.67, Daughter's=0.82).

iii) **Weight concern**

a) **restrained eating:** subjects completed the restrained eating section of the Dutch eating Behaviour Questionnaire (Van Strien et al, 1986).

b) **Body dissatisfaction:** subjects completed a 10 item version of the Body Shape

Questionnaire (Cooper, Taylor, Cooper and Fairburn, 1987) with a higher score indicating greater body dissatisfaction.

Results

The results were analysed to compare the mothers' and daughters' profile characteristics and aspects of weight concern using Spearman's correlation coefficient and to examine the role of beliefs about aspects of the mother - daughter relationship in predicting the daughter's weight concern using Multiple Regression analysis.

The mothers and daughters profile characteristics and aspects of weight concern are shown in table 1.

-Insert table 1 about here -

i) Profile characteristics

The results indicate that the mothers and daughters were significantly similar in weight ($r=0.51$, $p<0.001$) and BMI ($r=0.58$, $p<0.001$) but were not matched in height ($r=0.34$, $p>0.05$).

ii) Weight concern

The results showed no correlation between mothers and daughters' weight concern in terms of restrained eating ($r=-0.01$, $p>0.05$) and body dissatisfaction ($r=-0.21$, $p>0.05$).

iii) The role of beliefs about the mother - daughter relationship in predicting the daughter's weight concern.

The results were analysed to assess the role of mothers and daughters beliefs about the mother daughter relationship in predicting aspects of the daughter's weight concern using Multiple Regression analysis.

a) Predicting restrained eating

The results showed that the mother's beliefs about her own autonomy ($B=-0.51$) and projection ($B=0.40$) and the daughter's beliefs about projection ($B=0.35$) accounted for 40.2% of the variance in daughter's dieting behaviour. This indicates that increased dieting by the daughter is predicted by a mother who does not believe in her own autonomy and both a mother and daughter who show an increased belief in projection as part of their relationship.

b) Predicting body dissatisfaction

The results showed that the mother's beliefs about her own autonomy ($B=-0.67$), projection ($B=0.35$) and her daughter's autonomy ($B=-0.29$) accounted for 49.6% of the variance in the daughter's body dissatisfaction. This indicates that increased body dissatisfaction in the daughter is predicted by a mother who reports a lower belief in both her own autonomy and her daughter's autonomy and a greater belief in projection as part of their relationship.

Discussion

The present study primarily aimed to assess the degree of concordance between mothers' and daughters' levels of weight concern. The results showed that although mothers and daughters were similar in their weight and BMI there were no associations for their restrained eating or body dissatisfaction. These results are in conflict with previous research which has indicated a direct correspondance between mothers and daughters (eg. Hill et al, 1990; Hill and Franklin, 1998; Steiger et al, 1994; Hall and Brown, 1982) but support other studies which have reported a similar absence of concordance (eg. Pike and Rodin, 1991; Attie and Brooks-Gunn, 1989; Ogden and Elder, 1998). Accordingly, the results from the present study do not support the modelling hypothesis of transmission of weight concern between mother and daughter.

The present study also aimed to explore which aspects of the mother-daughter relationship may be predictive of weight concern in the daughter. The results indicate that the daughters were more likely to diet if their mothers reported a lower belief in their own autonomy and if both the mother and daughter reported projection as being important to their relationship. Similarly, daughters reported higher levels of body dissatisfaction if their mothers reported lower beliefs in both their own and their daughter's autonomy and rated projection as important to their relationship with their daughter. The results provide support for the suggestion that factors such as the autonomy of both mother and daughter and projection may relate to the development of concerns about weight and shape (eg. Bruch, 1973; Crisp et al, 1980; Minuchin et al, 1978; Smith, Mullis and Hill, 1995). Further, the results indicate that the contribution of the mother -daughter relationship to the development of weight concern in the daughter may be more than simply providing a forum for modelling. In particular, the results suggest that it may be the very nature of the mother-daughter relationship itself which is important.

To conclude, the results from the present indicate that the mother-daughter relationship may be relevant to the study of weight concern, not as a forum for modelling but as an interaction between two individuals which is itself either facilitative or protective of weight concern in the daughter. Such results could have implications for understanding the inconsistencies in the literature as it is possible that concordance between mothers and their daughters weight concern may only be present if the mother daughter relationship being studied is facilitative of such concern. In particular, such a relationship would be one with undefined boundaries which is characterised by projection and poor autonomy for both the mother and the daughter. Further research is needed to examine this possibility. Such results also have implications for

the development of interventions to prevent the onset of weight concern and the possible progression to eating disorders. Conceptualising the mother - daughter relationship simply as a forum for modelling places the daughter as a passive individual who may inevitably follow in her mothers footsteps. In contrast, focusing on the nature of the relationship itself conceptualises both the mother and daughter as more active parties who may be more amenable to change following educational interventions.

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Table 1: Mothers and daughters profile characteristics and aspects of weight concern

	Mothers (n=30)	Daughters (n=30)

Profile characteristics		
BMI*	23.59 ± 3.54	21.55 ± 2.59
Weight*	135.38 ± 18.53	126.32 ± 16.45
Height	161.7 ± 5.78	163.2 ± 6.08
Weight concern		
Restrained eating	22.34 ± 7.54	26.53 ± 10.24
Body dissatisfaction	21.53 ± 8.16	27.8 ± 10.73

*Significant correlation (p<0.001)