

**FAMILY NURTURANCE  
AND  
THE DEVELOPMENT OF OBSESSION WITH BODY IMAGE AND WEIGHT**

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### Abstract

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<u>Family Nurturance and the Development of Obsession with Body Image and Weight</u> (Title)		
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The purpose of this study was to investigate the correlation between family nurturance and the obsession with body image and weight in females enrolled in some form of secondary education in Wisconsin or Alabama. Thirty females, ages twenty-one to fifty-five, participated voluntarily in the study by completing two versions of the Parental Nurturance Scale, one to reflect their relationship with their mother and one to reflect their relationship with their father. The PNS is a twenty-four-item survey that evokes information about the amount of nurturance the participant felt from her mother/father. Participants also completed the Concern Over Body Weight and Dieting Scale. This fourteen-item questionnaire examines how often the subject thinks about their body in a negative fashion. The COWD has within it three sub-scales: Avoidance of Food, Guilt Over Eating, and Attempts at Weight Loss. The results were then correlated in the following manner: each question on the PNS to the COWD as a whole and each question on the PNS to each of the sub-scales on the COWD.

Overall, the participants demonstrated negative correlations when comparing their scores on the PNS to their scores on the COWD. In other words, the more nurturance

they were shown by their parents, the fewer problems they experienced with their eating patterns. The analyses revealed that a woman tends to feel better about her body as a whole and is less likely to avoid food if she feels nurtured by her father. On the other hand, women tend to feel less guilt about eating and attempt to lose weight fewer times if they feel nurtured by their mother.

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## **Chapter One**

### **Introduction**

The problem of obsession with body-image and weight has become a major issue in American culture. This obsession is especially a concern for women. Shisslak, Crago and Estes (1995) reported many girls from junior high to high school feel the need to lose weight even though their weight is within the normal to low range for their age and height. Of these girls, five to fifteen percent engage in drastic measures to achieve thinness including self-induced vomiting, the abuse of laxatives, and diuretics. Once an individual begins utilizing such measures they are at high risk for falling into a devastating cycle of eating disorders. Shisslak, et. al. (1995) found that in longitudinal studies, twenty to thirty percent of the pathological dieters studied developed a partial or full-blown eating disorder by the end of the second year. Of the normal dieters studied, thirty-five percent had moved into the category of pathological dieters. Of those who began with a diagnosis of partial syndromes, fifteen percent had developed a full-blown eating disorder.

### **Defining the Disorders**

The two major forms of eating disorders are anorexia nervosa and bulimia nervosa. The DSM-IV (1994) defined Anorexia Nervosa as a refusal to maintain a minimally normal body weight. Bulimia Nervosa is characterized in the DSM-IV (1994) as repeated episodes of binge eating followed by inappropriate compensatory behaviors such as self-induced vomiting, misuse of laxatives, diuretics, or other medications,

fasting, or excessive exercise. Partial Eating Disorders or Non-Clinical Eating Disorders: for the purpose of this paper will be defined as behaviors which resemble eating disorders yet, do not fulfill all the requirements to be officially diagnosed as anorexia or bulimia.

### **Prevalence of the Problem**

Joiner and Kashbeck (1996) reported that eating disorders affect from three to ten percent of American women. Shisslak, et. al. (1995) found bulimia afflicts approximately one percent of adult women and anorexia afflicts half as many. These researchers believe however, that these rates are much higher in sub-groups such as dancers, models, actresses and athletes. This estimate would be low if one considers the non-clinical population of women who engage in behaviors which resemble eating disorders yet are not consistently an issue in their lives. For instance, Hesse and Biber (1989) report that fewer than half of the female college students they surveyed had healthy eating patterns. Shisslak, et. al. (1995) stated partial eating disorders occur at least twice as often as bulimia or anorexia. They found partial eating disorders in three to five percent of adult women.

### **Who Develops Eating Disorders**

Stereotypically, eating disorders are diseases of white, upper-class women. Harris (1995) reported this stereotype is due to the belief this group has more time and resources to obsess about their body. Realistically however, this disease does not discriminate. Women who tend to develop eating disorders have a high need for approval, a genetic disposition for being heavy, a lowered metabolism due to extreme



dieting, and a high need for achievement. When examining eating disorders, there are two major characteristics of people who suffer with them. The first is that the majority of individuals who develop eating disorders are female. The second characteristic is that most sufferers develop the disease during adolescence or in their middle twenties.

### **Cultural Expectations of Women**

Raciti and Hendrick (1992) pointed-out specific sociocultural expectations about what is acceptable in a woman's appearance. For women, thinness is highly praised while obesity is stigmatized and shunned. Raciti and Hendrick (1992) explained that America is a society of stereotypes. One of those stereotypes is that a beautiful woman is a thin woman. Stormer and Thompson (1996) found that internalization of sociocultural attitudes appear to contribute to a higher degree than a basic awareness of the social expectations of being thin.

### **Age of Development**

At a time when most young people are looking to be accepted by the larger culture, women with eating disorders focus on their weight as a means to obtain their goal. Shisslak, et. al. (1995) reported that girls begin to be concerned about weight and body image between the ages of nine and eleven. This concern appears to increase drastically during their move into junior high school. Fisher, Pastore, Schneider, Pegler, and Napolitano (1994) also found a large number of adolescents are dissatisfied with their current weight and engage in chronic dieting. Raciti and Hendrick (1992) reported that women appear to carry eating disorders from adolescence into young adulthood or

develop eating disorders in young adulthood, precisely when these women are beginning to experiment with sexuality. Therefore, eating disordered behavior may develop in connection to the initiation of intimate relationships.

### **Portrait of the Family**

Children learn how to behave in intimate relationships from their relationship with their family, therefore parenting style warrants examination. Harris (1995) found in fact that the development of eating disorder had more to do with parenting style than race or economic status.

Shugar and Krueger (1995) reported individuals with eating disorders tended to come from families in which there was a low tolerance for conflict and difficulty resolving problems. In addition, Dare, LeGrange, Eisler, and Rutherford (1994) found these families to be enmeshed and rigid. Waller (1992) stated the most influential factors in the development of bulimia to be low self-esteem and poor family interaction.

It seems possible that this lack of connection to parents is where the cycle of eating disorders begins. This study will examine if the level of family nurturance influences how a woman feels about her body-image and her weight. If the nurturance from parents is the link missing in the lives of these women, then therapy in itself may not be enough. The treatment of eating disorders may need to focus its attention on reestablishing the parent-child connection or teaching the individual how to nurture her/his self if this connection is not possible.

There appears to be a link between the development of low self-esteem and poor body-image. Fisher, et. al. (1994) suggested that abnormal eating patterns are highly

correlated with poor self-esteem and anxiety. Waller (1992) found that low self-esteem could develop in a child as the result of lack of nurturance by the family of origin.

Therefore, the research hypothesis for this study is the amount of nurturance by the family of origin is negatively correlated to the amount of concern over body image.

### **Statement of Problem**

The purpose of this study is to determine the level of correlation between amount of family nurturance as measured by the Parental Nurturance Scale and women's concern over body image as measured by the Concern Over Body Weight and Dieting Scale for thirty, Caucasian women between the ages of twenty-one and fifty-five.

The Null Hypothesis for this study is there is no statistically significant correlation between the lack of family nurturance and the behavior of Caucasian women between the ages of twenty-one and fifty-five, in regards to: avoiding food, feeling guilty after eating, and engaging in fad weight loss programs

### **Definition of Terms**

Family Nurturance: the feeling by the child that her or his parents approve of her or him, accept her or him, and affirm her or him.

Enmeshed: a term used to describe a family who is overly involved in the life of each member. The family is valued as a whole rather than valuing each member individually. Each member is denied autonomy and is expected to act for the good of the unit.

Anorexia Nervosa: the refusal to maintain a minimally normal body weight.

Bulimia Nervosa: episodes of binge eating followed by purging.

Partial Syndrome: behaviors which resemble eating disorders yet, do not meet all the requirements of being officially diagnosed as anorexia or bulimia

## **Chapter Two**

### **Review of the Literature**

The purpose of this study was to investigate the causation of eating disorders in American women. There has been a substantial body of literature written on the topic of eating disorders. While there have been many hypothesis made as to the origin of these disorders, the exact cause remains unidentified. This literature review will begin by examining the family interaction of eating disorder patients. Secondly, it will look at common stressors in the families of eating disorder patients. The obsession with weight and body image by eating disordered families will be the third area explored. Fourth, the cultural influence on these families will be explored. The fifth topic will be the ways in which self-image is often damaged by dysfunctions common in eating disordered families. The differences in how bulimia and anorexia develop will be the sixth issue explored. Finally, the literature points to a possible conclusion, which is that eating disorders occur as an attempt by the individual to compensate for a lack of nurturance found in their family of origin.

### **Family Interaction**

The majority of the literature on eating disorders indicates that there is a definite pattern in the interaction of families of eating disorder patients. Evans and Street (1995) suggest a common theme in eating disordered families is the high amount of conflict and enmeshment between family members. The members of these families appear to have an unstated agreement that no one is to individuate or separate and become autonomous. Shugar and Krueger (1994) reported that families of eating disorder patients tend to be

enmeshed, have difficulties with conflict resolution, and do not value autonomy in individual members. Similarly, Dare, LeGrange, Eisler, and Rutherford (1994) found the four most common features of eating disordered families included: enmeshment, overprotectiveness, rigidity, and lack of conflict resolution skills. This enmeshment and lack of autonomy caused the eating disordered individual to become a mere representative of the family. Therefore whatever the family values, the individual is expected to portray as a contingency of acceptance.

Ogletree, Williams, Raffled, Mason, and Fricke (1990) stated, in eating disordered families, the women are expected to subscribe to traditional roles such as wife and mother. They report that appearance is central to the American perception of the traditional role of women. Women are told both directly and subliminally that if they want to become a wife and mother in this culture they need to be attractive, which for the last several decades includes the need to be thin. The pressure of American cultural appears to be influencing women to engage in unhealthy practices in order to achieve their physical ideal. These practices include obsessive exercising, extremely low calorie diets, or purging after meals. This cultural pressure to be thin is evident at any grocery checkout line. Nearly every popular magazine contains at least one fad diet plan. The DSM IV (1994) estimated that between one and three percent of American women meet the full criteria for either anorexia nervosa or bulimia nervosa.

Evans and Street (1995) reported that individual's with eating disorders define themselves in the framework of what other's expect of them. These women have a compelling desire to please others, yet have no true sense of self. As reinforcement to the belief one must be thin to be attractive, Ogletree, et. al. (1990) reported that more

attractive women have more dates than their less attractive counterparts. The same is not true for men. Similarly, Harris (1995) reported there is more weight fluctuation in married women than in single women. This is thought to be because single women believe they must maintain a certain weight to remain desirable to men. In this light it is not surprising that the women of these enmeshed families with traditional viewpoints develop more eating disturbances than the general public.

Woodside, Sheketer-Wolfson, Garfinkel, Lomstead, Kplan, & Maddocks (1995) found eating disorder patients feel a significant level of tension within the family of origin. Dare, Grange, LeEisler, & Rutherford (1994) stated that members within the family feel detached from the other members, overly criticized, and controlled. Similarly, Pike (1995) found that families in which at least one member is bulimic tend to use indirect methods to express anger, aggression, and conflict. These families also tend to provide less support and commitment to each other, and emphasize less assertiveness and autonomy. Leung, et. al. (1996) believed that a young woman growing up in this type of environment is at higher risk for developing both self-esteem and body-esteem problems.

White (1992) found adolescent girls receive less acceptance from both parents after they reach puberty, but a significant reduction in the amount of attention they receive from their father. Berk (1993) reported that as children physically mature and demand to be treated more adult-like, conflict is bound to rise. At this point in their development, children are developing their own sense of reasoning and begin to have their own opinions. For enmeshed families, this threat of separation becomes a struggle to maintain cohesion and order.

Another possible reason is that during puberty, girls begin to gain weight and take on a womanly shape. Berk (1993) reported that girls, on average, grow almost ten inches and put on forty pounds from the beginning to the end of puberty. This growth spurt makes the inevitable change in the family unmistakable. These girls are then likely to rationalize that their family is no longer accepting of them because they have gained weight. This rationalization makes sense to these young women because the girls have been trained only in the role of child, they are unsure of how to become acceptable as a woman in the eyes of their parents. These young women have however, been provided with examples of how to become physically acceptable as a woman in the eyes of their society in general, to be thin. These messages were sent through the media, parental role modeling, peer influence, and through their believe that they were more accepted prior to puberty and gaining weight.

The parent-child relationship is not the only relationship to suffer from the lack of nurturance in the eating disordered family. The marital relationship between the parents of the eating disorder patient may also be poor. Dolan, Lieberman, Evans, & Lacey (1990) found that parental discord is a common part of the history in the bulimic women. They believe there is a link between troubled marital relationships and the parent-child relationship. Dolan, et. al. (1990) reported the eating disorder patient's relationship with their parents was poor. The patients felt they were shown very little attentions by their parents, their parents did not spend much time with them, and did not know them well. Evans and Street (1995) found interpersonal conflict or significant unmet need in the parental marriage will interrupt the child's ability to develop autonomy. Evans and Street also found that women who develop eating disorders were commonly involved in a



parental conflict through either triangulation, coalition, or detouring. Perhaps because there was turmoil in the parent's marriage, the parents did not have the energy to invest in their children. Overall, nurturance did not exist for the child in this environment.

When examining bulimic women, the behavior of their mother verses the behavior of their father appeared to be very different, yet it had the same effect of separating the child from the parent. Evans and Street (1995) reported a child's sense of security begins with holding by the mother. This research hypothesizes the child fails to feel secure due to a lack of bonding with the mother as an infant. Chassler (1997) found the mothers of bulimics tended to be hostile and depressed. Bulimic women in particular reported more dissatisfaction in relation to the maternal figure. They felt their mothers did not adequately meet their needs for affection and did not appear to approve of them. Chassler (1997) stated the fathers of bulimics, on the other hand, tended to be impulsive, irrational, alcoholic, and showed little frustration tolerance.

### **Family Obsession with Weight**

White (1992) reported that families of eating disordered women tend to overemphasize the importance of success. Leung, Schwartzman, and Steiger (1996) found the parental figures in eating disordered families are generally overly concerned with weight and physical appearance. This concern tends to be focused especially on the females in the family. White (1992) stated that women suffering with bulimia want to achieve and be successful in the eyes of their family. This success includes an idealistic image of how they should look. When these women find they are ill equipped to maintain this image they resort to the binge-purge cycle. This could explain how eating

disorder patients develop their obsession with weight. If her parents value thinness, then as a member of an enmeshed family, the patient can not value herself unless she is thin.

If there is a lack of nurturance within the family, the child, in this case a daughter, might attempt to gain the missing nurturance through behaviors valued by the parents. Pike (1995) found in eating disordered families, there is usually at least one family member who has a history of weight problems, is overly concerned with weight or dieting, or has a fairly high number of psychosomatic issues in general. Pike also reports parents who diet frequently are more likely to have daughters who diet frequently. In this case, not only is the act of dieting modeled, but also the act of obsessing over weight. White (1992) stated that adolescent girls become especially vulnerable to this type of modeling because fat begins to increase just when the image of being sexually attractive becomes important to a woman. When the strive for thinness is modeled by their mother, the young woman becomes increasingly aware and unhappy with her new shape.

Research conducted by Jefferson Health Organization (1995) found girls are at a higher risk to develop eating disorders if their mother expresses excessive concern over the daughter's weight and/or the father or brother(s) are overly critical of the girls weight. If the parents are focused on eating and physical attractiveness and the daughter wishes to be connected to the parents, it would be logical for her to engage in similar behaviors. Also, if a young woman's introduction to the male's ideal of beauty is defined by male role models who are overly critical of weight, she may generalize to think all men are critical of weight gain. Unfortunately in the case of eating disorder patients, they take the obsession to the point of endangering their health.

### **Cultural Influence on the Family**

The families of eating disorder patients do not intend to drive their daughter to anorexia or bulimia. These families do not form their ideals about what is attractive devoid of outside influence. The culture plays a large role in the standards they hold for beauty. For instance, Ogletree, et. al. (1990) reported that during the last several decades, the cultural definition of attractiveness for women has centered on thinness. As part of this culture, families evaluate attractiveness similarly. Murray, Touyz, and Beumont (1995) found that females are more likely than males to compare their body with those of the same gender. Women also have their bodies noticed by others, have their bodies evaluated and criticized by others, and to place themselves in environments in which weight and body image are the topic for frequent discussion.

Harris (1995) found that fathers express more hostility towards unattractive children than they do towards attractive children. Schaaf and McCanne (1994) stated that certain forms of emotional abuse, such as being told that one is “fat” as a child, might affect body image distortion and levels of disordered symptoms. If a child is constantly punished but sees a more attractive sibling praised, the child may assume the way in which to receive praise is to be attractive. Because weight is such an important issue in this culture, weight control becomes a means to add to ones attractiveness.

Stormer and Thompson (1996) reported that one theory that has been offered to explain the maintenance of body dissatisfaction in women is social comparison explanation this theory addresses society’s influence on body image concerns. It focuses on how young women compare themselves to other women who are “more attractive” such as the women portrayed in the media. These images promote the ideas of dieting,

thinness, and the physical ideal. Murray, et. al. (1995) found with the subjects they polled, sixty-seven percent of women reported their partners criticized their bodies where as only thirty-three percent of men reported their partners criticized their bodies.

Ogletree, et. al. (1990) reported that in the last several decades there has been a significant decrease in the weight of miss America contestants, women on television, and play boy centerfolds. The cumulative effect of these images causes the family and young women to want to obtain the ideal regardless of the cost.

Olgtree, et. al. (1990) reported at this point in American culture, there is dichotomous thinking when it comes to food. On one hand enjoying rich, luscious food is a symbol of success. The media glamorizes the wealthy by frequently portraying them in luxurious restaurants. This type of feasting is a way of being social, it can be seen by some as a sensual act, and it indulges a physical appetite. Women with eating disorders are programmed by their families to strive for success. On the other hand, females are expected to be very thin, which would require them not to eat such “sinful” foods. These types of ambivalent attitudes towards food accompanied by the societal standards for thinness may lead women into the eating disorder cycle.

### **Self-Image**

Growing up in families where there is frequently conflict, whether it is displayed openly or stifled, has a negative impact on the woman’s self-image. This negative impact may be due to the fact that children internalize blame for conflict regardless of the actual causation. White (1992) found that women with eating disorders suffer deficits in their sense of autonomy and have difficulty identifying their own judgements and opinions.

Murray, et. al. (1995) stated that women with eating disorders are influenced in their eating habits by other women, other people's feelings about the woman's body, and spend time talking about their weight and dieting techniques. Leung, et. al. (1996) reported that one of the most consistent observations made in eating disorder patients is their self-concept deficit. These deficits are reflected through at least three interrelated dimensions: (1) low self-esteem, (2) self-worth which is rigidly tied to other's evaluations, and (3) body dissatisfaction.

Pike (1995) found that approximately one percent of adolescent girls suffer from bulimia and even more girls suffer from some form of sub-clinical manifestation of this disease. Stormer and Thompson (1996) reported that early exposure to negative feedback about their physical appearance is directly linked to a woman's struggle with body dissatisfaction and eating abnormalities. For instance, if a child is told she is fat as a child repeatedly, she may become overly attentive to weight. Pike (1995) found the environment in which women with eating disorders are raised foster potentially unhealthy means of gaining control over weight. Pike reported that there is a general acceptance of extreme dieting in the families and friends of bulimic women.

Shisslak, et. al. (1995) stated that girls with unhealthy eating patterns suffer from more anxiety, depression, lower self-esteem, negative body-image, and are more socially withdrawn than girls with healthy eating patterns. Because individuals with eating disorders have low self-esteem, low self-worth, and body dissatisfaction, they are very sensitive to other's opinions of them. For example, Raciti & Hendrick (1992) found that bulimic women have trouble with intimate relationships with men due to their intense fear of rejection and their great need for approval. Murray, et. al. (1995) reported that

women with eating disorders are particularly sensitive about their weight and are hypersensitive to their partner's opinion of their weight. Murray, et. al. also found that some patients in their study reported a heightened awareness to their partner's comments about women's weight in general. These women become almost phobic about criticism about their weight. Pike (1995) reported individuals who develop bulimic symptomology may be utilizing the binge-purge cycle as a means of coping with feelings of alienation and loneliness. These women tend to come from families in which healthy coping mechanisms may not have been demonstrated or taught.

Being self-consciousness about their weight around their family generalizes to society as a whole. Andrews (1997) stated that bulimia is related to general public self-consciousness. Evans & Street (1995) found that individuals with eating disorders tend to describe themselves as acting in response to others with compliance and eagerness to please but have no clear sense of self. Similarly, Pike (1995) reported that women with bulimia nervosa are anxious about the approval of those in their social circle. They feel it is critical for them to win the praise of others in order to feel good about themselves. According to Chassler (1994) women who suffer with anorexia nervosa, are engaged in a desperate search for a self-respecting identity, rather than a search for other's approval.

It has been stated previously that eating disorder patients tend to come from enmeshed families. The types of interactions within these families tend to cause the children to become overly concerned with pleasing others. Dare, et. al. (1994) conducted a study with eating disordered patients and their families. They found that while there were low levels of overt criticism and hostility between members in the eating disordered

family, there was also little expression of nurturance. Chassler (1994) stated that anorexics often feel lonely, full of self-loathing, unworthy, and depressed.

Dare, et. al. (1994) reported these patients feel isolated within the family, yet, because the family was so structured, they had no autonomy.

Shugar and Krueger (1995) conducted a similar study in which they found the family members enmeshed or overly invested in each other's lives. The parents in these families did not permit privacy of autonomy for the children. Discipline and achievement were valued in children at the expense of their maturation and independence. The interactional patterns of these families were very rigid; in other words, rules are rules and there is little room for change. Shugar and Krueger also found that the maintenance of the perceived family harmony was considered to be the essential feature by which families preserve stability. Leung, et. al. (1996) reported common dysfunction's in eating disordered families included: low cohesion or lack of appropriate bonding, poor conflict resolution, and disorganization or frequent chaos. Dare, et. al. (1994) stated that in eating disordered families, children experience a high level of guilt and self-blame for any type of conflict. Therefore, in order for the household to be at peace, each member must work to please the parents.

### **Differences in the Development of Anorexia and Bulimia**

While anorexia and bulimia are often lumped together in the general category of eating disorders, there are some important differences in how the families of those with the two disorders interact.

Pike (1995) reported that families of bulimics express more anger, aggression, and conflict than non-bulimic families. Dare, et. al. (1994) found the families of bulimics were frequently harsh in their criticism. White (1992) stated that achievement and success orientations, chaos, uncohesiveness, open conflict, and perception of the mother as critical in the family of the bulimic individual. Pike (1995) found that these families use more indirect patterns of communication, give less support and commitment to each other, and place less emphasis on assertiveness and autonomy. Berk (1993) reported that while the families of bulimics have high expectations, the women who develop bulimia tend to lack self-control. These women are likely to engage in other impulsive behaviors such as shoplifting and alcohol abuse. Bulimic women are aware of their abnormal eating patterns and generally feel depressed and guilty because they are failing to live up to their families high expectation of them.

Shisslak, et. al. (1995) found that when compared to normal eaters, those who binge eat experience more concerns about body image, depressive symptoms, lower self-esteem, more disorderly eating habits, abuse more substances and experience less cohesiveness within their families. Dare, et. al. (1994) stated that the behaviors utilized by bulimics including bingeing, vomiting, and abuse of laxatives was seen as obnoxious by the families and attracted their overt disapproval.

The conflicts in eating disordered families may be physical as well as verbal. Waller (1992) found that the frequency at which a bulimic binges and purges is directly related to the amount of intrafamilial abuse. This abuse may take the form of physical, sexual, or emotional. This correlation is especially true if the abuse was physical or occurred prior to the age of fourteen. Andrews (1997) reported that sexual abuse against



women implants a feeling of inferiority and disgust about ones own femininity and sexuality in the victim. These feelings may materialize in an abnormal concern over body-image or in the form of an eating disorder. Overall, the families of bulimics appear to be more hostile, detached, and cold than families of non-bulimics.

When examining the families of anorexics, the intersectional patterns change. Shugar and Krueger (1994) reported that families of anorexics, like those of bulimics, are conflict ridden. Unlike bulimic's families however, anorexic's families present a strong facade of togetherness. These families have been found to stifle anger and aggression and have poor conflict resolution skills. White (1992) found those dysfunctional components in families of anorexics to include overprotectiveness, inflexibility in family member's roles, inability to separate one person's feelings and problems from the rest of the family's, inability to appropriately bond, and conflict avoidance.

Shugar and Krueger (1995) reported anorexic's families demonstrate a pattern of suppressing aggression and hostility. One reason may be that over all, this daughter has lived up to the family's standards. Berk (1993) found that anorexic women tend to be perfectionists. They tend to be excellent students, well behaved, and generally what would qualify as an ideal daughter. While this lack of communication apparently existed prior to the development of anorexia, Dare, et. al. (1994) suggested that the condition makes the communication worse. Another possible reason for some of the conflict avoidance is the obvious frailty of the anorexic patient. This condition may prevent the family from voicing any overt criticism towards the patient because she is obviously suffering from a life threatening disease.

While conflict remains the common link between the families of bulimics and anorexics, the way in which it is expressed is quite different. The families of bulimics express it openly and make it known to the children, where-as the families of anorexics stifle emotion and pretend everything is perfect.

### **Summary**

In conclusion, society's obsession with thinness and body image is often magnified in the families of eating disorder patients. Society has continued to lower what it considers acceptable weights for women. Unfortunately, families of eating disordered patients place higher importance on body image than do non-eating disordered families, thus failing to acknowledge to the impossibility of perfection.

The families of eating disorder patients also demonstrate a high frequency of conflict. Families of bulimic patients tend to be hostile and non-supportive. Families of anorexics on the other hand, tend to portray a united front by stiflingly high amounts of aggression and hostility. These high levels of turmoil are accompanied in eating disordered families by a lack of conflict resolution skills. As a result of these conditions, anorexics and bulimics demonstrate poor self-esteem, low self-worth, and body dissatisfaction.

The underlying common link in eating disorders appears to be that anorexic and bulimic women do not feel nurtured in their families of origin. As adolescents or young adults their families of origin failed to provide them the nurturance needed to become autonomous. They were not supported in their accomplishments or told they were

attractive. These women felt they were always falling short of their family's expectations and their failure is what inspired the lack of nurturance they received from their families.

Without the basic development of self-acceptance installed by a nurturing family, the individual is left vulnerable to the unrealistic expectations of the culture. American culture that at this point in history, hinges social acceptance and praise given to women on physical beauty through an often unachievable thinness.

Based on the findings of the cited literature, this study was designed to measure the correlation between the amount of nurturance a woman felt from her parents and the level of concern she feels in regards to body-image. This information will be gained through measuring the amount of nurturance a woman feels from her mother and father separately in relation to her dieting/exercise behaviors which demonstrate body image concerns.

## **Chapter Three**

### **Methodology**

This chapter describes the research objectives, demographic characteristics of the subjects, and from where the subjects were selected. Also discussed in this chapter is the instrumentation used to collect data and the data collection method. Finally, this chapter will conclude with a synopsis of the statistical analysis of the data obtained, details of assumptions made by the researcher, and limitations of this research.

### **Research Objectives**

The purpose of this study is to determine the level of correlation between the concern over body-image as measured by the Concern Over Body Image Dieting Scale. Specifically, the research objectives are as follows.

1. To examine the correlations between the individual questions on the maternal version of the PNS and the entirety of the COWD battery.
2. To examine the correlations between the individual questions on the paternal version of the PNS and the entirety of the COWD battery.
3. To examine the correlation between sub-scale one on the COWD (Avoidance of Food) and the individual questions on the maternal version of the PNS.
4. To examine the correlation between sub-scale one on the COWD (Avoidance of Food) and the individual questions on the paternal version of the PNS.
5. To examine the correlation between sub-scale two on the COWD (Guilt About Eating) and the individual questions on the maternal version of the PNS.

6. To examine the correlation between sub-scale two on the COWD (Guilt About Eating) and the individual questions on the paternal version of the PNS.

7. To examine the correlation between sub-scale three on the COWD (Attempts At Weight Loss) and the individual questions on the maternal version of the PNS.

8. To examine the correlation between sub-scale three (Attempts At Weight Loss) and the individual questions on the paternal version of the PNS.

### **Participants**

Volunteers were recruited from graduate classes from various universities in Wisconsin and from the officer's basic training course at Ft. Rucker, Alabama. The participants of this study were 30 Caucasian women between the ages of 22 and 54 years olds from southern Wisconsin or southern Alabama. All participants were volunteers.

### **Measures**

#### Parental Nurturance Scale

The Parental Nurturance Scale (PNS) (Buri, 1989) is a 24-item instrument which measures parental nurturance from the point of view of the child (any age). Parental nurturance as defined for the purpose of this test includes parental approval, acceptance, and affirmation of their children. Parental nurturance has been found to play a vital role in children's self-esteem. The total score was obtained by summing up the individual items. Several of the questions (1, 3, 7, 8, 11, 13, 14, 16, 18, 19, 21, and 24) are reversed scored. The range on the PNS is from twenty-four to one hundred and twenty. The higher the score, the more nurturance the individual feels from that parent. The PNS has

excellent internal consistency, with alpha of .95 for mothers and .94 for fathers. The PNS has a good concurrent validity, with significant positive correlation with self-esteem for both mother's and father's PNS (Buri, 1989).

### Concern Over Body Weight and Dieting Scale

The Concern Over Body Weight and Dieting Scale (COWD) (Fisher & Corcoran, 1994) is designed to measure dieting behavior. This fourteen-item instrument measures concerns over weight and dieting as symptoms of eating disorders. The COWD has three sub-scales: Avoidance of Food, Feeling Guilty About Eating, and Fad Weight Loss Techniques. The first sub-scale, Avoidance of Food, consists of questions 4 and 5. Question number four asks, "How often do you skip one meal so you can loose weight" and question number five asks, "How often do you avoid eating fattening foods like candy so you will loose weight". The second sub-scale, Feeling Guilty About Eating, consists of questions 9 and 10. Question number nine asks, "How often do you feel guilty after eating" and question number ten asks, "How often are you aware of the calorie content of the food you eat". The final sub-scale, Fad Weight Loss Techniques, consists of questions 12, 13, and 14. Question number twelve asks, "How many times have you tried diet medicine", question number thirteen asks, "How many times have your gone to a health spa or exercise class", and number fourteen asks, "How many times have you tried diet medicine", question number thirteen asks, "How many times have your gone to a health spa or exercise class", and number fourteen asks, "How many times have you tried a diet published in a book or magazine or recommended by a friend or relative". Each of these sub-scales was examined to identify significant correlatations.

The COWD is most useful with bulimic and anorexic clients or clients who self-impose restrictive diets. All items are rated on a 5-point scale. Scores are the sum of all item responses and range from 14 to 70. The COWD was tested for internal consistency using Cronbach's alpha. The reliability of the coefficient is .88. Evidence of known group validity is found with differences of COWD scores for subjects categorized as normal eaters, borderline eaters, or disordered eaters (Fischer & Corcoran, 1994).

### **Procedures**

Participants read an informed consent form and were told they were participating in a study on the relationship between family nurturance and body image. Anonymity was maintained by asking the participants to refrain from writing their names on the answer sheets. Participants took the COWD and PNS in a classroom prior to graduate class of in a quiet room. On average, the three surveys took approximately seven minutes to complete. A verbal debriefing describing the rationale for the nature of the study was provided after the sheets were collected.

### **Data Analysis**

Each subject's total COWD score was run against their individual answers on the PNS for both the maternal and paternal versions to identify the significant correlations. Next, each individual question from the maternal version of the PNS and each question from the paternal version of the PNS were then run against each of the COWD's three sub-scales; Avoidance of Food, Feeling Guilty About Eating, and Fad Weight Loss

Techniques. Each of the three sub-scales was examined to identify significant correlations using Pearson's  $r$ .

### **Assumptions**

1. The subjects participated voluntarily and were confident their responses would be kept confidential.
2. The subjects responded honestly to the questions.
3. The subjects responded to the questions in a manner which best described their current situation.

### **Limitations**

This study is limited in its practical usage for several reasons. First, this study had a small sample size of thirty participants. While thirty is a good sample for a correlational study, one cannot generalize to the entire population of women living in the United States. Second, the participants of this study all had at least a bachelor's degree and were pursuing further training. This relatively high level of education may have skewed the results. The more education one has, the more one might be diverted from self-injurious behavior due to the simple knowledge of its potential harm. Third, this study consisted of all white females. The results may have varied had others ethnicities been asked similar questions. Finally, while eating disorders is primarily a female disease, men are afflicted. This study did not obtain any feedback from males.



## Chapter Four

### Results

#### Purpose of the Study

The purpose of this study was to assess the level of correlation between the amount of family nurturance and the level of obsession with body weight and image. This correlation was explored by examining the level of family nurturance felt by females who are currently enrolled in some form of post secondary education in either Wisconsin or Alabama. This assessment was made by examining their PNS scores in response to their mother and the PNS scores in response to their father. The level of obsession with body weight was examined through the subject's responses to the questions on the COWD.

#### Findings

Correlations were run between each question on the mother PNS and each question on the father PNS with each question on the COWD battery. Comparing the individual questions from both the maternal and paternal versions of the PNS to the overall score from the COWD battery demonstrated some significant correlations. The total score for the COWD was obtained by adding the numerical answer for each of the fourteen questions. The scores from the COWD therefore could range from fourteen to seventy. The higher the total score the more troubled the self-image in regards to weight and body-image.

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### **Significant Correlations with the Entire COWD Battery**

When examining the correlation between the total score for the COWD and the individual questions from the maternal version of the PNS, the only question which approached significance was question number one. This question states, “My mother seldom says nice things about me”. Those women who strongly disagreed with this statement had lower scores overall on the COWD than those who agreed with the statement.

The paternal version of the PNS showed more of a correlation with the total score of the COWD than did the maternal version of the PNS. When examining the correlation between the total score for the COWD and the individual questions for the paternal version of the PNS, questions 1 and 22 showed a significant correlation. Question number 15 approached significance on the paternal version of the PNS. Question number one states, “My father seldom says nice things about me”. Those who strongly disagreed with this statement showed overall lower scores on the COWD than those who agreed with the statement. Question number twenty-two states, “ I receive a lot of affirmation from my father”. Those who agreed with this statement showed a lower overall score on the COWD than those who disagreed. Finally, question number fifteen on the paternal version of the PNS states, “My father is a warm and caring individual”. Those who agreed with this statement had a lower overall score on the COWD than did those who disagreed with the statement.

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Table 1: Correlations with the COWD

PNS Question #	Correlation	p
Mother 1	-.33	.07
Father 1	-.37	.04
Father 15	-.33	.08
Father 22	-.36	.05

### **Significant Correlations with Sub-ScaleOne: Avoidance of Food**

The sub-scale Avoidance of Food in the COWD consists of questions four and five. Question number four asks, “How often do you skip one meal so you will lose weight” and question number five asks, “ How often do you avoid eating fattening foods like candy to lose weight”. When examining the correlations between sub-scale one and the questions from the maternal version of the PNS, the only correlation approaching significance is question one. This question states, “My mother seldom says nice things about me”. Those participants who strongly agreed with this question are more likely to avoid food to lose weight.

When examining the correlations between sub-scale one in the COWD and the questions on the paternal version of the PNS, questions numbers 1 and 22 show significant correlations. While not statistically significant, question numbers 14, 15, and 21 approach statistical significance with p scores of .07, .09, and .06. Question number one states, “My father seldom says nice things about me”. Those who agreed with this statement were more likely to avoid food to loose weight. Question number twenty-two states, “ I receive a lot of affirmation form my father”. Those who agreed with this statement were less likely to avoid food to lose weight. Question number fourteen states, “ My father doesn’t really know what kind of person I am”. Those who agreed with this statement were also more likely to avoid food to lose weight. Question number fifteen

states, “ My father is a warm and caring individual”. Those who agreed with this statement were significantly less likely to avoid food to loose weight. Finally, question number twenty-one states, “ My father is generally cold and removed when I am with him”. Those who agreed with this statement were more likely to avoid food to loose weight.

Table 2 :Avoidance of Food

PNS Question #	Correlation	p
Mother 1	-.32	.08
Father 1	-.41	.03
Father 14	-.34	.07
Father 15	-.32	.09
Father 21	-.35	.06
Father 22	-.39	.03

### **Significant Correlations with Sub-ScaleTwo: Guilt About Eating**

In the COWD, sub-scale two, Guilt About Eating consists of questions nine and ten. Question nine asks, “How often do you feel guilty after eating” and question ten asks, “How often are you aware of the calorie content of the food you eat”. When examining the correlation between sub-scale two and the questions on the maternal version of the PNS, several questions show statistical significance: 1, 16, 17, 18, 22, 23. Question number one states, “My mother seldom says nice things about me”. Participants who agreed with this statement are more likely to feel guilty about eating. Question number sixteen states, “My mother does not feel I am important and interesting”. Those who agreed with this statement showed more guilt about eating. Question number seventeen states, “My mother is very interested in those things that concern me”. Subjects who agreed with this statement showed less guilt about eating. Question number eighteen states, “My mother is often critical of me and nothing I do

ever seems to please her”. Those who agreed with this statement demonstrated more guilt about eating. Question number twenty-two states, “I receive a lot of affirmation from my mother”. The women who agreed with this statement showed less guilt about eating. Question number twenty-three states, “My mother is very understanding”. Participants who agreed with this statement demonstrated less guilt about eating.

While not reaching statistical significance, question numbers 4, 11, 12, 14, 15 and the total score on the maternal version of the PNS approach significance thus demonstrating some degree of correlation. Question number four on the PNS states, “My mother enjoys spending time with me”. Those who agreed with this statement showed significantly less guilt about eating. Question number eleven states, “My mother does not understand me”. Subjects who agreed with this statement showed more guilt about eating. Question number twelve states, “My mother believes in me”. Those who agreed with this statement showed less guilt about eating. Question number fourteen states, “My mother really doesn’t know what kind of person I am”. The women who agreed with this statement showed more guilt about eating. Question number fifteen states, “My mother is a warm and caring individual”. Participants who agreed with this statement showed less guilt about eating. Question number sixteen states, “My mother does not feel I am important and interesting”. Those who agreed with this statement showed more guilt about eating. Question number seventeen states, “My mother is very interested in those things that concern me”. Subjects who agreed with this statement showed less guilt about eating. Question number eighteen states, “My mother is often critical of me and nothing I do ever seems to please her”. Those who agreed with this statement demonstrated more guilt about eating. Question number twenty-two states, “I receive a lot of affirmation

from my mother”. The women who agreed with this statement showed less guilt about eating. Question number twenty-three states, “My mother is very understanding”. Participants who agreed with this statement demonstrated less guilt about eating. Finally, the total score of the maternal version of the PNS approached significance. The data analysis shows that the more nurturance a woman feels from her mother, the less guilt she will feel about eating.

When examining the correlation between sub-scale three in the COWD and the paternal version of the PNS, question number 8 and 18 demonstrated a significant correlation. Question number eight states, “ I feel that my father finds fault with me more than I deserve”. Participants who agreed with this statement showed more guilt about eating. Question eighteen states, “ My father is often critical of me and nothing I do ever seems to please him”. Subjects who agreed with this statement demonstrated more guilt about eating.

Other questions which approached significance include: 2, 3, and 13. Question number two states, “I am an important person in my father’s eyes”. Those who agreed with this statement showed less guilt about eating. Question number three states, “My father often acts as if he doesn’t care about me”. The women who agreed with this statement demonstrated more guilt about eating. Finally, question number thirteen states, “I don’t feel my father enjoys being with me”. Those who agreed with this statement demonstrated more guilt about eating.

Table 3: Guilt About Eating

PNS Question #	Correlation	p
Mother 1	-.36	.05
Mother 4	-.34	.07
Mother 11	-.35	.06
Mother 12	-.33	.07
Mother 14	-.35	.07
Mother 15	-.34	.07
Mother 16	-.38	.04
Mother 17	-.42	.02
Mother 18	-.38	.04
Mother 22	-.38	.04
Mother 23	-.44	.01
Mother Total PNS	-.34	.06
Father 2	-.32	.08
Father 3	-.35	.06
Father 8	-.38	.04
Father 13	-.31	.09
Father 18	-.36	.05

### **Significant Correlations with Sub-Scale Three: Engaging in Fad Weight Loss Techniques**

Sub-scale number three in the COWD, Attempts at Weight Loss, consists of questions numbers 12, 13, and 14. Question number twelve asks, “How many times have you tried diet medications”, number thirteen asks, “How many times have you tried a health spa or exercise class”, and number fourteen asks, “How many times have you tried a diet published in a book, magazine, or one recommended by a friend or relative”.

When examining the correlations between questions on the paternal version of the PNS and sub-scale three in the COWD, no significant correlations were found.

When examining the correlations between the questions on sub-scale three on the COWD the maternal version of the PNS, question number six and question number twelve showed correlations which approach significance. Question six on the PNS states,

“My mother is easy for me to talk to”. Participants who agreed with this statement reported less participation in fad weight loss attempts. Question number twelve states, “My mother believes in me”. Those who agreed with this statement also reported less participation in fad weight loss attempts.

Table 4: Fad Weight Loss

PNS Question #	Correlation	p
Mother 6	-.32	.08
Mother 12	-.33	.08

### **Summary**

When examining the correlations of the two versions of the PNS surveys and the COWD as a whole, findings show that those subjects who responded positively to the question 1 on the mother PNS and responded positively to questions numbers 1, 15, and 22 on the father PNS, had less problems with concern over weight and body image as a whole.

When examining the sub-scale Avoidance of Food on the COWD, those subjects who responded in a manner which demonstrated that the individual felt nurtured by her parent on question 1 on the mother PNS and on questions number: 1, 14, 15, 21, and 22 on the father PNS reported less avoidance of food than did those who responded negatively.

Subjects who responded in a manner which demonstrated that the individual felt nurtured by her parent on question number: 1, 4, 11, 12, 14, 15, 16, 17, 18, 22, 23, and the PNS in regards to their relationship with their mother, reported fewer feelings of guilt over eating. Those subjects who responded similarly to questions 2, 3, 8, 13, and 18 on



the PNS in regards to their relationship with their father, reported fewer feelings of guilt over eating.

Subjects who responded in a manner which demonstrated the individual felt nurtured by her parent on question number 6 and 12 on the mother PNS showed less of a tendency to engage in weight loss programs.

## Chapter Five

### Summary, Conclusions and Recommendations

#### Summary

This study examined the correlation between family nurturance and the obsession over body weight and image. The findings of this study are based on the scores on the PNS and COWD of thirty females enrolled in post-secondary education in Wisconsin and Alabama. While there was some evidence of correlation between family nurturance and body weight and image, the findings were overall mixed.

There were some questions on the PNS, which demonstrated correlations which approached significance in regards to the COWD as a whole. These questions included question 1 on the maternal version of the PNS and on the paternal version of the PNS, questions 1, 15, and 22. It may be important to note that question 1 on both the maternal and paternal versions of the PNS showed significance. This questions states, “My mother/father seldom says nice things about me”. There were two significant correlations and one correlation which approached significance made between the COWD overall and the paternal version of the PNS. In regards to the maternal version of the PNS and the COWD however, there was only one significant correlation made. Therefore, a stronger impact appears to be made by the amount of nurturance given by the father on the amount of concern a woman develops over body image.

As for the sub-scales on the COWD, there were also some negative correlations. Sub-scale 1 in the COWD, Avoidance of Food, showed a negative correlation which approached significance with question number 1 on the mother PNS. On the paternal version of the PNS however, question numbers 1, and 22 demonstrated statistical

significance while question number 14, 15, and 21 approached statistical significance. Again, while there was only one question on the mother version of the PNS which approached a statistically significant correlation in regards to how often these subjects avoided food, two questions on the paternal version of the PNS were significantly correlated and three more approached statistical significance.

Sub-scale two in the COWD, Guilt About Eating, showed statistically significant negative correlations with question numbers 4, 11, 12, 14, 15, and the total PNS for the maternal PNS. Also, question numbers 1, 16, 17, 18, 22, and 23 approached statistical significance. There were two particularly strong correlations with questions 17 and 23. Question number 17 had a correlation of  $-.42$  and had a  $p$  of  $.02$ . This question states, “My mother is very interested in those things that concern me. The strongest of these correlations was a  $-.44$  with a  $p$  of  $.01$ . This question states, “ My mother is very understanding”.

Like with the maternal version of the PNS, negative correlations were also found with the paternal version of the PNS with questions numbers 8 and 18. It may be worth noting that question 18 showed significant correlations on both the maternal and paternal PNS. Question 18 had a correlation of  $-.38$  for the maternal PNS and  $-.36$  for the paternal PNS. Question 18 states, “My mother/father is often critical of me and nothing I do ever seems to please her/him.

Question number 2, 3, and 13 approach statistical significance in the paternal version of the PNS. Unlike scale one, scale two seems to more heavily correlate with the maternal version of the PNS scale. Not only are there more questions correlated with this version, the correlations are also stronger.

Unlike the previous scales, sub-scale three, Attempts at Weight Loss, showed significant correlations with only one version of the PNS. Sub-scale three found negative correlations which approach significance with question numbers 6 and 12 on the mother version of the PNS but no significant correlations with the father version of the PNS.

### **Conclusions**

This study was not conclusive about the overall correlation between family nurturance and body image obsession. However, the existence of some negative correlations between the results of the COWD and both the maternal and paternal versions of the PNS is cause to reject the null hypothesis that there is no statistically significant correlation between the lack of family nurturance and the women's obsession over body image of Caucasian women between the ages of twenty-one and fifty five. While the correlations are low, none were above .42, the pattern was consistent in showing the negative correlation existing between the amount of nurturance felt from the parent(s) and the obsession over body weight and image.

The statistics point to the paternal version of the PNS being overall more influential of the outcome of the results on the COWD and on sub-scale one, Avoidance of Food. Perhaps this is because skipping a meal is not modeled by the mother. Avoiding food may be done more in private. Meals may be skipped at a time when the family is not together such as at lunch. Another possibility is that if the father is critical, the tension in the home may cause the daughter to lose her appetite or skip meal times to avoid her father. Also if the father is being unnurturing or critical about his daughter, skipping a meal may be the easiest way for the woman to control her weight.

When examining sub-scale two and three however, paternal nurturance no longer appears more influential. Sub-scale two, Feeling Guilty About Eating, appears to have a much stronger link to the mother version of the PNS. Perhaps this is due to the guilt being modeled by the mother or attempts at control by the mother. The question with the strongest correlation,  $-.44$ , is question number 23, "My mother is very understanding". There is a stronger societal pressure on women to be slim. Perhaps if the mother is not understanding she utilizes societies expectations to about weight to maintain her control over the daughter through guilt or shaming her daughter.

Finally, unlike the other sub-scales, sub-scale 3, Attempts at Weight Loss, is only approaching a statistically significant correlation with the maternal version of the PNS. One reason for this may be that sub-scale three talks about fad diets including pills, spas, and magazine diets. All of these products are advertised for women. Perhaps the fathers are naïve about these tactics and therefore don't know about them to suggest their use. Another possibility is that men are more programmed to do things the hard way. These gimmicks are aimed at doing things fast and easy. A third reason could be that women tend to bond over these sorts of practices. It is not uncommon for a group of women to start a diet together or join a spa as a group. As a result, women know more about these things so they are more likely to promote them. The questions on the PNS, which approaches a statistically significant correlation, include #6, "My mother is easy for me to talk to" and #12, "My mother believes in me". Perhaps lack of open communication encourages the daughter to express her feelings in a more physical way. It is typical of women with eating disturbances to attempt to gain approval through their physical appearance. Physical beauty is clearly defined in American culture. Thin is attractive. If

a woman feels she is unable to communicate with her mother and is unsure about what will win approval, turning to a clear definition from society is a logical alternative.

### **Recommendations**

It is important in this current age of impossible ideals for therapists to be aware of the frequency at which eating disorders occur and what symptoms signal both the clinical and the non-clinical stages of development. Eating disturbances are believed to be highly undiagnosed. Because the current research indicates that most eating disorders occur in young females would be beneficial for therapist to check for potential eating disturbances in their young female clients.

When considering the treatment of a body image disturbance or eating disorder it is important to remember that for a woman to accept her body is, she needs to feel she is valued for more than her appearance. These issues may be explored by examining her relationships with family, friends and significant others. When women choose to focus their energy on physical perfection, it is likely they are avoiding emotional pain. It is important in therapy to address these feelings the woman is attempting to avoid. Some of these feelings might include unworthiness, uselessness, low self-esteem, fear, and hopelessness. Another aspect to examine in the treatment is where the messages about beauty originated. American culture manipulates women into believing they “need” to look a certain way in order to be accepted. It may be helpful to examine with the client advertising, the media, and stereotypes of women. Women should also be made aware of what constant obsession with weight can do to their self-esteem and to their bodies. Constant focus on weight can allow a scale to determine one's sense of value. Not only

can this external control be emotionally painful, it can also distract the individual from accomplishing her goals. Also, frequent dieting can slow the metabolism and harm the body through constant starvation, purging, excessive exercise.

If an eating disturbance is discovered, this research indicates the value of involving the client's family if possible. The therapist would then be able to help the family to be open in their communication. It is important not only for parents to verbally communicate the dangers of attempting to obtain this unreachable ideal, but also to communicate their feelings of love and nurturance for their child.

Knowledge about the development of body-image disturbances could also be useful in parent training classes. This research indicates that when nurturance is not openly exhibited by parents towards their child the emotional damage may become manifest in a physical manner.

In regards to research, it would be helpful to further explore the importance of nurturance in regards to the development of obsession. These areas of importance may include the value physical touch by the parent to the child, the impact of sexist remarks made by family members and the impact of praise for weight loss.

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