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Self-Objectification and Disordered Eating: the Role of Fathers

Aleena E. Mangold
Illinois State University, aleenam.99@gmail.com

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The purpose of the current study was to examine the links between disordered eating and body/weight related comments and messages from fathers through the lens of objectification theory (Fredrickson & Roberts, 1997). The specific role of fathers in shaping their daughter's disordered eating behaviors has not been examined sufficiently. I hypothesized that self-objectification would be associated with messages from fathers about dieting and appearance. I also hypothesized that the relationship between fathers' messages and their daughter's disordered eating behaviors would be mediated by self-objectification. Participants completed an online survey which measured perceived messages/pressures from fathers, self-objectification, and disordered eating behaviors. Results of path analyses using PROCESS MACRO supported the hypotheses. This finding suggested that fathers influence their daughters' disordered eating through appearance and eating related comments that increase self-objectification. Suggestions for interventions addressing the perpetuation of and impact of objectifying messages are given.

KEYWORDS: Self-objectification, disordered eating, paternal influences, fathers, objectification theory

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ALEENA E. MANGOLD

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COMMITTEE MEMBERS:

Suejung Han, Chair

Caitlin Mercier

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A.E.M.

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CHAPTER I: INTRODUCTION

Western society has increasingly valued physical appearance over many other traits. Social media has allowed for constant access to beauty standards and self-comparison; television often promotes harmful and objectifying depictions of women; and messages from family and peers encourage women to value their appearance over other qualities. The effects of the objectification of humans have led to consistent increases in mental health issues, specifically eating disorders. According to the National Institute for Mental Health, eating disorders are among the deadliest psychopathologies (NIMH, n.d.). For the last 30 years, the prevalence of eating disorders and mental illnesses in general increased in both the U.S. and worldwide (Global Burden of Disease Collaborative Network, 2021; Global Burden of Disease Collaborative Network, 2021). These unfortunate trends need to be met with an in-depth understanding of the contributing factors to these disturbances. By better understanding the factors that contribute to the development and maintenance of eating disorders, professionals can create better interventions to prevent and treat them.

While clinically significant eating disorders have increased, so have disordered eating behaviors, especially in college aged women (Mintz & Betz, 1988). Some researchers theorize that disordered eating behaviors are a precursor to clinical eating disorders, while others believe they may be their own stand-alone occurrence (Rodgers & Charol, 2009). Regardless, these behaviors must be defined and examined separately from eating disorders, as they pose their own serious health risks. The DSM-5-TR, describes eating disorders as persistent disturbances to eating and eating related behavior that significantly impact physical and/or psychological functioning (American Psychiatric Association [APA], 2022). This can take the form of severe

binging, purging, restricting, and use of diuretics or laxatives to control weight and appearance, along with maladaptive beliefs about weight, appearance, and eating (Barcaccia et al., 2018). On the other hand, disordered eating behaviors consist of clusters of the same maladaptive behaviors and beliefs, but they occur at what is considered a subclinical level and can also include chronic dieting and fasting (Barcaccia et al., 2018). What makes disordered eating so insidious is that it occurs at such a high rate, especially for females in late adolescence (Gutzwiller, et al., 2003). According to Mintz and Betz (1988), 61% of college women engaged in disordered eating behaviors. Another more recent survey found that almost 75% of adult women engaged in disordered eating behaviors (Reba-Harrelson et al., 2009). This is startling in comparison to the relatively low rate of eating disorders, which are estimated to have a lifetime prevalence of 2.7% among U.S. adolescents aged 13 to 18 years (National Institute of Mental Health, n.d.).

One of the primary influences on the development of disordered eating is family (Rodgers & Chabrol, 2009). Some of our earliest messages about how to behave in the world come from our family, especially our parents. In the past, the bulk of research examining family influences on disordered eating has examined the impact of mothers, or parental influence, rather than looking at fathers specifically (Rogers & Chabrol, 2009; Hill & Franklin, 1988). Studies that have examined the relationship between parental pressures and their offspring's disordered eating have shown that a relationship does exist (Dunkley et al., 2001; Neumark-Sztainer et al., 2006; Ricciardelli et al., 2000; Wertheim et al., 2002). Specifically, negative parental comments that convey criticisms about weight, eating habits etc., have been repeatedly associated with the development of body dissatisfaction and disordered eating in adolescents (Abraczinskas et al., 2015; Gross & Nelson, 2000; Neumark-Sztainer et al., 2010; Vincent & McCabe, 2000). However, it is unclear exactly how parents impact their children and in what ways the role of

mothers and fathers differ when it comes to influencing disordered eating behaviors. Mothers and fathers seem to have distinct relationships with their offspring, and examining these separate influences is necessary for providing evidence of their formative roles (Rodgers and Chabrol, 2009). The aim of this study is to add more pieces to the puzzle of disordered eating etiology. Specifically, this study will focus on the association between messages and pressures from fathers and their daughters' self-objectification and disordered eating behavior.

CHAPTER II: LITERATURE REVIEW

Objectification of the Female Body

The evaluation and objectification of the female body is a concept that is engrained into the U.S. culture. Using the lens of *Objectification Theory*, the impact that these evaluations have on women can be better understood (Fredrickson & Roberts, 1997). Sexual objectification can be defined as the "experience of being treated as a body (or collection of body parts), valued predominantly for its use to (or consumption by others)." (Fredrickson & Roberts, 1997, p. 174). This occurs whenever a woman's body is separated out from her as a person and viewed as an instrument or as capable of representing her as a whole. As expected, this treatment has a wide range of psychological consequences for the women who experience it.

One way that objectification leads to pathology is through the process of self-objectification (i.e., Internalization of objectifying messages). Women compare themselves to the idealized standards that they are presented with. Finding that they cannot meet the unrealistic ideals imposed on them can lead to undue shame and a desire for body modification to meet the ideals. In an attempt to be aware of societies perception of them, and to protect themselves from the consequences of negative evaluation, women attend to their physical appearance as a way of determining how others in society will treat them. While this behavior may serve the adaptive function of protecting women from poor treatment that stems from society's overvaluing of appearance temporarily, this practice of self-consciousness and self-evaluation may, over time, lead women to take on an observer's perspective and engage in self-objectification.

Additionally, women and young girls differ in the level of messages they receive about their appearance. Fredrickson & Roberts (1997) argue that the more sexually objectifying

messages a woman receives, the higher the likelihood she will internalize these messages and engage in self-objectification. Research has shown that receiving negative appearance-related comments early in life contributes to appearance-anxiety, that is, the anxiety of not knowing when or how one's body will be looked at and evaluated (Dion, et al., 1990). It is reasonable to speculate then, that increased sexual objectification would be related to an increase in disordered eating behaviors as a way of conforming to societal beauty standards or attempting to ease appearance-based anxieties.

Objectification contributes to mental health issues via two main pathways: (1) objectification leads to habitual body monitoring, higher appearance anxiety, and reduces cognitive energy for other tasks resulting in lower instances of peak motivational states and lower awareness of internal bodily states, and (2) sexual victimization which literally treats a woman's body and a mere object or thing by their perpetrator resulting in feelings of powerlessness and hopelessness (Fredrickson & Roberts, 1997). Both pathways can contribute to disordered eating. First, women may engage in restrictive eating behaviors as a way of fitting into societal standards or increasing their own self-evaluation when societal standards have been internalized. Secondly, women may engage in disordered eating as a way of regaining control and power in a society that can make them feel powerless. For many young women, their body may be one of the few things they can exert control over.

Self-Objectification on Body Image and Disordered Eating

Eating disorders are overwhelmingly experienced by women in the U.S. (Fredrickson & Roberts, 1997). Chronic dieting and restrictive eating behaviors are extremely common for women and young girls, and they tend to be supported and encouraged by parents (Costanzo &

Woody, 1985). In our society, knowing that one's body will be evaluated and compared to others is a fundamental part of women's experience (Fredrickson & Roberts, 1997). Attempting to control the way one looks is one way of regaining some form of control in our society. Women who experience sexual assault and abuse, the ultimate objectification of a body, have higher rates of eating disorders and body-image disturbance (Demitrack et al., 1990). This highlights the impact that loss of control and powerlessness can have and further supports the connection between objectification and disordered eating.

Additionally, puberty signifies a time in girls' lives where evaluation and objectification of their bodies dramatically increases (Fredrickson & Roberts, 1997). Adolescent girls find themselves in a new body that is viewed as less their own, subject to criticism from others, and increasingly guarded and restricted by their parents (Fredrickson & Roberts, 1997). As adolescent girls mature, they gain a more adult female body which includes curves and increased body fat. Disordered eating can serve as a way to delay or avoid the adult female body that is subject to sexual objectification, as well as avoid increased body fat in a culture that values thinness (Fredrickson & Roberts, 1997).

Empirical research has supported the idea that self-objectification contributes to disordered eating (Schaefer & Thompson, 2018). While the incidence of disordered eating varies across race, meta-analyses show that self-objectification is significantly linked to disordered eating among Black, Asian, and white women (Schaefer & Thompson, 2018). Additionally, the effect size of this relationship was stronger for women than for men, which is consistent with the idea that women experience sexual objectification at higher rates, and therefore are more likely to engage in self-objectification (Schaefer & Thompson, 2018). Overall, this meta-analysis of 53

cross-sectional studies showed a significant moderate positive correlation between self-objectification and disordered eating (Schaefer & Thompson, 2018).

Others also have shown the connection between body image and disordered eating (Oliveira et al., 2019; Duarte et al., 2016). Body image concerns may serve as a link between self-objectification and disordered eating. Lower body satisfaction scores have been shown to predict unhealthy dieting behaviors such as fasting, skipping meals, eating small portions, taking diet pills, and purging (Neumark-Sztainer et al., 2006). Even when controlling for BMI these associations were still significant and body dissatisfaction was not a motivator for healthy long-term weight control (Neumark-Sztainer et al., 2006). That is, when adolescents feel poorly about their bodies, they tend to engage in unhealthy behaviors rather than healthy ones. Furthermore, body satisfaction still predicted unhealthy eating behaviors even five years later suggesting that the impact of poor body image is substantial and long lasting (Neumark-Sztainer et al., 2006).

A past study has demonstrated the mediating role of body dissatisfaction on the relationship between self-objectification and disordered eating (Noll & Fredrickson, 1998). Noll and Fredrickson (1998) found that self-objectification was positively correlated with body shame in two different samples of undergraduate women. Engaging in self-objectification significantly predicted body shame, and body shame served as a mediator in the relationship between self-objectification and disordered eating (Noll & Fredrickson, 1998). Self-objectification appears to contribute to disordered eating by increasing body image concerns and body dissatisfaction.

Parental Messages as a Source of Objectification

The messages and ideals that our parents give to us shape our view of ourselves and how others will perceive us. Such parental messages may contribute to disordered eating by

encouraging self-objectification and endorsement of societal beauty standards. Through the lens of objectification theory, when parents communicate objectifying values to their children, there is an increased risk for engaging in disordered eating to fit into that objectified ideal (Fredrickson & Roberts, 1997). Research has shown that modeling behaviors are not nearly as influential as comments and pressure from parents for their children to be thin (Rodgers & Chabrol, 2009; Smolak et al., 1999). That is, a parent that models dieting, and disordered eating does not influence their offspring to engage in disordered eating as much as making comments about weight and appearance does. It appears that having the attention turned toward the child's body and appearance have the biggest impact on body image concerns regarding the influence that parents have. This points toward the value of examining the messages and pressure from parents onto their children, rather than modeled behaviors.

Dunkley et al. (2001) found that when either mothers or fathers valued a thin ideal and encouraged dieting, their daughters were much more likely to have body dissatisfaction and endorse a thin ideal. Another study examined parents' influence in terms of explicit and implicit messages, such as encouragement to diet, criticism about appearance, modeling behaviors and discussion about weight loss (Vincent & McCabe, 2000). This study found that extreme weight loss in adolescent girls was predicted by negative comments from fathers, but not mothers, and negative commentary from both parents significantly predicted bulimic behaviors. Additionally, encouragement from mothers to their adolescent daughters to lose weight also predicted bulimic tendencies. This study shows that while both parents appear to significantly impact disordered eating in young women, they impact their daughters in different ways.

Furthermore, parents who are critical of their offspring's physical appearance, tease their appearance, and encourage dieting are associated with increased disordered eating in their

offspring (Kluck, 2008). In previous studies, either both parents, or only mothers have been the main focus of attention (Hillard et al., 2016; Smolak et al., 1999; Levine et al., 1994; Newmark Sztainer et al., 2010). Pressure from both mothers and fathers to be thin predicted disordered eating in a sample of college aged women in Kosovo (Fortesa & Ajete, 2014). Another study examined the impact of direct messages from caregivers about their offspring's eating behaviors (Oliveira et al., 2019). Parents who sent restrictive or critical messages about eating had children who exhibited significantly higher body image shame, inflexible eating, and disordered eating (Oliveira et al., 2019). The relationship between women's disordered eating and restrictive messages from caregivers was also mediated by body image shame (Oliveira et al., 2019). Unfortunately, this study did not examine the influence of mothers and fathers separately, so it is not possible to draw conclusions about the unique impact of each parent.

Rodgers and Chabrol (2009) examined the importance of parental attitudes on adolescent disordered eating behaviors. This literature review showed that negative comments from parents, specifically direct comments about eating habits and body shape, are linked to body dissatisfaction and disordered eating. They also noted that the relationship between parental messages and disordered eating may be mediated by the internalization of social norms (Rodgers & Chabrol, 2009). This internalization of harmful social norms is one of the core components of how self-objectification can lead to poor body image and disordered eating behaviors (Fredrickson & Roberts, 1997).

Research on mothers has shown that both direct pressure from mothers for their daughters to control their weight, and indirect pressure, such as the mere mention of their daughter's weight/appearance, increase the likelihood of disordered eating behaviors and body dissatisfaction (Hillard et al., 2016). When mothers increase their daughter's awareness of their

bodies, their daughters are more likely to take on this observer's perspective, objectify their own body and work to change their physical appearance. Another study found that mothers who have their own history of eating disorder symptoms are more likely to have daughters with an eating disorder (Amusquibar & De Simone, 2003).

Studies that have examined both parents have found that fathers also have a similar impact as mothers (Field et al., 2001; Smolak et al., 1999). However, even when fathers have been examined in addition to mothers, they are often a much smaller sample (Smolak et al., 1999), which limits the conclusions that can be drawn. Some studies that have examined both parents have found that fathers have a bigger influence on their offspring's disordered eating than do mothers (Field et al., 2001; Shwartz et al., 1999), while other studies have shown that mothers are the ones who have a bigger impact (Smolak et al., 1999; McCabe & Ricciardelli, 2003; Vincent & McCabe, 2000). These inconsistent findings point to a need for a larger sample focusing specifically on the impact that fathers have.

More importantly, it has been theorized that fathers and mothers have different relationships with their offspring, which suggests that the way they impact their children may differ (Dixon et al., 2003). One study found that challenging comments from fathers were perceived as more negative and less constructive compared to challenging comments from mothers (Taniguchi, 2019). Because our society values different characteristics from mothers and fathers, it seems that daughters viewed challenging messages from mothers as motivated by care and nurturance while challenging messages from fathers were viewed as motivated by disappointment and criticism (Taniguchi, 2019). While contrasting exactly how mothers and fathers function differently in influencing disordered eating is outside the scope of this study, there is room to better understand the extent to which fathers influence disordered eating. By

examining fathers specifically, it is possible to understand the mechanisms by which they influence disordered eating in their offspring, specifically their daughters. More than just understanding that fathers do influence their daughters eating attitudes and behaviors, it is necessary to discern what factors mediate this relationship. Below I will explain the general role that fathers serve in contributing to their daughters' disordered eating, and then more specifically the impact of their messages on self-objectification and disordered eating in their daughters, as demonstrated in the limited studies that exist.

The Role of Fathers

Disordered eating behaviors have been shown to stem from a complex mixture of influences such as media, peers, family, and culture (Rodgers and Chabrol, 2009). While it would be naive to assume that fathers alone predict disordered eating, they do provide an important point of intervention as the understudied parent of the affected adolescents. Understanding how fathers may be impacting the development of disordered eating behaviors is crucial to developing effective interventions. If there are messages and values, either implicit or explicit, being promoted by fathers that contribute to this pathology, then the creation of interventions targeting this would be crucial to preventing disordered eating behavior.

It goes without saying that fathers play an important role in their daughter's development. *Father Hunger* is a theoretical work by Dr. Margo Maine that chronicles the impact that a lack of connection with one's father can have on a girl's development of body image, self-esteem, and eventually eating behaviors (Maine, 2004). Her work contends that an unfulfilled need for connection and acceptance from one's father often translates into weight and eating issues for women. Maine argues that our culture promotes the notion that being skinny equals a solution to

many of life's problems. For example, media often equates thinness with wealth, popularity, and happiness. Our society teaches women from a young age to focus on their appearance and that their physical appearance is a way of gaining acceptance from others. When girls hear their fathers endorse this view of women and are motivated to earn acceptance from their father, it may translate into a desire to manipulate their physical appearance as a way of gaining that acceptance.

There has been some empirical support for the impact that the relationship in general with fathers can have on disordered eating. Gutzwiller et al. (2003) looked exclusively at attachment to fathers, separate from mothers, and noted that women with sub-clinical disordered eating behaviors had even higher insecure attachment to fathers compared to the eating-disorder and asymptomatic groups. They also experienced the highest level of alienation and lowest levels of affective quality of relationship and care from fathers in comparison to the clinical and asymptomatic groups (Gutzwiller et al., 2003). Overall, the women in this group had the most insecure attachment to fathers, while the eating-disordered and asymptomatic groups did not have significantly different levels of paternal attachment to each other. Gutzwiller et al. (2003) proposed a couple possible explanations for these differences. Firstly, perhaps the etiology of the symptomatic group is distinctly different from the eating-disordered group. Secondly, it is possible that the two groups represent two different chronological points in the developments in eating disorders. In this case, Gutzwiller et al. (2003) suggested that those with clinically significant eating disorders may elicit more attachment behaviors from their fathers due to their condition, or their increased symptoms may distract them from attachment related worries.

In another study, eating-disordered women who had an overprotective and avoidant relationship with their fathers experienced significantly higher levels of food-restraint, concerns

about eating, body shape, and appearance, and higher levels of depression compared to the group with caring and benevolent father-daughter relationships (Horesh et al., 2015). The authors suggested that perhaps girls who feel rejected or criticized by their fathers attempt to lose weight in order to gain affection or attention from their father (Horesh et al., 2015). On the other hand, they may lose weight in an attempt to achieve perfection in their appearance or other aspects of their lives, thereby attempting to gain approval from their fathers (Horesh et al., 2015).

How fathers communicate is also an important factor in their impact on their children. Fathers whose direct communication consisted of communicating conformity and who had expectations of perfectionism from their child, increased their child's risk of developing disordered eating (Miller-Day & Marks, 2006). On the other hand, fathers whose direct communication consisted of a conversation-oriented communication style were related to lower disordered eating behaviors in their offspring (Miller-Day & Marks, 2006). In this study, a conformity orientation meant that the father communication focused on enforcing similar attitudes and beliefs among family members, whereas a conversation orientation emphasizes open communication in a supportive climate. Conformity communication is a form of coercive parenting communication that is characterized by negative messages to the child about themselves or their worth (Botta & Dumlao, 2002). Interestingly, in this sample, fathers' communication to offspring had a larger impact on their maladaptive eating behaviors than mothers' communication (Miller-Day and Marks, 2006). A similar study on father's communication styles showed that fathers who encouraged open communication and did not encourage conformity had daughters who were less likely to display symptoms of anorexia (Botta & Dumlao, 2002). While these studies examined the overall attachment and relationship

with fathers, this study aims to examine a more specific aspect of fathers' influence. That is, the messages that fathers communicate to their daughters about their physical appearance.

Fathers' Messages, Self-Objectification, and Disordered Eating

The few studies that have examined fathers demonstrated that messages from fathers have significant impact on their daughters' disordered eating behaviors. Fathers communicate to their daughters what society, and other men, expect from them in a unique way that may shape how women relate to their bodies. It has been theorized that messages from fathers serve as a reinforcer of cultural values for thinness by socializing their children with these ideals (Dixon et al., 2003). That is, fathers serve as a mechanism for communicating society's expectations of women to their daughters and may pressure them to conform to body ideals.

Both the direct and passive messages that fathers send to their daughters about physical appearance can have an impact. A slightly older study looked at the influences on weight concerns and dieting behaviors (Field et al., 2001). Results showed that both girls and boys were more likely than their peers to become constant dieters when they perceived thinness as being important to their fathers (Field et al., 2001). In this study, girls', and boys' perception of the importance of thinness to the father was more important than the perception of the importance of thinness to the mother, and these findings were independent of age and BMI. Another study showed that girls reported receiving more comments about their physical appearance from their fathers than mothers, and this feedback was correlated with higher negative body image (Schwartz et al., 1999). A newer study showed that fathers who were critical of their offspring's physical appearance, teased their appearance, and encouraged dieting were associated with increased disordered eating in their offspring (Kluck, 2008). These findings suggest that fathers

may have a stronger influence on their daughters' body image, and they may make more appearance related comments than mothers.

Passive messages to offspring about eating and societal beauty standards also have a strong impact. One study found that fathers who held strong beliefs in the importance of attractiveness and careful control of food intake by females were significantly more likely to have daughters who induced vomiting to lose weight (Dixon et al., 2003). Fathers were also asked whether their daughter was larger than their ideal body size. All the girls who reported using vomiting to lose weight in this sample had fathers who rated them as larger than the ideal (Dixon, et al., 2003). Girls whose body size matched their father's reported ideal body size reported less actual/ideal discrepancies in their appearance than girls who were larger than their father's reported ideal (Dixon et al., 2003). It appears that fathers' beliefs about thinness have a formative impact on adolescent girls especially when they have a larger body size.

Similar to how Field et al. (2001) found a connection between daughter's dieting and their perception of their father's value of thinness, research has also shown that fathers play a significant role in predicting weight loss behaviors in adolescent girls (Vincent & McCabe, 2000). Specifically, extreme weight loss was predicted by negative comments about the adolescent's body from the father (Vincent & McCabe, 2000). This same relationship was not shown between mothers and adolescent girls. Negative comments about their daughter's body from both parents did predict bulimic behaviors in this same sample (Vincent & McCabe, 2000). This further highlights the importance of researching the impact of the messages that fathers send to their daughters. Overall, studies that specifically examine the impact that fathers can have on disordered eating behaviors in their daughters are limited. To my knowledge, no previous studies have examined messages from fathers, self-objectification, and disordered eating in one study. It

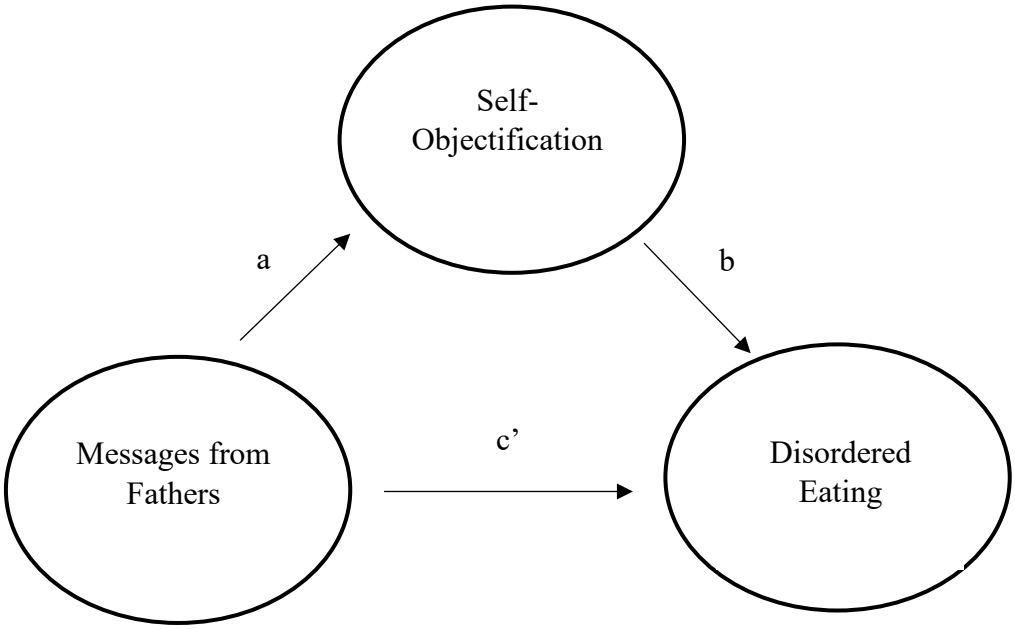
is necessary to examine this relationship to identify precise points for intervention with the goal of reducing the incidence of disordered eating.

Present Study

Through the lens of objectification theory (Fredrickson & Roberts, 1997) and from the current research findings on how socialization from fathers shapes their daughters' body image (Steinhilber et al., 2020), it is plausible to expect that experiencing a father who perpetuates the high valuing of appearance would lead to an increased risk of self-objectification and, subsequently, disordered eating behaviors. That is, if women receive objectifying and appearance related comments from their fathers, they may perceive them as implicit expectations to fulfill to be a worthy woman, as prescribed by men in the patriarchal society. As a result, they would internalize those expectations, objectify their own body and self-worth through the lens of such expectations, and subsequently engage in body monitoring and body modifying behaviors, such as unhealthy weight control or disordered eating behaviors, to meet up to the expectations.

Thus, I propose that fathers' messages that communicate body ideals would increase disordered eating behaviors among their daughters by leading to self-objectification. Specifically, the following three hypotheses are proposed. First, perceived pressures on physical appearance from fathers will be positively associated with self-objectification in college age women (path *a*). Second, engaging in self-objectification will also be positively associated with disordered eating (path *b*). Finally, the association between father's messages and disordered eating will be mediated by self-objectification (path *ab*; Figure 1).

Figure 1: *Proposed Path Model for the Current Study.*



CHAPTER III: METHOD

Participants

Participants for this study were female-identified young adults recruited via the SONA research system at Illinois State University. Participants volunteered to participate and were eligible to receive research credits for their participation. The initial sample included 324 undergraduate students with an average age of 19.62 (SD=1.24). Of the 324 participants, 4 did not consent to take the survey, 16 left the survey blank, 43 identified as a gender other than cisgender female and were exited from the survey, leaving 261 participants. Of those, 234 indicated that they had a father figure. Only 2 participants identified as transgender female and were therefore excluded. The majority of participants identified as non-Hispanic/Latino White (65.8%), followed by Hispanic/Latino (13.2%), Black (10.3%), Biracial (5.1%), Asian (4.7%) and Indigenous (0.4%) with one participant choosing to not identify race. Based on self-report of height and weight, the sample had an average BMI of 24.71 (SD = 5.04). The normal range of BMI is approximately 18.5-24.9 (Abraczinskas et al., 2012). Following the recommendations from Fritz and MacKinnon (2007), with an expected medium effect size from messages from father to self-objectification and self-objectification to disordered eating, the suggested sample size ranged from 71 to 118 participants to reach a medium effect size. Thus, the final sample included an adequate number of participants for the planned analyses (N=234; attrition rate 27.7%).

Table 1 *Demographic Characteristics of Participants (N =234)*

	N	%
Race/Ethnicity		
White	152	65.8
Black	24	10.3
Indigenous	1	0.4
Asian	11	4.7
Biracial	12	5.1
Hispanic/Latina	21	13.2
	M	SD
BMI	24.71	5.04
Age	19.62	1.24

Measures

Demographics.

Participants were asked to specify their gender, age, race/ethnicity, height, and weight. Height and weight were used to calculate BMI. Participants who did not indicate that they are female-identifying individuals were excited from the survey.

Disordered Eating.

The Eating Attitudes Test (EAT-26; Garner et al. 1982; See appendix A) is a commonly used measure for eating pathology that consists of 26 questions related to eating behaviors and attitudes (Rogoza et al. 2016). A number of studies have tried to establish the validity of a multi-factor structure with the EAT-26, but the results have been inconsistent and there is yet to be an agreement on how many factors the EAT-26 has as well as what those factors are (Rogoza et al., 2016; Gleaves et al., 2014). For this reason, the present study utilized the EAT-26 as a global

measure of disordered eating without analyzing specific factors or subscales. The EAT-26 has displayed strong convergent validity with the Eating Disorder Examination-Questionnaire developed by Fairburn and Beglin (1994 as cited by McLean et al., 2023). Cronbach's alpha in this study was α=.93.

Self-objectification

The Body Surveillance subscale of the Objectified Body Consciousness Scale (OBCS-BS; McKinley & Hyde, 1996; See appendix B) is an 8-item measure which was used to assess participants' body surveillance, an indirect indicator of self-objectification. The OBCS-BS has demonstrated good evidence of convergent and discriminant validity in the past, where the Body Surveillance subscale scores were strongly correlated with those on public self-consciousness (r=.73, $p < .001$), but was not significantly correlated with scores on private self-consciousness or social anxiety, which distinguishes it from these concepts (McKinley & Hyde, 1996). This measure uses a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree) to assess body-surveillance. Participants were asked to rate their agreement with questions such as "During the day, I think about how I look many times". The answers to each item are averaged to determine a total subscale score (McKinley & Hyde, 1996). Cronbach's alpha in this study was not adequate, α=.506. Thus, the data from this measure was not used for the main analysis.

The Self-Objectification Beliefs and Behaviors Scale (SOBBS; Lindner & Tantleff-Dunn, 2017; See appendix C) was also used in this study to measure self-objectification. Participants were asked to rate their level of agreement to 12 questions on a 5-point Likert scale. Some example questions include, "I try to imagine what my body looks like to others (i.e., like I am

looking at myself from the outside)" and "How I look is more important to me than how I think or feel". Construct validity has been demonstrated by significant correlations between scores of the SOBBS and those of the Objectified Body Consciousness Body Shame Scale (r = .66, p < .001) (Lindner & Tantleff-Dunn, 2017). Cronbach's alpha in the present study was α=.93.

Father Comments

The Family Influence Scale (FIS; Young et al., 2004; See appendix D) is a 12-item measure which assesses family attitudes toward appearance. This measure was adapted from the Perceived Sociocultural Pressure Scale (PSPS) developed by Stice, Nemeroff, and Shaw (1996). It utilizes a 5-point Likert scale and was modified to ask participants specifically about their fathers, rather than their whole family. Participants were instructed to rate the items (e.g., "I've felt pressure from my father to lose weight") based on their perception of their father/father figure only. The Cronbach's alpha in this study was α=.92.

A 3-item questionnaire was used to assess perceived negative comments from fathers (See appendix E). This questionnaire was developed by Kluck (2008) due to the lack of valid measures assessing this specific form of paternal influence. Participants were asked to rate the frequency with which their father criticizes their weight/size, teases them about their weight/size, or encourages them to control their weight/size on a 5-point Likert scale ranging from 1 (never) to 5 (all the time). Cronbach's alpha for this study was α=.86.

Procedure & Data Analytic Plan

This study was a cross-sectional study that utilized a survey format to gather information from participants. Using Qualtrics online survey, once screened for eligibility, participants were

asked to answer a series of questions listed in the measures of this study. SPSS 25.00 was used to analyze descriptive statistics and bivariate correlations between all test variables. The study hypotheses were then tested by conducting a path analysis using Process Macro in SPSS 25.00.

CHAPTER IV: RESULTS

Preliminary Analyses

Preliminary analyses of descriptive statistics and Pearson correlation analysis were conducted. The means, standard deviations, and correlation coefficients among study variables are reported in Table 2. All variable scores were correlated significantly in the expected direction. Skewness and kurtosis statistics indicated all variable scores were normally distributed. Messages from fathers as measured by the FIS and the FIQ was positively correlated with disordered eating (r = .24, p <.01; r = .22, p <.01, respectively). Messages from fathers as measured by FIS was also positively correlated with Self-objectification (r = .19, p <.01 for the OBCS-BS and r = .19, p <.01 for the SOBBS). Similarly, the FIQ was positively correlated with Self-objectification (r = .19, p <.01 for the OBCS-BS and r = .20, p <.01 for the SOBBS). Self-objectification measured by both the OBCS-BS and SOBBS scores were positively correlated with disordered eating (r = .38, p <.01; r = .48, p <.01, respectively).

Table 2 *Means, Standard Deviations, and Correlations Coefficients for Father Comments, Self-objectification, and Disordered Eating Scale Scores*

Measures for Variables	*M*	*SD*	Possible ranges of scores	Actual ranges of scores	1	2	3	4
1. EAT-26	2.64	.89	1-6	1.15-5.19	—			
2. FIS	1.89	.94	1-5	1.00-4.75	.237**	—		
3. FIQ	1.75	.97	1-5	1.00-5.00	.231**	.704**	—	
4. OBCS-BS	5.06	.98	1-7	2.00-7.00	.383**	.191*	.193*	—
5. SOBBS	2.94	.85	1-5	1.07-5.00	.479**	.192*	.202*	.619**

Note: EAT-26 = Eat Attitudes Test; FIS = Family Influence Scale; FIQ = Father's Influence Questionnaire; OBCS-BS = Objectified Body Consciousness Scale – Body Surveillance Subscale; SOBBS = Self-Objectification Beliefs and Behaviors Scale.

*$p < .01$, **$p < .001$.

Hypothesis Testing

Path analysis using Process Macro 4.2 was utilized to test the study hypothesis. The hypothetical model of the study was that (H1) father comments would be positively associated with self-objectification, (H2) self-objectification would be positively associated with disordered eating, and (H3) the association between father comments and disordered eating would be mediated by self-objectification. Father comments were operationalized by scores on two measures of FIS and FIQ, respectively. Self-objectification was operationalized by scores on two measures of SOBBS and OBCS-BS. However, the reliability of OBCS-BS was questionable and

thus the OBCS-BS scores were not used in the hypothesis testing. Disordered eating was operationalized by scores on EAT-26.

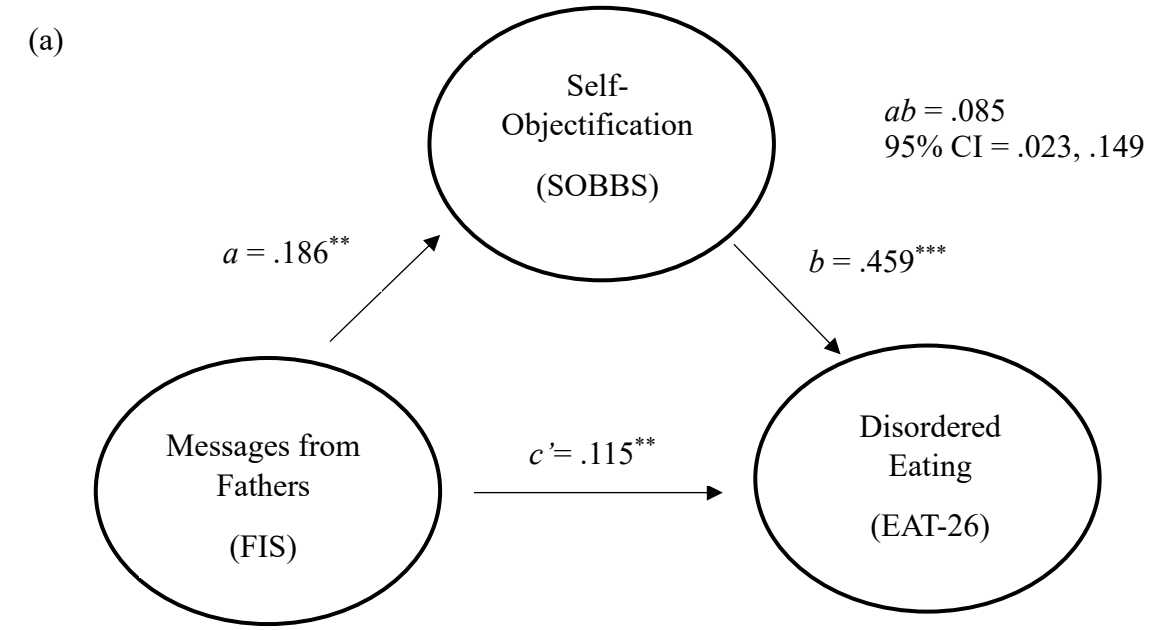
Three path analyses were conducted with three different indicators of father comments of FIS scores, FIQ scores, and combined scores of FIS and FIQ, respectively. The results were all similar and supported the hypotheses. First, when using FIS scores for father comments, the mediation model predicted disordered eating significantly, $R = .513$, $R^2 = .263$, F (2, 210) =37.44, $p < .001$. The paths from father comments as measured by FIS to self-objectification (β= .19, $p = .006$) and from self-objectification to disordered eating (β =.46, $p < .001$) were all significant in the expected direction, supporting Hypotheses 1 and 2 (Figure 2[a]). A bootstrap confidence interval for the indirect effect (ab = 0.085) based on 5,000 bootstrap resamples was entirely above zero (0.023 to 0.149), suggesting the indirect effect was significant. Thus, Hypothesis 3 that self-objectification would mediate the association between father comments and disordered eating was supported. Additionally, father comments had a significant direct effect on disordered eating (c' = 0.155) with a confidence interval entirely above zero (0.380 to 0.272), suggesting a partial mediation by self-objectification.

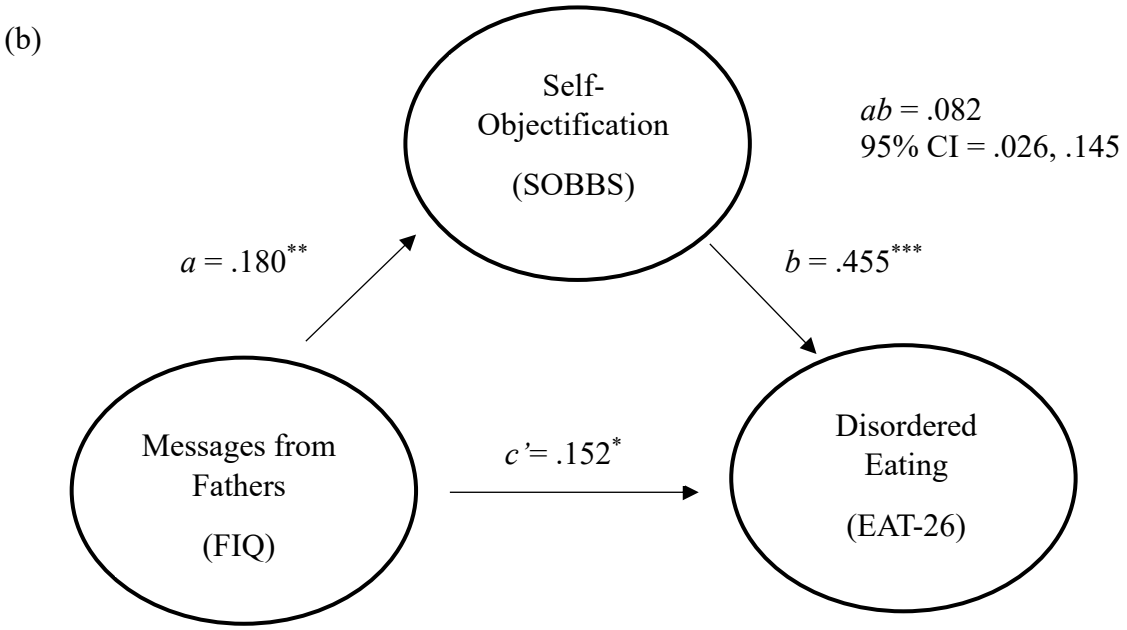
When using FIQ scores for father comments, the mediation model predicted disordered eating significantly, $R = .502$, $R^2 = .252$, F (2, 213) =37.44, $p < .001$. The paths from father comments as measured by FIQ to self-objectification (β = .18, $p = .007$) and from self-objectification to disordered eating (β =.46, $p < .001$) were all significant in the expected direction, once again supporting Hypotheses 1 and 2 (Figure 2[b]). A bootstrap confidence interval for the indirect effect (ab = 0.082) based on 5,000 bootstrap resamples was entirely above zero (0.026 to 0.145), again suggesting the indirect effect was significant and supporting Hypothesis 3. Additionally, father comments (FIQ) had a significant direct effect on disordered

eating (c' = 0.152) with a confidence interval entirely above zero (0.026 to 0.145), also suggesting a partial mediation by self-objectification.

An exploratory factor analysis was conducted with scores of FIQ and FIS to investigate whether both scales were measuring the same factor, and the result supported a one factor solution. Therefore, the FIQ and FIS were combined into one variable representing father comments. When using the combined FIQ and FIS scores for father comments, the results were the same as to those when either FIQ or FIS scores were used. The mediation model predicted disordered eating significantly, R = .516, R^2 = .266, F (2, 210) =38.06, p < .001. The paths from father comments to self-objectification (β = .21, p = .004) and from self-objectification to disordered eating (β =.46, p < .001) were all significant in the expected direction, once again supporting Hypotheses 1 and 2 (Figure 2[c]). A bootstrap confidence interval for the indirect effect (ab = 0.096) based on 5,000 bootstrap resamples was entirely above zero (0.034 to 0.165), suggesting the indirect effect was significant and supporting Hypothesis 3. Additionally, father comments had a significant direct effect on disordered eating (c' = 0.178) with a confidence interval entirely above zero (0.052 to 0.304), also suggesting a partial mediation by self-objectification.

Figure 2: *Results of mediation analyses*

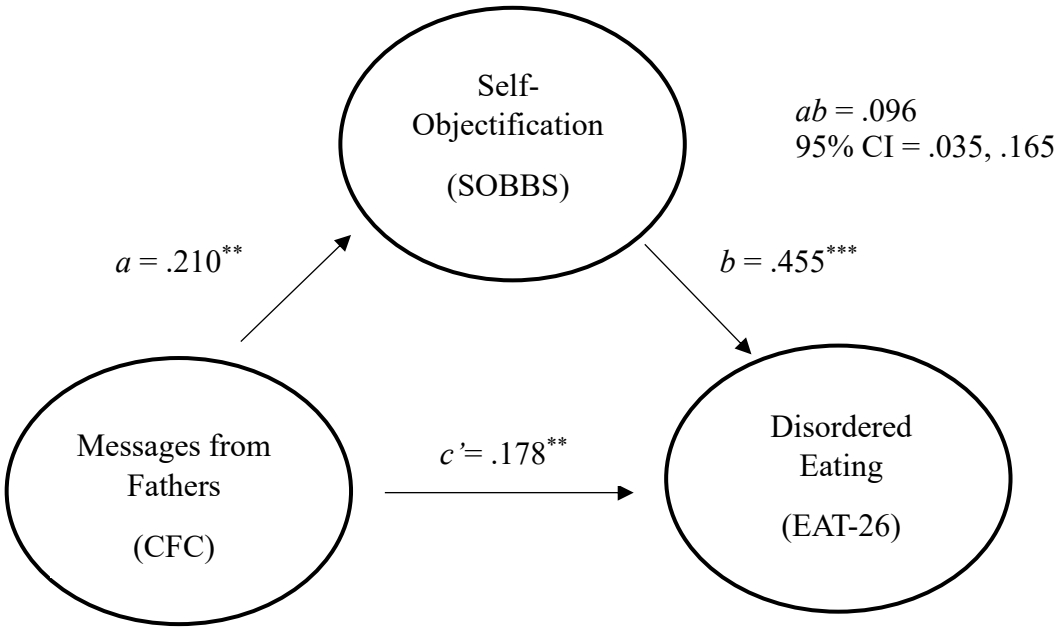




(Figure continues)

(Figure continued)

(c)



Note: FIS = Family Influence Scale, FIQ = Father Influence Questionnaire, EAT-23 = Eating Attitudes Test, SOBBS = Self-Objectified Beliefs and Behaviors Scale, CFC = Combined Father Comments. $^{*}p<.05$. $^{**}p<.01$, $^{***}p<.001$

CHAPTER V: DISCUSSION

The purpose of the present study was to examine association among messages from fathers about diet and appearance, self-objectification, and disordered eating behaviors in young adult women. In the past, there has not been adequate focus on paternal influences on disordered eating (Rogers & Chabrol, 2009). In addressing parental influences on disordered eating, most of the previous studies have focused on the role of mothers, or parents in general. This is partially due to earlier theories that mothers transmit a negative self-image through comments or modeling (Gross & Nelson, 2000). Mothers who share a gender with their daughters would model appropriate social behavior along with possibly perpetuating social pressures for female thinness from generation to generation. Mothers may be promoting thinness based on their own socialization and self-image, whereas fathers may be promoting thinness based on an endorsement of the thin ideal or objectification of women.

In fact, a small amount of existing research does point to fathers serving a critical role (Dixon et al., 2000). Fathers are often the first and most significant male figure that a child has a relationship with. Thus, they are in a unique position to either amplify or negate social messages about adhering to social expectations around appearance and size, not only as a parental authority but also as a male figure. They serve the role of both a parent who has authority as a caregiver and as a male in a society that views men as having authority above and beyond that of women. Therefore, it is reasonable to speculate that fathers' direct comments on their children's weight and body shape and indirect communication of body ideals (e.g., thin ideals, objectifying messages) would have a substantial impact on their children's self-image and eating behaviors. This is especially salient because self-objectification is believed to develop from the internalization of the "male gaze" (Fredrickson & Roberts, 1997), and fathers may be one of the

earliest messengers of this. It is possible that objectification, sexualization, and value of physical appearance from fathers may lead to increased body-surveillance, self-objectification, and disordered eating among young females (Miles-McLean et al., 2014). This study supports the speculation that, if daughters are objectified and their physical appearance is often highlighted by their father, they may internalize this "male gaze" and experience increased self-objectification.

Due to the theoretical relationship between "male gaze" in a patriarchal society and the internalization of objectifying messages, I proposed that fathers may contribute to their daughters' disordered eating as an appearance control behavior, by serving as a critical messenger of objectifying messages. That is, the objectifying messages from fathers would be internalized by their daughters, leading to self-objectification, which then would lead them to engage in body monitoring or body modifying behaviors such as disordered eating (e.g., pathological dieting). The study hypothesis was supported.

As expected, the results show that perceived or recalled father comments on appearance, weight, or body size predicted disordered eating symptoms in college women. Also, this prediction was mediated partially by self-objectification. When fathers make comments about their daughters' weight, appearance, and diet, they are perpetuating societal messages about how women *should* look and behave. When daughters hear from their fathers that women with certain physiques are more attractive, or direct comments about their daughter's engagement in dieting or exercise they may internalize this message, view themselves as needing to conform to this ideal, and engage in increased unhealthy behaviors, such as disordered eating. Hearing these messages from a central figure in their life, such as their father, may make them even more amplified and impactful, especially in a patriarchal society.

Like mothers, peers, or media that have been established as important contributing agents to self-objectification and disordered eating (Field et al., 2001), this study demonstrated that fathers are also an influential figure. In a unique way, fathers may be crucially aware of how women in society are treated based on appearance, even if only implicitly. This could come from witnessing differential treatment of women based on size or perceived attractiveness, or even engaging in differential treatment of women based on these factors. Perhaps some of the motivation to critique their daughter's appearance may come from a desire for their daughter to be treated well and obtain a socially desirable status through relationships or opportunities that a socially desirable appearance might afford, although the outcome of such comments would be detrimental. Additionally, they may hold some of their own biases about women's appearance, size, and diet or fear their daughter receiving poor treatment based on their weight/appearance, which would influence them to discourage or encourage certain behaviors.

Noteworthy is that self-objectification was a partial (vs. full) mediator, and the effect size of the indirect effect was small, explaining approximately 8-10% of the association between father comments and disordered eating. This suggests the existence of other important mediators, which warrant further studies. For example, constructs such as body dissatisfaction or poor body image would be plausible mediators given past research tying them to disordered eating (Neumark-Sztainer et al., 2006) and self-objectification (Noll & Fredrickson, 1998). Future research could test this speculation. For example, fathers' comments could predict disordered eating by a serial mediation by self-objectification and body dissatisfaction.

Clinical Implications

Surveys have shown that about 75% of women engage in some form of disordered eating behaviors (Reba-Harrelson et al., 2009). The results of the present study point to the important role that communication from parents, specifically fathers, can have on women's view of themselves and engagement in unhealthy dieting behaviors. This finding suggests that, when working with clients with disordered eating, it would be useful to explore family communication around appearance, weight, and diet. This research could be used to inform what kinds of comments from fathers may be most damaging to their daughter's view of themselves and eating behaviors. Interventions that focus of educating the public, specifically fathers, about the impact of objectifying comments could discourage the use of such language with young women. Clinicians working with young women who engage in disordered eating can utilize the objectification theory framework to help clients understand the social impacts on their self-image. More importantly, the findings of this study point to the value of addressing female clients' relationship with their fathers and how they perceive this influencing their self-image and dieting behaviors.

Limitations and Future Directions

This study has limitations that are worthy of noting. First, the sample was large enough for the statistical analyses but was largely made up of white women and all participants were students at a Midwest university. As such, these findings may not be generalizable to other populations. Second, this study was cross-sectional in nature and thus the causality of the association between father comments and disordered eating cannot be determined. Third, while the hope was to recruit enough transgender female participants to include in the analysis and examine group differences, only two participants identified as transgender female, making it

impossible to do such comparisons. Fourth, there was also some concern with one of the measures used in this study. The OBCS-BS had a much lower Cronbach's alpha score than the other measures (α=.506) which resulted in this data being excluded from the study.

Given that this study identified self-objectification as a partial mediator, future research could investigate what other mediators contribute to the relationship between father's comments and disordered eating behaviors. Additionally, the literature suggests that both parents have an impact on disordered eating but that they might be impacting their daughters in different ways or through different means (Field et al., 2001). It would be helpful to conduct studies that compare influences from mothers and fathers and examine the ways in which each parent's influence is different in nature. The findings warrant further investigation of specifically how mother's and father's influence may play differing roles in disordered eating behaviors.

Another area of future research could consider the impacts of father's messages and self-objectification on women from differing backgrounds. Not all women experience objectification or engage in self-objectification at the same rate. The intersections of race, ethnicity, class, sexuality, size, and age can all impact the degree to which and how women experience objectification, and the degree to which they fit into the social standard of "beauty" (Fredrickson & Roberts, 1997). Women of color face objectifying images that are infused with racial stereotypes (Cowan, 1995; Root, 1995). In addition to this, media images that objectify women are more likely to portray only parts of women of color's bodies and/or exclude their faces exacerbating the dehumanization posed by objectification (Zuckerman & Kieffer, 1994). Future research could examine how women with differing intersecting identities perceive and internalize objectifying messages.

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APPENDIX A – EATING ATTITUDES TEST (EAT-26)

Check a response for each of the following statements.
1-Never, 2-Rarely, 3-Sometimes, 4-Often, 5-Usually, 6-Always

1. I am terrified about being overweight.
2. I avoid eating when I am hungry.
3. I find myself preoccupied with food.
4. I have gone on eating binges where I feel that I may not be able to stop.
5. I cut my food into small pieces.
6. I am aware of the calorie content of foods that I eat.
7. I particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.)
8. I feel that others would prefer if I ate more.
9. I vomit after I have eaten.
10. I feel extremely guilty after eating.
11. I am occupied with a desire to be thinner.
12. I think about burning up calories when I exercise.
13. Other people think that I am too thin.
14. I am preoccupied with the thought of having fat on my body.
15. I take longer than others to eat my meals.
16. I avoid foods with sugar in them.
17. I eat diet foods.
18. I feel that food controls my life.
19. I display self-control around food.
20. I feel that others pressure me to eat.
21. I give too much time and thought to food.
22. I feel uncomfortable after eating sweets.
23. I engage in dieting behavior.
24. I like my stomach to be empty
25. I have the impulse to vomit after meals.
26. I enjoy trying rich new foods.

Behavioral Questions:
In the past 6 months have you:
1-Once a day or more, 2-2-6 times a week, 3-Once a week, 4-2-3 times a month, 5-Once a month or less, 6-Never.

A. Gone on eating binges where you feel that you may not be able to stop?
B. Ever made yourself sick (vomited) to control your weight or shape?
C. Ever used Laxatives, diet pills or diuretics (water pills) to control your weight or shape?
D. Exercised more than 60 minutes a day to lose or to control your weight?

Have you:
1-Yes, 2-No

E. Lost 20 pounds or more in the past 6 months?
F. Ever been treated for an eating disorder?

APPENDIX B – THE OBJECTIFIED BODY CONSCIOUSNESS SCALE – BODY SURVEILLANCE SUBSCALE

For each item, please select the answer that best characterizes your attitudes or behaviors. 1-Strongly disagree, 2-moderately disagree, 3-slightly disagree, 4-neutral, 5-slightly agree, 6-moderately agree, 7-strongly agree

1. I rarely think about how I look.
2. I think it is more important that my clothes are comfortable than whether they look good on me.
3. I think more about how my body feels than how my body looks.
4. I rarely compare how I look with how other people look.
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people.
8. I am more concerned with what my body can do than how it looks.

APPENDIX C – SELF-OBJECTIFICATION BELIEFS AND BEHAVIORS SCALE

Please read each question and select the appropriate rating for each statement.

1-Strongly disagree, 2-Somewhat disagree, 3-Neighter agree or disagree, 4-Somewhat agree, 5-Strongly agree

1. Looking attractive to others is more important to me than being happy with who I am inside.
2. I try to imagine what my body looks like to others (i.e., like I am looking at myself from the outside).
3. How I look is more important to me than how I think or feel.
4. I choose specific clothing or accessories based on how they make my body appear to others.
5. My physical appearance is more important than my personality.
6. When I look in the mirror, I notice areas of my appearance that I think others will view critically.
7. I consider how my body will look to others in the clothing I am wearing.
8. I often think about how my body must look to others.
9. My physical appearance says more about who I am than my intellect.
10. How sexually attractive others find me says something about who I am as a person.
11. My physical appearance is more important than my physical abilities.
12. I try to anticipate others' reactions to my physical appearance.
13. My body is what gives me value to other people.
14. I have thoughts about how my body looks to others even when I am alone.

APPENDIX D – FAMILY INFLUENCE SCALE – MODIFIED FOR FATHERS

Please read each question and select the appropriate rating for each statement.

1-strongly agree, 2-Agree, 3-neither agree nor disagree, 4-disagree, 5-strongly disagree

1. I've felt pressure from my father/father figure to lose weight.

2. I've noticed a strong message from my father/father figure to have a thin body.

3. My father/father figure tends to make fun of people who are overweight.

4. My father/father figure makes favorable comments about the slender figures of other women.

5. Weight issues are frequently brought up in conversations with my father/father figure.

6. My father/father figure views exercising regularly as a means of weight control.

7. My father/father figure tends to diet a lot.

8. My father/father figure skips meals a lot as a means of weight control.

9. My father/father figure shares dieting tips with me or others they talk to.

10. I feel pressured by My father/father figure to stay/be slim.

11. My father/father figure often expresses anxiety about gaining weight.

12. My father/father figure admires thin female models and celebrities.

APPENDIX E – FAMILY EXPERIENCES RELATED TO FOOD QUESTIONNARE - FATHERS

Instructions: Please think about the person who fit the role of father while you were growing up and rate how often (using the same response scale) he did each of the following.

1-never 2-rarely 3-sometimes 4-often 5-all the time

1. Criticized your weight/size?

2. Teased you about your weight/size?

3. Encouraged you to control your weight/size through dieting, exercise, or other weight control behaviors?