Body satisfaction and weight-related appearance management in a two-way mirror: mother-daughter interactions as mediation of the mass media's thin female ideal

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Body satisfaction and weight-related appearance management
in a two-way mirror: Mother-daughter interactions
as mediation of the mass media's thin female ideal

by

Jennifer Lynne Ogle

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Textiles and Clothing
Major Professor: Mary Lynn Damhorst

Iowa State University
Ames, Iowa
1999

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This is to certify that the Doctoral dissertation of

Jennifer Lynne Ogle

has met the dissertation requirements of Iowa State University

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Major Professor

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For the Major Program

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For the Graduate College
DEDICATION

This dissertation is dedicated to my husband, Kim, whose unwavering love and support have engendered in me the spirit to take on life's challenges. This project is also dedicated to and was possible because of Mom, Dad, Jess, Grandma Helen, and the loving memory of Grandpa Pat. These are the people from whom I learned the value of education, truth, and integrity. Their love and their faith in me have furnished the foundation for my life endeavors.

Additionally, this dissertation is dedicated to the fond memory of Dr. Dahlia Stockdale, whose sensitive, caring, and thoughtful approach to education continues to inspire me.
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ABSTRACT

The purpose of this study was to explore the reciprocal socialization process between adolescent girls and their mothers and how this process shapes daughters' and mothers' media use, body-related feelings and behaviors, and beliefs about the thin female ideal in the media. An interpretive approach was used to explore these issues. Data were collected via in-depth interviews with 20 mother-daughter pairs.

Grounded theory analysis revealed two overarching (major) themes within the data: (a) mothers' and daughters' personal and interpersonal experiences with the female body and (b) mothers' and daughters' experiences with the female body as it is culturally situated in the media.

Five minor themes emerged as related to the major theme of personal and interpersonal experiences with the body: (a) appearance orientation, or the role of appearance in the everyday lives of the participants, (b) body cathexis, or degree of satisfaction or dissatisfaction with the body, (c) individual diet-related behaviors, (d) interpersonal approaches to (i.e., mother-daughter interactions related to) the body and dieting, and (e) body malleability, or the extent to which participants perceived the appearance of their bodies as "changeable."

Five minor themes emerged as related to the major theme of experiences with the female body as it is situated in the media: (a) media involvement, (b) perceived realism of media presentations of the female body, (c) identification with media presentations of the female body, (d) idealization of media presentations of the female body, and (e) social comparison processes, or comparisons of one's own appearance with media presentations of the female body.

Findings from this study indicated that mothers and daughters did (symbolically) interact with respect to issues encompassed by each of these (minor) themes, thereby contributing to each other's (a) feelings about and behaviors toward the body and (b)
interpretations of body-related media. The data also supported theoretical linkages among interpretations of body-related media, personal and interpersonal body-related feelings and behaviors, and social comparison tendencies and outcomes. At the conclusion of this study, these relationships are modeled and/or discussed and implications for future research are addressed.
CHAPTER ONE: INTRODUCTION

Background

Throughout history, ideals of feminine beauty have undergone change. In most societies plumpness and even obesity have at some time been viewed as desirable and attractive (Ford & Beach, 1952). During the past 50 years, however, the white majority in contemporary U.S. society has witnessed a definitive shift in the female body ideal: the more voluptuous female body shape coveted in the 1940s and early 1950s has been replaced by a leaner, thinner female body ideal (Kaiser, 1990). In these societal contexts, thinness has become an important component of ideal female beauty (Banner, 1983; Freedman, 1986; Lennon, 1988).

Paralleling the emergence of this thin female body ideal has been a notable increase among American women in the occurrence of eating disorders (Pyle, Halvorson, Neuman, & Mitchell, 1986), dieting (Garner & Garfinkel, 1980), and often risky body-reducing cosmetic surgery procedures (Wolf, 1991). In fact, it has been suggested that societal concern about weight is so widespread that a moderate degree of concern is normative among women (Striegel-Moore, Silberstein, & Rodin, 1986). Researchers have attributed these trends in weight preoccupation to the fact that U.S. women are literally bombarded by and subsequently aspire to this thin ideal.

Among those most affected by the pressure to be thin are adolescent girls. Adolescents place more importance upon appearance than do adults (Cash, Winstead, & Janda, 1986), perhaps because of the physical changes that take place during puberty (Rodriguez-Tome, Bariaud, Cohen-Delmas, Jeanvoine, & Szylagyi, 1993). Further, adolescents, who are still developing a sense of self, are more prone than adults to "look outside" of themselves to

---

1In U.S. society, the thin female ideal is widely aspired to by females of European-American ethnicities, whereas females from African American cultures embrace a more flexible concept of beauty in which a varied array of female body types are considered "attractive" (Parker, Nichter, Nichter, Vuckovic, Sims, & Ritenbaugh, 1995). All cultural segments of U.S. society may not be equally immersed in the thin ideal.
discover who they are and to conclude that they are deficient in comparison to others (Garner, 1997, p. 38). Perhaps not surprisingly, disordered eating behaviors are most common among adolescent and young adult females (Gandour, 1984; Levine, 1987).

In the current social milieu, adolescents are subject to countless influences that help them to shape their perceptions and evaluations of themselves and the world that surrounds them. That is, a variety of influences interact and contribute to the process by which adolescents are "socialized" and thereby develop "habits and values congruent with adaptation to their culture" (Baumrind, 1980, p. 640). Two such influences are the mass media and the family, both of which can affect beliefs and feelings about the body and self (Irving, 1990).

The mere ubiquity of the mass media renders them key "image makers" or at least "image endorsers" in society (Rudd & Lennon, 1995). The mass media are persistently encountered and (often involuntarily) experienced by the entire population, and there is much evidence to indicate that the media have portrayed a steadily thinning female body ideal (Garner, Garfinkel, Schwartz, & Thompson, 1980; Silverstein, Perdue, Peterson, & Kelly, 1986; Wiseman, Gray, Mosimann, & Ahrens, 1992). In these media presentations, the thin female form is often linked to positive social stereotypes of beauty, health, and success that magnify the allure of a slender figure (Downs & Harrison, 1985; Gamer & Garfinkel, 1980). Further, these idealized media body images have been found to have detrimental effects upon females, negatively affecting their body cathexis, or degree of body satisfaction, and their affective states (Irving, 1990; Richins, 1991; Stice & Shaw, 1994; Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Low body cathexis and negative affect about the self have been linked to the development of eating disorders (Stice & Shaw, 1994; Stice et al., 1994).

As a child's primary socialization agent, the family influences how information from secondary socialization agents (such as the mass media) is processed and used (Corder-Bolz, 1997). Although this process is often viewed as an adult-initiated one, in the present study a broader interpretation of this term is used. Here, the socialization process is not viewed as unidirectional, but rather, as reciprocal, so that a child's influence upon a parent's behaviors or cognitions would also be viewed as part of the socialization process.
A large body of scholarship has shown that parent-child interactions affect children's use of and beliefs about the mass media (e.g., Austin, 1993; Austin, Roberts, & Nass, 1990; Brown, Austin, & Roberts, 1988; Corder-Bolz, 1990; Lull, 1980; Messaris, 1982; Messaris & Sarett, 1981). Most of this work has focused upon how parents contribute to children's (a) perceptions about the realism of media content, (b) identification with media content, and/or (c) behaviors related to media content (e.g., Austin et al., 1990; Messaris, 1982; Messaris & Sarett, 1981; Reeves & Garramone, 1982).

Parents also play a seemingly significant role in shaping children's behaviors, beliefs, and feelings about the body and appearance (Nichter, Ritenbaugh, Nichter, Vuckovic, & Aickin, 1993; Pike & Rodin, 1991; Smetana, 1988; Striegel-Moore & Kearney-Cook, 1994). Parent behavior, feedback, and instruction have been found to influence children's eating behaviors (see Birch, Fisher, & Grimm-Thomas, 1996 for a review), body image, and body satisfaction (Pike & Rodin, 1991; Striegel-Moore & Kearney-Cook, 1994). Mothers, in particular, are often involved in their children's appearances (Smetana, 1988). Most frequently, daughters are the targets of parental appearance socialization (Costanzo & Woody, 1979; Striegel-Moore & Kearney-Cook, 1994).

**Purpose**

The purpose of this study was to examine the nexus of two socio-cultural influences -- the mass media and the family -- upon female body image, body cathexis, and appearance management. Prior to this work, researchers had not yet explored in tandem familial mediation of (a) body satisfaction and appearance-related behaviors and (b) beliefs about and use of the mass media. With the present project, a holistic approach was used to explore the confluence of phenomena previously examined in isolation.

More specifically, this project focused upon the reciprocal socialization process between adolescent girls and their mothers (daughter's influence upon mother and mother's influence upon daughter) and how this process shapes daughters' and mothers' mass media use patterns, beliefs about the thin female ideal in the media, and body-related feelings and
behaviors. Mother-daughter interactions were explored with regard to mothers' and daughters' (a) perceptions about realism and relevance of body-related media content and (b) identification or personal comparison with body-related media content. This research thereby examined how mothers and daughters construct the meanings of mass media images and the relevance of these meanings in their everyday lives. Of particular interest were (a) similarities and differences between the mother and daughter samples and (b) similarities and differences within mother-daughter pairs.

The mother-adolescent daughter dyad offers an important and rich context in which to study female appearance management, body image, and body satisfaction. First, the mother-daughter relationship is a unique one that is often linked to female identity development (Chodorow, 1978; Spitzack, 1990) and that is marked by more frequent, personal, and satisfying exchanges than other parent-child relationships in the family system (Noller & Callan, 1990). Second, there is a paucity of research concerning body image and satisfaction among pre-college aged adolescent girls and middle-aged women; most body image work (related to the mass media or otherwise) has focused upon college-aged females (Attie & Brooks-Gunn, 1989), despite the fact that girls in early to middle adolescence and women in middle-age experience marked physical changes that often necessitate body image and identity adjustments (e.g., Havinghurst, 1972). Third, although scholars have investigated at length parental influence upon children's media use and (to a lesser extent) appearance-related behaviors, researchers have not thoroughly explored the possibility that children's media use or appearance behaviors may also influence parents' media use or appearance management behaviors. The present study contributes to the modicum of scholarship in these areas.

**Research Approach**

For this study, the researcher used an interpretive, grounded theory approach to untangle the complex web of media and familial influences that contribute to female appearance management, body image, and body cathexis. Data were collected via in-depth interviews.
Participants were purposively sampled from a central Iowa school district and included 20 mother-adolescent daughter dyads.

A basic assumption underlying the interpretive approach holds that there are multiple, changing realities and that these realities are socially and mentally constructed (Anderson-Hudson & Ozanne, 1988). Each individual's conception of reality is based upon his/her experiences and how he/she uses these experiences to make sense of the world. Accordingly, the goal of interpretive science is to explore the diverse realities of individuals as they experience them (Taylor & Bogdan, 1984). In this study the researcher sought to understand the varied experiences of mothers and daughters negotiating meanings of the female body in the context of the mass media and the mother-daughter relationship.

Consistent with the grounded theory approach (Glaser & Strauss, 1967), this research was conducted to discover theoretical conceptions emerging directly from the data and also to explore the relevance of existing theoretical perspectives to the data. Whenever possible, findings have been discussed through the voices of the mothers and daughters whose experiences they represent. A variety of theories were considered relevant to the study prior to data analysis, but the research was wedded to none; emergent grounded theory was fostered. A few theoretical perspectives were, however, particularly useful in developing the initial research questions. Among these perspectives were social comparison (Festinger, 1954) and satisfaction theories (Oliver, 1980; Thibaut & Kelley, 1959), symbolic interaction theory, and coorientation theory (Chaffee & McLeod, 1968).

Definitions

Appearance: the total, composite image that is created by the human body and any visually perceptible modifications or embellishments to it (Kaiser, 1990).

Appearance Management: "all attention, decisions, and acts related to one's personal appearance" (Kaiser, 1990, p. 5); thinking about and/or changing the appearance of the body.
Body Cathexis: "the degree of feeling of satisfaction or dissatisfaction with the various parts or processes of the body" (Secord & Jourard, 1953, p. 343).

Body Image: an "individual's concept of his body" (Fisher & Cleveland, 1968, p. v) or "the mental image that we hold of our bodies" (Fallon, 1990).

Mass Media: "the means of communication that reach very large numbers of people" (Webster's Encyclopedic Unabridged Dictionary, 1989, p. 890). Of particular interest in the present study are media with visual and/or text aspects (e.g., television; film; advertisements; newspapers; magazines; videos; prescriptive books related to appearance management/body modification, dieting, cooking, etc.).

Socialization: the process through which individuals acquire "habits and values that are congruent with adaptation to their culture" (Baumrind, 1980, p. 640).

Limitations

1. The interview method is limited by informants' willingness to candidly and honestly disclose information about the topics discussed. Further, the interviewer can influence informants' answers in subliminal ways.

2. The (nonprobability) purposive sample technique does not yield a representative sample and limits generalizability of findings.

3. The self-selected nature of the sample may be biased in that individuals exhibiting certain physical attributes, attitudes or beliefs, and/or behaviors may have been more or less likely to volunteer for participation in the study.

Dissertation Organization

This introductory chapter has set the groundwork for the study described herein. In Chapter Two the literature setting the background for this research is reviewed, and key theoretical perspectives guiding the project are discussed. At the close of the second chapter, research questions developed in light of the literature reviewed are presented. In Chapter Three the research methods used are described and issues such as sampling procedure, data
collection, and data analysis are addressed. At the beginning of Chapter Four, background information about the mother and daughter participants in this study is reported. The bulk of this chapter, however, is devoted to a discussion of themes that emerged from grounded theory analysis of the interview data. In Chapter Five findings of the study are summarized, and concluding remarks about the personal and interpersonal variables that mediate the effects of the media's thin female ideal are presented. Here, critical linkages among emergent themes are modelled and/or discussed. In addition, contributions to existing theoretical perspectives are discussed, and limitations concerning the present project are reported. Finally, recommendations for future research in this area are offered.
CHAPTER TWO: REVIEW OF LITERATURE

The following chapter comprises a review of relevant literature and is organized in five primary sections. Section one includes a discussion of thinness as an important component of current female beauty ideals. The second section contains a general discussion of adolescence and the importance of appearance during this transitional life stage. The role of two socio-cultural influences, the mass media and the family, in the shaping of body- and appearance-related feelings and behaviors are examined in section three. Section four includes a summary of the theoretical perspectives central to the present project. In the final portion of this chapter, the research questions that guided this work are presented.

Thin Is In: Cultural Expectations of Slenderness in Females

There is much evidence to indicate that "thin is in" for U.S. females of the latter twentieth century. Even in the late 1950s, adolescent females reported more positive attitudes toward small body proportions (except the bustline). Further, among these girls, personal body dissatisfaction was positively related to perceived deviation from this small body ideal (Calden, Lundy, & Schafer, 1959). In a more recent study, male and female "judges" were asked to evaluate the attractiveness of several women shown in photographs (Douty & Brannon, 1984). The three women who were perceived to be most attractive were slim and had smooth body surface contours, whereas the five women judged to be least attractive were overweight and had irregular or lumpy body surface contours. The female judges were very critical of women who were overweight or who had excess weight around the abdomen (Douty & Brannon, 1984). Still other findings have indicated that when women perceive themselves to be fat, they are more likely to use clothing to camouflage their bodies than when they perceive themselves to be slender (Kwon & Parham, 1994). Apparently, "excess" weight (or even the perception thereof; body image fluctuation can be independent of actual weight change) is something that women feel they must conceal.
Contemporary social stereotypes regarding slenderness and obesity underscore the appeal of the thin female ideal and help us to understand why female thinness is viewed as socially desirable. Women are expected to be more interested in and sensitive to dress and appearance than are men (Freedman, 1986; Kaiser, 1990; McJimsey, 1973; Workman & Johnson, 1993). A woman's appearance is often assumed to be indicative of her character (Turner, 1984). Similarly, Secord and Jourard attributed their finding that women are more likely than men to develop anxiety about their bodies to the importance of the body to the female definition of self (1953). As such, stereotypes associated with obesity or deviation from the thin standard communicate not only unattractiveness, but other undesirable personal characteristics, as well (Turner, 1984). For example, Western culture equates female obesity with failure and a lack of self-discipline (Turner, 1984). Other findings indicate that heavy women are perceived as sloppy, stressed, depressed (Spillman & Everington, 1989), immoral, slovenly, lower-class (Vincent, 1979), and unhealthy (Ritenbaugh, 1982).

In contrast, stereotypes regarding thinness in women are very positive; female thinness is associated with beauty, success, health (Downs & Harrison, 1985), sexual appeal, frequent dating, frequent exercise, and knowledge about nutrition (Spillman & Everington, 1989). Further, a thin body is associated with financial and educational success; a report by Fulwood, Abraham, and Johnson (1981) indicated that women with more than 13 years of education and incomes above $10,000 per year were both taller and lighter in weight than women with fewer years of education and lower annual incomes. As such, the female body shape communicates much more than physical attractiveness or unattractiveness; body shape and size are symbolic of a cornucopia of traits about the personal self.

Finally, the pervasive use of weight-reduction behaviors lends credence to the presence of the thin female body ideal and the seeming preoccupation with attaining it. In 1978, 56% of women aged 24 to 54 were dieting, and 76% of them said that they were doing so for cosmetic purposes (Schwartz, Thompson, & Johnson, 1982). By 1992, 65 million Americans were
reported to be dieting (Waldrop, 1992). For some, however, the desire to be thin is more obsessive; eating disorders and the decision to undergo various cosmetic surgeries are often related to the relentless pursuit of thinness. Like dieting, these behaviors are not as rare as one might expect, particularly among U.S. women. In 1994, the National Associations of Anorexia Nervosa and Associated Disorders reported that there were approximately 8 million sufferers of anorexia nervosa in the United States, 7 million of whom were female (Welsch, 1994). This same organization reported that 10% of college women have some sort of eating disorder (Welsch, 1994).

Adolescence and Appearance

Adolescence is a transitional life stage bridging childhood and adulthood. Chronologically defined, adolescence occurs between the ages of 10 and 20 years (World Health Organization, 1977). The precise beginning of adolescence varies from individual to individual, but in most cultures adolescence is viewed as beginning with the onset of puberty, or the development of secondary sexual characteristics (Friedman, 1989).

In addition to the physical changes associated with puberty, adolescents experience many social and cognitive changes. Among these changes are identity formation and the internalization of a sense of self and self-esteem (Harter, 1990). "Identities" may be thought of as the self in a given social, physical, or biological context (Kaiser, 1990; Roach-Higgins & Eicher, 1992), while the "self" may be conceptualized as the sum total of those identities and our knowledge about them (Baron & Byrne, 1991). The affective component of the self, self-esteem, refers to one's sense of self-worth. Ideas and feelings about the self are shaped by social processes; the self emerges from our interactions with others and more specifically, the feedback about us that they provide. Thus, interactions with others contribute to continual reappraisal and modification of one's self and self-esteem.

Appearance, or the composite visual image that is created by the human body (Kaiser, 1990), is closely linked to the self; James referred to a "material," or physical, dimension of the
self (1890). Individuals use appearance to communicate identities, or information about the self (Stone, 1962). Adolescents may use appearance as a conduit for identity exploration. For instance, evidence indicates that adolescents may manage their appearances as a means by which to explore new identities (through the use of "identity kits") (Goffman, 1961) or to fit in with or assume an identity similar to an aspirational (perhaps peer) reference group (Stone, 1962). In addition, appearance influences others' reactions to us, which in turn shape our thoughts and feelings about the self and our future behaviors (Stone, 1962). Thus, during adolescence, when individuals are particularly concerned with physical appearance (Cash et al., 1986), others' reactions to the changing physical self and personal knowledge about cultural appearance ideals work together to influence the adolescent's satisfaction or dissatisfaction with his/her appearance, body, and self (Berscheid & Walster, 1974). These processes (and the associated feelings) contribute to the incessant reworking of self-concept and self-esteem and the planning of future appearance behaviors. Accordingly, one's concept of self and self-esteem are closely related to one's satisfaction with his/her appearance (Lennon & Rudd, 1994; Lerner, Orlos, & Knapp, 1976; Simmons & Rosenberg, 1975).

Adolescence also involves the development of a new body image to correspond with the physical changes of puberty (Havinghurst, 1972). To this end, adolescents evaluate their changing bodies by comparing their physical selves to cultural standards of attractiveness (Rudd & Lennon, 1995). The outcomes of these comparisons, however, may be different for boys and girls. It is normative for both boys and girls to experience weight gain during the adolescent years. As boys mature physically, weight gain is typically due to an increase in muscle mass (Beller, 1977; Tanner, 1978). For girls, however, pubertal weight gain is usually due to an increase in body fat; at the end of puberty, girls have twice the body fat content of boys (Marino & King, 1980). As such, during the adolescent years boys' bodies are more likely to approximate the cultural standard for male physical attractiveness, whereas girls'
bodies are more likely to deviate from the thin cultural female beauty ideal (Rudd & Lennon, 1995).

Not surprisingly, then, for girls pubertal changes are often negatively related to body satisfaction (Simmons, Blyth, & McKinney, 1983). Approximately two-thirds of adolescent girls are dissatisfied with their weight (Moore, 1993). However, the issue of adolescent body satisfaction is more complex than statistics indicate. For example, researchers have found that satisfaction with various body parts changes from early to late adolescence; as adolescent girls age, they become more satisfied with their mouths and peripheral body parts such as shoulders, arms, ankles, and ears (Damhorst, Littrell, & Littrell, 1987). In general, however, adolescent females are the least satisfied with the midsection of their bodies (e.g., hips and thighs) (Damhorst et al., 1987). The current female beauty ideal mandates narrow hips and slender thighs, but the thigh and hip regions are the most common locations for late and post pubescent weight gain (Ashwell, Chinn, Stalley, & Garrow, 1978). Thus, adolescents' dissatisfaction with the midsection of the body may reflect their perceived inability to emulate the U.S. female appearance ideal (Damhorst et al., 1987). Relatedly, the age at which physical maturation occurs also affects body satisfaction among adolescents. Girls who develop earlier than their peers have been found to have the most negative feelings about their bodies, whereas girls who develop "on time" have the most positive levels of body satisfaction (Tobin-Richars, Boxer, & Peterson, 1983).

It is intuitive that this body dissatisfaction may affect adolescents' eating and exercise behaviors. Findings from one study indicated that 63% of adolescent girls were trying to lose weight (Rosen & Gross, 1987). Recently, however, researchers conducting ethnographic research found that the actual dieting behaviors of most adolescent girls were neither intense nor long-lived; although a significant proportion of the girls in their sample "watched what they ate," few girls "dieted to lose weight" (Nichter, Ritenbaugh, Nichter, Vuckovic, & Aickin, 1993). Nonetheless, for some adolescents weight-reduction can grow into an obsession:
approximately 10 - 15% of all adolescents are anorexic (Emmons, 1992) and an estimated 20% are bulimic (Matthews, 1991).

Even for noneating-disordered adolescent females, however, appearance and the body have become an increasingly consuming preoccupation in the latter twentieth century; according to Brumberg, the body has become the "central paradigm for the self" for females during this era (Brumberg, 1997, p. 197). Research findings from the past 30 years offer strong support for Brumberg's argument that appearance is particularly important to adolescent girls. In 1966, Williams and Eicher collected sociometric data indicating that for adolescents, appearance can be "crucial in the process of making and keeping friends" (1966, p. 461). Research has indicated that adolescents believe that physical attractiveness is a determinant of popularity, peer acceptance, and school leadership potential (Creekmore, 1980).

There are likely multiple factors that contribute to the importance that adolescents place upon physical appearance. Physical and cognitive changes associated with puberty can inspire increased interest in and concern about one's body (Rodriguez-Tome et al., 1993). Like younger children, adolescents often emphasize concrete or observable aspects of others, and although they are becoming more and more aware of others' reactions to them, they are also somewhat egocentric in orientation, focusing attention upon the physical self (Kaiser, 1990).

Further, it is highly probable that the current socio-cultural milieu -- rife with images of thin and toned bodies, messages about the benefits of exercise and the evils of fat content in food and bodies, and the notion that the (appearance of the) human body is "malleable" (Brownell, 1991) -- provides a context encouraging females to move toward involvement with their bodies and appearance. The contribution of two components of this milieu, family relationships and mass media images, to this intense appearance-concern among females is a central focus of this research.
Socio-Cultural Influences Upon Appearance

Individuals develop behaviors and understandings that allow them to operate effectively in a given socio-cultural context through the process of socialization (Baumrind, 1980). This concept of socialization is key to the present project, which examines socializing influences such as the mass media and family relationships and how they interact to contribute to females' understanding of, behaviors towards, and feelings about their bodies and appearances. In the sections that follow, literature examining the role of these socializing influences in the shaping of such meanings, behaviors, and feelings is reviewed and related to the present work.

Mass Media Influences

The Presence and Alleged "Effects" of the Thin Female Body Ideal in the Mass Media

A large body of research substantiates the mass media's portrayal and propagation of the slender female body ideal. Several researchers have conducted content analyses of various mass media forms to document cultural expectations of thinness in women. Most of this research has examined either (a) the body size and/or shape of the women portrayed in the mass media or (b) the content and amount of mass media text related to body size and/or shape. Little empirical work has clearly delineated the possible effects of the thin female ideal in the mass media. Some scholars, however, have made speculations about or demonstrated that the thin female ideal in the mass media has the potential to inspire in women negative affect and/or (sometimes drastic) weight-reduction behaviors.

Appearances: The Female Body Size and Shape. Two groups of researchers (Garner et al., 1980; Wiseman et al., 1992) have examined the heights, weights, and body measurements of Playboy centerfolds and Miss America Pageant contestants. Garner et al. examined data for the years spanning 1959 to 1978, a time period during which (population) weight norms for women increased. They found a significant trend toward a thinning female standard for both the Playboy centerfolds and the Miss America contestants, with the most
marked changes occurring from 1968 to 1978. Additionally, Garner et al. observed a shift from an hourglass silhouette to a more tubular body shape among the Playboy centerfolds. Wiseman et al. updated the Garner et al. findings, examining data for the years 1979 to 1988. Wiseman et al. found a further decrease in body size for the Miss America contestants but not for the Playboy centerfolds. Apparently, the body size of the Playboy centerfolds had plateaued at such a low level that it would have been "almost impossible" to decrease further (Wiseman et al., 1992, p. 89). Wiseman et al. found that the body weight of the Playboy centerfolds and the Miss America contestants was 13 - 19% below the expected weight for women in comparable age groups. As such, the Wiseman et al. study confirmed and extended the Garner et al. findings; from 1978 to 1988, the cultural ideal for the female body (as reflected in the appearances of Miss American contestants and Playboy centerfolds) was unrealistically thin and in some cases, the ideal grew even thinner.

Other researchers also have conducted content analyses examining the weight or body size of individuals depicted in the mass media. Snow and Harris (1986) examined the weight of female models shown in magazine advertisements in six women's magazines for the years 1950 to 1983. Although almost half (45%) of all the models they analyzed were judged to be of "normal weight," they noted a significant trend toward thinness as the years progressed (1986, p. 206). They also found that the few ethnic minority models in their sample were significantly heavier than the Anglo models they analyzed.

Silverstein, Perdue, Peterson, and Kelly (1986) examined the body shape and size of individuals depicted in three forms of mass media: television programs, women's magazines, and movies. In their examination of television programs, they analyzed the weights of both male and female characters. In the 33 1982 television programs studied, 69.1% of the female characters were judged to be thin, whereas only 17.5% of the male characters were rated as such. Further, 25.5% of the male characters were judged to be heavy, but only 5% of the female characters were assigned this rating. In the other analyses, they examined photographs
of (a) the women depicted in Vogue and Ladies' Home Journal for the years of 1901 to 1981 and (b) the most popular female stars for the years of 1932 to 1978. Bust-to-waist ratios were calculated for each of the women in these photographs. Data from both the magazines and the movie stars indicated that bust-to-waist ratios have decreased over time, most markedly since the 1930s. Silverstein, Perdue, Peterson, and Kelly concluded that the actresses and female models who serve as standards for female attractiveness (a) are slimmer than their male counterparts in the mass media and (b) have become thinner and less curvaceous over the years (1986).

**Body Weight and Shape Messages.** Numerous scholars have examined the content and amount of mass media text related to a thin body shape and/or size. Findings have indicated that the number of diet or thinness related articles and/or advertisements included in women's magazines has increased significantly since the 1950s (Garner et al., 1980; Snow & Harris, 1986; Wiseman et al., 1992). Wiseman et al. also noted a significant increase in the number of exercise articles included in women's magazines. Snow and Harris found that for the years 1950 to 1983, the increase in diet for weight loss articles and advertisements in women's magazines was paralleled by (a) an increase in diet related text on magazine covers and (b) a decrease in the number of girdle advertisements. They attributed the latter finding to a shift in the way that women were socialized to "control" the female body. During this period, concealment and camouflage provided by foundation garments became less and less acceptable as a mean by which to mold the female form. With the exception of control top panty hose, foundation garments had been replaced by the actual shedding of weight.\(^3\) Snow and Harris (1986) also observed a greater face-to-body ratio for men than for women in advertisements included in women's magazines. According to the authors, this finding indicated a greater emphasis on the female body than on the male body.

\(^3\)Interestingly, during the 1990s there has been a resurgence in the popularity of such foundation garments.
Other authors have analyzed body-related content in both men's and women's magazines. Anderson and DiDomenico (1992) examined the 10 most popular men's and women's magazines for advertisements and articles related to weight loss or body shape modification. All magazines analyzed were from the year 1987. Men's magazines contained significantly more articles and advertisements related to shape modification through exercise than did the women's magazines. However, the women's magazines included 10.5 times as many articles and advertisements endorsing dieting for weight loss than did the men's magazines. Silverstein, Perdue, Peterson, and Kelly (1986) also analyzed the advertisement and article content of men's and women's magazines. The magazines analyzed were published in 1980. They found that the 48 women's magazines contained 63 advertisements for diet foods compared to only one advertisement in the 48 men's magazines. Similarly, the women's magazines included 96 articles and advertisements related to body shape, body size, or nonfood figure enhancing products, whereas the men's magazines contained only 8 such items. The women's magazines also contained more food related articles and advertisements; the total number of food related items in the women's magazines was 1179 as compared to 10 items in the men's magazines. Silverstein, Perdue, Peterson, and Kelly concluded that women receive mixed messages from the mass media -- women are told to be simultaneously preoccupied with (a) losing weight and staying fit and (b) food consumption and preparation (1986).

**Psychological and Behavioral Ramifications of Mass Media's Thin Ideal.** Several studies have focused upon the psychological ramifications of the thin female beauty ideal that pervades the mass media. Irving (1990) found that the thin ideal can affect women's self-evaluations. In her study, she exposed undergraduate women exhibiting varying levels of self-reported bulimic symptoms to slides of thin, average, or oversized female models. She found that subjects exposed to the thin models experienced lower levels of self-esteem and body cathexis than those exposed to average or oversized models. Exposure to the
thin models was associated with lowered self-esteem and body cathexis regardless of the
degree of bulimic symptoms reported. Myers and Biocca (1992) investigated the effect of
television programs and advertisements containing images of the thin female ideal upon
undergraduate women's body image and affective states. In contrast to previous work, they
found that exposure to the thin ideal in television programs and advertisements decreased both
the subjects' depression levels and the degree to which they overestimated their body size. To
explain this unexpected finding, Myers and Biocca speculated (but have not confirmed) that
young women exposed to the thin female body ideal may view this ideal as within their reach
and may imagine themselves attaining the ideal. These images of personal thinness may inspire
temporary euphoria (e.g., inspiration to be thin) and satisfaction with the self. This
satisfaction, however, could later be followed by the recognition that the thin media ideal may
not be realistic for them to achieve. This realization, in turn, may result in body dissatisfaction.

Richins (1991) used both exploratory and experimental methods in her study assessing
the short-term effects of idealized female images in advertisements upon college women's
comparison standards for physical attractiveness and satisfaction with their own appearances.
She found that female college students compared their own levels of attractiveness to idealized
images in advertisements and that these comparisons lowered their satisfaction with their own
appearances and raised their comparison standards for physical attractiveness. She did not,
however, find that exposure to idealized advertising images temporarily decreased female
viewers' self-perceptions of their physical attractiveness; body cathexis, but not body image,
was affected.

Other work has examined the relationship of seemingly ubiquitous slender media
images to the growing prevalence of eating disordered behaviors among women. As noted,
Anderson and DiDomenico (1992) observed that women's magazines contained 10.5 times as
many articles and advertisements endorsing dieting for weight loss as did the men's magazines.
These authors noted that this ratio of 10.5 to 1 is the same ratio reported for female to male
cases of anorexia nervosa. They speculated that the higher incidence of eating disorders among women (as compared to men) might be related to their finding that women are exposed to more diet related media content than are men.

Although they did not demonstrate a causal relationship, Silverstein, Peterson, and Perdue (1986) found evidence that bolsters the notion that a slender female body ideal may provoke eating disorders. In their content analysis of Vogue and Ladies' Home Journal, they noted that noncurvaceous female body shapes were most fashionable during the 1920s and the 1980s, two eras marked by epidemic levels of female eating disorders. As such, these authors noted a historical pattern in which thin female beauty standards have paralleled increased levels of eating disorders among women.

Stice and Shaw (1994) and Stice, Schupak-Neuberg, Shaw, and Stein (1994) have also examined the effect of the thin female beauty ideal in the media upon the development of eating disorders. Stice and Shaw exposed female undergraduates to magazine pictures containing ultra-thin female models, average-sized female models, or no models (control group). They found that three minutes of exposure to the thin ideal lead to increased levels of depression, stress, guilt, shame, insecurity, and body dissatisfaction. In addition, they administered measures assessing the subjects' levels of ideal-body stereotype endorsement and bulimic symptomatology. Negative affect, body dissatisfaction, and embracement of the thin female body ideal predicted bulimia symptoms. Stice et al. (1994) also found a relationship between media exposure and eating pathology. These scholars measured media exposure with the media exposure scale, which they developed to assess use of media containing a high level of ideal body images. Their findings indicated that media exposure is directly and indirectly related to eating disorders. Stice et al. explained the direct relation by suggesting that women may model eating disordered behaviors such as bingeing, purging, dieting, and fasting that they see in the media. The indirect relation was mediated by traditional gender role endorsement, ideal body stereotypes, and body satisfaction. Thus, high levels of media
exposure to the thin ideal lead to high levels of traditional gender role endorsement. In turn, traditional gender role endorsement incited high levels of ideal body stereotype internalization, which increased body dissatisfaction and eating disorder symptoms.

Much scholarly attention has been devoted to issues related to the mass media and women's body image and cathexis. The mass media are rife with images of women representing a thin body ideal which, in turn, helps to promote a very slender standard of female attractiveness. As has been documented, these images can be very influential and may be harmful to women's bodies and minds. However, it is important to note that mass media images do not cause eating disorders. It is likely that mass media images of the thin female ideal contribute to the current social milieu that provides a context encouraging women, particularly those with certain psychological and emotional predispositions, to move toward disordered involvements with their bodies and dieting.

**Family Influences**

**The Mother-Daughter Relationship**

The mother-daughter relationship is one that has been viewed as unique from other dyadic relationships in women's lives (Chodorow, 1978). In fact, it has often been suggested that the mother-daughter bond is central to the development of female identity (Chodorow, 1978; Spitzack, 1990). In her psychoanalytic examination of the family, Chodorow indicates that the structure of familial relations is such that boys and girls undergo different modes of "...differentiation for the ego and its internalized object relations [thereby leading] to different relational capacities" (1978, p. 92). According to Chodorow, the Oedipal period has different outcomes for boys and girls. Little boys must differentiate and separate themselves from their mothers, refocusing their attention on the father as an identity figure. Little girls, however, are spared this violent separation from their mothers and thus retain a continuous identity connection to them. As a result, unlike male identity development, female identity development does not entail severing a bond with the primary caregiver, who typically is the mother. As
such, girls do not develop a psychologically-based fear of connectedness to others, and in fact, define themselves through their attachment and relations to others such as the mother. It has been argued that this social orientation of the female personality renders women more influenced by and vulnerable to social comparison with others and, as a consequence, cultural ideals of physical attractiveness (e.g., the mass media's thin female ideal). Girls are socialized to believe that attractiveness is an important part of pleasing others and securing love (Striegel-Moore et al., 1986).

In addition, the "seamless connection" (Spitzack, 1990, p. 87-88) from mother to daughter may be manifested in family communication patterns. Adolescent females report (a) that they talk to their mothers more often than to their fathers, (b) that they disclose more to their mothers than to their fathers, and (c) that they are more satisfied about conversations with their mothers than with their fathers (Noller & Callan, 1990). Further, adolescent girls talk to their mothers more often and disclose more information than do adolescent boys (Noller & Cannon, 1990). Thus, the mother-adolescent daughter relationship is often one that is characterized by satisfying communication and personal disclosure. It is therefore a relationship that is ripe for study related to communication about the physical self and mass media use and beliefs.

**The Family, Appearance Satisfaction, and Appearance Management Behaviors**

Research has established that the family context, particularly parent-child interactions, influences children's body image and eating behaviors; parents have been found to be important agents of socialization who through modeling, feedback, and instruction, communicate information to children about their bodies (Striegel-Moore & Kearney-Cook, 1994). Most of the work undertaken in this area has focused upon characteristics of families with an eating-disordered child, but some researchers have explored parent-child interactions in nonclinical samples, as well.
Overall, parents of non-eating disordered children seem to be satisfied with their children's physical appearance, eating habits, and exercise behaviors (Striegel-Moore & Kearney-Cook, 1994). However, this satisfaction decreases as children age; grade school and adolescent children receive significantly less appearance-related praise than younger children (Striegel-Moore & Kearney-Cook, 1994). Further, parents who have recently dieted are more likely than other parents to try to help their children lose weight (Pike & Rodin, 1990; Striegel-Moore & Kearney-Cook, 1994). Even so, in nonclinical samples parents' satisfaction with their own bodies has been found to be unrelated to their evaluations of their children's appearances and eating behaviors (Striegel-Moore & Kearney-Cook, 1994).

Gender seems to be an important factor in parental appearance socialization of non-eating disordered children. Spitzack found that although both mothers and fathers exert influence upon children about eating and appearance behaviors, mothers and fathers communicate different types of appearance feedback to their daughters, noting that "mother criticizes, father compliments" (1990, p. 83). In general, however, mothers have been found to exert more influence than fathers upon children's appearance behaviors and most often, daughters are the targets of this influence. For example, in her interviews of parents and their adolescent children, Smetana (1988) found that mothers are viewed by their spouses and children as the enforcers of family norms about physical appearance. Similarly, Striegel-Moore and Kearney-Cook (1994) determined that mothers are significantly more likely than fathers to try to improve their children's appearance (e.g., initiating acne or orthodontic treatment, suggesting a new hairstyle). Further, parents are more likely to view daughters than sons as overweight, even when sons have higher body-mass-indices than the daughters (Striegel-Moore & Kearney-Cook, 1994). In one ethnographic study, 30% of the daughters interviewed had been told by their mothers that they needed to lose weight, but only 5% of the daughters were actually overweight (Nichter et al., 1993). And, parents of overweight children have been found to (a) more often report concern about daughters' weights than sons'
and (b) more often restrict daughters' food access than sons' (Costanzo & Woody, 1979). Indeed, these findings are consistent with research indicating that parents socialize daughters to be concerned about their physical appearance and sons to focus upon physical functioning, or athleticism (Rodin, Silberstein, & Striegel-Moore, 1985).

Child outcomes of parental influence upon non-eating disordered children's eating behaviors, body image, and body satisfaction have received some attention in the literature, particularly in relation to mothers and daughters. For instance, adolescent girls' body image scores and levels of body satisfaction have been positively related to those of their mothers (Usmiani & Daniluk, 1997; Waterhouse, 1997). In one study, adolescent girls noted that they often dieted with their mothers and sometimes drew upon diet resources (e.g., books and magazines about diet and exercise) of family members, particularly mothers and older sisters (Nichter et al., 1993). Findings from a study of Australian mothers and their adolescent daughters indicated that daughters' moderate weight-loss activities (e.g., dietary restraint, exercise) and the related feelings of body dissatisfaction were associated with mothers' active encouragement of their daughters to lose weight. (Benedikt, Wertheim, & Love, 1998). More extreme weight loss behaviors (e.g., fasting, dieting, skipping meals) among daughters, however, were not directly encouraged by mothers. Here, a modeling effect was at work; daughters' extreme weight-loss behaviors were predicted by mothers' body dissatisfaction and mothers' use of extreme weight-loss behaviors (Benedikt et al., 1998).

Dieting among adolescent girls also has been positively linked to (a) familial stress (French, Story, Downes, Resnick, & Blum, 1995), (b) perceptions of maternal concern with (personal) slenderness (Levine, Smolak, Moodey, Shuman, & Hessen, 1994), and (c) maternal criticism about being too fat (Schreiber, Robbins, Striegel-Moore, Obarzanek, Morrison, & Wright, 1995). In contrast, familial connectedness has been found to be inversely related to adolescent dieting (French et al., 1995). Although the existence of these relationships has been established, there is still much to explore with regard to maternal
socialization about appearance and the body. In particular, very few researchers have examined "how" body-related beliefs and/or behaviors are transmitted from mother to daughter. With the exception of the approach used by Benedikt and her associates (1998), most of the research designs used have not allowed researchers to determine if correlations between mother-daughter body-related beliefs and/or dieting behaviors have resulted from verbal sharing of information between mother and child, child modeling of maternal behaviors, and/or maternal use of reward and punishment schedules to reinforce child behaviors or beliefs (see Levine et al., 1994).

As noted, a large body of literature focuses upon the characteristics of families with an eating-disordered child. Most of these findings indicate that eating disordered behavior and family communication style are "mutually interdependent" (Shugar & Krueger, 1995, p. 30). In families with an eating disordered adolescent child, parents (a) exhibit low levels of affective expression, emotional overinvolvement, and/or overt criticism or hostility; (b) offer children few positive remarks; (c) report that their children are moody, and (d) are perceived by their children as only moderately warm or caring (see Calam, Waller, Slade, & Newton, 1990; Dare, LeGrange, Eisler, & Rutherford, 1994; Leon, Fulkerson, Perry, & Dube, 1994; Shugar & Krueger, 1995). Further, compared with mothers of non-eating disordered children, mothers of eating disordered children view their family interactions as (a) lower in cohesion (Attie & Brooks-Gunn, 1989; Leon et al., 1994; Johnson & Flach, 1985; Ordman & Kirschenbaum, 1986; Pike & Rodin, 1991), (b) lower in organization (Attie & Brooks-Gunn, 1989), (c) lower in expressiveness (Attie & Brooks-Gunn, 1989), and (d) higher in conflict (Johnson & Flach, 1985; Ordman & Kirschenbaum, 1986). Further, parents of eating disordered children typically perceive family interactions and communications more positively than do the children (Leon et al., 1994; Woodside, Shekter-Wolson, Garfinkel, & Olmsted, 1995). This discrepancy in parent and child ratings of family functioning has been attributed to (a) parental insensitivity to the child's feelings, (b) parental minimization of issues perceived as
problematic by the child, (c) parental avoidance of conflict, and (d) differences in willingness to disclose such information (Attie & Brooks-Gunn, 1989; Leon et al., 1994).

The mother-daughter relationship has also been a focus in recent research related to adolescent eating disorders. For instance, findings from a study of Asian and Caucasian girls living in the United Kingdom indicated that Asian girls aged 12 to 16 had less healthy eating attitudes than Caucasian girls of the same age (McCourt & Waller, 1995). A significant proportion of this difference between Asian and Caucasian girls was explained by Asian girls' perceptions of their mothers as over-controlling (McCourt & Waller, 1995); the perceived loss of control over external events may have encouraged girls to gain internal control over activities such as eating (Rezek & Leary, 1991). Further, in comparing mothers of daughters with high and low levels of eating disorders, Pike and Rodin (1991) found that mothers of daughters with high levels of eating disorders were more eating disordered themselves and had begun to diet at a significantly younger age than mothers of low eating disordered girls. Also, compared to mothers of daughters with low levels of eating disorders, mothers of highly eating disordered girls believed that their daughters should lose more weight and thought that their daughters were less physically attractive (Pike & Rodin, 1991). Finally, mothers of girls identified as at high or moderate risk for the development of an eating disorder were more likely than mothers of low risk girls to report that their daughters had at some time during their lives been overweight; thus, an adolescent who has been or is viewed as overweight by her mother, or who was or is overweight, may be indirectly influenced by this perception and may become more concerned about her weight and eating behaviors (Leon et al., 1994).

According to Striegel-Moore et al. (1986), concern about weight is normative among women. To a certain extent, all women are somewhat "at risk" for the development of an eating disorder. Although the development of eating disordered behaviors is the result of a variety of genetic and environmental factors (Leon et al., 1994), female risk status for the
development of such behaviors has been linked to the quality and nature of interactions within
the family context, and more specifically, within the mother-daughter relationship.

**Parents, Children, and the Mass Media**

In the last two decades scholarly attention has been devoted to examining children's
mass media behaviors in the family context. Researchers have investigated the relationships
among parent-child interactions and children's use of and beliefs about the mass media.
Although most of this work has focused upon the television medium, findings could
conceivably be generalized to other media forms.

**Parents and the Mass Media: Relative Influences Upon Children.**

Underpinning many of the studies related to children and the media is the assumption that
children are subject to a variety of influences that help them to shape perceptions about and/or
evaluations of the world around them (Austin, Roberts, & Nass, 1990; Brown, Austin, &
Roberts, 1988; Corder-Bolz, 1980; Messaris, 1982). Among these influences are family
members, particularly parents, and the mass media. Corder-Bolz has suggested that parents
(along with teachers, neighbors, clergy, and other key individuals in a child's life) are "primary
socialization agents" who (a) actively communicate social information (e.g., facts, ideas,
values, and expectations) to children and (b) respond to children by acting upon personal
Corder-Bolz categorized the mass media as a "secondary socialization agent" (1980, p. 115).
Like primary socialization agents, secondary agents provide social information to children.
However, secondary socialization agents are (more often) passively experienced, and unlike
primary socialization agents, secondary agents cannot (a) provide feedback or respond to
children's actions, (b) impose consequences for children's actions, or (c) provide positive or
negative reinforcement for children's actions. As such, because they are not "responsive,"
secondary socialization agents typically exert less direct impact upon children. If information
from a secondary agent (such as the media) conflicts with that from a primary socialization
agent (such as a parent), the information from the secondary agent is likely to be discredited (Brown et al., 1988; Corder-Bolz, 1980). In the absence of a primary socialization agent, however, secondary socialization agents can have a more direct impact upon children's beliefs, attitudes, and behaviors. In sum, secondary socialization agents serve three functions: (a) to provide information not otherwise available in a child's social environment, (b) to provide information that can be compared with information from other socialization agents, and (c) to stimulate social discourse with others (e.g., peers) about social information from varied sources.

From his work, Corder-Bolz concluded that social information from primary agents is typically internalized by children and can help them to be critical of information from secondary agents such as the mass media (1980). Indeed, Corder-Bolz's conclusion reflects the now commonly-embraced belief that even relatively young children are sophisticated media viewers who actively apply logical and complicated analysis strategies to media material (e.g., Austin et al., 1990; Corder-Bolz, 1980; Fiske, 1989; Messaris, 1982).

**Parents As Mediators of Media "Effects."** In general, research concerning parents as mediators of media content has focused upon how parents contribute to children's (a) perceptions about the realism of media content, (b) identification with media content, and/or (c) behaviors related to media content (e.g., Austin et al., 1990; Messaris, 1982; Messaris & Sarett, 1981; Reeves & Garramone, 1982).

In his qualitative study of 119 mothers of grade school children, Messaris determined that mothers played an important role in shaping children's perceptions of media realities (1982). Specifically, he found that mothers made important contributions to children's media-based views by (a) teaching children about the distinctions between media and reality, (b) teaching children about the distinctions among various types of media programming (e.g., fantasy, realistic fiction, news, etc.) and the relationship of each media form to the real world, (c) validating certain media content as "realistic," and (d) supplementing information provided
in the media. To these ends, mothers would often view media content with their children and engage them in discussions about that content. In a related "state of the art" paper, Messaris and Sarett reiterated these ideas as well as the general notion that parents actively "teach" their children how to interpret the media (1981).

Austin and colleagues have also concluded that interpersonal communications within the family can contribute to children's evaluations of media realism (1990). From their field study of families with third, sixth, or ninth grade children, they determined that interpersonal family communication helps children to form perceptions about the real-world which they intrapersonally compare with their perceptions of the media world. Austin and colleagues found parental influence upon children's perceptions of media realism to be more indirect than did Messaris and his colleagues (Messaris, 1982; Messaris & Sarett, 1981). Rather than to focus upon parents' conscious "teaching communications" about the media, Austin et al. found that the tone, frequency, and content of general parent-child communication (not necessarily about the media) were key to transmitting to children their parents' constructions of reality, which, in turn, were drawn upon as children compared media realities to those they had personally experienced. From these comparisons, children arrived at an assessment of similarity (or lack thereof) between their own experiences and those presented in the media. Interestingly, the authors found that active discussion of media content directly mediated a child's perceived similarity to the media, but not the child's perceptions about media realism. When children noted a mismatch between their experiences and those in the media, they perceived the media to be less realistic. However, when children noted a high degree of similarity between their own experiences and those depicted in the media, they were more likely to identify with, or to desire to emulate, characters and situations in the media. In short, parent-child communication indirectly influenced children's perceptions of media realism, which contributed to perceived similarity between the children's own worlds and the media
world. This perceived similarity, in turn, contributed to children's identification with television characters.

Researchers who have examined the relationship between media content and viewer behavior have concluded that children's behaviors can be influenced by media content (Messaris, 1982; Messaris & Sarett, 1981). The degree to which children are influenced by media content (that is, television) has been found to be dependent upon parental mediation; imitation of behaviors represented in the media typically occurs only in instances where parents (a) actively reinforce the given behaviors prior to the media viewing or (b) intervene during or after the media viewing by actively encouraging imitation of media behaviors (Messaris, 1982; Messaris & Sarett, 1981). These conclusions reflect findings by other researchers that the most important influences upon a child's behavior are those that are actively rather than passively experienced and reinforced (Brown et al., 1988; Corder-Bolz, 1980).

In the proposed project, the researcher was interested in determining if mother-daughter interactions contribute to one another's (a) perceptions about the realism of the thin ideal in the mass media, (b) identification or social comparison with the thin ideal in the mass media, and (c) behaviors related to the mass media (e.g., mass media use and body-related behaviors such as dieting and exercise that may be linked to media exposure to the thin ideal).

**Family Environment and Children's Media Behaviors.** In the early 1970s researchers at the University of Wisconsin developed a model of the family as a communication environment influencing individuals' media use (e.g., Chaffee, McLeod, & Atkins, 1971; Chaffee, McLeod, & Wackman, 1973; McLeod & Chaffee, 1972). This model of structural relations was based upon two general family types -- those with socio-orientation and those with a concept orientation. In socio-oriented families, members stress the avoidance of controversy and conformity with and deference to parental authority, whereas members of concept-oriented families emphasize and promote discussion and debate of issues (Ritchie,
These two general patterns of family communication (i.e., socio and concept) have been arrayed to produce a more complex fourfold typology (see McLeod & Chaffee, 1972) including family types such as laissez-faire (low concept and low socio orientations), protective (low concept and high socio orientations), pluralistic (high concept and low socio orientations), and consensual (high concept and high socio orientations). Although the four-fold typology offers a more complex and perhaps richer model of the communication patterns within the family unit, the literature tends to support the basic socio and concept model more often than the fourfold typology (Chaffee & Saphir, 1997).

Since their conception in the early 1970s, a large body of scholarship has supported the link between family communication orientations and individuals' media use. For instance, members of socio-oriented families are more likely (a) to use the media (e.g., television) as a tool to facilitate communication, (b) to model social behaviors depicted in the media, (c) to use the media as a social learning device, and (d) to use the media to create desired social realities (Lull, 1980). In contrast, individuals from concept-oriented families typically use the media for informational (as opposed to fantasy or escape) purposes. These family members also (a) draw distinctions between the real world and the media world, (b) refrain from identifying with violent media characters, (c) reject the media as a tool with which they might enhance their social relationships, and (d) avoid participation in media-oriented (i.e., television-oriented) social activities (Lull, 1980). In concept-oriented families, parents are more likely to coview television with their children (Carlson, Grossbart, & Walsh, 1990) and to discuss media (i.e., television or advertising) content with them (Austin, 1993; Austin & Nelson, 1993; Carlson, Grossbart, & Walsh, 1990). Concept-oriented parents provide comments and additional information about media content, denying media's "happy endings," and affirming media

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*In the original formulation (McLeod & Chaffee, 1972), a socio orientation was thought to tap familial emphasis on maintenance of harmony. Subsequent work (Ritchie, 1991), however, has shown that harmonious family relationships and inter-familial warmth correlate with a concept orientation. Authoritarianism and conformity (with parental beliefs) are tapped by the socio orientation (Ritchie, 1991).
portrayals of misfortune (Messaris & Kerr, 1983). This mediation, in turn, has been found to increase a child's skepticism about television content (Austin, 1993).

Research framed in the fourfold typology has suggested that adolescents from pluralistic homes are more adept than those from protective or laissez faire environments at filtering out "puffery" in advertisements (Moore & Moschis, 1978). Similarly, adolescents from protective homes are highly receptive and susceptible to consumer information from advertising sources (Moschis, 1985).

Although a useful point of departure for further work, the socio/concept family model must be regarded with a measure of scientific skepticism. Even the more complex fourfold typology is likely oversimplified as a model of human interaction; it is probable that more than two or even four types of family communication patterns exist in relation to mass media use.

**Principal Underlying Theories**

Although this research built upon and drew from a variety of interrelated (as opposed to competing) theories, it was guided to the greatest extent by social comparison theory, which has previously been invoked to explain the linkage between (a) women's feelings about the body and (b) cultural imagery of the female body. In addition, symbolic interaction theory, a very broad theoretical perspective that addresses the social nature of the self and that in many ways encompasses processes implicit in social comparison was useful in planning this project and in understanding the resultant data. Finally, coorientation theory, which is also perhaps "usurped" by the broad umbrella of symbolic interaction theory, was helpful in illuminating understanding about the interactions among the mother-daughter dyads. That which follows is a brief explanation of each of these interrelated theories and their relation and/or application to the present project.

**Social Comparison Theory**

Social comparison theory (Festinger, 1954) and satisfaction theory (Oliver, 1980; Thibaut & Kelley, 1959) are useful tools for examining the relationship between women's
body image and/or cathexis and the thin female beauty ideal embedded in and propagated by the mass media. Social comparison theory suggests: (a) that individuals have a drive to evaluate themselves, (b) that they do so by comparing themselves to others, and (c) that "upward" comparisons, or comparisons with others who are perceived as superior, can result in feelings of failure and inadequacy. Satisfaction theory (Thibaut & Kelley, 1959) more thoroughly addresses the results of social comparison. According to satisfaction theory, the larger the negative discrepancy between the standard for performance and one's perceptions of his/her own performance, the greater the dissatisfaction (Oliver, 1980; Thibaut & Kelley, 1959). Dissatisfaction is especially likely to occur if the discrepancy in performance relates to a dimension of the self that an individual holds important (Higgins, 1987).

Body shape and size are dimensions of physical appearance, an important dimension of the self (Ryan, 1966). Previous research has indicated that individuals compare their appearances to the appearances of people depicted in the mass media. For example, Richins (1991) hypothesized and verified that young adult females compared their level of attractiveness with that of models in advertisements targeted towards them. She also found that these comparisons lead to a depressed level of satisfaction with their own appearances. As such, it seems plausible that exposure to the thin beauty ideal in the mass media (an upward comparison) might lead to personal comparison with the thin models in the media. For many women, such a comparison would represent a sizable discrepancy; the presence of the thin beauty ideal in the mass media is well-documented, and the average female model is thinner than 73% of the female population (Brenner & Cunningham, 1992). This discrepancy between the thin media standard for bodily attractiveness and one's perceptions of her own body might, in turn, result in low body cathexis, or dissatisfaction with one's body. Findings from Stice and Shaw (1994) support such a hypothesis; these researchers found that women exposed to magazine pictures of very thin female models experienced increased levels of body dissatisfaction.
More recently, however, it has been suggested that degree of body satisfaction may not only be affected by exposure to or personal comparison with media images, but may also play a role in whether or not these comparisons are made (Garner, 1997). Descriptive findings from the 1997 Body Image Survey indicated that women with high levels of body satisfaction compared themselves to models less than half as often as did women with low levels of body satisfaction (Garner, 1997). As such, it may be that high levels of body satisfaction reduce the likelihood of personal comparison with media images, acting as a "buffer" to the impact of media images. In contrast, low levels of body satisfaction may encourage such media comparisons, which in turn, can further decrease degree of body satisfaction. This relationship -- between body cathexis and tendency for social comparison with models in the media -- needs to be further explored.

**Symbolic Interaction Theory**

Symbolic interaction theory is a very broad perspective that addresses the processes by which individuals understand the world around them. It posits that people create and negotiate shared symbolic meanings through their interactions with others (Blumer, 1969). Given the shared nature of these meanings, individuals socialized in the same culture can predict others' behaviors and shape their own behaviors in accord with these predictions. This process in which people imagine themselves in another person's role and from another person's perspective is often referred to as "taking the role of the other" (Mead, 1934). In addition to taking the role of specific others, individuals take the roles of a "generalized other" by imagining a generalized response of the social aggregate to their behaviors. The generalized other represents one's notions about social norms and expectations. According to Solomon (1983), aspirational reference groups can be generalized others. From this perspective, it would seem that the mass media could constitute a generalized other; the mass media are virtually ubiquitous and include images and messages purported to both reflect and/or shape
social ideals (e.g., Berger, Blomberg, Fox, Dibb, & Hollis, 1972; Brown, 1981; Kuhns, 1970).

Symbolic interactionists also have suggested that people actively use the reactions of others to shape self-image. Cooley (1902) noted that we use social feedback from others to tell us who we are and how we should look. He termed this process the "looking glass self" (p. 152). Stone expanded upon the looking glass concept and identified two concepts that are particularly central to the appearance/feedback process, "programs" and "reviews." Programs are an individual's communication of the self through appearance. Thus, programs concern "responses made about the wearer by the wearer" (Stone, 1962, p. 92). Reviews are the responses or interpretations made about wearers by others (Stone, 1962). Reviews (a) may be positive or negative, (b) may be influenced by cultural ideals of attractiveness (such as those embedded in the mass media) and (c) may or may not be acted upon. The extent to which a review is valued varies; although new programs may be initiated in correspondence with the reviews individuals receive, such is not always the case.

Thus, from the symbolic interaction framework, the self is in part the result of an individual's imaginative processes during his/her interactions with others: the self is dependent upon our interactions with others, the social feedback we receive from these others, our thoughts about this feedback, and the ways that we incorporate this feedback into our future behaviors.

It may be that individuals use the images they see in the media as generalized models or standards for whom they should be and how they should look; Irving (1990) found that the mass media exerted a more powerful influence upon women to be thin than did their families or peers. In their "interactions" with the mass media, women may internalize the thin female body ideal in such a way that they perceive this ideal to represent a social and cultural expectation for thinness. In the interactive process of shaping their "selves," women may also use the mass media as a form of social feedback. Perhaps women compare their physical likenesses to the
female images in the mass media, reflect upon similarities and/or differences, imagine resulting social feedback, and plan future (appearance or diet related) behaviors accordingly. If the women note a discrepancy between their bodies and those in the media, they might experience a challenge to the self and perhaps cognitive dissonance (Festinger, 1957); feelings of discomfort may result if they perceive their appearance (part of the self) to be inconsistent with the ideal embraced by the generalized other of the mass media. This, then, might lead to a change in appearance management or eating behaviors. However, if women perceive themselves to embody the ideal captured by the generalized standard of female attractiveness, a positive review or validation of the self may ensue. As such, women may use role-taking (Mead, 1934) in their interactions with the mass media; perhaps they imagine responses of the generalized other to their own shapes and forms.

Thus, the mass media may be a potent form of social feedback to women and girls about their bodies. In addition, individuals with whom women and girls interact may provide feedback (e.g., "positive and negative reviews") to them about their physical appearances (e.g., "programs") (Stone, 1962). Often, this feedback may occur within the family; females are socialized to be interested in and to attend to appearance (Freedman, 1986; Kaiser, 1990b; McJimsey, 1973; Workman & Johnson, 1993) and are the appearance "gatekeepers" of the family unit, often enforcing member adherence to appearance norms (Smetana, 1988). This feedback (a) may be influenced by cultural ideals of attractiveness such as those embedded in the mass media and (b) may or may not be acted upon. In addition, it is probable that women and girls are at times enmeshed in dialogue pertaining to mass media images encountered in daily life. Some of these discussions likely occur in the family; research has shown that the mass media are often a focus of parent-child interactions. In such interactions, individuals "fit together" their lines of thinking, thereby mutually negotiating and socially constructing the meanings of mass media images as well as the relevance of these images to their lives.
In sum, then, it may be that interpersonal interactions (within and outside of the family context) simultaneously contribute to the cultural meanings assigned to mass media images and shape individuals' responses to these images.

**Coorientation Theory**

The concept of "coorientation" is a useful theoretical perspective to consider when studying communication between pairs of individuals. Coorientation refers to a "cognitive transaction between persons" (Chaffee & McLeod, 1968, p. 662) and has its roots in Newcomb's A-B-X model of communication (1953). In this model, "A" and "B" refer to two individuals constituting a communication dyad, and "X" refers to the topic of their communications (Newcomb, 1953).

Central to coorientation is the assumption that each individual in a communication dyad has two sets of cognitions: (a) his/her own thoughts and (b) his/her estimate or perception of what the other individual thinks (Chaffee & McLeod, 1968). As such, the two persons' behaviors are a function of two levels: the individual and the dyad. In exploring dyadic interaction, it is necessary to consider how one thinks about the Self, the Other, and the Other's view of the Self (Kenny, 1988).

Researchers using the coorientation framework typically focus on four related variables: (a) agreement, or the extent to which one individual's thoughts mirror the other's thoughts, (b) congruency, or an individual's perception of the agreement between his/her thoughts and those of the other individual, (c) accuracy, or the extent to which one individual's perceptions of the other's thoughts are consistent with the other's actual thoughts, and (d) understanding, or the agreement between the individuals as to "what the situation is" (Chaffee & McLeod, 1968, pp. 662-664).

In early coorientation research, agreement was commonly viewed as a criterion (dependent) variable (Chaffee & McLeod, 1968). However, given that each person's perceptions of the world are based upon the unique personal experiences that he/she brings to a
situation, it is unlikely that two different individuals would ever achieve complete agreement about a given topic ("X") (Chaffee & McLeod, 1968). Granted, communication between the members of a dyad may improve agreement, but it is unlikely to yield perfect agreement. Further, it is possible that individuals may not be internally motivated to agree; perhaps one member of a dyad does not want to agree with the other. In response to these issues, Chaffee and McLeod have suggested accuracy as a more appropriate indication (or criterion) of communication effectiveness (1968). With extensive and mutual communication of private thoughts, it is possible that two individuals may arrive at an accurate perception of the other's cognitions. In sum, then, it has been suggested that the best indication of communication effectiveness is the degree of similarity between (a) one individual's (A's) perception of another individual's (B's) thoughts about a given topic of communication (X) and (b) the other individual's (B's) actual thoughts about that topic (X) (McLeod & Chaffee, 1973).

Coorientation theory is germane to the present project, which focuses upon mother-daughter pairs and draws from the symbolic interaction perspective. For instance, in "fitting together" lines of thinking and behaving (i.e., "symbolically interacting"), a daughter must "guess" what her mother is thinking and formulate her own actions accordingly (Mead, 1934). Likewise, in interacting with her daughter, a mother also uses her perceptions of her daughter's cognitions to shape her behaviors. Here, it is important to underscore that (initially or before subsequent clarification) it is one's perceptions of another's thoughts, not the other's actual thoughts, that one responds to and acts upon. Accordingly, mothers and daughters respond to their perceptions of each other's beliefs. In some instances, however, it may become apparent to the pair that these perceptions may be inaccurate or incongruent. In such cases, the dyad may need to engage in further communication efforts to increase the accuracy of their perceptions (Chaffee & McLeod, 1968) and thereby, to jointly "define the situation" (Goffman, 1974), or to come to shared understanding of the other's thoughts about an exchange.
It should be noted, however, that in the present study, there was no attempt to precisely measure or assess coorientation concepts; the data did not lend themselves to such an analysis. Rather, in the present study, the application of coorientation theory was rather loose; coorientation theory was used to provide a theoretical context from which the researcher could examine how mothers' and daughters' feelings, beliefs, behaviors, and interactions with one another were shaped by their perceptions of the dyadic other's thoughts and behaviors (about and toward the self and the other). In effect, then, coorientation theory was invoked as a complement to and as further explanatory power for the underlying tenet of symbolic interaction theory, namely, that beliefs about the self, others, and reality are shaped by interactions with others and thought processes related to those interactions.

Research Questions

The thin cultural female ideal has become an engrossing preoccupation for many American girls and women (Brumberg, 1997; Rosen & Gross, 1987; Schwartz, Thompson, & Johnson, 1982). It is probable that this emphasis upon and personal involvement with the female body and its appearance are related to a variety of socio-cultural factors. Most notably, the mass media and the family have been found to communicate information to girls and women about desirable bodies and appearances, thereby shaping beliefs and feelings about the body as well as behaviors toward it (e.g., dieting). Further, research has indicated that family processes influence how family members interact with and are influenced by mass media content. With the present research the researcher sought to examine the nexus of these two socio-cultural factors, the mass media and the family, and how they interact to contribute to female body image, body cathexis, and appearance management. Especially key to this work was an emphasis upon the reciprocal nature of the socialization process, or the ways in which

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5For instance, the interview schedule did not include questions that could have allowed the researcher to assess the coorientation concept, "congruency." That is, the researcher did not ask participants to assess how closely their thoughts mirrored those of the dyadic other.
mothers and daughters interact and thereby shape one another's beliefs, feelings, and behaviors about each other's bodies and those presented in the media.

In this vein, the present interpretive analysis explored a broad array of issues related to the body, appearance, and the mass media's thin female ideal within the context of the mother-adolescent daughter relationship. From the preceding literature review, a series of research questions were developed to guide this project. These questions, grouped by general thematic area, are presented below. As is consistent with the grounded theory approach, other questions that arose during the interview process were also explored.

**Media Use, Habits, and Beliefs**

Do mother-daughter media-related interactions contribute to mothers' and daughters' (a) perceptions about the realism of the thin ideal in the mass media, (b) identification or social comparison with the thin ideal in the mass media, and (c) behaviors related to the mass media (e.g., mass media use, body-related behaviors such as dieting or exercise that may be linked to media exposure to the thin ideal)? Do mothers "socialize" or "teach" their daughters to use (or not to use) the mass media to seek body-related information? How much control do mothers exert over their daughters' media use? Do mothers and daughters use media together (e.g., watch television together)? Do daughters involve their mothers in media in new ways? Do daughters involve mothers in media which the mothers might not otherwise be exposed to or seek? And vice versa?

**Body Image and Cathexis**

Do mothers' evaluations of their own bodies or their daughters' bodies affect the ways in which they socialize their daughters to interpret the mass media's thin ideal? And vice versa? For example, do mothers or daughters with positive (or negative body) cathexis seem to encourage personal comparison with the media's thin ideal? To endorse the thin ideal as realistic or attainable? To believe that the thin ideal is unrealistic? Are there similarities between body image and cathexis in individual mother-daughter pairs? Across the mother
sample or the daughter sample? That is, is there a cohort effect related to body image or satisfaction? Very generally, is a concern with weight or body shape veritably normative among females of differing ages?

**Weight or Shape Related Appearance Management Practices**

How are weight or shape related appearance management practices related to beliefs about the media's thin ideal? Are individuals who view the thin ideal as realistic or attainable more likely to engage in weight-reduction or camouflage practices such as dieting, exercising, or using clothing to "hide" certain areas of the body? Are individuals engaging in such practices more likely to identify with or aspire to attaining the thin female ideal in the media?
CHAPTER THREE: METHOD

A favored tool with which to discover a range of human responses is the verbal account (Benney & Hughes, 1970). Thus, in-depth interviews were chosen as the primary means by which to gain insight into a broad array of experiences related to mother-daughter interactions and the process by which those interactions contributed to meanings associated with media images and individuals' responses to them. Interviews were conducted with mothers and their adolescent daughters. Mother and daughter interviews were conducted independently but comprised similar questions related to mass media use patterns; appearance management practices; the mother-daughter relationship; and beliefs and/or attitudes about the mass media, in general, and the thin female beauty ideal often depicted therein. During a portion of the interview, participants viewed and discussed mass media stimuli such as magazine and catalog advertisements or features. Mother and daughter participants also completed a personal data sheet comprising items related to their demographic characteristics and their degree of body satisfaction.

The interviews yielded a rich body of data. Using a grounded theory method (Strauss & Corbin, 1990), the researcher was able to explore the data for themes and concepts underlying the reciprocal socialization process between mothers and daughters and how this process shapes the meaning of body- and appearance-related mass media content in their everyday lives.

Instruments

Interview Schedule

The interview schedule (see Appendix A) was developed to elicit discussion related to four thematic areas: (a) media use, habits, and beliefs, (b) appearance, eating, and exercise behaviors and attitudes, (c) mother-daughter communications and interactions, and (d) beliefs and attitudes about the thin female ideal in the mass media. Throughout the interview, the
researcher focused upon interactions within the mother-daughter dyad and the process by which those interactions shaped beliefs and behaviors. For example, in addition to discussing a participant's personal media habits, we addressed (a) if and how she used or shared media with the other member of the research dyad and (b) if and what she discussed about media content with the other member of the research dyad.

As is consistent with the emergent design method, additions and modifications were made to the initial interview schedule throughout the research process (Taylor & Bogdan, 1984). This initial interview schedule, however, was formulated to illuminate understanding about issues that previous literature and theory have left untapped. For instance, several questions were developed to explore the tendency for social comparison of one's personal appearance with the appearances of models depicted in the media. Further, by including similar questions within the mother and daughter interviews, the researcher was able to apply concepts associated with coorientation theory and to explore the symbolic interaction processes by which mothers and daughters arrive at shared understandings of one another's thoughts about an exchange.

**Stimuli**

As noted, during a portion of the interview participants were invited to discuss appearances of models depicted in the mass media. A set of 24 media stimuli were developed as a basis for these discussions. Media stimuli were selected by a panel of three experts (the principal investigator, the faculty member advising the research, and a textiles and clothing graduate student with expertise related to media images of women and the modeling industry) and included advertisements and photo layouts from mainstream magazines and clothing catalogs targeting adolescent girls and/or middle-aged women. Magazine sources for the stimuli selected included: *Allure, Elle, In Style, Harper's Bazaar, Mode, People Weekly, Teen People,* and *Vogue.* Catalog sources for the stimuli included: *Eddie Bauer, JC Penney Size 16 Plus, Junonia, Kohl's, Lands' End, Oilily,* and *Talbots.*
Stimuli selection was based upon several criteria. Only full page advertisements featuring between one to two female models were considered for inclusion in the stimuli set. An attempt was made to select stimuli featuring models shown in everyday (as opposed to evening or "special occasion") dress similar to that which the participants might wear on weekends or to school or work. Although some models included in the set were depicted wearing a bathing suit, no nude models were considered. Finally, the panel sought to select stimuli depicting female models of varying ages and appearances. Thus, models of varied ethnicities and body sizes were represented within the final stimuli set.

**Personal Data Sheet**

Prior to participating in the in-depth interview, participants completed a short personal data sheet (see Appendix B). This data sheet was developed to gather background information about participants. Questions included pertained to participants' age, ethnicity, (mothers') marital status, socioeconomic status (spouse's or parents' educational backgrounds and occupations), height, weight, jeans size, and body satisfaction. The body satisfaction item was adapted from the Body Areas Satisfaction Scale (BASS) (Cash, 1990). For this item, respondents used a five-point Likert type scale to indicate satisfaction with their overall physical appearance. Possible responses ranged from (1) very dissatisfied to (5) very satisfied.

**Participants**

The participants in this study were mothers and their adolescent daughters residing in the central Iowa area. Nineteen mother-daughter pairs were from the Johnston, Iowa, school.
district, and one pair was from the Ballard Community school district. The Ballard
Community district draws students from several small towns, all of which are within 20 miles
of Des Moines, the largest metropolitan area in Iowa. Johnston is a suburb of Des Moines and
comprises primarily middle-class and upper-middle class families, most of whom are
Caucasian. Although these demographic characteristics may limit the generalizability of the
findings, previous research has indicated that the thin female ideal is more widely and firmly
embraced by individuals of Euro-American descent than by individuals from some other ethnic
populations (Parker et al., 1995). White adolescent females from middle to upper-middle class
families are considered to be at higher risk for the development eating problems (one focus of
this study) than are other individuals (Attie & Brooks-Gunn, 1989). Granted, it is important to
understand the process by which mothers and daughters of varied demographic backgrounds
negotiate meanings of mass media content related to body and appearance. In this study,
however, sampling was limited to communities with a high proportion of Caucasians.

Procedure

First contact with daughter participants residing in the Johnston school district was
made through the health education instructor at Johnston High School. His health and
wellness course is required for all students at Johnston High School and focuses upon issues
relevant to the present project (e.g., nutrition, diet, and physical fitness). The researcher
visited all six course sections of his health class and introduced the project to the students.
Students in the course had already participated in a class discussion concerning the health
implications of mass media images such as the thin ideal, and the researcher did not want to
further influence their thoughts about mass media depictions. As such, the verbal introduction
to this project was necessarily brief, including only a description of the study and what
involvement in it would entail.

Interested female students were asked to provide the researcher with (a) their name,
address and telephone number and (b) the name, address, and telephone number of their
mother. In addition, interested female students (daughters) were given an introductory letter to take home and share with their mother (see Appendix C). This letter (a) described the study and the nature and duration of participation, (b) offered each potential participant an incentive of $10 for their involvement in the study, and (c) notified potential participants that the researcher would be contacting them. To help insure that both mothers and daughters had an opportunity to read the introductory letter (i.e., to protect against the possibility that letters distributed to daughters were misplaced or were not passed along to mothers), both members of the potential dyad were also mailed a copy of the general introductory letter (see Appendix C).

After the elapse of about one week, the researcher phoned each member of the dyad to determine the willingness of both mother and daughter to participate. During these conversations, mothers and daughters were assured that their responses would remain confidential and anonymous. If both mother and daughter demonstrated willingness, the researcher arranged separate appointments for each member of the dyad. Mothers and daughters who agreed to participate were mailed a reminder letter (see Appendix C). This mailing also included mother and daughter consent forms (see Appendix C); minor daughters needed to obtain the signature of a parent or guardian prior to their interviews (as noted, mothers were not present at the daughters' interview sessions).

Snowball sampling methods, in which a known contact suggests a potential research participant, were used to select the mother-daughter pair from the Ballard Community school district. Here, initial contact was made through the mother participant. The researcher provided the mother with both mother and daughter introductory letters and consent forms, relying upon the mother to inform the daughter about the study. Interview appointments were scheduled via the mother.

Interview appointments were held at a mutually agreed upon time and took place at Johnston High School, the participants' homes, or other public buildings such as restaurants or
university offices. Interview appointments included two components: completing the personal data sheet and participating in the in-depth interview. Participants completed the personal data sheet (and the larger survey of which it was a part) prior to the in-depth interviews (but during the interview appointment). Completion of the personal data sheet took participants approximately 5 minutes. Interviews ranged in length from 45 to 90 minutes, but most lasted about one hour and 15 minutes.

At the beginning of all interview appointments, the researcher collected the previously distributed consent forms, thereby obtaining signed informed consent. Participants were given a copy of the consent form to keep. In addition, the researcher (a) assured participants of the confidentiality of their responses and (b) informed participants that they could decline to answer any question that they found uncomfortable or opt to discontinue their participation at any time. The researcher also asked participants for their permission to tape the interview. All participants granted the researcher permission to tape their interview. These procedures and the instruments used in this study were reviewed and approved by the Iowa State University Committee on the Use of Human Subjects in Research (see Appendix D).

In total, 20 mother-daughter pairs (i.e., 40 individuals) were interviewed. Consistent with the interpretive science method, sampling continued until the range of informants' responses was no longer expanding, but became redundant.

To protect participant identity, numeric codes were assigned to each mother and daughter participant. Mother codes ended in "M" and ranged from 1 to 20. Daughter codes ended in "D" and also ranged from 1 to 20. As such, the daughter of the mother identified as 12M was coded as 12D. These identifiers are used to refer to participants throughout the remainder of this report.

Qualitative data from the interviews were transcribed by the researcher or a hired transcriptionist who was blind to the identity of the participants. Occasionally, discussion between the participant and the researcher continued after the interview had officially ended and
the tape recorder had been turned off. In such cases, the researcher recorded the content of these discussions from memory. Such information was included in the data set.

**Data Analysis**

**Conceptual Processes in the Grounded Theory Approach**

**Coding and Theme Development**

Qualitative data from the interviews were analyzed using a grounded theory approach (Glaser & Strauss, 1967; Strauss & Corbin, 1990). With this approach, meanings are discovered using Glaser and Strauss' constant comparative process (1967). The purpose of this analytical approach is to build theory that is grounded in reality, or the real-life experiences shared by the research participants and interpreted by the researcher. To this end, data are coded, or "broken down, conceptualized, and put back together in new ways" (Strauss & Corbin, 1990, p. 57).

The coding process for the present study comprised several stages. In the initial stages of analysis, the researcher identified useful "chunks" of meaning within the data. This process is often referred to as "unitizing" (Guetzkow, 1950). Four mother and four corresponding daughter transcripts were selected as the basis for unitizing. These transcripts were selected because the researcher judged them to represent a broad and richly expressed array of ideas and themes. During the unitizing process, the researcher made notes about basic ideas and concepts reflected in each interviewee-interviewer dialogue. These notes were made in the margins of each of the eight transcripts. From these notes, it was determined that each response to a question posed by the interviewer would represent a separate "unit of analysis" during the coding process.

To lend order and meaning to these notes, the researcher used processes referred to by Strauss and Corbin (1990) as "concept identification" and "categorization." During concept identification, the researcher searched for varied and discrete meanings among the units. These concepts were then compared against one another. Through this comparison process, the
researcher was able to discover similarities among concepts and group them together under
higher order, more abstract concepts referred to as a "categories" (Strauss & Corbin, 1990).
These categories were developed into a coding guide that was then applied to the data during
the process of "open coding" (Strauss & Corbin, 1990) (see Appendix E for a copy of the final
coding guide). During open coding the researcher continually re-explores the data for
alternative interpretations or concepts. As such, the coding guide was continually adapted
throughout the coding process to reflect the full scope of variation within the data and to
provide a faithful fit of the categories with the data.

To establish the trustworthiness and dependability of the primary researcher's
interpretations, the primary researcher met with another researcher (the faculty member
advising the primary researcher) throughout the open coding process. At these meetings,
meanings of and relationships among various concepts and categories were discussed and
explored. To establish trustworthiness and dependability of the data coding, an additional
coder (a doctoral candidate in the textiles and clothing field) checked the primary researcher's
application of the coding guide to a random sampling of the interview data (five mother and
five daughter transcripts, or 25% of the data). Disagreements regarding application of the
coding guide were negotiated among coders.

Even after the coding guide was applied to the interview transcripts, the researcher
continued to search for new meanings or themes by re-examining and comparing units with
one another. At the same time, she began to search for (a) connections among categories and
their respective sub-categories and (b) patterns among those connections. These processes,
which Strauss and Corbin (1990) have referred to as "axial" and "selective coding," involved
higher-order abstractions. Here, particular attention was devoted to the circumstances or
contexts that gave rise to various categories. Also critical to these processes was the constant
movement between inductive and deductive thinking. For instance, during selective coding the
researcher continually proposed relationships among categories or differences between groups
of people (an inductive process) and then searched the data for evidence or verification to support or refute these propositions (a deductive process). A similar proposition and verification process was used to explore the relevance of existing theoretical perspectives (e.g., social comparison and satisfaction theories, symbolic interaction theory, and coorientation theory). Implications of this research for existing theory are presented in the fifth chapter of this report.

In the final stages of the analysis, relationships among categories identified during the axial and selective coding processes were further examined, but from a more holistic perspective. Here, chunks of related data that had been broken down during various coding processes were conceptually reassembled so as to represent the varied participant experiences or realities that emerged from them. When appropriate, relationships among themes were visually mapped or modeled. In the fourth chapter of this report, themes and theoretical linkages that emerged from this grounded theory analysis are discussed, and quotations from participant interviews are presented to offer support for the researcher's interpretations. In Chapter Five, these themes and theoretical linkages are further considered as they relate to an expanded understanding of the role of personal and interpersonal factors in shaping mothers' and daughters' responses to body-related media. In this vein, a grounded theory model of personal body- and media-related characteristics associated with social comparison processes is presented.

Use of Computer Software

To facilitate the aforementioned coding and analytical processes, the researcher used the Nonnumerical Unstructured Data Indexing Searching and Theorizing (NUDIST) computer program. This software package facilitates the management and exploration of qualitative data by allowing users to define and interrelate concepts and categories relevant to the data. To this end, the researcher first entered all of the interview transcript data into a NUD*IST file. Similarly, the coding scheme that emerged from the concept identification, categorization, and
open coding processes was introduced into the NUD•IST program. Here, each category and concept was defined. Additionally, hierarchical linkages among categories and concepts were noted within the NUD•IST program. More general categories were linked to more concrete or specific categories representing cases, examples, values, parts, aspects, etc. of the general categories. Thus, a general category such as "Nutrition/Food/Eating" was linked to specific categories like "dieting for weight loss" and "eating disorders" in a hierarchical fashion.

Next, each unit of analysis, in this case each interviewee response to a question, was analyzed for relevance to the hierarchical coding scheme and coded accordingly using the appropriate NUD•IST commands. In the Strauss and Corbin framework, this operation represented a component of the open coding process (1990).

After the entire document had been coded (and in 25% of the cases, checked by the extra coder), the researcher used the NUD•IST program to create reports of all units coded for each parent and child category. In addition, the NUD•IST software allowed the researcher to conduct "cross-index searches" in which reports of units coded in varied combinations of categories could be generated. For example, to explore instances in which interviewees addressed their experiences with media content related to healthful eating, the researcher used NUD•IST commands to access all segments of text coded with the categories "Watching What You Eat" (Code: 6 2) and "Media" (Code: 8). In this way, then, the researcher was able to explore the data using combinations of codes. In doing so, the researcher was able to make comparisons, model connections, and pose and test theoretical questions or hypotheses about the data. Here, then, the researcher used the NUD•IST program to facilitate processes associated with axial coding, selective coding, modeling, and hypothesizing (Strauss & Corbin, 1990).
Issues of Theoretical Sensitivity

Of particular relevance to any discussion about the grounded theory method is an acknowledgment of the unique personal characteristics that the researcher brings to the research problem. As Glaser (1978) and Strauss and Corbin (1990) have argued, a researcher's familiarity with the relevant literature and his/her professional and personal experiences necessarily influence his/her degree of "theoretical sensitivity," or his/her capacity to insightfully understand and give meaning to the data (Strauss & Corbin, 1990, p. 42). In addition, such knowledge and experiences undoubtedly affect the directions a researcher pursues during an interview, thereby influencing what data an interviewer elicits from a participant interviewee.

During the past five years, the present researcher has accrued a variety of experiences pertinent to the project described herein. Her program of graduate study has included coursework focusing upon a broad range of research methods. As a research assistant and student, she has used both inductive/interpretive and deductive/positivistic approaches to explore interview, survey, observational, and print media data. In addition, she has worked to build a program of research focusing upon mass media and appearance; in both her undergraduate honor's project and her master's thesis she explored issues related to this topic. At present, she is collaborating with other scholars to draft a series of grant proposals examining the role of the media and interactions among the entire family unit in the shaping of food choice, dieting, exercise, and appearance management behaviors. These experiences, as well as her personal experiences as an adolescent girl, a daughter, and an adult woman, shaped her approach to the present project and engendered in her the theoretical sensitivity to which Glaser (1978) and Strauss and Corbin (1990) referred.
Concrete Operations in the Grounded Theory Approach

Computation of Interrater Reliability

As noted, an additional coder (a doctoral candidate in the textiles and clothing field) checked the primary researcher's application of the coding guide to a sampling of the interview data. This measure was taken to establish trustworthiness and dependability of the data coding process. Disagreements regarding application of the coding guide were negotiated among coders. Interrater reliability was calculated by subtracting the number of coding disagreements from the total number of coding decisions and dividing that difference by the total number of coding decisions. As such, interrater reliability scores represent a ratio of coding agreements between coders to the total number of coding decisions made. Interrater reliability was calculated at three different points in the coding process. The first reliability score was calculated after the additional coder had checked transcripts of two randomly selected mother-daughter pairs (n = 4, or 10% of the data). Reliability, or agreement, was 97.87%. The second reliability score was calculated after six more randomly selected transcripts (of three mother-daughter pairs) had been coded and checked. Reliability for these six transcripts was 99.15%. The final reliability score, which reflects "total" interrater reliability for all 10 randomly selected transcripts (n = 10, or 25% of the data), was 98.72%.

Use of Quantitative Data From Personal Data Sheets

The emphasis of this study was the grounded theory analysis of the qualitative data from the in-depth interviews. In comparison to the interview data, quantitative data generated from the personal data sheets were much more limited in quantity and thus, were analyzed on a much more limited basis. In all cases, quantitative data analyses were descriptive in nature. When appropriate, measures of central tendency and dispersion were calculated and included means, ranges, and standard deviations. In some cases, frequencies, percentages, and difference scores (i.e., the difference between a mother's and a daughter's score on an item) were also calculated.
Quantitative data were used for two primary purposes in this study. First, quantitative findings from the personal data sheets were used to describe characteristics of the mother and daughter samples and thus, provided a context for the findings from this study. Second, quantitative data were used in conjunction with the constant comparative process (Glaser & Strauss, 1967; Strauss & Corbin, 1990) to illuminate and clarify findings from the qualitative data. Specifically, descriptive statistics were used to group or categorize mother and daughter participants by scores on variables that emerged as salient during the grounded theory analysis. These groupings helped the researcher to make comparisons among various mother and daughter participants and to better understand circumstances related to key categories or themes that emerged from the interview data. This use of the quantitative data was especially critical during the axial and selective coding processes, when the researcher developed and checked theoretical propositions about the influence of certain quantitatively assessed variables upon categories and/or themes in the interview data.
CHAPTER FOUR: RESULTS AND DISCUSSION

The following chapter includes a discussion of findings from the present study and is organized in two major sections. In the first section descriptive (background) information about the mother and daughter participants is reported. In the second section the themes and subthemes that emerged from the (interpretive) grounded theory analysis are discussed. A listing and brief explanation of each of these themes and their corresponding subthemes can be found in Appendix F.

Descriptive Findings and Background Information

That which follows is a summary of information intended to provide context for the upcoming discussion of interpretive findings. In this section participants' demographic characteristics, physical characteristics, and degrees of body satisfaction (as assessed quantitatively) are discussed. Results reported in this section were collected via the personal data sheet.

Demographic Profile of Participants

Participants for this study included 20 mother-daughter pairs from central Iowa. Each of the daughter participants was the biological offspring of a (respective) mother participant. As previously indicated, 19 mother-daughter pairs resided in the Johnston, Iowa, school district and one mother-daughter pair resided in the Ballard Community school district. Both the Johnston and the Ballard community school districts are located within 20 miles of Des Moines, the largest metropolitan area in the state (population: 193,965) (Goudy & Burke, 1995). The Johnston school district includes families from two Des Moines suburbs, Johnston (population: 5,279) and Urbandale (population: 28,250) (Goudy & Burke, 1995). The Ballard Community school district draws students from the town of Huxley (population: 2,230) and small, nearby towns and communities (Goudy & Burke, 1995).
Mother participants ranged in age from 37 to 47 years, with a mean age of 43.25 years (see Table 1). All of the mother participants were Caucasian. Nineteen of the mothers (95%) were married, and one was divorced (5%). Of the 19 mother participants who were married, 4 had been divorced and were then remarried (to a man other than the respective daughter participant's biological father). Daughter participants ranged in age from 15 to 18 years, with a mean age of 16.05 years (see Table 1). Eighty percent of the daughter participants were high school sophomores (n = 16), ten percent were high school juniors (n = 2), and ten percent were high school seniors (n = 2). Nineteen (95%) of the daughter participants were Caucasian, and one (5%) daughter participant identified her ethnicity as "mixed."

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mothers</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37-40</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>41-44</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>45-48</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td><strong>Daughters</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>15</td>
<td>80</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

<sup>a</sup>n = 20.

All of the mother participants had earned a high school diploma, and the majority of them had completed some form of post-secondary education (see Table 2). All but one mother participant were employed outside of the home, with one-fourth (n = 5) of the mothers working in health-related job roles such as nurse or pharmacist (see Table 2).

In addition to inquiring about the mother participants' occupations, both the mother and the daughter personal data sheets included items related to spouse and/or father occupation and
Table 2. Education level and occupational field of mother participants

<table>
<thead>
<tr>
<th>Highest educational level achieved&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school diploma</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Some college or technical school</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Some graduate work</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational field&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Management</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Sales</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

<sup>a</sup><sub>n = 20.</sub> <sup>b</sup><sub>n = 19.</sub>

Although there was some diversity in socioeconomic status of the participants, the majority of them shared a middle-class or upper-middle class lifestyle. Three mother-daughter pairs may have been classified as lower middle class or lower class; during the course of one daughter interview, a participant mentioned that she was enrolled in a subsidized school lunch program.
Table 3. Education level and occupational field of mother participants' spouses

<table>
<thead>
<tr>
<th>Highest educational level achieved</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school diploma</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Some college or technical school</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Some graduate work</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>3</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational field</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>8</td>
<td>42</td>
</tr>
<tr>
<td>Blue collar, laborer</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Sales, Insurance</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>16</td>
</tr>
</tbody>
</table>

an = 19.

Physical Profile of Participants

In previous work, researchers have examined the relationships among actual body size (weight), body image (perceptions of one's body), and body satisfaction (e.g., Garner, 1997). As such, in the present study, these relationships were not examined. Rather, information about the height, weight, and body mass indices of the participants are reported here to provide context for the interpretive findings that follow.

Height and weight data were collected from both the mother and the daughter participants. Mothers ranged in height from 59 to 71 inches (SD = 2.82), with a mean height of 64.35 inches (n = 20). Daughters ranged in height from 62 to 71 inches (SD = 2.83), with a mean height of 64.68 inches (n = 19). Mothers ranged in weight from 112 to 185 pounds (SD = 23.49), and daughters ranged in weight from 85 to 150 pounds (SD = 16.77). Mean

7Although past findings have pointed to a correlation between body dissatisfaction and weight (with heavier individuals more likely to be dissatisfied), there is evidence to indicate that individuals tend to overestimate their body size (see Garner, 1997). As such, in addition to being related to body size, body satisfaction is likely also dependent upon body image (our mental perception of our body size).
weights for mother and daughter participants were 144.7 (n = 19) and 123.0 pounds (n = 19), respectively. The "average" mother in the present study was very close in height and weight to the "average" American woman, who stands 64 inches tall and weighs 144 pounds (Kellogg, 1997). The mean self-reported jeans size for mothers in this study was 10 to 12. For daughters, the mean jeans size was 6 to 8.

Body mass index (BMI) scores, which are commonly used estimates of body fatness that are adjusted for height, were calculated for mothers and daughters using the following formula from the National Institutes of Health: BMI = weight in pounds/(height in inches)^2 x 704.5 ("Pound Foolish," 1998). Body mass index scores for the mothers ranged from 16.90 to 30.85 (SD = 3.67), and from 15.09 to 27.49 for the daughters (SD = 2.55). A breakdown of the mother and daughter BMI scores is presented in Table 4. Using the guidelines presented in this table, 43% of the mothers (n = 8) and 5% of the daughters (n = 1) were classified as overweight.

Table 4. Body mass index scores of mother and daughter participants

<table>
<thead>
<tr>
<th>BMI</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mothers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight (BMI ≤ 20.7)</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Normal weight (BMI &gt; 20.7, &lt; 25)</td>
<td>9</td>
<td>47</td>
</tr>
<tr>
<td>Overweight (BMI ≥ 25)</td>
<td>8</td>
<td>43</td>
</tr>
<tr>
<td><strong>Daughters</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight (BMI ≤ 20.7)</td>
<td>12</td>
<td>63</td>
</tr>
<tr>
<td>Normal weight (BMI &gt; 20.7, &lt; 25)</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Overweight (BMI ≥ 25)</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: The BMI cut-offs for underweight, normal weight, overweight presented in this table were based upon standards outlined in previous research (e.g., Williamson, Kahns, & Remington, 1990) and in reports by the National Center for Health Statistics (see Troiano, Flegal, Kuczmarski, Campbell, & Johnson, 1995) and the World Health Organization (1995).

^n = 19.
Body Satisfaction of Participants

Body satisfaction was quantitatively assessed with the overall appearance item from the BASS (Cash, 1990). Here, participants used a five-point Likert-type scale to rate satisfaction with their overall appearance, with higher scores reflecting a higher degree of satisfaction. The mean body satisfaction score for the mother participants was 3.30 (n = 20), with responses ranging from 2 to 5 (SD = 1.00). The mean body satisfaction score for the daughter participants was 3.26 (n = 19), with responses ranging from 2 to 5 (SD = .80). Interestingly, 60% (n = 12) of the mothers but only 37% (n = 7) of the daughters responded that they were either "somewhat satisfied" (response of "4") or "very satisfied" (response of "5") with their overall appearances. However, more mothers (35%, n = 7) than daughters (16%, n = 3) were "somewhat dissatisfied" (response of "2") with their appearances. Nearly half of the daughters (47%, n = 9) responded that they were neither satisfied nor dissatisfied with their appearances (response of "3"). As such, mothers were more likely than daughters to have more intense feelings -- whether positive or negative -- about their appearances. Findings related to participants' body satisfaction scores are reported in Table 5.

Mean body satisfaction scores were quite similar for the mother and daughter samples, in general. As is evident from the discussion above, however, this similarity in means masks differences in the responses of the mothers and the daughters. Despite these differences in the responses of the mother and daughter samples, there was considerable similarity between the body satisfaction scores of individual mother-daughter pairs; 79% of the dyads had body satisfaction scores that were the same or that differed only by one point (see Table 5).

Interpretive Findings

The purpose of this research was to gain understanding about two socialization agents -- the mother-daughter relationship and the mass media -- and their respective influences upon female body satisfaction and appearance management behaviors. To this end, themes that emerged from the participant interviews are presented in this section as they relate to
Table 5. Body Satisfaction of Mother and Daughter Participants

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mothers' body satisfaction</strong>(^a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Daughters' body satisfaction scores</strong>(^b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>9</td>
<td>47</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Very satisfied</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Difference between mother's and daughters' scores</strong>(^b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>58</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

\(^a\)\(n=20\). \(^b\)\(n=19\).

(a) mothers' and daughters' personal and interpersonal experiences with the female body and
(b) mothers' and daughters' experiences with the female body as it is culturally situated in the context of the mass media.

It should be noted that although this division of themes may appear to be discrete, the highly interrelated nature of issues at hand renders this division somewhat artificial. In relating their experiences, participants often intertwined comments about their own experiences (personal and interpersonal) with remarks about their experiences with or perceptions of the media. As such, some intermingling of these themes between sections of this report was inevitable. For example, instances in which mothers and daughters interacted about media
related to the body are reported throughout the text and in relation to several themes and subthemes.

Central to the linkage between self-feelings about and cultural images of the female body is the social comparison process. Although this linkage has been supported by previous work (Richins, 1991; Stice & Shaw, 1994), the details surrounding it have remained somewhat murky. At the conclusion of this chapter, susceptibility to and outcomes of this process are illuminated and examined in relation to the previously discussed themes.

Before delving into a discussion of the emergent themes, note should be made about the interviewer's (i.e., the principal investigator's) perceptions of the mother and daughter participants and their reactions to the interview process. In nearly all instances, mother participants seemed comfortable disclosing to the interviewer feelings and thoughts about their body and their interactions with their daughters. Similarly, only a few daughter participants appeared uneasy as they broached the topics of their body or their relationship with their mother. This comfort in sharing information of such a personal nature may have been an artifact of the sample; it is likely that individuals who would have felt discomfort from discussing such issues did not volunteer for participation in this study.

Despite their seemingly shared degree of comfort with the issues at hand, mother and daughter participants varied somewhat in the extent to which they became engaged in the interview process. The majority of the mother participants eagerly expressed their opinions and shared their experiences. In some instances, they seemed to welcome the opportunity to discuss issues that they perceived as important (i.e., the significance of the female body in contemporary society, concern about their daughters who were maturing against the backdrop of that society, etc.), talking at length and with decided conviction about the issues at hand. This intense immersion in the interview discourse was mirrored among some but not all daughter participants. Questions related to cultural imagery about the female body often elicited the most "ready" and in-depth responses from the daughters. On the whole, however,
daughter participants offered more succinct (and perhaps less mature or rich) responses than their mothers. At several points during interviews with daughter participants, the interviewer invoked probing questions to "draw out" the daughter participants, encouraging them to elaborate on their sometimes clipped responses. It is likely that this discrepancy between the responses of the mother and the daughter participants was at least in part a product of their differing levels of development (cognitive, emotional, etc.) and life experiences.

The Female Body: Personal and Interpersonal Experiences

The female body occupies a relatively significant station in contemporary U.S. culture; the importance of the female body has been established in both scholarly and popular literature (e.g., Brumberg, 1997; Turner, 1984). Also well-substantiated in the scholarly literature is the role of others in the shaping of feelings and perceptions about the physical self (Cooley, 1902; Stone, 1962). In this section, mothers' and daughters' body- and appearance-related beliefs, feelings, and behaviors are explored. Although some of this discussion focuses exclusively upon personal beliefs, feelings, and behaviors, the role of mother-daughter interactions is also considered. Specifically, the following themes are addressed: appearance orientations, body satisfaction, diet-related behaviors, interpersonal approaches to the body, and perceptions of body malleability.

Appearance Orientations: The Internal Versus The External

The role of physical appearance in the everyday lives of the participants varied considerably across the data. Often, these differences were reflected in mothers' and daughters' motives for personal appearance management and in the meanings and degree of importance they assigned to their own appearances and to those of others.

In the present study, these clusters of attitudes and beliefs about physical appearance were conceptualized as "appearance orientations." Two more or less opposing orientations emerged across the data: (a) the "internal" orientation and (b) the "external" orientation. Although several mother and daughter participants were readily classified using this
dichotomous framework, such was not always the case; some participants exhibited some but not all of the characteristics associated with one orientation, and others exhibited characteristics associated with both orientations. Thus, rather than to conceptualize the orientations as completely dichotomous and discrete, it is useful to think of them as endpoints on a continuum, with some participants clustered at these endpoints and others arrayed along the continuum and between the endpoints.

**The Internal Orientation.** Eight mothers and four daughters exhibited attitudes characteristic of the internal orientation. The hallmark of the internal appearance orientation was a strong commitment to the belief that one's "inner self" was more important than his/her "outer self." Implicit here was the notion that "who" a person is and how he/she acts towards the self and towards others are of consummate significance and that "how" a person looks is of comparatively minor significance.

In this vein, several participants made reference to the belief that people are multifaceted beings and that appearance is but one minor component of this complex self. In the words of one daughter respondent, "appearance is only like one thing that makes a person" (11D, 15 years old). For the internally-oriented, then, appearance is perhaps less central to one's sense of self, or to one's self concept, than is the case for those who are less internally-oriented. Here, it is important to underscore that the internal orientation is not synonymous with apathy about appearance or the belief that physical appearance is not important. Rather, individuals with such an orientation view appearance as less important than other aspects of the self:

> I try not to like focus on how I look because I know there are a lot more important things to me. But, sometimes it makes you feel better to not feel like you look like a slob. (19D, 16 years old)

Among the internally-oriented, aspects of the self that were perceived as key to personal happiness or self-satisfaction generally represented one of two (non-mutually exclusive) patterns. Individuals whose beliefs characterized the first pattern perceived a likable
personality and/or a sound moral character as highly significant in their lives and to their concept of self:

I guess I don't know how to say this. Um, the world is so focused on your looks, and I guess I'm a type of person who is more focused on people's personalities. That it just...styles, you know, if someone looks nice, that's great. But to me, [appearance] is just not that important. I don't know how to explain it...People are just focusing so much on self rather than focusing on others and what type of people they are and personality. And, you know, trying to help out other people...they don't, because they're so focused on self. (15M, 41 years old)

When asked to name their favorite physical feature, these participants often selected their smile, a body part that they perceived as symbolic of their personality and/or their positive effects on others:

Probably my favorite characteristic of myself and others is my smile. If someone smiles a lot, then that just brightens up so much. And I'm like a really happy person most of the time, so I guess that would probably be my favorite thing. (10D, 16 years old)

I think that when I grow up and I'm 80 and all wrinkly cause I smile so much, I'll have something to show that hey, I was happy. I wasn't so bad. (9D, 15 years old)

Participants whose comments were indicative of the second pattern valued personal accomplishments more than physical appearance, viewing the former as more central to their happiness and/or self-satisfaction:

I think that to me being happy and being happy with myself and with the decisions I've made, that makes me feel a lot better about myself than if I looked like some of the people in the ads. I think that is something I would have more pride in -- in things that I've like accomplished myself -- than the way I look. (19D, 16 years old)

I'm a participant, and not a, um, not a spectator. And I always think of people who get plastic surgery done, they're the spectator people. They want either to be looked at or to look at something, rather than to do something. Me, I'd rather do something...have done something. (17M, 46 years old)

Comments indicative of this second pattern reflected undercurrents of an existing conceptual framework based upon categorical themes of "being" and "doing" in social roles. In previous work, it has been established that the mass media have often portrayed women as assuming "being" roles (roles associated with creating, maintaining, and/or exhibiting personal appearance) and men as assuming active "doing" roles (roles involving physical activity or
personal accomplishment) (see Damhorst, 1991; Kaiser, 1991; Kaiser, Lennon, & Damhorst, 1991a, 1991b; Paff & Lakner, 1997). It is interesting, but perhaps not surprising, to note that the internally-oriented female participants in this study seemed to identify with or relate more closely to the male-gendered social role (that de-emphasizes physical appearance and emphasizes personal achievements) than the female gendered-role (that emphasizes physical appearance).

Another correlate of the internal orientation was the belief that judging others on the basis of their external appearances was inappropriate or morally wrong:

[Q: What types of things do you think your mom tried to teach you about appearance?] Like don't judge people on the outside, it's what's on the inside that counts. I just don't judge people like that and I don't like it when people judge people like that. (10D, 16 years old)

Although internally-oriented participants typically recognized that this principle was somewhat inconsistent with the reality of interpersonal interactions, many behaved in a manner reflective of this idealistic tenet, managing their appearances more as means by which to better the "inside self" and less as a way to make an impression upon others. For example, internally-oriented individuals frequently indicated that feeling good or being healthy was more important than attaining a socially-desirable appearance:

Feeling good is more important [than looking good]. If you feel good, um, how you look to others doesn't matter. How you look to yourself. Well, I suppose it's something that you take either for granted or...I feel good. So, my opinion about me is okay. I like me. (laughs) Okay? (6M, 40 years old)

For some internally-oriented participants, a single behavior could be perceived either positively or negatively depending on whether or not an individual was motivated out of a desire to better one's self or self-concept (often associated with a positive evaluation) or a desire to conform to cultural appearance norms (often associated with a negative evaluation):

Well I worked for a plastic surgeon for awhile, and I just feel that truthfully, I'm for plastic surgery even in cases where I've seen it change peoples' lives. You know,

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8It should be noted that this conceptual framework, based upon content analyses of gendered behaviors enacted in the mass media, reflects very traditional and/or stereotypical notions of gendered social roles (likely because such gender stereotypes are often propagated in the media forum).
we've had patients come in who had those big purple...I can't even think of the name of it...but they had scars or things from childhood and then they get rid of them and they are like different people. I think it is wonderful, but for myself, I don't feel that it would do...For one thing I am a very healthy, normal individual. I don't have any scars or anything, so for me to do that, I think it would be wrong. I just, I feel like there is a time and a place for plastic surgery, but if you are doing it just to try and make over something that God has already given you...when you are healthy and normal, it just seems like a waste. (7M, 42 years old)

When internally-oriented individuals did modify their appearances in accord with cultural norms, some felt the need to justify or rationalize their behaviors:

I try to exercise, but basically that's because I'm getting older. I'm you know, like again, 10 years ago, I was in great physical shape. Now that I'm older, I'm approaching adult age as you can gather. That's just for me to feel good, but that's not for me to fit into like a size 2 or something. That's just because I've always done that, and I need to do that. Um, do I blow my hair dry? Only so it's not cold and wet when I go outside, because my mom always said "you'll catch cold." It's not obviously to beautify my appearance because...I take that back. If I'm going out to dinner with my husband or going to church or something like that, but on a daily basis, I blow it dry to blow it dry and then tie it back, usually...because I'm going to the bakery [her place of work] and I can't have hair in my food. Um, I admit I've colored my hair. But that's really...I have fluctuated both ways with that. Because in Iowa no older women have gray hair. Back East where I come from, if I had gray hair it would be no problem. Here you'd stand out like a sore thumb. It's really weird. I don't understand it, but midwest ladies just don't get gray hair. Um, and I've earned every single one of them. I'm very proud of them. (3M, 41 years old)

As reflected in the comments of 15M (see p. 64), internally-oriented participants sometimes perceived that they were unique in their emphasis upon the internal self. Such individuals often assumed that the larger public held the external (physical) self in higher regard than the internal self and that most people frequently judged others on the basis of appearance. In some cases, however, internally-oriented participants perceived that those with an exceptional moral constitution or an especially attractive personality were somehow "exempt" (by virtue of their exemplary inner qualities) from the tendency of others to evaluate them primarily on the basis of appearance:

[My daughter] is real outgoing, and I think the guys like her. I think they are more interested in her personality than her looks because she is not a real knock-out, looks-wise, but she has a lot of guy friends, and I think it is her personality that is attracting them. (10M, 47 years old)
In fact, in one instance a mother described her daughter's personality and tendency to 
emphasize personal happiness over physical appearance as assets that could act as buffers to 
the social stigmas often associated with being overweight:

And, luckily [my daughter] has the kind of personality that looks aren't so important 
for her. Like, she has enough friends and is friendly enough that you know, someone 
else may not be able to get away with ten extra pounds, but she can because she is 
friendly and people like her, so I think she is probably to the point where if someone 
doesn't like it, well, I'm really sorry, but I'm not going to kill myself or starve myself 
to make somebody else happy. With her, I was really worried that she was going to be 
real preoccupied with that. But I think that all girls go through a stage where that 
becomes a real preoccupation....[My daughter] knows she can't eat everything in sight. 
But, definitely, she's got her personality going for her. (19M, 43 years old)

From the time their daughters were quite young, internally-oriented mothers frequently 
tried to communicate to them the message that "who you are is more important than how you 
look." Mothers used a wide range of strategies in these socialization efforts, some of which 
were more covert than others. Among those inclined to use a more covert tact, modeling of 
appearance management behaviors perceived to be consistent with their values was quite 
common:

Because society today...I mean, [my daughter] has friends that are...they won’t eat and 
they're pencil thin and they worry about their hair and worry about their makeup. And 
they worry about...there is a lot more to life...than that stuff. And I think that [my 
daughter] realizes...I mean, we’ve tried to raise her with that idea. I mean... if you 
could see what I look like (gesturing to the tape recorder), then you would know. I 
don't spend a lot of time worrying about makeup -- I don't wear makeup. I don't really 
worry about...if my hair is out of my face, that's fine, you know. If the work clothes 
are comfortable.... But, she has friends out there whose parents are very focused on 
how you should look and this...and we're trying not to raise her to think like that (3M, 
41 years old)

Another relatively covert strategy entailed mothers' avoidance of conversations placing 
undue emphasis upon their own appearance or that of their daughters'. For example, in 
complimenting her daughter, one mother habitually attended to her daughter's emotional state 
("you look happy, today") rather than to her physical appearance (6M, 40 years old).

In contrast, some mothers were more forthcoming in their efforts to internalize 
appearance-related values, initiating conversations about appearance and its relative importance 
(or unimportance):
I just think there are more important things [than appearance] in life. That’s something we have stressed that with [our daughter] from the time she was little because she has always been very attractive and has always received a lot of attention from people... And, so we have really tried to tell her since she was little that it really doesn’t make any difference what you look like on the outside, it’s what’s inside that counts. (19M, 45 years old)

Occasionally, mothers would invoke religious or moral references in these conversations, reminding their daughters of the holiness embodied by the physical self. Such discussions sometimes focused upon caring for the physical self while still maintaining perspective about what, biblically, is or should be most important in life:

Um, again, we always go back to the Bible. We’re a family that reads the Bible everyday. And, again, I have said, you know, God has created you, which it says in Psalms, I think it is 123, you know, I have knitted you in your mother’s womb, you are how I want you to be. And, when we have the holy spirit living in us, we are a temple of God. So, we are supposed to take care of ourselves, but also the Bible teaches that there is a balance. You know, if you focus totally on your appearance... and my older daughter had this problem of always trying to lose weight. She was not eating right, so that she would look perfect. And, I said, that’s not what God wants you do. He wants you to eat a balanced meal. You know, your personality will outshine, you know... your looks, yes, are your first impression of people. But personality is what they really look to. And I said, I’m more concerned about your personality and how you treat others rather than how you look. (15M, 41 years old)

Although some internally-oriented mothers prohibited or discouraged their daughters from using media that they perceived as incompatible with their beliefs about appearance and the inside self, others used such media content as a starting point for discussion or as an example of values incongruent with their own. Several such conversations revolved around a recently televised Miss America Pageant that many mother and daughter participants had coviewed in the weeks prior to their interviews. Both mothers and daughters initiated these discussions and contributed similar comments to them, most of which had a critical tone. Participants were especially condemning of the objectification implicit in these contests; their shared perception was that in such venues, more emphasis was placed on a woman's physical appearance than upon "the person inside the body." For instance, one mother and daughter discussed how the contestants "shouldn’t be judged just on their evening gown and their dress
and, you know, but how did they answer the question? What did they say?". In other cases, mothers worked to dispel their daughters' perception that it would be desirable to look like or to be a pageant contestant. For instance, in response to her daughter's admiring comments about the contestants' "perfect, Barbie doll bodies," one mother responded, "now wait a minute, you shouldn't be worried about things like this."

The efforts of internally-oriented mothers to instill their appearance-related beliefs within their daughters appeared to be quite successful. Among the four daughters and eight mothers classified as "internally-oriented," there were four mother-daughter pairs; every internally-oriented daughter in the present sample was the child of an internally-oriented mother.

The External Orientation. Six mothers and nine daughters were classified as externally-oriented. The distinguishing characteristic shared among these participants was a high level of awareness of the effects of appearance upon others. In a manner similar to that described by Goffman (1959) and Snyder (1987), externally-oriented individuals were highly sensitive to the ways that one can manipulate or control the presentation of the self (i.e., physical appearance) to foster desired images in the eyes of beholders. Snyder has referred to this phenomenon as "self-monitoring" (1987, p. 4), or the extent to which people manage and control the public appearance of the self. Participants classified as externally-oriented in this study were high self-monitors who placed much faith in the importance of appearance and its role in social interaction:

In general, I think appearance is pretty important to make a good first impression. Because people seem to judge you on how you look. They get to know your appearance before they get to know the inside you. [Why do you think that?] I think I've learned that through experiences. I've met people that if I don't look my best, they don't seem to care to talk to me. I think that high school really shows you that. (13D, 16 years old)

*Here, it is important to note that although internally-oriented people often recognized that appearance shaped others' perceptions of and/or interactions with them, this belief was not pivotal in guiding their appearance management behaviors and/or appearance-related attitudes. For the most part, internally-oriented individuals acted in response to their personal needs, desires, and/or expectations (with respect to appearance) first, and to their impression management needs, second.
The belief that individuals judge one another on the basis of appearance often fueled the appearance management decisions and/or appearance-related attitudes of externally-oriented individuals. In many cases, externally-oriented participants were keenly concerned about how others perceived their body size or shape:

...I'm...I'm so concerned about [my weight.] Because like skinny is like the thing. The guys love the skinny girls, and I'm not. I'm more of like the sports, athletic type (14D, 16 years old)

As was the case for Participant 14D, these concerns typically manifested themselves in a desire to change the body. Sometimes, externally-oriented participants acted upon this desire to change the body, engaging in weight loss behaviors. For instance, one mother indicated that her first diet, which she undertook as an adolescent, was prompted by peer teasing and her subsequent perception that others did not view her appearance positively (18M, 47 years old).

The appearance-related concerns of externally-oriented participants, however, were not limited to body size or shape; with the exception of one woman who did not work outside of the home, all of the externally-oriented mothers indicated that they carefully managed their professional appearances as a way to shape others' perceptions of them in the workplace:

I'm in a business dealing with the public. To work with the public. And, I definitely care about how they perceive me. And, a lot of times it's with a baseball cap and my hair tied back, but it's still try to be...not to look like I'm running around the house...I want to be neat. Clean. (11M, 41 years old)

For most participants, then, such careful management of appearance was restricted to their more public appearances, such as school, work, or social engagements. For others, however, impression management was perceived as highly important in less public contexts or "back regions" (Goffman, 1959), even when they were among immediate family members:

Even on the weekends if I tend...sometimes, I'll say "okay this is a no makeup day" and then I'll go upstairs and think "oh, I've just got to put on a little...to even out these under eyes." And, so, sometimes I'll cheat and put on some blush and some mascara, because this is my family and they are pretty important to me. I want to look good for them, too. (13M, 43 years old)

In addition to monitoring their own appearances, externally-oriented individuals exhibited a keen awareness of others' appearances. For example, some individuals expressed
that onlookers' evaluations of them could sometimes be influenced by the appearances of other individuals with whom they were associated. Participants perceived the appearance of their family members as most likely to affect viewers' reviews of them:

> [Q: Is there anything you think your mom could change about her appearance?] Her clothes. I mean, I swear, if we walked into a store, they'd like think we're poor, or something. And that drives me insane...if people thought we were poor, that would just drive me insane. [And why would that bother you?] Just because poor people like get looked down at. And like if you're shopping at a store, and we like go to the mall, or something, and we're like really going to shop, I make sure she dresses nice because they'll treat you differently. Especially when you go shopping. (14D, 16 years old)

> I usually don't care what [my mom] wears...unless she's like around me...then I care. [Q: And why do you care when she's around you?] Because I guess it kind of reflects on me a little bit. She's my mom, and I guess if it didn't look good, I guess everybody else would think that I think it looks good. So, I just tell her you know, "wear this" or "wear this"...like pick something out for her, or something. (11D, 15 years old)

In contrast to internally-oriented participants, externally-oriented participants were more likely to view personal appearance (or their evaluations thereof) as central to their sense of or satisfaction with the self. Some participants indicated that their feelings about the self fluctuated with their perception or evaluations of their physical appearances. This was especially true for Participants 1D and 13M:

> Like if I look, like if I don't feel I look very good, I like feel bad. That sounds really bad, but it's true. (1D, 18 years old)

> I'm kind of a person that doesn't have a lot of confidence. And I know when I feel better about myself, when I feel better about my outfit that I have on, I present myself a whole different way than when I'm worried if my dress is too short or too tight here. I've just experienced myself in enough different spots that I know I feel better. (13M, 43 years old)

Occasionally, perceptions of or feelings about physical appearance even influenced the desire to interact (or not to interact) with others:

> But I do like to look good because I feel better if I go into a room. If I look like crap, I just kind of hide because I look like crap, and I don't want anybody to see me and remember me like that. (11D, 15 years old)

This tendency of externally-oriented participants to commingle feelings about appearance and the self may be related to their inclination to use appearance as a mechanism
with which to gain acceptance from others. Daughter participants, in particular, perceived appearance as important to being well-liked by their classmates.

It's just like...you want to be like accepted by everybody, so you got to like make sure everybody like sees like you in like a good light and everything, so. I don't know, it's just a thing. (12D, 16 years old)

Some daughters even sought appearance "reviews" from their peers, asking for their input about how they might shape the self so as to be positively perceived by others. A more specific case of this theme involved daughters' use of appearance as a way to be accepted by the opposite sex. In the words of 16 year-old, "I want to look good in front of the guys. Guys don't like ugly girls or way fat girls" (Participant 18D). Although mother participants did view appearance as one means to acceptance, daughters more frequently resorted to this strategy as a way to gain others' approval. That the externally-oriented adolescent participants were more likely than their mothers to use appearance as a conduit for peer acceptance is perhaps not surprising; research has indicated that adolescents place a great deal of emphasis upon both appearance and peer acceptance (see Cash et al., 1986), viewing the two as highly interrelated (Creekmore, 1980).

Frequently, the use of appearance for purposes of acceptance was motivated by participants' desire to conform with what they perceived to be behavioral norms. Here, participants monitored their appearances and engaged in impression management because they believed that others did, as well, and that without doing so, they could not "keep pace" or "keep up" with their peers or colleagues who were, as one participant said, "putting up appearances":

Looking good is up there. From a professional standpoint, you have to hold your own...so, it's a factor, definitely. I'm afraid that appearance does play a role in how you are perceived. [What kinds of things made you realize that?] I guess the role models I've had in my work. I report...there are a lot of women in our organization. To the women who I work with, this is...this is important. (12M, 47 years old)

Implicit in this process was a social comparison process in which participants used others' appearances as a benchmark by which they evaluated their own appearances:
[Why is appearance important to you?] Probably, you just try to keep up with everybody else, a lot, you know. You see like people that look a lot better, and you just want to look better, I guess. (11D, 15 years old)

I compare myself to like everybody else...I compare like everything because I believe that they're better. I want to look like them...the people at my school. (14D, 16 years old)

As will be further discussed at the end of this chapter, the characteristics associated with the external orientation were associated with other social comparison tendencies and outcomes.

Although it was not explicitly articulated within the interview data, it can be inferred that high self-monitors engaged in role-taking as they contemplated and made decisions about their appearances, taking the role (Mead, 1934) of both known individuals and a generalized other in their attempts to discern (a) how other individuals might perceive various appearances or (b) how various appearances would fit into or clash with cultural norms for appearance. For instance, 14D's conclusions (see quote on page 70) that "skinny is the thing" and that "the guys love skinny girls" likely were the product of role taking processes in which she considered both specific responses to different appearances, such as how certain male acquaintances might react to different appearances, and generalized responses or attitudes about different appearances, such as the cultural preference for thinness in females.

Among the nine daughters and six mothers classified as externally-oriented, there were five mother-daughter pairs. Unlike internally-oriented mothers, externally-oriented mothers did not seem to consciously inculcate their beliefs about appearance in their daughters. Nonetheless, it is clear that mothers' attitudes about appearance were, in fact, communicated to their daughters and vice versa. In fact, daughters of externally-oriented mothers were often keenly aware of their mothers' beliefs about the role of appearance in social interactions and/or their mothers' inclination toward high self-monitoring. Sometimes, daughters' perceptions were based on their observations of their mothers' behaviors, and other times, they resulted from mother-daughter dialogue:

[My mother] is worried about her appearance, like especially when she goes out in front of people that have the same feelings that they should always look good. That
just kind of shows it, and she seems to be worried about how our family looks to other people's families. [Q: Can you explain that?] Like if we go out as a family, maybe, like to a graduation party, she would want the whole family to look nice so that way, so like when we go in front of other families, they realize that we are a nice family. [Q: When you say nice and she wants you to look nice, what does that mean?] Like clean and just not like we just got out of bed. She wants us to look like we took time to get ready and care about it. (13D, 16 years old)

In the same vein, mothers of externally-oriented daughters often sensed that their daughters' were highly involved in impression management or concerned with how others might evaluate them on the basis of appearance. Interestingly, these mothers typically perceived such behaviors or attitudes as "typical of" or "normal for" an adolescent female.\(^{10}\) For one mother, a concern with appearance management was something that she had hoped and expected would be important for her daughter:

[Why would I] hope they were important? Um, because that's what's important to most 16 year old girls. So, that would be normal for appearance to be important to her. If it wasn't, then I might be worried. But she's not obsessive about it, she's not obsessed with it or anything. (14M, 46 years old)

**Body Satisfaction**

The issue of body satisfaction was tapped both quantitatively, by an item included within the personal data sheet, and qualitatively, through several questions within the interview schedule. Quantitative data concerning body satisfaction are reported with other descriptive findings at the beginning of this chapter, but are referred to throughout the following discussion. The quantitative data were useful in categorizing and comparing participants on the basis of degree of overall body satisfaction.

The focus of this section, then, is the qualitative data generated by the interviews with participants.\(^{11}\) These data helped to make further distinctions among participants and added a layer of rich understanding about the nuances of body satisfaction (and related issues), thereby

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\(^{10}\)That mothers perceived an external orientation as a normative state for their adolescent daughters may be related to the fact that many of the characteristics associated with this orientation are, in fact, also frequently evidenced during adolescent development (e.g., an emphasis upon appearance and fitting in with a peer group). This association (between characteristics indicative of an external orientation and adolescents' emphasis upon appearance and peer acceptance) could also account for the relatively high percent of the daughter participants (45%) classified as externally-oriented.

\(^{11}\)In this section and unless otherwise noted, references to participants' degrees of body satisfaction reflect interpretive findings from the interview data rather than quantitative findings yielded by the BASS item.
capturing meanings that were not reflected by the quantitative scores. In the following discussion, interpretive findings will be addressed as they pertain to (a) degrees of body satisfaction among mothers and daughters, (b) clothing uses related to body satisfaction, and (c) mother-daughter interactions as they are related to body satisfaction. (A related discussion concerning the mother-daughter and body-related interactions is presented later in this chapter. See the section entitled, "Interpersonal Approaches to the Body.")

**Degrees of Body Satisfaction: Mothers and Daughters.** Analysis of interpretive data revealed that with respect to degrees of body satisfaction, mothers and daughters were arrayed along similar continua. As such, this discussion focuses upon both mothers' and daughters' levels of body satisfaction. Although degrees of body satisfaction varied along the entire continuum, a pattern emerged in which mothers and daughters were readily grouped into one of three patterns: mothers or daughters who were generally satisfied with their bodies (cases clustered around one endpoint of the continuum), those who were generally dissatisfied with their bodies (cases clustered around the other endpoint of the continuum), and those who had mixed or neutral feelings about their bodies (cases falling in between the endpoints of the continuum, likely near the midpoint).

Thirteen mother participants (whose BASS scores ranged from "2" to "5" with a mean of 3.83) and twelve daughter participants (whose BASS scores ranged from "2" to "5" with a mean of 3.67) indicated during their interviews that they were "generally satisfied" with their overall appearances. When asked to name their favorite thing about their physical appearance, these participants were quick to answer, sometimes indicating that they had received compliments from others (i.e., "positive reviews" or a "validation of the self") (Stone, 1962) about the attractiveness of the feature they named:

- [Q: What's your favorite part about your physical appearance?] Favorite part? My face. From the time I was a young child, I was always told I had a pretty face. (14M, 46 years old)
- [Q: What's your favorite part about your physical appearance?] I'd probably have to go with either my eyes. Yup, I'm going to have to go with my eyes. They
change colors, it’s interesting. I’ve gotten a lot of compliments on them. Actually, they get me into a lot of trouble because I have very expressive eyes, and it can work to my benefit and it can really hurt me sometimes. (17D, 16 years old)

In talking with these participants, however, it emerged that none of them was completely satisfied with every aspect of her body. For instance, even Participant 1D, whose BASS score of "5" indicated that she was "very satisfied" with her body, spoke of a desire to change the shape of her nose. Other participants mentioned dissatisfaction with their body shape or proportions (six mothers, seven daughters), weight (two mothers, three daughters), height (two mothers), facial features or hair (two mothers, five daughters), wrinkles (two mothers), and/or complexion (two daughters). These qualitative findings could be interpreted to suggest that at least some degree of body dissatisfaction was normative for the mother and daughter participants, even for those who were relatively satisfied with their bodies. Such a conclusion, however, is likely an exaggeration; to say that "having little nitpicks" about the body was normative among these participants is more accurate. For participants who were generally satisfied with their appearances, however, such "appearance nitpicks" were of relatively little worry:

You know, I’d probably like to be thinner through the thighs...and hips. But I’m not going to lose any sleep over it. But if I could change something, that’d probably be it. (3M, 41 years old)

I think as far as my body goes, I have little nitpicks. Like I have little love handles on the side of my stomach, but they are getting better so I mean, just little things. I’m pretty okay with that. (16D, 16 years old)

That these participants were able to like their bodies in spite of small misgivings was typically related to their "acceptance" of what they perceived to be their physical shortcomings. Different participants arrived at this acceptance in different ways. In some cases, participants seemed to be relatively unfazed by the fact that they were not wholly satisfied with their bodies, recognizing that there was likely little that they could do to change them:

I’m pretty much satisfied with the way I look, you know, because there’s nothing I can really do to change it. I’m just, you know, okay with it. (11D, 15 years old)
Such a sentiment was especially common among mothers who were generally satisfied with their bodies. Six mothers commented that aging processes and child-bearing would inevitably "take their toll" on the body, regardless of what one did to try to stave off the effects of such changes. For these women, body satisfaction was evaluated in the context of age and child-bearing statuses, with the acknowledgment of these processes seeming to offer some protection against negative body feelings:

Um, I am starting to get a little weight, but you know, I guess I've had five children and my stomach is not staying where it used to be, but I guess I'm pleased with my age and how I've kept myself. I need to lose a little bit. (11M, 41 years)

For others, acceptance was a factor of the conscious decision to "make the best of what I have" or "to be happy with what I have." In a similar vein, Participant 15M concluded that although she was not completely satisfied with her body, "things could be worse."

At the opposite end of the continuum from those who were generally satisfied with their bodies were those who felt general dislike for their bodies. This group comprised four mother and four daughter participants. All four mother participants scored a "2" on the BASS, with daughters' BASS scores ranging from "2" to "3" (with a mean of 2.5). Common among these participants was a desire to change numerous aspects of their physical appearance:

[Q: If you could change one thing about your appearance, what would it be?] Um, I'd like to be skinner. I'd like to have less like moles and a smaller nose and better hair and I don't know, stuff like that. The list goes on and on. (7D, 16 years old)

[Q: If you could change one thing about your appearance, what would it be?] Hmm...one thing? Oh jeez. Okay. I'd get a nose job, my nose is just, oh boy. I'd get lots of things done...I'd get a nose job. I'd get, I don't know...fat taken out of my thighs...Um...I would change lots of things. (12D, 16 years old)

[Q: If you could change one thing about your appearance, what would it be?] Oh my gosh. Could I change five? Oh man, there is so much I could do. Okay, I would change my face, first. [Q: Why would you want to change your face?] I would like bigger cheekbones and a little nose and my eyes are crooked. They are like lop-sided. Maybe a better complexion, too. (20D, 18 years old)
Conversely, when asked to name their favorite aspect of their appearance, three of these mother participants and all of these daughter participants were at a loss for words, seeming to indicate that they had not considered what might be "good" or "attractive" about their bodies:

[Q: What's your favorite thing about your appearance?] I don't know. Not a single thing. I have no idea. I have no idea. I've never thought about that. I can't answer that. (14 D, 16 years old)

[Q: What's your favorite thing about your appearance?] I'm not sure. I don't know. I don't really have a favorite. Everything's always problematic. (12D, 16 years old)

In addition, it is interesting to note that three-quarters of the mother and daughter participants (n = 3 mothers, n = 3 daughters) who were generally dissatisfied with their bodies were dissatisfied with their body weight and/or the "fatness" of their hips or thighs. Although some participants who were "quite satisfied" with their overall appearance also indicated dissatisfaction with their weight or body size, those who were generally dissatisfied with their appearance seemed to be more deeply troubled by these issues, making comments such as "my weight is just so important to me" (14D, 16 years old) or citing their weight as the primary reason for their body dislike:

[Q: What's your favorite thing about your appearance?] Hardly nothing. Nothing....I don't have a favorite part. There might be if I wasn't overweight. [20M, 45 years old]

Perhaps issues of weight and body size were more key to overall body satisfaction for the less satisfied participants than for the more satisfied ones; the data provided some (albeit rather limited) evidence that for certain participants, degree of satisfaction with weight and body shape were often predictive of overall body satisfaction. For Participants 10M, 18M, 9D, and 18D, dieting and a subsequent drop in weight substantially boosted degree of satisfaction with appearance:

[Q: Overall are you quite satisfied with your appearance?] Yea. [Q: Why would you say yes?] Since I lost all the weight it made me feel better. I feel like going shopping and getting different clothes. So I'm happy. Like I can fit into a swimsuit, and I don't look really horrible in it. So that is what my goal was...to look good in a swimsuit. [Q: What is looking good?] Looking thin. (18D, 16 years old)
It seems likely that participants who were generally dissatisfied may have been less accepting (as compared to those who were more satisfied) of the (personal) physical attributes that they perceived as unattractive or not "up to par." Unlike the generally satisfied participants who often tended to view their appearances as somewhat fixed or beyond their control, three of the participants who were generally dissatisfied (one mother, two daughters) expressed the belief that "you can look like anything you want, if you really try" (12D, 16 years old). Further, those who were generally dissatisfied did not make comments indicative of the "be happy with or make the best of what you have" attitude expressed by those who were generally satisfied. Thus it is possible that for some of these participants, beliefs and attitudes about what bodily features can and/or should be changed fed into a resistance to accept themselves "as is."

Intermingled between those who were generally satisfied and those who were generally dissatisfied were three mother and four daughter participants. These participants, whose BASS scores ranged from "2" to "4" for the mothers (with a mean of 3.0) and "2" to "3" for the daughters (with a mean of 2.67) made comments pointing to mixed or neutral feelings about the body:

Am I satisfied with my appearance? I don't know. I'm okay with it. (12M, 47 years old)

I'm okay with my appearance...just okay. Some days I think "absolutely not". But then I'll see other people, and I'll think, "well, maybe I don't look so bad." (5M, 45 years old)

Some parts of me are fine, you know. Others, well, I'm not really satisfied...there's room for improvement and stuff. Like, probably my butt...I try to exercise and do everything I can, but it doesn't go away. But, I like my hair when it's fixed and stuff...and probably my face and stuff. That's probably better than my body. (8D, 16 years old)

Although these participants did seem to accept those things about themselves with which they were not satisfied, this acceptance did not result in body satisfaction as it did for many of the daughter participants; even in light of this acceptance, these participants remained either neutral or unresolved about their body-related feelings. For example, 15 year old Participant 9D
expressed a desire to be taller and thinner, but indicated that she had come to accept, and even like her shortness, characterizing it as "cute, sometimes." Nonetheless, she remarked that she was "not satisfied, but not dissatisfied, or anything" with her appearance.

At this point, some note about the correspondence between the quantitative and qualitative body satisfaction analyses should be made. For the purposes of this study, there was not a coefficient calculated to measure one to one correspondence between BASS scores and the qualitative results (categorization of participants into varied groups). However, some general conclusions about the correspondence between the two analyses can be drawn. For the mother participants, there was agreement between the results of the quantitative and qualitative findings in 65% of the cases. For daughter participants, the level of agreement was only 50%.

Although there were likely multiple factors that contributed to these discrepancies between the BASS scores and the qualitative findings, it is the conclusion of this researcher that the BASS may yield an oversimplified index of body satisfaction (and perhaps one that is low in criterion validity). For instance, the respondent who was generally satisfied with her body, save a few misgivings that were of relatively minor concern to her, was technically both "somewhat dissatisfied" (score of "2") and "somewhat satisfied" (score of "4") with her body. However, according to the instructions for the BASS, she could not select both "2" and "4." To resolve this impasse, she may have selected the midpoint of the two, a score of "3." However, in selecting "3" she communicated that she had neutral feelings about the body, which (under these hypothetical circumstances) was not the case. It is the speculation of this researcher, however, that this scenario was played out for many daughter participants in this study; nearly half of them (47%) scored a "3" on the BASS, but only four of them (20%) made

12Conditions for agreement were defined as follows: (a) a BASS score of "4" or "5" and qualitative categorization as "generally satisfied," (b) a BASS score of "1" or "2" and qualitative categorization as "generally dissatisfied," and (c) a BASS score of "3" and a qualitative categorization as "neutral or mixed."

13In light of these conclusions and unless otherwise noted, interpretive findings will be used throughout the remainder of the report in making comparisons based upon participants' degrees of body satisfaction.
comments during their interviews that would be consistent with neutral feelings about their bodies.

**Clothing Use Related to Body Satisfaction.** Although participants undoubtedly dealt with their feelings about and/or perceptions of the body in numerous ways, clothing played a role in these processes for almost all of them. Interestingly, the ways that they used clothing to emphasize or de-emphasize bodily characteristics that they liked or did not like were relatively consistent across the sample; mother and daughter participants seemed to share a common "stock of knowledge" (Berger & Luckmann, 1966) about the uses of clothing to create the illusion of a different body shape or size or to draw viewers' eyes away from or toward a certain portion of the body.

All but four participants (one mother and three daughters) used clothing to conceal, minimize, or enhance body parts with which they were dissatisfied. Most often, these clothing-related behaviors were motivated by a desire to alter the appearance of the bust, waist, or hips. To this end, clothing was used in a variety of ways. Most common was the use of loose or oversized clothing to conceal body parts perceived as too large or too small. This strategy was used by 13 mothers and 12 daughters. Comments made by Participants 10M, 16M, and 3D and are indicative of a range of such clothing uses:

[Q: Do you ever use clothing to conceal part of your body?] Oh, yea. Shirts that you don't tuck in when your tummy's too big and stuff like that. Or, long shorts if your thighs are too big. You know, this sort of thing. Long shirts worn outside [not tucked in] so your rear end isn't showing. (10M, 47 years old)

...the baggier the shirt, the better, 'cause I am not big on top.... (16M, 37 years old)

I'll wear baggy shirts because I have, I'm slightly big-chested, and it's really embarrassing, sometimes. So, I wear big, baggy shirts so you can't tell...or at least not as much. (3D, 15 years old)

Sometimes clothing items were used to expand one body part so that other body parts would look smaller:

I try to decrease my waist. And, I do try to broaden my shoulders -- I have narrow shoulders. So, I use shoulder pads...decreases your hip size, too. (20M, 45 years old)
In other cases, clothing was used to focus attention on body parts that were perceived favorably and away from other body parts that were perceived less favorably. For instance, Participant 12M tied colorful scarves around her neck to draw viewers' eyes up, near her face, and away from the lower portion of her body, which she found unsatisfactory. Participants also used certain colors, styles, and fabrics to minimize certain areas of the body:

Like certain dresses or skirts, they can make you look thinner, especially in the hips and everything, you know, and stuff...usually, [they're made out of] this certain material. I can't explain it. It's not like spandex, or anything. It's just like a tighter type of thing. It makes you look like more slender. And black [does], too. (1D, 18 years old)

That 36 of 40 participants used clothing to de-emphasize parts of their bodies may suggest that such a behavior was, by virtue of its prevalence, common among most participants, regardless of their degree of body satisfaction. Such a conclusion, however, is somewhat imprecise. As was previously noted, none of the participants in this study expressed total satisfaction with every aspect of her body; even among those participants who were generally satisfied with their bodies, some degree of dissatisfaction (albeit relatively slight) was experienced. Thus, based upon the evidence available, the most accurate conclusion is that both individuals who had relatively minor "gripes" about bodies and those who were largely dissatisfied with their bodies (as well as individuals whose levels of body satisfaction fell in between these extremes) used clothing to de-emphasize, conceal, or minimize unfavored parts about their physical selves.

In addition, a reasonable amount of evidence does indicate that not using clothing to de-emphasize parts of the body was related to satisfaction with the body; all of the four participants who did not use clothing to conceal or minimize parts of their bodies made comments during their interviews indicating that they were "quite satisfied" with the body. Further, the mean BASS scores of these participants was 4.0, which was higher than the overall mean for both the mother and the daughter participant groups (whose means were 3.30 and 3.26, respectively). Perhaps these individuals had arrived at a sufficient level of
satisfaction with their bodies that they did not feel the need to conceal or camouflage them with clothing.

The most compelling evidence of a relationship between body dissatisfaction and the use of clothing to de-emphasize the body, however, was reflected in the stories of three daughter participants whose clothing behaviors varied across time and in relation to their (changing) degree of body satisfaction. Participants 17D and 18D both lost a considerable amount of weight (23 and 30 pounds, respectively) in the summer prior to their interviews. Both of these girls indicated that prior to their weight loss, they were unhappy with their body size and shape, and thus, used clothing to conceal their bodies:

[Before I lost weight], I used to wear baggier clothes...because I didn't like people seeing that I was fat. (18D, 16 years old)

After shedding their weight, however, both girls discontinued the use of clothing to conceal themselves. In contrast, Participant 19D had gained weight the previous summer. It was only after she gained this weight, however, that she began to engage in clothing behaviors intended to camouflage or de-emphasize her body:

[Q: Have you ever used dress to conceal part of your body?] Yea. I went on a mission trip to Mexico and we worked really hard and we ate a lot because we had been working so hard. And I came back and had probably gained 10 pounds. After that I was wearing sweatshirts and big clothes so you couldn't tell that I like gained more weight, you know. Things like that.

Conversely, participants also used clothing to emphasize parts of the body with which they were pleased or satisfied. Unlike the widespread use of clothing to de-emphasize, the use of clothing to emphasize was relatively limited in this sample; only five daughter participants and two mother participants reported using clothing in this way. And, one of these mothers indicated that although she had used clothing in this way as an adolescent and young adult, she no longer dressed in such a manner. Most often, then, these participants used clothing to draw attention to parts of their bodies that they liked:

[Q: Do you ever use clothing to emphasize part of your body?] Probably, yeah. I might wear tank tops to show off my arms. (13D, 16 years old)
[Q: Do you ever use clothing to emphasize part of your body?] I like tighter pants, just 'cause. Like the loose-cut pants that are the style...I have relatively thin legs, at least I used to, they were a little thinner.... And I think that wearing tighter pants draws attention to thinness. But, if you have really big pants, you can't tell if the person wearing them is thin, so wearing those would make me look fatter. So, I don't do that. Short skirts, I wear, too, you know, to show my legs. (20D, 18 years old)

In the case of Participants 1D and 11M, the use of clothing to emphasize was motivated by the desire to be attractive to the opposite sex, generally, or to one person of the opposite sex (the significant other), in particular:

[Q: Do you ever use clothing to emphasize part of your body?] Yeah. Like if I'm going somewhere, I'll like...and you want to look sexy or something, you wear tighter or something more revealing, or something that like, you know? (1D, 18 years old)

[Q: Do you ever use clothing to emphasize part of your body?] Oh, I suppose, sometimes. My husband likes it if I wear sleeveless shirts because he likes to see my muscles. Isn't that terrible? And, actually, it's not built up very well, now. And, you know, I suppose slender-fitting pants emphasize shape. (11M, 41 years old)

All but two of the participants who used clothing to display or expose certain body parts were classified as "generally satisfied" with their bodies, thereby suggesting a relationship between this use of dress and satisfaction with the body. That the mean BASS score for these participants was 3.71, which was higher than the mean for the mother or the daughter participant sample (whose means were 3.30 and 3.26, respectively), would support such a conclusion, as well. Thus, it is possible that because of their relatively high degree of satisfaction with their bodies, these individuals felt more confident about drawing attention to them.

It is interesting to note, however, that even among participants who were seemingly satisfied enough with their bodies so as to "display" them through the use of clothing, comments indicative of self-deprecation were quite common. For instance, in describing their use of clothing to emphasize certain parts of their bodies, both Participants 20D and 11M added disclaimers to communicate that even though they were emphasizing a certain part of the body, the named body part "used to be" more attractive than it was presently. Although these participants did not seem dissatisfied with the named body parts, they did seem to feel that it
was not acceptable to acknowledge unqualified satisfaction with the physical self -- that "self-dislike" was more acceptable to express than "self-like." Similarly, even participants who indicated that they were "generally satisfied" with their bodies expressed some misgivings about them; not a single participant expressed complete satisfaction with her body. As will be discussed later in this chapter (see pp. 87-91), this sort of self-deprecation related to the body was quite common among this sample, but was not always indicative of actual dissatisfaction with the body. Perhaps these shared attitudes about the "appropriateness" of negative and positive "body talk" influenced participants' willingness to disclose instances in which they used dress to emphasize the body.

Mothers and daughters frequently interacted with respect to the use of clothing as a way to enhance appearance. Here, mothers and daughters socialized one another in the "tricks" of body or figure enhancement through the use of clothing. Often, these interactions included discussions about how to use clothing to conceal certain body parts:

"When we have gone shopping, I have tried to teach [my daughter] some of the tricks you can do to...accentuate, actually, I don't think I've ever told her to accentuate...but, to, um, maybe help cover up. Because [7D] is more of a pear shape, and I told her that if she wore certain clothes that they kind of make different areas of your body...and I haven't specifically used her body but I've used like my body, and just talked about how clothes can, you know, how you can use clothes to help you look better." (7M, 42 years old)

"If [my mom] has something tight on...like leggings, I tell her that she needs to cover up her butt." (13M, 16 years old)

As reflected in the above quotation from Participant 7M, individuals offering others advice about the use of clothing for the purposes of body camouflage often did so with knowledge that such remarks could be interpreted (by the recipient) as criticism about the body. This knowledge likely resulted from a role-taking process in which participants offering such advice imagined themselves as the recipients of their own recommendations. As a result of this process, advice about body concealment or minimization was often carefully plotted and/or gingerly stated so as to minimize the likelihood that such comments would be interpreted (by the recipient) as a negative review or a criticism. For example, in educating her daughter about
the use of clothing for purposes of figure enhancement or concealment, Participant 7M did not even refer to her daughter's body, but rather, made reference to her own body or offered general comments about the topic. In two cases, daughters were hesitant even to suggest that their mothers should use clothing for purposes of body concealment, noting that to make such a recommendation could be hurtful:

No, I would never want someone to tell me that, you know, so I would never think of telling her that. (19D, 16 years old)

In other instances, mothers and daughters suggested to one another that they should use clothing to "show off" the positive attributes of their bodies. For instance, daughters who perceived their mothers as slender often told them to "wear more fitted clothes" so as to draw attention to this thinness. Similarly, mothers sometimes suggested to their daughters that they (their daughters) had attractive bodies that they should emphasize through the use of clothing. For example, Participant 12M recalled telling her daughter, "you know, you have cute legs, go ahead and wear a skirt."

Thus, mothers and daughters in this study did socialize one another about the ways in which clothing could be used to enhance appearance via emphasis or de-emphasis of various body parts. In this process, which Berger and Luckmann (1966) referred to as "institutionalization," a shared body (or stock) of knowledge about appearance management was transmitted back and forth across generational lines. Berger and Luckmann conceptualized the institutionalization process as a unidirectional one, with knowledge being passed from an elder generation to a younger one. Evidence from this study, however, suggests that this process was not unidirectional; both mothers and daughters contributed to one another's stock of knowledge about the use of clothing to enhance appearance of the body.

**Mother-Daughter Interactions Related to Body Satisfaction.** It is interesting to note the relatively high level of similarity in body satisfaction of the members of individual mother-daughter dyads in this study. As previously indicated, there was considerable similarity between mothers' and daughters' BASS scores; 79% of the mother-daughter pairs
had BASS scores that differed by one point or less. An analysis of the interpretive findings also pointed to similarity in the degree of body satisfaction experienced by the individuals in the mother-daughter dyad; in 40\% (n = 8) of the mother-daughter pairs, there was an overlap in the categorization of mothers and daughters with respect to body satisfaction. More specifically, in seven mother-daughter pairs, both individuals in the dyad were classified as being generally satisfied with their bodies and in one case, both individuals in the dyad were classified as being generally dissatisfied with their bodies. There were no mother-daughter dyads in which both members were classified as having neutral or mixed feelings about the body. That 40\% of the dyads were classified in the same body satisfaction group, however, may have been a product of the fact that a majority of the participants (65\% of the mothers and 60\% of the daughters) were classified as "generally satisfied," thereby increasing the probability of similarity in categorization between the mothers and daughters.

It is difficult to sort out what types of interactions may have contributed to these body satisfaction similarities and/or differences in mother-daughter pairs. Clearly, however, mothers and daughters did interact with one another about their bodies, and in doing so, likely contributed to each another's body-related perceptions (i.e., body image), feelings (i.e., body cathexis or satisfaction), and behaviors.

One common pattern of such interactions involved a behavior referred to by Nichter and Vuckovic (1994) as "fat talk." Fat talk between mothers and daughters involved discourse in which one or both members of the dyad invoked the phrases "I'm so fat," "I need to lose weight," and/or other phrases indicative of body dissatisfaction. In the current study, individuals who exhibited varying degrees of body satisfaction engaged in fat talk. Among the mother participants, 12 individuals participated in fat talk. Six of these mothers exhibited positive body feelings, three had mixed or neutral body feelings, and three had negative body feelings. In contrast, only six daughters engaged in fat talk. Three of these girls were
generally satisfied with their bodies, two had neutral or mixed feelings about their bodies, and one was generally dissatisfied with her body.

Although both mothers and daughters initiated fat talk, their use of and reactions to this "language" varied. Among daughter participants in this study, fat talk was often used in a "looking glass" process (Cooley, 1902). Here, the daughter participant would (seemingly) purposefully elicit a "review" about the body from her mother, so as to gauge the mother's perception of her. This finding is consistent with those from Nichter and Vuckovic's study of adolescent girls (1994). In the present study, mothers typically responded to their daughters' calls for appearance evaluation with a positive review of their daughters' bodies. For Participants 9M and 9D such fat talk was a daily ritual:

Everyday before I go to school, I go, "Mom, do I look fat in this?" I do that everyday. It's practically like a morning ritual, I guess. She always goes "No, you look skinny." (9D, 15 years old)

When daughters initiated fat talk, mothers typically perceived that their daughters were not truly dissatisfied with the body, but instead, were seeking validation about it. Assuming that the daughters were forthcoming and truthful about their body-related feelings, these mothers were accurate in their perceptions in most (but not all) of these cases. For instance, Participant 3M made the following comments in reference to her daughter, Participant 3D, who exhibited neutral and somewhat mixed feelings about her body:

And, um...you know, [my daughter] has made a comment or two, like, "oh, I'm fat." And it's like..."Uh! No! No, you're not fat, you're just fine." And, you know, and I think she knows she's not fat. It's just, I don't, I don't know if they just feel like they have to, you know, say that to see what kind of a reaction they get, or they just want it reconfirmed that, no, they aren't fat. Um...but, I think basically she knows that she's okay. (3M, 41 years old, about 3D, 15 years old)

In some cases, such as that of Participant 9D (see preceding quote on this page), maternal validation of the body soothed daughters who were concerned about their bodies and helped them to feel better about their physical appearance. In such instances, daughters valued their mothers' assessments of their appearances and trusted that they were honest and objective. In other instances, however, daughters did not perceive their mothers' comments
about their bodies as objective or particularly valid. These daughters were less likely to value these positive reviews, and perhaps less likely to benefit from them (i.e., to experience more positive body feelings as a result of them):

Or, one time I was complaining because I thought I was ugly because I just got these pictures back and she goes "you're so beautiful and you're so pretty so you just don't have to worry about it." Thanks Mom, but you aren't 15 [years old]. (3D, 15 years old)

Among mother participants, fat talk was less often used as an invitation for review (or validation) of the body. Rather, some mothers seemed to use fat talk as a way to vent anxiety about their bodies and the physical changes associated with middle age. Here, mothers acknowledged that they were "always griping" about their weight and/or bodies to their daughters, making comments such as "oh jeez, I'd like to get rid of this stomach" (4M, 45 years old). For one mother who had mixed feelings about the body and a history of chronic dieting, fat talk was a mechanism with which she could acknowledge to her family that she was aware of and in control of her overweight status, almost as if to assure them (and perhaps herself) that she was not oblivious to the "problem":

[Q: Do you ever discuss your body or appearance with your daughter?] Yeah. But it's always in effect, "I know I need to lose weight, I know." (5M, 45 years old)

Daughters sometimes responded to their mothers' fat talk with positive reviews and assurances that their mothers were not fat. In other cases, they offered their mothers suggestions as to how they might improve their appearance by changing their use of clothing or their posture:

...and [my daughter's] always telling me, "Well, if you'd wear this or wear this. Or..." But I'm like, "I'm not going to do that! I spend my money on your clothes...so you're wearing Tommy Hilfiger, you know! Forget me wearing it! (laughs)" (5M, 45 years old)

I'll say "look how bad I look" and [my daughter] will roll her eyes and be real dramatic and say "well, Mom, stand up straight and hold your stomach in." (13M, 43 years old)

Unlike mothers, who typically regarded their daughters' use of fat talk as a springboard for needed validation, daughters sometimes found their mothers' use of fat talk frustrating
and/or annoying. One daughter remarked that when her mother complained about being fat, it made her feel like she was "dealing with like a 2 year old. Sometimes, it's like: 'would you just shut up!'" Often, these daughters responded by ignoring or "tuning out" their mothers' body complaints. Such indifference, however, did not characterize all daughters' responses to maternal fat talk. One daughter, in particular, was frightened by her mother's seeming obsession with her body and concerned that if her mother perceived herself as overweight, she might also view her (the daughter) as overweight. Here, the daughter's body image and perhaps body satisfaction were shaped in part by her mother's body-related feelings and commentary:

[Q: How does it make you feel when your mom complains about her weight?] Actually has scared me a couple of times, but it's not a really big deal. It's just something I notice because I notice all my friends doing it, and I don't know. For awhile, like when all of my friends were doing it, too, like in eighth grade, I thought that "maybe I'm really fat and everyone was just afraid to tell me." But, I got over that in about a week and a half. (3D, 15 years old)

Thus, it is clear that a mother's fat talk has the potential to influence her daughter's behaviors toward and feelings about her own body. Five of the six girls who used fat talk (with their mothers) were the daughters of women who also participated in fat talk (with their daughters). Thus, it is possible that to a certain extent, these daughters may have learned to use fat talk by observing and modeling their mothers' behaviors. Some mothers were seemingly aware of the potentially negative effects of fat talk and were cautious about using it when around their daughters:

Once in awhile, very rarely, I will [discuss my body size or shape]. I try not to, you know, because if I say "I'm so fat or "I'm so overweight," then I'm putting so much emphasis on that, and that's not good for [my daughter]. I mean, they know I'm not happy about it, but it's not something we spend a lot of time talking about. (19M, 43 years old)

On a related note, however, six daughters of fat talking mothers did not engage in fat talk about themselves. Interestingly, five of these girls exhibited high levels of body satisfaction.

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14Some of these girls also indicated that their friends used fat talk, and this may have been another source of influence upon daughters' fat talk behaviors.
Conversely, of the four daughters who were classified as being generally dissatisfied with their bodies, two engaged in fat talk about themselves, and three were the children of mothers who engaged in fat talk. As such, it is possible (a) that higher levels of body satisfaction among daughters may have offered some protection from some of the effects of maternal fat talk (i.e., the tendency to model this self-deprecating behavior) and (b) that lower levels of body satisfaction among daughters were somehow linked to exposure to fat talk by their mothers.

In sum, then, mothers and daughters frequently interacted with one another in ways that were related to their feelings and/or perceptions about the body. Although the data did provide some evidence that these interactions influenced mothers' and daughters' cognitions about, perceptions of, and behaviors toward their own bodies and the bodies of the other member of the mother-daughter dyad, the complex and wide-ranging nature of these issues warrants further investigation.

**Individual Diet-Related Beliefs and Behaviors**

In this section, mothers' and daughters' individual diet-related beliefs and behaviors are addressed in a five part discussion. First, the various meanings participants attributed to the word "diet" are described. In the second and third subsections, the dieting behaviors of the mother and daughter participants are discussed, separately. Next, similarities and differences concerning diet-related behaviors within individual mother-daughter pairs are discussed. Finally, participants' distinction between "dieting" and "watching what you eat" is explained.

**"Diet" Defined.** During the course of their interviews, participants were asked the question, "What does the word 'diet' mean to you?". Understanding how mothers and daughters conceptualized the word "diet" provided a valuable context within which the researcher interpreted participant accounts of personal diet-related behavior. Among participants, differences in interpretation of the word "diet" were frequently linked to whether or not participants conceptualized this word in its verb (to diet) or noun (a diet) form. Even
among participants who used the word in a grammatically similar way (i.e., as a similar part of speech), however, differences in interpretation emerged.

Among daughter participants, the most common interpretation of the word "diet" included an allusion to behavior modifications undertaken to promote weight loss. When asked to define the word "diet," 11 daughters and seven mothers made reference to an end result of weight loss. Here, then, the word "diet" was associated with its verb form. Phrases or word forms frequently associated with this form and meaning of the word included "going on a diet" and "dieting." Here, "going on a diet" was seen as involving modification of eating and (frequently) exercise habits. Implicit here was the notion that these behaviors were undertaken on a temporary basis, until a desired weight loss goal was achieved.

Behavioral changes encompassed by participants' definitions of dieting for weight loss varied in scope and extremity. Some participants indicated that dieting for weight loss involved a global reduction of (all) food and/or calorie intake. Others referred to "crash" or "fad" diets, which they described as entailing specified, severe, and/or short-lived restrictions on food intake. Still others, however, suggested that dieting for weight loss included a decrease in the intake of "bad" foods, such those high in fat or sugar, and a simultaneous increase in the intake of "good" foods, such as vegetables and fruits:

[Q: What does the word "diet" mean to you?] Um, it means somebody is eating less and eating like all of the healthy stuff they can so that they can lose weight. Eating less unhealthy food like...fried chicken and sweets and junk food like potato chips. Stuff like that. (7D, 16 years old)

In contrast, other participants did not associate the word "diet" with a goal of weight loss. Unlike participants who conceptualized the word "diet" as a temporary weight loss mechanism, these participants' interpretations were reflective of meanings associated with the noun form of the word; these participants equated the word "diet" with behaviors enacted on an everyday (not temporary) basis and/or as part of a lifestyle. For instance, four mother and two daughter participants defined the word "diet" in the context of total food intake, using it to refer to "what" and "how much" a given individual eats on an everyday basis:
[Q: What does the word "diet" mean to you?] Um, like how much you eat and like, well, not like, just like everything you eat...Do you know what I mean? I can't explain it. It's not like [just about] losing weight. It's like everything. (1D, 18 years old)

[Q: What does the word "diet" mean to you?] It's what you put in your mouth. (20M, 45 years old)

[Q: What does the word "diet" mean to you?] Diet to me is your everyday eating habits and how you...it's not a diet, so to speak, you know...it consists of your everyday attitudes and what you do everyday with your eating habits. (7M, 42 years old)

Still other participants conceptualized the word diet as a form of "healthful eating" and as part of a "healthy lifestyle." This perspective, in which the word was again used as a noun, was shared by 10 mothers and six daughters. Here, the phrase "balanced diet" was frequently invoked in reference to inclusion of the "right" amounts of foods (and/or nutrients) from each food group:

[Q: What does the word "diet" mean to you?] Eating a balanced diet. I'm real big on eating a balanced diet. [Q: What does a balanced diet mean to you?] Your seven basic food groups. It's fruits, vegetables, breads, protein, calcium, I know that isn't a food group, but you know. (14M, 46 years old)

Interestingly, the food-related behaviors described by these participants (i.e., those whose definitions focused upon daily, healthful eating habits) as being part of a diet were often similar to those articulated by participants whose definitions included a weight loss component; both groups of participants often associated the word "diet" with eating foods perceived as "good for you" (e.g., foods low in fat and sugars, fruits, vegetables) and avoiding foods perceived as "bad for you" (e.g., red meat, foods high in fat or sugar):

[Q: What does the word "diet" mean to you?] It means eating healthy. [And what is eating healthy?] Low-fat, lots of fruits and vegetables, eight glasses of water a day, minimal red meat. Fish, chicken. (20M, 45 years old)

Unlike those whose definitions included a weight loss component, however, these participants expressed the belief that these behaviors should be a part of daily life, not an isolated or short-lived behavioral change.

At this point, it is important to note that both mothers' and daughters' definitions of the word "diet" were complex and representative of a wide range of food-related behaviors; a given
participant's interpretation of this word could include several layers of meaning and represent several behaviors. As such, the preceding interpretations or definitions were not mutually exclusive with respect to an individual participant. For example, Participant 19D's conceptualization of the word diet was multifaceted, and included components of "weight loss," "intake," and "healthfulness" definitions:

[Q: What does the word diet mean to you?] I associate it with not eating very much and like changing your nutritional values and what foods you take and what foods you don't eat all the time. Just like what foods you eat daily. [Q: When you say nutritional values, can you explain that a little bit more?] Like deciding to have a bowl of ice cream or an apple, you know. And which things are better to eat and which are not as healthy. (19D, 16 years old)

Interestingly, within individual mother-daughter dyads, there was a relatively low degree of similarity in the ways that the word "diet" was conceptualized. Of the 20 dyads, similarity was evidenced in only four; in three of these mother-daughter pairs, participants defined diet as a weight loss behavior and in one pair, both mother and daughter conceptualized diet as part of a healthy lifestyle. In contrast, however, there was a relatively high degree of similarity in the ways that the word "diet" was interpreted among the mothers and among the daughters in this study. Half of the mothers (n = 10) defined diet as healthful everyday eating habits. Similarly, 55% of the daughters (n = 11) in this study shared the interpretation of diet as an avenue to weight loss. Thus, with respect to meaning associated with the word "diet," the cohort effect was stronger than mother-daughter socialization effects; participants were more likely to share interpretations with their peers (i.e., individuals of a similar age and with a parallel family role) than with the other in the mother-daughter dyad.

**Mothers' Dieting: Behaviors and Attitudes.** Most of the mother participants in this study had long and complex dieting histories; 85% of them (n = 17) had dieted at some time during their lives. Six mothers were dieting at the time of their interviews, and five of these women described themselves as "chronic dieters" who were always dieting. Of the 17 who had dieted, however, 5 had not done so within the recent past. Unlike their daughters,
whose dieting behaviors had been more or less stable over their (comparatively shorter) lives, mothers' dieting behaviors had often fluctuated across the lifespan. This instability in mothers' dieting behaviors precluded "tidy" categorization of mother participants by dieting behavior. Thus, this sub-section focuses upon varied dieting behaviors, motives, and attitudes expressed by mothers during their interviews (rather than upon a typology of mothers' dieting behaviors). Underpinning this discussion is the conception of dieting as a weight-loss mechanism; behaviors, motives, and beliefs described here were undertaken with the intent of weight loss. Some of the mothers' dieting experiences also were reflective of the "healthful lifestyle" interpretation of the word "diet." However, those who associated the word "diet" with the notion of "healthful daily eating habits" did not necessarily also associate this word with weight loss behaviors, which are the focus of the following discussion.

Mothers referred to a variety of contexts that had precipitated their involvement with dieting behaviors at different life stages. Seven mothers had their inaugural dieting experiences as adolescents. Adolescent dieting regimens were most commonly linked to negative evaluations of the self ("I thought I was a little heavy then") and a desire to "fit in" with an aspirational reference (peer) group. Most often, these negative evaluations were the product of a self-instigated social comparison process in which participants used their peers' bodies as a "standard" or a point of comparison for their own appearances. In one case, however, negative evaluations of the self were related to peer teasing about weight and the subsequent integration of these negative reviews into the participant's concept of self.

Developmental changes associated with the aging process and/or pregnancy and childbirth were mentioned by eight mother participants and thus, were the most commonly named impetuses for adult dieting. Here, dieting was undertaken as an attempt to restore one's body to its pre-pregnancy form or to retard the physical effects of aging such as a slower metabolism or a (perceived) loss of muscle tone:

I'm at the age, you know, you just put it [weight] on over the years. It [weight] just sneaks up on you. And with that aging process, I am actually exercising a lot more and
watching my weight and probably taking more vitamins and taking more vitamin E. It's definitely there. (12M, 47 years old)

Other mothers cited upcoming rites of passage (such as a class reunion or a child's high school graduation or wedding) or social situations associated with body exposure (such as a cruise vacation) as reasons for their adult dieting. Here, participants described a desire to "feel confident about my appearance" and to "look my best" in contexts that they perceived as involving high visibility of the physical self and/or the high potential for appearance evaluation by others:

[Q: Why are you trying to change your weight?] ...This is a time in [my daughters'] life [sic] where like they have like graduations and they get married and you know, here's the mom, here's the mom. Or you have to walk across the school gym, and I don't want to be worrying about me, I want to be enjoying the moment and not worrying about if my stomach's sucked in. (13M, 43 years old)

Finally, one mother indicated that her adult dieting behaviors were necessitated by a lack of time for food preparation or intake.

Although not necessarily the basis for their dieting behaviors, some of the mother participants also spoke about how the context of "family" shaped their dieting behaviors. Here, participants spoke about the ways in which their roles as "mother," "wife," and "primary food provider" influenced both how and when they dieted. For three mothers, in particular, dieting involved balancing their own food-related needs with those of their family. This balancing act revolved around preparing food that could accommodate both their diet and the tastes and nutritional needs of their families. In this vein, Participant 10M expressed that she sometimes had to "give up" on diets that were not compatible with the eating habits of her husband and children:

There was one diet I was on for about 6 months or so. It's heavy into vegetables and low fat. The thing about that was that the rest of the family couldn't eat it with me. There are only so many times you will get them to eat beets and tuna. (10M, 47 years old)
Participant 14M solved this dilemma (of balancing her own food needs with those of her family) by dieting at lunch time, when she did not have to plan her own eating plans around those of other people:

I try to monitor mostly what I have for lunch. It's the easiest thing for me to monitor. And I try to eat a piece of fruit or something like that for lunch. [Q: And why is it easier to monitor lunch?] Um, because I'm not at home cooking the meal, I'm not having to...I'm taking care of just me, so it's just for me and not anyone else, and I don't have to take anyone else into consideration because I'm away from home. (46 years old)

During the course of their interviews, mother participants discussed their actual dieting behaviors at length. In describing these behaviors, eleven mother participants made a distinction between "unhealthy diets" and "healthy diets." Mothers defined "unhealthy" diets as those which resulted in rapid weight loss from severe restriction of food consumed and/or use of over-the-counter diet pills. In referring to diet regimens that entailed extreme limitations on types and amounts of food consumed, mothers often used the phrases "crash diets" or "fad diets." Although none of the mothers indicated that they were currently taking over-the-counter diet pills or participating in a fad or crash diet, one participant did acknowledge that she occasionally engaged in behaviors associated with unhealthy dieting, namely the routine skipping of meals (this is the same participant whose dieting was precipitated by a lack of time to prepare or consume food). In addition, five participants did note that they had participated in fad or crash diets at earlier stages in their lives:

That's um, I went through the phase when I was younger of crash dieting. You know, lose this weight real fast type of thing. Now, it's just cut back, try not to eat all of the real fatty foods, and try to just...basically cut back on portions and watch what I eat. Drink a lot of fluids. (11M, 41 years old)

In recounting their involvement with fad diets, participants described weeks during which they had restricted their food intake to one of the following foods or food combinations: cereal; diet shakes; cabbage soup; beets and crackers; tuna and dry toast; grapefruit, cottage cheese, hard-boiled eggs, and iced tea. Both participants who had and had not experimented with fad or crash diets often perceived such eating behaviors as unbalanced and/or unhealthy:
Liquid diets are very dangerous to your health. So is Dexatrim, if you take it for a long periods of time. [Q: What is it about a liquid diet that is dangerous?] You can get cardiac arrhythmias. I don't know why. Like that Carpenter, Karen, died from that. With Dexatrim and all that, it increases blood pressure. You know, if you took them on a regular basis...they just aren't good for you. Those are just...you know, with the Slimfast, if you do take it, be sure you have at least one meal a day so you don't get that cardiac arrhythmia. (20M, 45 years old)

In addition, participants expressed the belief that such rigorous restriction of food intake was difficult to maintain on a long-term basis, noting that such programs were not "realistic."

Mother participants who had followed fad or crash diets could not recall how or where they learned about these regimes. Interestingly, however, many mother participants did recall (at least vaguely) how and where they learned that such regimes were unhealthy. Most often, participants indicated that they had acquired such knowledge from a combination of interpersonal and media sources:

[Q: Where do you think you learned that fad diets are not healthy?] Oh, I think it's a combination of newspapers, magazines, brochures, talk shows, um, doctors. I wouldn't say it was from any one area. (14M, 46 years old)

In contrast, healthy diets were described as weight-loss efforts in which a dieter lost weight "gradually and safely" by making a life-long commitment (a) to eating balanced meals (relatively) low in fats and sugars and high in essential nutrients from the basic food groups and (b) being physically active. Key here was the belief that healthy diets were not radical, and thus, was realistic and could be adhered to on a long-term basis:

[Q: When you have been actively trying to change your weight, what did you do?] It was through the doctor, and it was with a nutritionist. And, it was just changing your eating habits. I had a low-fat, low calorie, plenty of exercise. So, it wasn't a grapefruit diet, or anything like that, it was just really overall changing your eating habits. (14M, 46 years old)

Similarly, mother participants described "healthy" diets as those in which an individual (a) limited, but did not wholly eliminate, intake of desserts and snacks and/or (b) made "good" choices with respect to dessert and snack consumption. The following quotation reflects both this "philosophy of good eating choices" as well as the previously described dieting philosophy
in which a dieter simultaneously reduces consumption of "bad" foods and increases consumption of "good" foods:

...so often, it's just a matter of making a better choice of something to eat. You know, don't just eat cookies, you know. Have an apple. (4M, 45 years old)

Most (but not all) mother participants who were currently dieting (n = 6) or who had dieted recently had followed a regimen reflective of the "healthy dieting" about which they spoke. In fact, several such mothers expressed a concern about losing weight in a healthy manner (or at least a manner that they perceived as healthy) or for reasons related to maintaining good health:

I want to lose the weight, you know, but I still want to be healthy. I don't want to starve myself. (10M, 47 years old)

Just over the past 15 years, I've gradually gained weight. And, [I] would prefer to be less -- probably more so for health reasons. (14M, 46 years old)

This, however, is not to say that these participants did not occasionally veer from their healthy ways. Even those participants who sought professional dieting counsel sometimes allowed themselves to indulge in less than healthful eating patterns, substituting "treats" for a meal or eating foods forbidden within the context of their weight loss plan. On the whole, however, participants did express an interest in and a commitment to weight loss through healthful behavior.

To guide their dieting, some mother participants relied upon personal knowledge accrued from past educational or professional experiences (e.g., enrollment in a college nutrition course or performance of a health-related job) or from interactions with family members (most often mothers), friends, or the media:

[Where do you think you learned about how to diet in a healthy way?] Doctors, reading, um, passed down from Mother, I guess. You just learn, I guess. (11M, 41 years old)

[Q: Where do you think you learned about which oils are better and that red meat is bad for you?] TV....After seeing it on TV, you know the Crisco and the canola oil and the olive oil, and stuff. You listen, you listen to what you hear, and then you do go and compare, you know labels, to see what is better. (16M, 37 years old)
Many of the mother participants who "dieted on their own" (without professional or commercial guidance) used knowledge gleaned from the above named sources (e.g., friends, family, media) to adjust their food consumption behaviors so as to accommodate more foods perceived as healthful and low in fat and to cut out foods perceived as unhealthful and high in fat. Some participants also described a rather involved mental accounting process in which they monitored their calorie, fat, and/or carbohydrate intakes in accord with parameters based upon information from friends, family, the media, or previous (personal) dieting experiences.

Other participants, however, had sought the assistance of personnel at a commercial weight loss center (e.g., Weight Watchers, Diet Center, Jenny Craig, etc.) and/or consulted a physician to assist them in their healthful weight loss efforts (n = 6, n = 3, respectively). In most cases, mother participants who used such services were pleased with them. Specifically, satisfaction was derived from an increased sense of commitment to the diet plan. The increased sense of commitment to the diet arose from financial costs of the professional assistance and the notion of accountability to an "outside other":

Oh, yea, I pay attention [to what my diet counselor says]. I'm paying per week, and I am terribly influenced and I really pay attention. (10M, 47 years old)

When you pay the money, that hurts. If you don't lose like two pounds a week, it's bad. It's like, I'm not getting my money's worth. (20M, 45 years old)

I like programs like that, where you have to go in and report, kind of like going to a school teacher...so, it's like somebody checking your paper, because when you have to weigh in. I think that is the advantage. Otherwise, people know what to do [to lose weight]. (13M, 43 years old)

Some participants also indicated that the diet plans offered at these centers provided them with a heightened sense of awareness about their food-related behaviors:

...the one diet, where I went and weighed in every day. They made you, you know, count your calories and make sure you had, you know, three ounces of meat, and you get your fruit in and you get your vegetables in, and I guess it just makes you more aware of, um, what you're eating and that you're really getting in all the things that you should get in. Where I tend to get in, plenty of sweets! (laughs) (4M, 45 years old)

Participant 10D, who had also participated in a commercial diet plan, appreciated the flexibility of her plan, which was based upon a numerical system with foods being assigned various
amounts of points and dieters being allowed a given number of points per day. To her, the opportunity to make choices about how to allocate her points afforded a sense of control over her food behaviors:

[How does it make you feel to be calculating the points?] It kind of makes me feel that I'm in control. Because I know it's like a bank account and I know every day how many points I have and what each thing is worth. So, if I decide I want a caramel roll, I know that is 5 or 6 points and if I have 26 for the whole day, I know I'm down to 21 so I have to ration out the rest. But if I want that caramel roll for breakfast, I can have it. So, it's a lot more livable, and it's taken away all the guilt. (10M, 47 years old)

In the above quote, Participant 10M not only speaks to the benefits of the system she had used to regulate her dieting behaviors, she also alludes to the emotional aspects of these behaviors. Indeed, that dieting had emotional consequences was quite clear from the comments of mother participants in this study; of the 17 mother participants who had dieted, 12 indicated that their diets had influenced their affective states and/or self-evaluations.

For some participants, the emotions elicited by the dieting process were positive ones. Most often, participants experienced positive emotions in relation to dieting processes or outcomes that they perceived as "successful." For example, achieving a weight-loss goal, fitting into clothing that had once been too snug, and resisting the temptation to indulge in dessert produced feelings of confidence, pride, and/or achievement for dieters and elevated their feelings about and satisfaction with the self. For two chronic dieters among this group (including Participant 10M, quoted above), dieting provided a sense of control over the body and a parallel sense of control over their emotions. Here, then, dieting behavior acted as a buffer against negative emotions (such as guilt) that these women had previously experienced when they had strayed from their dieting regimes:

I definitely feel better when I'm on a diet. After I have binged or had too many sweets or eaten too much dinner, I always feel bad and feel guilty. I definitely feel better when I diet. Better emotionally. (2M, 39 years old)

Similarly, for Participant 13M, dieting and subsequent weight losses were emotionally and mentally liberating, freeing her (at least somewhat) from worry about and dissatisfaction with
her physical self, and allowing her to attend to things that she perceived as more important, such as her family and friends.

Most often, however, mother participants in this study spoke of the negative emotions elicited by their dieting behaviors. These comments were related to both the process and the outcomes of dieting. Frequently, the dieting process evoked feelings of deprivation and a desire for that which the restrictions of the diet rendered forbidden:

� How do you feel, emotionally, when you're on a diet?] Oh, I hate it. Because as soon as you say the word "diet," you want everything. You're hungry. No, it paints a picture that you don't want. You don't go there. I've been on too many diets in my life. (14M, 46 years old)

� What does the word diet mean to you?] Um...deprivation. I mean, it really means depriving. When I think of diet, um...I, if I tell myself this is it, I'm going on a diet, today, after two hours I feel so deprived, it's like, and I end up feeling famished by lunch and eating way more. It doesn’t work for me. (4M, 45 years old)

Often underpinning these feelings of deprivation were pangs of resentment and a pathos marked by irritability, grouchiness, or fatigue. In addition, mother participants spoke of a sense of failure and disappointment in the self when they veered from their diet plan or when they fell short of a desired diet goal or outcome. In this vein, dieters often made self-deprecating comments about their lack of willpower or self-control.

� When I'm dieting, you know, ooh, am I irritable. It's easier for me, dieting, to just stay away from the food, as it is to tempt myself. Because I'm, you know, my will is not strong enough. If I go to a party and there's food around, I'm going to snack on it, diet or no diet. (5M, 45 years old)

� Well, I kind of have the Weight Watchers philosophy...like it's a life long thing. Like at first if you want to lose some weight you should make a real hard effort for the first year, whatever it takes to lose the weight you want, whatever it takes. And then just try to keep it off instead of letting it come back on. But, I can't seem to do that...If I could just do that...but I haven't been able to apply my philosophy. (20M, 45 years old)

Implicit here was the belief that successful dieting required fortitude and a willingness to work hard and (sometimes) to suffer in that process:

� I'm always trying to change my weight, but I'm too lazy to do anything about it. So, to be actively dieting right now, no, no I'm not. You know, the grouchiness, the irritability, being miserable and all. I'm just not willing. Not right now, anyway. (14M, 46 years old)
For some women, negative self-feelings emerged after their dieting behaviors had ended, when they found themselves unable to maintain their post-diet weight, gaining back the pounds that they had worked hard to shed. These circumstances often depressed a dieter's a sense of self-worth and contributed to a skeptical attitude about the effectiveness of dieting behaviors:

I don't believe any of that [dieting] stuff. I tried Weight Watchers. I was a member on and off for a few years. My second child, that is when I put on 30 pounds. I've gotten it off, but it comes back on, so it is kind of a losing battle. (20M, 45 years old)

Three participants, each of whom had dieted at various stages of her life, indicated that dieting stirred within them mixed feelings, some positive and some negative. Typically, dieting processes were associated with negative feelings and dieting outcomes with positive ones:

Probably the first thought [about dieting] is negative. But the final thought is a positive. Because the results, once the negative actually settles in and you're working and you get the end results, then it's a positive. So, it's probably both ends of the spectrum. (5M, 45 years old)

As such, the mother participants in this study were conversant with the culture of dieting. In most cases, this familiarity stemmed from personal experience; nearly all of these women had dieted at some point in their lives. For five of these women, dieting had a perpetual presence in their adult lives; these women kept a constant vigil over their bodies and the food they put in them. And, for many of these mothers, regardless of their dieting commitment or frequency, dieting affected not just their bodies, but their emotions and self-feelings, as well.

**Daughters' Dieting: Behaviors and Attitudes.** In comparison to their mothers, the daughter participants in this study had relatively less complex dieting histories. Of the 20 daughter participants, 8 had never dieted (40%). Among those who had dieted (n = 12, 60%), only three had dieted for more than a couple of days or a week at a time; the remaining nine had dieted exclusively on a short-term basis, a finding that is consistent with those of Nichter et al. (1993). At the time of their interviews, none of the daughter participants was actively attempting to change her weight. On the whole, however, daughter participants
had fewer fluctuations in their dieting behavior than did their mothers, exhibiting relatively
stable or consistent dieting patterns across time.

Unlike the dieting data from the mother participants, which were highly complex and
detailed even for individual participants, those from the daughter participants were well-suited
for data analysis in which participants were sorted and grouped on the basis of similarities in
dieting behavior. Key variables used in this sorting process included whether or not a daughter
participant dieted, and if so, for how long she dieted and how she went about the dieting
process. Dieting outcomes were considered, as well, but were not as primary to the analysis as
were the other variables. The product of this analysis was a typology of the dieting behaviors
exhibited (or not exhibited) among the 20 daughter participants. Included within this typology
were the following groups: (a) nondieters; (b) short-term, low commitment dieters; and (c)
serious dieters. That which follows is an explanation of the characteristics of these three
dieting "profiles" or "types."

As previously indicated, eight girls were classified as "nondieters." Although these
participants had never dieted for the purpose of weight loss, they did indicate that they
occasionally "watched what they ate," but not on a frequent basis. When asked why they had
chosen not to diet, these participants cited a variety of reasons. Three girls expressed that they
did not have a desire to lose weight. One such participant indicated that she was "pretty happy"
with her appearance, and thus, did not find it necessary to diet. As the following comments
from Participant 1OD reflect, however, body satisfaction and psychological comfort about the
body were not necessarily concomitant with a disinterest in altering one's weight:

I don't want to lose weight. Yea, people say I'm too skinny as it is. Sometimes I
agree, sometimes I don't. It just depends. You know, sometimes it depends on
what I'm wearing that day...like if I'm in a tee shirt or shorts. It just depends, like
my friend noticed that [I was skinny] when I was in the hot tub the other night,
when I was in my swimming suit. It just depends on stuff. You know, I think that
I'm normal weight. In health class we were talking about anorexia and bulimia, and
my friends like stared at me the whole time through that. And I'm like "aahh." I don't
like it. (10D, 16 years old)
Other nondieters expressed the belief that dieting was "stupid." In this vein, sixteen year old Participant 16D remarked that a "real woman" doesn't rely on "crash diets and plastic surgery and stuff like that" for a sense of self-worth, but instead, is "happy with herself." As such, Participant 16D seemed to perceive dieting as somewhat "unnatural" and/or incompatible with one's "real" self. Participant 3D, who also described dieting as "stupid," had witnessed several friends struggle with disordered eating patterns. In discussing why she, herself, did not diet, she related the stories of her friends' battles with eating problems and her conclusion that dieting was not part of a healthful lifestyle:

[Q: And why do you think dieting is probably not healthy?] Because I've had quite a few friends that, I've had two friends that have been completely anorexic and one that was bulimic. No wait, one that was anorexic. And I've had a bunch that were probably not full-fledged, but they completely stressed about that stuff forever, so probably had like a minor case. I don't know what you'd call it, and I don't know. It was not healthy at all. And a couple of them actually did end up looking like Kate Moss. (3D, 15 years old)

Nine daughter participants in this study were categorized as "short-term, low commitment" dieters. Although these girls dieted on a very short-term basis -- generally, their diets lasted less than a week or two -- many of them engaged in these behaviors on a relatively frequent basis, dieting several times a year. It was not uncommon for short-term dieters to diet without their mothers' knowledge. Often, this was because daughters did not disclose to their mothers the details of their dieting behaviors, perhaps because they did not last long. Similarly, these diets were often so short-lived that mothers (seemingly) did not have time to notice a change in their child's eating behaviors.

As was true for the mothers in this study, a variety of situational variables were associated with the dieting behaviors of the daughter participants. For instance, these girls often indicated that their dieting behaviors paralleled those of their friends. Thus, association with peers who dieted seemed to promote dieting among the girls in this study:

[Q: Have you ever been on a diet?] Um...I've tried. See, like, yeah. I've tried, but, you know, it never really like lasts all the time. Me and my...eighth grade was probably the worst. Because we, we would always like, I don't know why, but that was like the worst for like all of our friends. Because we'd always just sit and we'd
watch, we'd just like...I don't know. We would always do these little diet things together, or we'd read like the little magazines and then we'd be like "hey, let's try this." And we would, we would like all do it for like a whole week and then we'd end up not. I mean, each person would slowly just like quit and stuff. And so, there's like no one left. (5D, 16 years old)

In contrast, association with peers who did not diet or concern themselves with dieting seemed to offer some protection against dieting behavior, even for one participant who had a history of short-term dieting:

Like, I've noticed, the girls who like diet, are the ones who are like already skinny. And, um, just really concerned about what they look like, all the time. Like, I do [worry], but not to that extent. Like me and my friends, we have like more guy friends than we do girlfriends. So, we're not too caught up in all that kind of stuff like, and like dieting, you know, like the other girls are who really don't hang out with guys that much. (14D, 16 years old)

Daughter participants also described dieting in preparation for situations that they perceived as promoting a focus on the body or physical appearance. Most often, this situation was a school dance. For one participant, recently acquired membership on the varsity cheerleading squad (a role that this participant perceived as appearance-oriented) was an impetus for involvement with dieting:

[Q: Are you trying to change your weight right now?] Um...I'm...yeah. Because I made varsity cheerleading, and so I'm like all excited about that. And so I want to like get more like fit and just stronger, I guess. Not just like lose weight, but just be stronger. Because I want to...because I worked really hard for it! (5D, 16 years old)

In a different vein, past successes at short-term weight loss efforts also spurred some girls to continue on with their dieting:

If I am doing well [on my diet] for a consecutive period of time, and even if I lose like two pounds, I'm pretty happy and I will keep doing it. It's like positive reinforcement, or something. (20D, 18 years old)

For short-term dieters, dieting involved a range of behaviors. Most frequently, these girls indicated that their diets involved limiting intake of foods that they perceived as high in fat or cholesterol (such as fried foods, chocolate, and red meat) and increasing intake of food that they perceived as healthy and low in fat, such as fruits and vegetables:
[Q: Have you ever been on a diet?] I've tried for a day or two, but it usually doesn't work very well. [Q: When you were dieting, what were you doing? How did your diet differ from what you usually do?] I ate like fruit salads and things like that, and I didn't eat any fatty foods like pizza. It was rough. (11D, 15 years old)

[Q: Have you ever been on a diet?] Yeah. Yeah. [Q: Okay. And when you were on a diet, what did you do, like, how did you change your behaviors?] I attempted to eat like healthy foods like a lot. But it didn't work! (laughs) [Q: Okay. And how long were you on those diets?] Oh, maybe four days! (laughs) But, it was a long time ago. Like last spring. Yeah. [Q: Okay. And when you said you tried to eat healthy food a lot, what types of foods did you like try? Like what did you think was healthy?] Oh, like fruits and vegetables, you know...like lean chicken and you know. Like wheat bread. And all that stuff. So. (12D, 16 years old)

Also common among these girls were behaviors such as skipping meals, reducing portion sizes, and using weight loss aids or low calorie meal replacements such as diet shakes.

Further, short-term dieters frequently experimented with fad or crash diets:

[Q: What diets have you followed or practiced?] Um, the water. The one where you're supposed to drink like eight glasses or something. I've tried that one. You were supposed to drink a whole bunch of water and like you're really full, so you eat less. It like washes out all the fats and everything. (1D, 18 years old)

Often, girls explored different fad or crash diet programs with other dieting peers, sometimes seemingly more for the experience of "trying it" or for the purpose of entertainment than for an end result of dramatic appearance modification or weight loss:

My friend and I had gotten this little...we read this thing where, it was like supposed to help you. They were like shakes that you make, that were supposed to help you like lose weight but stay fit at the same time. Or, like if you exercised, it would help you or just maintain your weight. And (laughs) we tried them and they were like sick, they would put like oat bran in it and then, then like minestrone soup and it's, you just have to mix all this stuff together and then drink it. And it was ugh! So we tried that, but then we couldn't even stand it. So just like things that we read that we would try just to see if they'd work. (5D, 16 years old)

This "dabbling in dieting" frequently came as a response to information that a participant had seen in the media, most often in a magazine. Although some participants were skeptical about the effectiveness or healthfulness of diet plans featured in these magazines, those who tried these plans, even if for only a short while or for seemingly social purposes, sometimes perceived magazines as a valuable and credible source of dieting information:

[Q: Where did you learn about what to eat when you're on a diet?] Media. Magazines, like you know, they give you recipes and stuff, yeah. You know, I do read those, they
know what's good. ...But, it wasn't like a, you know, go look for this in the media, it was just like accumulated knowledge. Yeah. (12D, 16 years old)

In the magazines, it's like all diet food. It's how you can lose weight in like 10 days. Just really healthy stuff, that's what's in them. (14D, 16 years old)

Occasionally, participants' friends would alert them to media information about weight modification (or vice versa). Here, then, adolescent peers actively contributed information from the media to each other's stock of dieting knowledge:

My friend reads everything about nutrition, like books or whatever, and I hear everything from her. She has a book that lists different foods and what they have in them, like the calories and what they do. All that nutrition stuff. [Q: How do you guys use this information?] Like, I will be eating something, and she'll say, "you're not supposed to be eating that, because listen to this...." She is like her own dietitian. (20D, 18 years old)

As noted, the dieting behaviors of these participants were not long-lived, rarely lasting for more than a week. Typically, participants discontinued their dieting because they lost interest in or found the diet plan too restrictive (in terms of what could and could not be eaten), unpalatable, or inconvenient:

Yeah, I tried Slim-Fast before. Because it was, it was a while ago. When, like, in ninth grade...like last year. And it didn't, I didn't like it. (laughs) I didn't like it. It was all chalky, and so, I didn't really like it. [Q: Did you follow the directions?] Yeah, where it says, like take one for breakfast and one for lunch, and then have one for a snack in between and then, just have a sensible dinner, or whatever...where you have a regular dinner. But, I don't know. That lasted for about a week (laughs). And then I kind of fell off that one, too. But.... (5D, 16 years old)

Um, me and my friends are so busy that we just grab what's there, sometimes, I'll eat at my friends' houses more than I do here, or something like that. And, we don't have time to worry about those kinds of things [e.g., dieting]. And the people who are...like those girls who are anorexic aren't very busy and have time to like sit there and think about things like that. [Q: When you have like given up red meat or snacks, or when you were counting calories, how did that make you feel?] When I was [dieting]...it kind of got to be a pain in the butt. I mean, because you have to...it was so hard to find places to eat. Like if you wanted to go out to dinner and not have red meat, and stuff like that, you can't go to McDonald's or Taco Bell, and stuff like that. And, so, it was very inconvenient. (14D, 16 years old)

Additionally, two of the girls who dieted on a short-term basis did so because they believed that on a long-term basis, dieting for weight-loss was not healthy. Interestingly, however,
these girls expressed the belief that dieting in moderation, either on a short-term basis or without drastic decreases in food intake, was not harmful to their bodies.

Regardless of their dieting behaviors, almost all of the daughter participants were physically active on a regular basis; in addition to participating in physical education courses, most of them were involved in extracurricular activities of which exercise was a part (e.g., athletics, marching band, etc.). A few participants classified as "short-term" dieters did increase their level of physical activity when they were involved in a diet. However, such changes in exercise habits typically did not outlast their changes in food intake:

Sometimes I get on these spurts that I exercise a lot and I would be unhappy because you wouldn't see results for that and you'd be just sore the next morning. (19D, 16 years old)

In contrast to the mother participants, whose dieting experiences evoked a myriad of emotions, only two of the daughter participants who were short-term dieters spoke about the emotional ramifications of these dieting behaviors. As was the case for several mother participants, Participant 19D expressed that her dieting was often accompanied by feelings of deprivation and disappointment. Like her dieting behaviors, however, these emotions were relatively short-lived:

[I felt like] I was going to starve, or something. Like every fattening thing I saw, I wanted. I felt that I was deprived of some great thing, you know, and then after [the diet], it was no big deal. It's like after, you think, "that wasn't so bad." It's just hard, because you have a picture in your mind of what you want to look like and you try everything to get there, and you're just sort of empty when you don't. (19D, 16 years old)

Participant 20D expressed mixed emotions also common among the mothers sample; although losing weight made her feel positive about herself, she did not enjoy the dieting process, which made her feel physically and emotionally "crappy" (18 years old).

Three daughter participants from the present study were classified as "serious" dieters. Each of these girls had recently lost a significant amount of weight, ranging from 20 to 30 pounds, over the course of several months of dieting. Underpinning the dieting behaviors of these participants was an intense desire to change their weight:
[When I became a teenager] I decided, oh, I gotta do something about this. (18D, 16 years old)

[Participant 9D] is very concerned about her weight. She wants to be like the other kids. She doesn't want to be um, fat, so she works hard not to be. (9M, about her 15 year old daughter, 9D)

Interestingly, and as is addressed in the following section, the mother of each of these girls was involved in her (the daughter's) dieting process, encouraging her daughter in her weight loss efforts. In fact, the dieting behaviors of both Participants 17D and 18D were instigated at the suggestion of their mothers.

The ways in which these girls modified their food-related behaviors while dieting were actually quite similar to the patterns evidenced among those girls who were classified as "short-term" dieters, the primary difference being the length of time that participants sustained these behavioral changes. Thus, like the short-term dieters, serious dieters relied upon strategies such as limiting their intake of foods that they perceived as high in fat (such as junk food, desserts, and school lunches) and replacing these foods with low fat alternatives such as bagels and fruits. In addition, each of these girls reduced her overall food intake; two of them went about this by routinely skipping meals. Two of them also tried diet shakes as meal replacements, but did not like how they tasted and quickly discontinued their use. Although these participants were less likely than those who dieted on a short-term basis to follow fad or crash diets, they were more likely than the short-term dieters to rely upon dieting heuristics such as chewing ice or gum as an alternative to eating:

...it helps to have something in your mouth...so you aren't as hungry. But, it didn't always work, sometimes I was still hungry! (18M, 16 years old).

[When I was dieting] I ate like healthier foods. I didn't eat a lot of junk foods. It was during the summer so I was always at home, and so I didn't eat junk food and that kind of stuff. I would snack on ice instead of cookies, or something like that. That's about it. (17D, 16 years old)

In addition, one of the serious dieters participated in strenuous exercise on a regular basis, referring to her diet as "the softball diet":

...
[Q: Last summer, what did you do to lose weight?] Played softball nonstop. Plus, I just didn't have that much time to eat. (18D, 16 years old)

After losing their initial 20 to 30 pounds, serious dieters worked hard at maintaining their post-diet weight, typically by continuing to monitor and/or limit their food intake, although sometimes less strenuously than was the case during their initial weight loss period. For instance, after their initial weight loss, none of the three girls continued to routinely skip meals, and Participants 9D and 17D allowed themselves occasional "treats." Participant 18D combined watching what she ate and intense exercise as a way to maintain her weight while providing some flexibility in her diet (i.e., more flexibility than she allowed during her initial weight loss phase). In addition, all three girls made remarks indicating that their dieting efforts had helped them to become more aware of their eating patterns and the ramifications of their food choices, even after their more intense efforts at weight loss had ended:

I pay attention to what I eat, now, and whether or not I want to eat that quantity or that kind of food. It's different, now, because I pay attention to what I'm eating. I don't just shove food in my mouth when I'm hungry. (17D, 16 years old)

Despite the fact that each of the daughters classified as a serious dieter shared detailed accounts of her dieting processes, two of them seemingly wished to downplay the role of dieting in relation to their weight loss. For instance, one participant indicated that she had only "kind of" been on a diet (9D, 15 years old) and another stated that her weight loss had "just happened" (18D, 16 years old). From an outsider's perspective, it almost appeared that these girls wished others to perceive their slender bodies as "naturally occurring" rather than as the product of an intense or deliberate effort on their part to reshape the physical self; perhaps it is more desirable, among this cohort group, to be naturally thin than to undertake dieting behaviors intended to create an illusion of "natural" thinness. Indeed, that these girls wished their weight loss to be perceived as serendipitous rather than intentional may reflect a sentiment similar to that expressed by nondieter Participant 16D, namely that dieting is incompatible with that which is "real" about the physical self.
Two of the three daughters classified as "serious dieters" spoke about the emotional ramifications of their diets. Although Participants 17D and 18D did express some (negative) feelings of deprivation and/or resentment during the dieting process, itself, both girls also referred to the self-satisfaction that they felt about the healthy lifestyle that they had adopted during their weight loss efforts:

[Q: How did it make you feel to be on a diet?] Actually it kind of sucks because you can't like indulge in all the food you want to eat, but it kind of is cool because you can say that you are healthier and that you're not eating as much of the bad foods. So it kind of makes you feel good and bad at the same time. (17D, 16 years old)

[Q: How does it make you feel to watch what you eat?] Really good for my body. I can live longer, so when I get old I won't be all chubby and you know, like how older people look. [Q: Does it ever bother you to have to watch what you eat?] Yea, because guys can eat whatever they want to eat, and they don't gain an ounce. It's not fair. (18D, 16 years old)

In addition, for Participant 18D weight loss seemed to represent a panacea for previous emotional trauma wrought by peer teasing about her childhood weight and appearance:

I was fat all of my life, and nobody really likes fat people. [Q: Why do you say that?] I don't know, they just, they probably just don't look as good. People make fun of them. They made fun of me. They made jokes or like they'd like tell me, "you know, you need to lose weight." [Q: How did that make you feel?] Bad. (18D, 16 years old)

Feeling attractive appeared to be highly important to Participant 18D, perhaps because she perceived her appearance to be the root of previous social transgressions against her. To Participant 18D, attractiveness was synonymous with a thin physique. Accordingly, for this adolescent, a newly thin physique did seem to assuage her dissatisfaction with her "self" and with the state of her peer interactions. Upon her weight loss, Participant 18D began dating and reported being "happy" with herself and her physical appearance.

In sum, then, findings from this study illuminate those from previous work on dieting among adolescent girls. Although more than half of these girls had tried dieting, none of them were dieting at the time of their interviews and most of those who had dieted had done so on a very short-term basis. Indeed, these findings support those of Nichter et al. (1993), but are somewhat discrepant with statistics (see Rosen & Gross, 1987) suggesting that the majority of
adolescent girls are trying to lose weight. What these findings do suggest, however, is that adolescent girls in this sample commonly experimented with and/or "played at" dieting -- often in the presence of their peers. Indeed, that such behavior has become part of the growing up process for some girls is perhaps reflective of the emphasis placed upon the body in contemporary culture and the corresponding pressure to control the body that these girls sensed:

Society probably puts pressure on you to look a certain way. So you want to try to look that way. [Q: What is it that you think society wants you to look like?] Tall, long legs, thin, blonde hair, blue eyes, have a pretty smile, like the models. (18D, 16 years old)

**Similarities and Differences in Dieting Behaviors Within Individual Mother-Daughter Pairs.** As previously indicated, all but three of the mother participants had dieted at some point in their lives; for the mothers in this study, experiences with dieting were normative. The prevalence of maternal dieting made it difficult to assess the influence of such behavior upon daughters' diet-related behaviors; that this behavior was common to nearly all of the mothers in the sample rendered it a relatively weak "predictor" of daughters' dieting behaviors.

Maternal dieting behaviors that had occurred during daughters' later childhood and/or adolescent years, however, did seem to have some influence upon daughters' dieting behaviors; of the 12 mothers who had dieted in the recent past or who were dieting at the time of their interviews, six were the mothers of daughters who dieted on a short-term basis and one was the mother of a daughter who was a "serious dieter." This finding contributes an additional layer of understanding to previous findings suggesting a positive relationship between mother and daughter dieting patterns (see Nichter et al., 1993). As is discussed in the following section, however, maternal dieting was not the only predictor of a daughter's dieting patterns; mother-daughter body- and diet-related interactions were often also predictive of dieting behaviors within the dyad.
**Dieting versus Watching.** In conversing with both mother and daughter participants about what it meant to diet, it became clear that some of them carefully distinguished between "going on a diet" and "watching what you eat." Even more so than dieting, watching what one ate was a normative state of affairs for the vast majority of the participants in this study (even for those who did not diet); 75% of the daughter participants and 100% of the mother participants reported that they "watched" what they ate at least some of the time.

Like the word "diet," the phrase "watching what you eat" was used by the participants in this study to describe a variety of thoughts and behaviors. For some, "watching" meant monitoring the nutritional values of the food eaten, with the goal of a "healthful lifestyle" (here, "watching" reflected the "healthful eating" definition of the word diet, see p. 93). Other participants used the phrase "watching what you eat" to describe a "mild" or "less strict" version of a diet, with more latitude for and/or personal tolerance of an occasional departure from otherwise restricted eating:

Yeah, you know, I watch what I eat. I don't just eat everything, but if there is something that I do want, I really don't deprive myself of a little sweet or something. (8M, 44 years old)

Most often, participants resorted to such watching behaviors as a "buffer" against or an alternative to future dieting. Such monitoring of food intake could be either preventive and/or reactionary. For instance, several participants kept a constant watch over their eating behaviors so as to keep their weight in "check," thereby preventing weight gain that might necessitate even more restrictive watching or dieting in the future:

I watch what I eat. You know, I don't...I have always tried really hard to maintain a certain weight, because I feel like, once you gain it, it is really hard to lose and I am not a dieter. So when I gain it, it's there. So, basically I just try hard to maintain, that's why I exercise and maintain a healthy over all diet. I feel like that every day you should pay attention to what you eat and take care of it, because like I said, a lot of people will think that "wow, I'm at a perfect weight" and so they just eat whatever they want. The next thing you know they have gained ten pounds and they can't lose it. So I think it is a consistent, daily thing. Then you don't have to try and worry about losing it because you don't gain it. (7M, 42 years old)
In addition to preventive watching, Participant 18D watched her diet as a reaction to her previous eating behaviors; when she felt that she had eaten too much, she would intensify her monitoring, scaling back their caloric intake, accordingly, so as to "balance" the effects of her overindulgence. Thus, as is reflected in the following excerpt from her interview, Participant 18D's watching behaviors were underpinned by a system of "checks and balances" that she used to control her body weight:

Well, I know certain foods...like I don't eat potatoes...well, very rarely. That is an instant weight put on for me. I just don't break down the starches. I watch that if I pig out one day, I will kind of cut back the next day so it balances out. I try to not eat too many sweets. I have a big sweet tooth. I know that puts on weight. I don't weight myself that often, maybe just a couple times a month. I can kind of tell by how clothes fit. I am always watching my weight, but I'm not obsessed with it. Since I was overweight once, I don't want to get that way again so I am very cautious of it but I'm not obsessive to it. You know, watching every single thing I eat. (18D, 47 years old)

Similarly, each of the "serious" dieters among the daughter sample used watching behaviors after her initial weight loss as a way to maintain her post-diet weight and thus, to stave off the possibility of gaining back the weight that she had lost (and to circumvent the need to diet, again):

[Q: So you watch what you eat?] Yea, because I'm afraid of getting fat again. (18D, 16 years old)

For several participants, the distinction between dieting and watching was more an issue of "mindset" than one of degree or timing of food-restricting behavior. The actual food-monitoring behaviors of dieters and watchers were often quite similar; both monitored and limited their fat, calorie, sugar, sodium, etc., intakes in accord with personal knowledge (accumulated over time and from a variety of sources) and/or benchmarks suggested by a physician. However, the perspectives adopted by watchers and dieters often differed greatly, as did the emotional consequences of these perspectives. Central here was the difference between perceiving oneself as "being controlled by diet" and perceiving oneself as "being in control of diet." For these participants, then, the issue was one of power; the dieting mindset made these participants feel powerless and at the mercy of their diet plan, enslaved to count
calories and fat grams and sentenced to deny themselves the food, whereas the watching mindset made them feel empowered to make healthful food-related decisions, on their own accord and for their own satisfaction. The following passage, in which Participant 14M explains the difference between her experiences as a dieter and as a watcher, illuminates this discrepancy between being controlled by diet and being in control of diet:

Um, if I'm on a diet, I would be counting those calories and counting the fat grams. Whereas I don't otherwise, I just kind of, well, mentally I know that that's too much, so I just don't have it. [Q: How do you feel, emotionally, when you're on a diet?] Oh, that's why I hate it. Because as soon as you say the word "diet," you want everything. You're hungry. Not, it paints a picture that you don't want...you don't go there...I've been on too many diets in my life. [Q: And how do you feel emotionally when you watch what you eat?] I like that. I feel like I'm in control. I just don't want it [food], I don't want it because I don't want it. I don't...I can't have it the other way...I can't have it if I'm on a diet. This way, I want to have an orange for lunch, because that's what I enjoy to have. Whereas, if I were on a diet, I'd think, "God, I have to have an orange for lunch." (14M, 46 years old)

Thus, as is reflected in the above quote, the watching perspective or schema often provided those who adopted it with a sense of control over their bodies and the choices they made about them. In some cases, participants (particularly those who were fearful of re-gaining weight recently shed as a result of dieting behaviors) seemed to glean comfort from this sense of control.

In a similar vein, several mother participants who associated dieting with self-deprivation and other negative experiences (emotional and otherwise) described a mental strategy in which they monitored and/or changed their eating or exercise behaviors without officially declaring themselves as "on a diet," instead acknowledging only that they were "watching" their diet or exercising:

Diet actually means to me what it is not supposed to mean, which means limiting your intake and can't eat, and you can't eat, and you can't eat...So, I try not to say that I'm on a diet. I try to say more that I'm watching and exercising, and I'm not on a diet. (13M, 43 years old)

Indeed, for some participants, this mental "trick" did offer protection from the negative feelings frequently associated with the dieting process:
[Q: How does it make you feel emotionally to watch what you eat?] No problem, because I am maintaining my weight. So it's not like I've done something bad and I'm trying to fix it, or something. I view it as positive...I'm trying to stay on an even keel...at where I'm at...so, it doesn't bother me. (18M, 47 years old)

For others, however, watching behaviors conjured the same negative feelings as did dieting: for these participants, even the perception of themselves as "not dieting, just watching" could not mitigate the feelings of deprivation, defeat, and/or resentment frequently experienced during dieting.

**Interpersonal Approaches to the Body and Dieting: Mother-Daughter Interactions**

As coorientation and symbolic interaction theories suggest, people behave toward each other on the basis of their own thoughts about others as well as their perceptions about others' thoughts. That individuals act upon such perceptions was reflected in the data from the present study, especially in those data related to mothers' and daughters' body- and diet-related interactions with one another. In their accounts of such interactions, mothers and daughters described a process in which they used their perceptions about the dyadic other and their relationship with that other to guide their interactions about their own body as well as that of the other.

In this section, four (nonmutually exclusive) patterns of body-related interactions between mothers and daughters are discussed: (a) the direct verbal approach (and its four corresponding variations or manifestations), (b) the avoidance or guardedness approach, (c) the modeling approach, and (d) the laissez-faire approach. All of the interactions discussed in this section pertained to the body, and many of them concerned dieting for weight loss. Here, it is important to note that these patterns were not mutually exclusive. For instance, a single mother-daughter interaction was sometimes characterized by behaviors representative of several interactional approaches. Similarly, different interactions between a given mother-daughter pair were sometimes characterized by different approaches, depending upon the specifics of the
situation and the interaction. In the cases of some mother-daughter pairs, however, mother-daughter interactions were consistently characterized by one or two approaches.

Central to the following discussion are the characteristics of each interactional approach and also how these interactions were shaped by mothers' and daughters' perceptions of one another, and in particular, their perceptions about the relative degree of influence their verbal input or actions had upon one another. In addition, the relationships between the various interactional patterns and the dieting behaviors of mother and daughter participants are considered. At the conclusion of the section, similarities and/or differences between the interactional approaches used by participants within individual mother-daughter pairs are discussed.

The Direct Verbal Approach. Among the mothers and daughters in this study, the most common body-related interactional approach was one marked by direct or open verbal communication about a body-related issue. This pattern was reflected in the interview data of 10 mothers and eight daughters (including five mother-daughter pairs). Mothers and daughters actively and openly expressed to each other their thoughts about the other's body and/or how she believed the other should behave with respect to her body. Common among many (but not all) of those who adopted the direct verbal approach was the perception that what they had to say to the other mattered (to the other) — that the comments made about the other would be (a) regarded by the other as valid and/or (b) (possibly) acted upon by the other. In some cases, individuals were accurate in their perceptions of their influence upon the other, and in other cases, individuals seemed to overestimate their influence upon the other.

Despite this shared perception of influence upon the dyadic other, those adopting the direct verbal approach often differed greatly with respect to the content of their interpersonal

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15 Here, it should be noted that two individuals with similar perceptions about a situation may act upon those perceptions in different ways. That is, in some instances, the same perception or belief may evoke different responses for different participants; even an individual participant may vary (across time and/or context) in the way that she acts upon a single perception. Similarly, the same behavior or interaction pattern may be motivated by a variety of perceptions (depending upon who the perceiver is and under what circumstances the behavior takes place).
and body-related exchanges. Specifically, direct verbal interactions typically included one of four messages about dieting and the body: a dissuasion message, an encouragement message, a facilitation message, or a fault-finding message. In the paragraphs that follow, each of these messages and the contexts associated with them are discussed.

The dissuasion message was invoked by six mothers and four daughters in reference to the body and dieting patterns of the dyadic other. The purpose of this message was to dissuade the dyadic other from dieting for weight loss. Sometimes, this message was underpinned by an idea central to the internal orientation, namely, that in comparison to the "inside" of a person, a person's external appearance is of relatively little significance. Most often, however, this message included content about and/or was motivated by one's perceptions about dieting, in general, and/or the dyadic other.

As noted, a variety of beliefs about the dieting process were associated with the use of the dissuasion message. Typically, the "senders" of such a message perceived dieting as unhealthy or risky. This perception of dieting as an endangerment to the other's health was especially common among mothers who attempted to discourage their daughters from dieting. These mothers warned their daughters about the health risks inherent in reliance upon "quick fix" weight loss aids such as diet milkshakes and over-the-counter appetite suppressants. The fear that dieting would lead to disordered eating patterns was also evident in the mothers' comments. Participant 19M was so concerned that her daughter's short-lived dieting behaviors might evolve into an eating disorder that she purposefully exposed her daughter to media about a celebrity whose dieting had developed into an eating disorder:

I had gotten the People magazine which had the article about Tracy [Gold] in it and showed [my daughter]. [My daughter] read it and saw the pictures. [My daughter] is very into reading, and I think that article scared her enough that if she had ever even thought of it, that put the fear in her and took that idea right away, right then. (19M, 43 years old)
Often, this message of discouragement was paralleled by one in which daughters were encouraged by their mothers to make "good" or health-oriented choices about exercise and what to eat. Frequently, such healthful behaviors were suggested as an alternative to dieting:

[My mom] tries to help me to eat more healthy, but she won't like actually say that she'll help me go on like a diet. You know? So, she'll say that she'll like help me out...she'll like help me watch things, you know, like you shouldn't eat that because it's bad and stuff.... (5D, 16 years old, about SM, 45 years old)

Occasionally, the use of a dissuasion message was based upon the perception of diets as ineffective. Sometimes, this perception was linked to one's own dieting experiences or her observations of the other's dieting processes; such was the case for Participant 5D, a short-term dieter who had limited success with dieting and who occasionally tried to dissuade her mother, a chronic dieter, to break her cyclical pattern of dieting behaviors.

The use of a dissuasion message also was linked to various perceptions about the dyadic other. Individuals who attempted to dissuade a dyadic other from involvement in dieting for weight loss typically perceived that the dyadic other (a) was dissatisfied with her body shape or size, (b) was interested in dieting for weight loss, (c) did not need to diet, and/or (d) was susceptible to societal pressures to diet and/or to achieve an unrealistic degree of thinness. Some mothers issued precautionary messages of dissuasion, so as to circumvent future dieting behaviors by their daughters, even if the daughter had not (verbally) expressed or (behaviorally) exhibited an interest in dieting or changing her weight. This was most common among mothers who believed that their daughters were coming of age amidst a backdrop of strong societal and peer pressures to be thin.

Similarly, daughters' dissuasion messages were based upon their perceptions about their mothers' body-related thoughts and behaviors. Daughters were acutely aware of what their mothers did not like about their own bodies, as well as how their mothers went about trying to change these points of dislike; during the course of their interviews, daughters recounted in surprising detail their mothers' dieting histories and interactions about those
dieting behaviors. Often, daughters responded to their mothers' dieting with the message that they (their mothers) were fine "as is" and/or did not need to diet:

   Ever since I was little, I told her that she didn't need to go on one [a diet]. (10D, 16 years old)

   [My mom] will say that she's fat, and I'll tell her that she's not and that she looks good for her age and that she hasn't put on a lot of weight. (7D, 16 years old)

The second interaction pattern associated with the direct verbal approach involved the use of an encouragement message. Here, three mothers and five daughters encouraged the other in her efforts to diet for weight loss, occasionally even instigating the other's weight loss process (as was the case for Participants 17D and 18D).

   Frequently, this type of interaction was used by one participant to encourage another participant who was or had been engaged in a (typically self-initiated) diet. Here, encouragement messages often took the form of compliments made by one member of the dyad about the other's success in her weight-loss attempts:

   [My daughter will say], "Mom you look really nice in those shorts, or "you look like you have lost weight." (13M, 43 years old, about 13D, 16 years old)

   Oh yea, [my daughter] will let me know that she can see that I've lost weight or if my waist looks smaller. Yeah, things like that. (10M, 47 years old, about 10D, 16 years old)

Participants who issued this form of diet-related compliment often perceived that such motivational messages were appreciated by the dieter and helped to enhance the dieter's feelings about the self:

   She has lost a lot of weight since she has been on this diet, and like I compliment her on like that, because she does look skinnier than she has. It's just to keep her self-esteem up and make her think she's doing well on this. (10D, 16 years old, about 10M, 47 years old)

   In other instances, mothers and daughters encouraged the dyadic other to "stick to" a diet, especially when the other had become disheartened about her dieting progress or her weight. Here, mothers and daughters acted as a support system for each other, encouraging a
renewed sense of commitment to the dieting process. Often, this type of encouragement message was offered in the form of a gentle reminder about one's diet plan:

Sometimes, I'll just tell her, I'll be like, "Mom, you don't need to eat that" because she'll say sometimes at dinner, "oh, I feel like I'm gaining weight." So sometimes she'll be like eating some ice-cream, like, this is going to sound so bad, and she's on like her second bowl and she's having some more, and I'll be like "you don't need to eat that you aren't that hungry." Sometimes she will say the same type of thing to me. (9D, 15 years old, about 9M, 45 years old)

A special case of encouraging a dyadic other to diet was exhibited in two mother-daughter pairs in which a mother instigated her daughter's dieting behavior by suggesting that she go on a weight loss diet. Both of the daughter participants whose mothers made such an overture were open to this suggestion, and did, in fact, undertake rather intense weight loss efforts, losing between 20 and 30 pounds (both of these girls were classified as "serious" dieters). In the case of Participants 17M and 17D, this proposition was based upon 17M's perception that her daughter needed to lose weight and to develop better overall eating habits:

...a lot of kids, when they go through puberty, they're either little string beans or they're little plumpkins. And she became a plumpkin. So we said, you've got to start eating right, so that when you start to grow, and everything gets back into proportion, you will, um, be there with eating habits appropriate for your body size at that time. (17M, 46 years old)

In contrast, Participant 18M's suggestion that her daughter diet was rooted in the perception that her daughter, who was being teased by peers about her weight, was dissatisfied with both her body and her "self." Indeed, Participant 18M was in a unique position to take and understand the role of the other (i.e., her daughter); as an overweight adolescent who had also been the object of peer teasing, she had dieted and witnessed, first hand, the changes that her weight loss had made in how others' reacted to her. In her words, she had been on "both sides of the fence," and thus, could appreciate her daughter's position.

The third type of message associated with the direct verbal approach entailed the use of a facilitation message. Three mothers and two daughters facilitated their dyadic other's diet-related behaviors by sharing body and/or dieting information and/or advice. This pattern was distinct from other instances of sharing body- or diet-related information. Here, information
was not shared as an end in of and itself. Rather, facilitation messages were issued with the specific intent that the information shared would facilitate or enhance the dyadic other’s dieting efforts. Interestingly, the three mothers who shared body- or diet-related information with their adolescent daughters noted that during their growing up years, their own mothers had shared similar types of information with them.

Sometimes, facilitation messages were issued in response to a dyadic other’s solicitation for information. Here, one member of the mother-daughter dyad would approach the other for body- or diet-related information or advice:

[My daughter] was wanting to lose weight, so we talked about how that you have to cut out all chips, do baked, not fried and she is very aware of fat content. She’ll look, now, at things and figure it out. ....We were talking one day and she said she wanted to lose weight, and I said if you want to lose weight, you have to watch the fat content. They’re saying, you know, it doesn’t matter...you don’t have to depend heavily on sugar, exclude that as much as you have to watch fat. We started comparing some things that we had around the house. It is very easy to do with cereal boxes. You know, you can just read them all when they are out on the table. (9M, 45 years old, about 9D, 15 years old)

Daughters of women who were health professionals often sought nutrition or dieting information from their mothers. In such instances, daughters perceived their mothers’ advice as more credible than food- or body-related information from peers or media:¹⁶

[Q: In your interactions with your mom do you ever discuss or talk about nutrition information that you have seen in the media or that she has seen in the media?] Yea. [Q: What do you talk about?] Just like something I’ll hear, I will ask her about it. Like carrots help your eyes or something like that. Is that true? She will give me the answer that is accurate...I mean, I think her answer would be right, since she is in the medical profession. (17D, 16 years old)

In other cases, dieting advice (often based upon information from the media) and/or resources (e.g., magazine articles, recipes, media about new diet products) were shared without official solicitation from the other. In such cases, the "advice giver" typically perceived that the dyadic other would be receptive to such advice; usually the recipient of the

¹⁶This tendency of daughters to place more stock in their mothers’ or peers’ advice than in that dispensed in the mass media is consistent with previous findings indicating that if information from a secondary socialization agent (such as the mass media) conflicts with that from a primary socialization agent (such as a parent or a peer), the information from the secondary agent is likely to be discredited (see Brown et al., 1988; Corder-Bolz, 1988).
advice was either dieting at the time of the exchange or had previously expressed an interest in dieting or watching her weight. In some cases, such diet-related interactions were set against a context of food shopping (including reading and interpretation of nutrition labels) or preparation:

If I see something that is fat-free and [my mom] doesn't see it, I'll tell her she should get it. [Q: For her or you?] Her and my dad. Because they are on this diet, and I try to help them. (10D, 16 years old)

Umm. Yeah. Like if she is cooking dinner and stuff, and I'll be like "I saw that if you put skim milk in the macaroni and cheese, it will cut the calories down," or whatever. And she's like "OK, we'll try." (8D, 16 years old)

Regardless of whether or not participants solicited body- or diet-related information from the other, the content of facilitation messages typically concerned one of two issues: (a) dieting heuristics or (b) dieting in a safe or healthful manner. For instance, Participants 17M and 18M, both of whom had advised their daughters to engage in weight loss diets, drew from their own wealth of dieting knowledge and experiences, sharing with their daughters weight loss heuristics such as chewing on ice or gum instead of having a snack. In fact, Participant 17M dieted in conjunction with her daughter, offering her advice along the way.

As previously discussed, both mother and daughter participants perceived that some types of dieting behaviors could be unhealthy. Although more commonly invoked by mother participants, both mother and daughter participants used facilitation messages to emphasize to their dyadic other the importance of dieting in a healthful way. Typically, these participants suggested to their dyadic other that she cut back on fats, sugars, and/or caloric intake while still maintaining a balanced diet. The actual weight loss behaviors undertaken by the dyadic others of these participants (e.g., Participants 17D, and 18D), however, were not always reflective of the healthful approach promoted within the facilitation messages of their dyadic others.

The least common direct verbal approach used by participants in this study was one involving a fault-finding message. This pattern, which characterized (relatively isolated) interactions between individuals in three dyads, was unidirectional and was always evidenced
in a maternally-initiated communication to a daughter about the daughter's body or appearance. Here, daughters interpreted their mothers' comments as criticism of their bodies and, as a result, felt disheartened and/or insecure about their appearance. Most often, daughters perceived that their mothers viewed them as (a) having gained weight or (b) as in need of a weight loss diet:

It's like [my mom tells me], "the wedding's coming. You better start running. If that dress doesn't fit, you're going on a diet." ...um, my weight, she's, they're really on me for that (14D, 16 years old, about 14M, 46 years old)

One time -- I think I was like a freshman -- and my metabolism slowed down, you know, I wasn't a kid any more, and I put on a little weight. And she was like "oh, you aren't as thin as you used to be." I was like, "you don't ever say that to a girl." But, then sometimes she will tell me that I'm really thin. It goes back and forth. (20D, 18 years old)

During their interviews, the mothers who allegedly made the above comments (and other such remarks) did not indicate that they perceived their daughters as overweight or in need of a weight-loss diet. Further, these women were unaware that their daughters had been hurt or felt degraded by remarks they had made about their daughter's bodies. In fact, Participant 14M prided herself on being subtle about issues of body weight and size in her interactions with her daughter:

[Q: Do you ever discuss [your daughter's] body size or shape?] Very rarely. ...Because I wouldn't go...I would be subtle about it if I did. I wouldn't be real, come right out and say, "You're getting too fat, or you don't...." I just might try and say, "Don't you think you'd better not eat that third cookie?". That type of thing. (14M, 46 years old)

From a coorientational framework, this discrepancy between Participant 14D's interpretation of her mother's comments and Participant 14M's perceptions about her message and 14D's reaction to it represents misunderstanding and a lack of accuracy in perception. Participant 14M's perceptions of her daughter's thoughts (about these weight-related comments) and 14D's actual thoughts were not coincident; 14M did not perceive that 14D interpreted her comments as derogatory. Similarly, that 14D interpreted her mother's comments as indicative of her mother's belief that she (14D) should lose weight was not
accurate. Such a breach in communication typified dyads in which daughter members perceived their mothers' comments as fault-finding. Further, comments made during the interviews of mothers and daughters whose interactions were marked by this fault-finding pattern were indicative of a distant mother-daughter relationship, in general.

**The Avoidance/Guardedness Approach.** The second most common pattern of mother-daughter body- and/or diet-related interaction was characterized by an avoidance of and/or a cautiousness about these interactions; six daughter and nine mother participants described a desire to skirt such mother-daughter interactions or a guardedness about the content or timing of them. Typically, participants were concerned about what to say to each other about the body or diet (their own or that of the dyadic other), how much to say, and/or when to say it:

> But again, like I said, I have to be very cautious what I say. Also the appropriate time, that is the key with children. To make sure you get them at a time when they are open. You don't want to bombard them at a time when they are feeling insecure or they are already mad at you. (7M, 42 years old)

When participants avoided or were cautious about mother-daughter interactions related to body or appearance, one of two factors was typically at stake. First, several mothers, most of whom were internally-oriented, did not want to over-emphasize appearance-related issues; to do so would have been inconsistent with their values. These mothers often limited their comments about appearance, in general, guiding mother-daughter discussions in other directions.

The second and more common reason for participants to avoid making body- or diet-related comments stemmed from participants' concern that such remarks might hurt the dyadic other's feelings, should the dyadic other interpret them as a critical or negative review:

> [My mom] might ask me what she looks like, but I would never say that she looks fat. I would tell her that she looks okay because I wouldn't want to hurt her feelings. (13D, 16 years old)

Sometimes she will be like, "I need to lose weight or something, you know. I never really, I have a friend who tells her mom that [her mom] is really fat and that she needs to lose weight. I think that is awful. I could never tell her anything like that.
I guess I just listen to her when she is talking like that, but I don't really respond because I don't really know how to respond without being rude. I don't feel like it is my place to say anything. (19D, 16 years old)

For five mothers in the sample, avoidance of and/or caution about body- or diet-related interactions with their daughters went beyond concern that such exchanges might hurt their daughters' feelings. These mothers perceived that initiating a discussion about a daughter's body or eating habits could prompt a chain of events in which a daughter would (a) interpret her mother's comments as disapproval of her body, (b) incorporate this disapproval, or negative review, into her self-concept, (c) become dissatisfied with her body, and (d) engage in unhealthy dieting behaviors or in the worst possible scenario, develop an eating disorder.

No, we don't discuss, we don't discuss weight. I mean, she does with me because she's always "you are too skinny, too skinny." But then you have seen [my daughter]....You know, and I am definitely not going to say anything about her weight, because she is a teenager and I don't want her to go anorexic or something. So, I...I think a couple of times we will call each other fat butts, or something. And, and [my daughter is very top-heavy, where I am not. And I will say something to her about what she wears, if I don't think it's quite appropriate for as big as she is. But I try not to say anything about her weight. (16M, 37 years old, about 16D, 16 years old)

I don't want to talk about [weight] too much because then, you know, if you dwell on that...I don't want to give her a eating disorder or anything like that. I just ignore it. Sometimes if you say too much, that can be bad. (20M, 45 years old)

For two mothers, the apprehension that their remarks might incite their daughter to develop a depressed level of body satisfaction and/or unhealthy eating patterns posed a dilemma about how to interact with their daughters with respect to appearance issues. This concern is well-articulated in the following passage:

I've been real cautious to talk about things like this with [my daughter] for fear that she will think I'm being negative, because she does. So I hate to bring up diet or some of those things cause even, some of the questions you've ask me, I've only mentioned her weight or anything maybe once. Because I am so afraid of causing her to become anorexic or bulimic. I feel that mothers nowadays really run a very tight rope because if you say anything, then you can cause that. If you don't say anything, you look like you are a negligent mother. It's really hard, because you don't want to. So, I just find myself complimenting her and trying not to say anything negative...you know, just for that fact. And, you know, she doesn't have a sister. I grew up with sisters, and we would mess around with make up and talk about clothing. ...So, I haven't mentioned a lot of stuff to her and she probably feels like I've left her out, but I'm too afraid to. (7M, 42 years old)
As a solution to this dilemma, some mothers simply avoided initiating discussions with their daughters about body size or weight, instead waiting for their daughters to broach this topic.

Such was the case for Participants 3M and 3D:

[Q: Do you ever discuss your daughter's body size or shape?] Only if she brings it up. And the reason being...she's bigger than I am. And, I have never wanted to make it appear that I am... I mean she's taller, she's bustier than I am, and consequently her hips are bigger than mine. Um, so it's never been a thing that I wanted to throw at her...to make, because, you know, we're both small, but she's bigger than I am. (3M, 41 years old)

Typically, participants who regarded body- or diet-related interactions as a threat to the dyadic other's self-feelings (and/or health) also perceived that the dyadic other was quite sensitive and sometimes insecure about her appearance and/or diet-related issues:

[My daughter] thinks...she is real critical of herself. If you say anything, she thinks that you are like, she'll say "I know I'm fat, I know I'm fat." So, I am very cautious to say anything. (19M, 45 years old)

The other thing is that [my daughter] is very sensitive. Each girl is different. Some girls you could say things to them and they just well OK, that's what mom thinks. But [my daughter] is not like that. She is very sensitive, you have to be cautious what you say to her because she will take it to heart and more often than not, she will take it negatively. (7M, 42 years old)

Additionally, mothers who perceived that such interactions might prompt their daughters to engage in unhealthy food behaviors sometimes viewed other social institutions (e.g., the media) as providing a ripe context for the development of body dissatisfaction and/or eating disordered behaviors among women and girls:

Um, the way quote unquote that America is about...so focused on diet and taking...being on diets and crash diets, anorexia, bulimia, and all that. That preoccupation. Let's say if I read something that catches my eye in the paper. You read about bulimia and mass suicides, or, you know, group suicides because a girl is too fat. (6M, 40 years old)

That participants were aware of the potential effects of their comments upon the dyadic other implies their participation in a role-taking process (Mead, 1934). Here, participants presumably placed themselves in the role of the dyadic other and imagined how they might react to various body- or diet-related reviews that they had contemplated communicating to the
The comments of Participant 19D reflect an astute awareness of this process:

[Q: Have you ever suggested to your mom that she use clothes to conceal part of her body?] No. I would never want somebody to tell me that, you know, so I would never think of telling her that. (19D, 16 years old)

Further, that participants seemed to be conscious of the potential effects of their (body- or diet-related) comments upon the dyadic other's self-feelings reflects their "armchair" (i.e., layperson) awareness of the looking-glass process and the role of social feedback in the shaping of self-concept (e.g., Cooley, 1902). Thus, in interacting (or more precisely, in not interacting) with one another, mothers and daughters used personal knowledge gleaned from past experiences to contemplate how the dyadic other might react to various exchanges, often shaping their behaviors accordingly:

My mom sewed our clothing, so she was actively a part of that and she would tell us what looked good. And truthfully, it always made me very mad. Because I didn't have any breasts, and mom would always say, "you should wear padded bras." And, I was like, "oh great." I never did wear them. And, I was very thin, so she would tell me to wear A-line things. And, so, uh, because of that, that always made me feel bad, and I tried not to do that with [my daughter]. You know, sometimes, I just don't say anything about her appearance. (TM, 42 years old)

**The Modeling Approach.** In describing their own body- and diet-related behaviors, four mother participants made comments underpinned by the perception that their behaviors had the potential to influence their daughters' body- and diet-related behaviors and thoughts. Accordingly, these mothers made conscious attempts to model behaviors and attitudes parallel with those that they wished their daughters adopt. For example, Participants 5M and 19M avoided expressing to their daughters misgivings about their own bodies. To these internally-oriented mothers, modeling attitudes reflective of an emphasis upon on external appearance would have been inconsistent with their values:

[Q: Do you ever discuss your body size or shape with your daughter?] Once in a while but very rarely. I try not to, you know, because if I say "I'm so fat" or "I'm so overweight," then I'm putting so much emphasis on that and that's not good for her. (19M, 43 years old)
This same mother also was careful not to model weight-loss behaviors that she perceived as unhealthy. Underpinning the following excerpt from her interview is the assumption that if a child observes a parent behaving in a certain manner, the child may perceive this as parental approval of that behavior:

And, of course I need to lose weight and exercise, but I think that if the girls see me dieting and see pills as an easy way to lose weight, then it affects them. For me, I just would rather concentrate on eating healthy and that type of thing than concentrate on the new diet pill that is out, the miracle drug that's going to help them...I just don't want them to think that is something they need in their life. (19M, 43 years old)

When circumstances did require that two of these mothers behave in a way that was inconsistent with how they wished their daughters to behave, they often used a dissuasion message, urging their daughters not to model their behaviors. For instance, when Participant 10M went on a diet, she explained to her daughter how the diet plan worked and why she was following it, and then advised her daughter not to adopt similar eating behaviors. The following quote from her interview reflects this "do as I say, not as I do" message to her daughter:

[Q: In your interactions with your daughter, do you ever discuss your diet?] Just that actual plan, the diet plan. I'll tell her that for such and such a weight, how the diet goes, you get so many points. And every food has a designated amount of points, so you can have the junk food, but it has the higher points and you will have fewer points to spend on other things. So I'll explain that to her, and she is a skinny bod, and I tell her, "now don't be thinking that you should lose weight...." She doesn't need to worry about it. I tell her don't think, you know, she says "I'm putting on weight, and I say, "don't think that you are putting on weight. Forget it. You are a size 4. Forget it." ...Yeah, with this diet thing, I am telling her, um that her, "your body size is just fine and don't think you need to lose weight or need to go on a weight loss diet." (10M, 47 years old)

**The Laissez-Faire Approach.** The behavioral hallmark of the laissez-faire interactional approach was a pattern in which one member of a dyad "left the other member alone" with respect to her (the other's) body or diet. On the surface, such behavior appeared (a) to represent disinterest in the other or (b) to parallel behaviors enacted in the avoidance pattern. The underlying reason for this "hands-off" approach, however, was not disinterest nor the fear of injuring the other's feelings and/or causing her to develop an eating disorder.
Rather, the laissez-faire approach seemed to be adopted by individuals who did not perceive that the dyadic other "needed" their input about body- or diet-related issues.

For instance, four daughter participants expressed the belief that by virtue of their mothers' age and marital status, they (their mothers) did not need to worry about personal appearance:

[My mom] probably doesn't care [about appearance]. [Q: And why do you say that?] Because she's older. I don't know. Probably because she's married, I mean, she probably doesn't need to care what other people think...and things like that. (11D, 15 years old, about 11M, 41 years old)

Although these daughters did occasionally provide their mothers with verbal feedback about appearance, the perception that their mothers were not in need of such advice seemed to diminish the frequency and/or readiness with which they offered such advice. Sometimes, these daughters also seemed to perceive that they had relatively little influence upon their mothers' appearance management behaviors; here, daughters did not regard their interactions with their mothers as influential enough to transform their mother's disinterest in appearance.

Similarly, six mothers exhibited behaviors characteristic of a hands-off approach with respect to their daughters' diet-related behaviors. In each of these cases, the mother participant perceived that her daughter was "too thin to diet"; each of these mothers concluded that because her daughter was thin, she (the daughter) likely did not think she needed to watch her diet or diet for weight loss. Underpinning this belief was the assumption that the daughter participants shared their mothers' perceptions about their bodies; here, then, mothers projected their own perceptions about their daughters "onto" their daughters. In this vein, these mothers did not discuss dieting issues with their daughters because they did not perceive a need to do so:

To [my daughter], eating low-fat foods is just not that relevant. She doesn't get it because she doesn't have to....As far as weight is concerned, she could care less. [Do you think that she doesn't care about it, or do you think she is satisfied with it?] She is satisfied, I think...I don't think that she has any concerns. (12M, 47 years old, about 12D, 16 years old)

In three cases, the mothers were accurate in their perceptions of their daughters' diet-related beliefs and behaviors. However, in three cases (including that of Participants 12M and 12D,
as quoted above) they were inaccurate; three of these daughters were short-term dieters who did (apparently) perceive that they needed to diet.

**Relationships Between the Interpersonal Approaches and Individual Diet-Related Behaviors.** Findings from both the present research and previous work (e.g., Nichter et al., 1993) have provided some evidence of a positive relationship between a mother's dieting behaviors and those of her daughter. Findings from this study also indicate that the ways in which a mother and her daughter interact about body and diet may influence their individual dieting behaviors.

One of the clearest examples of the relationship between interpersonal approach and dieting behaviors pertained to encouragement and/or facilitation messages sent by mothers to daughters (and associated with the direct verbal approach). Of the three daughter participants whose mothers encouraged them to engage in weight-loss diets and/or facilitated this dieting process through information-sharing, all were serious dieters who had recently lost a significant amount of weight. Interestingly, although two of these three daughter participants had expressed to their mothers their dissatisfaction with their (own) weight, only one of these girls actually solicited input from her mother about how she could lose weight. In the other two dyads, the mother participants initiated their daughters' dieting processes by suggesting that they diet. In contrast, daughters did not seem to instigate their mothers' dieting behaviors. Rather, encouragement and facilitation messages were used by daughters in communications to their mothers only after their mothers were engaged in dieting.

A second relationship between interpersonal approach and dieting behaviors involved the perception of a fault-finding message (associated with the direct verbal approach). Of the three daughters who perceived their mothers' body- or diet-related comments as criticism of their bodies, two were short-term dieters and one was a serious dieter. Granted, it is probable that a variety of factors moved these girls towards their dieting behaviors. Nonetheless, that all three of these girls did diet suggests a positive and previously discovered (see Schreiber et al.,
relationship between maternal criticism about a daughter's body and a daughter's dieting behaviors; it is likely that these daughters incorporated their mothers' negative reviews into their sense of and feelings about the self, and planned their future body-related behaviors, accordingly.

In contrast, however, a dissuasion message did not always curb dieting behaviors to the degree that one might expect; of the six daughters whose mothers discouraged dieting behavior, three were short-term dieters. Similarly, of the four mothers whose daughters attempted to dissuade them from dieting, three continued to diet. Whether or not a dissuasion message was ignored did not seem to be related to the specific content of the message. Both participants whose dyadic others assured them that they did not need to diet (a positive review) and those whose dyadic others warned them of the health risks or ineffectiveness inherent in dieting did so despite these messages.

As such, it would seem that mother-daughter verbal exchanges about the body or diet(ing) were somewhat more influential when they involved a negative review of the other than when they involved a positive one; participants were more moved to act upon negative feedback (e.g., maternal criticism) than upon positive feedback (e.g., a dissuasion message based upon the perception that one does not need to diet).

Interestingly, more covert interpersonal approaches about the body, such as the modeling patterns, had varied effects upon dieting behavior. For instance, of the four daughters whose mothers intentionally modeled "healthy" or "desirable" diet-related behaviors (here, healthy was interpreted to mean eating a healthy or balanced diet and abstaining from weight loss diets), two were short-term dieters. Thus, the actual and intended effects of maternal modeling upon a daughter's dieting behavior were not always coincident.

"Not interacting" about the body or doing so in a cautious manner was often associated with dieting behaviors. Of the nine daughters whose mothers avoided diet-related interactions or approached these issues cautiously, five were short-term dieters and two were serious
dieters. Similarly, of the six mothers whose daughters exhibited an avoidance or guarded approach with respect to mother-daughter interactions, four (mothers) were currently dieting or had dieted within the recent past. Among pairs whose lack of body- or diet-related interactions was indicative of a laissez-faire approach, dieting was also common. Although this approach was often motivated by the perception that the dyadic other was not interested in dieting or did not need to diet, this perception was often inaccurate; each of the four mothers whose daughters perceived that the were not interested in appearance or dieting had dieted in the recent past or were currently dieting. Similarly, and as previously noted, half of the daughters whose mothers perceived them as too thin to diet did, in fact, diet.

Finally, some caution must be used when interpreting these relationships between interpersonal approach and individual dieting behavior. First, and as previously suggested, it is probable that a variety of factors contribute to any individual's decision to diet or not to diet. Second, and also as previously discussed, the four interpersonal approach styles that emerged from this study were not mutually exclusive. Varied interactions of a single mother-daughter pair were characterized by behaviors representative of different interpersonal approaches. As such, it was difficult for an outsider to sort out the relative influence of each of these interactions upon diet-related behaviors.

**Similarities and Differences in Interpersonal Approaches of Individual Mother-Daughter Pairs.** As previously noted, some interaction patterns were adopted by only mothers in the sample, and thus, were unidirectional in nature (with communication flowing from mother to daughter). Such was the case for the use of fault-finding messages and the modeling approach. In contrast, each of the other interactional approaches was adopted by both mothers and daughters. Here, it is important to consider the similarities and/or differences in the adoption of various approaches by members of individual mother-daughter pairs.
The most similarity or overlap in interactional patterns enacted by mothers and their respective daughters was evidenced among those whose behaviors were marked by the avoidance/guardedness approach, the hands-off approach, or the dissuasion approach. Of the 15, 10, and 10 participants whose behaviors typified each of these respective approaches, there were four, three, and three mother-daughter pairs (respectively). Here, one might speculate that individuals' perceptions of their dyadic others may have worked to reinforce a shared behavioral pattern, with each member of the dyad simultaneously responding to her perceptions of the other's behaviors. That is, perhaps "Individual A's" approach to body-related interactions with "Individual B" fed into "Individual B's" behaviors, which in turn, reinforced such behavior within "Individual A." For instance, it is possible that if Individual A perceived that Individual B avoided instigating diet-related communications with and about Individual A, Individual A may adopt a similar strategy in her communications with Individual B and about Individual B's diet patterns, which in turn, may have intensified both Individual A's and B's tendencies to avoid such conversations.

In contrast, relatively less similarity was evidenced among mothers and daughters using encouragement and/or facilitation messages. Among the eight participants whose communications included encouragement or messages, there was only one mother-daughter dyad. Similarly, there were no mother-daughter pairs among the five participants who used facilitation messages. This lower degree of dyadic overlap in interactional pattern seemed to be related to the highly contextual nature of the encouragement and facilitation messages. For instance, of the three daughters who encouraged their mothers to diet but who did not receive such encouragement from their mothers, two were nondieters whose mothers perceived them as "too thin" to diet, and one was a short-term dieter whose mother was concerned that she might develop an eating disorder. Thus, that these mothers did not reciprocate their daughters' encouragement to diet is perhaps not surprising.
Malleability of the Body

In discussing various weight-related appearance management behaviors (e.g., dieting, watching what you eat, exercising, etc.) with mother and daughter participants, it became clear that these participants varied in their perceptions about the degree to which one could change the size or shape of the human body. Their perceptions about how change-able or "malleable" the human body is were not dichotomous (e.g., "yes" or "no" the body is [not] malleable), but represented a range of gradations that varied along a theoretical continuum. In the first part of this section, this continuum and its various components are discussed. In the second part of this section, the personal and interpersonal (mother-daughter) experiences that contributed to varying perceptions of malleability are addressed.

The Continuum of Body Malleability. As indicated, participants expressed a wide range of beliefs about the extent to which body shape or size could be modified by an individual (without surgical means). This range of beliefs is graphically depicted in Figure 1 by a continuum of perceptions about body malleability. The endpoints of this continuum

(A)------------------------------------------(B)

NONE SOME BUT NOT ALL ALL BUT EXTREMES ALL

Biological Variables

- genetics
- age
- child-birth

Lifestyle Variables

- hard work
- (diet, exercise)
- desire to work
- time to work
- money

Figure 1. Continuum of perceived body malleability

represent participants' most radical beliefs about the malleability of the body, namely, that no one (endpoint A) or everyone (endpoint B) can change the body (even) if they behave in a prescribed way. Very few participants expressed such radical beliefs; of the 34 participants who were readily placed along the continuum, all but 5 (one mother at endpoint A; two mothers
and two daughters at endpoint B) were clustered in-between the two midpoints. Individuals espousing more moderate viewpoints about body malleability typically expressed one of two beliefs: (a) that some, but not all, individuals could change the size or shape of the human body (n = 12 mothers, n = 10 daughters) or (b) that all individuals, except for those who were extremely thin or extremely obese, could change the size of shape of the human body (n = 2 mothers, n = 5 daughters).

Beliefs about a variety of biological and lifestyle variables seemed to shape participants' perceptions about (the extent of) body malleability and thus, their theoretical placements along the continuum. As depicted in Figure 1, the perception of the body as not malleable at all or as only minimally malleable was typically underpinned by the belief that biology precluded an infinitely or extremely malleable body (see endpoint A). Mother and daughter participants espousing such a view frequently expressed the belief that the body size and weight were genetically-determined and more or less independent of lifestyle. In elucidating this argument, participants often made reference to the genetic limitations that rendered drastic change in body shape or size unlikely:

I see a lot of people saying, uh, I have to get down to a size X, and they'll quote a size. Which maybe their bones won't even fit in that, if they were dead! (laughs) (17M, 46 years old)

Well, I guess working in the medical field, I see all shapes and sizes. And most people that come in, probably three-fourths of the people that come in, um, for one thing, there is so many genetics that goes into the makeup of a person. It's unrealistic to even try to emulate a model as far as body size because their body would never, could never...look like that. (7M, 42 years old)

Most people are just not going to be totally thin. There's just no way. [Q: Why do you say that?] Well, it's mostly your genes. A little bit of what you eat and how you workout and stuff. But, you aren't' going to be six feet tall and a size two, I mean, if you aren't born that way, you know. (20D, 18 years old)

Another biological variable that was commonly mentioned as a deterrent to body malleability was age. Both mothers and daughters perceived that with age, body malleability grew more and more unlikely, largely due to the metabolic and hormonal changes associated with the aging process:
[Q: Do you think that it is possible for most women your age to look like the model in ad #438?] No. I think that the aging process and if you are talking about menopausal women, or even premenopausal women, and that kind of thing, then that would be most difficult unless you, again, have a genetic predisposition to looking like this. (12M, 47 years old)

When you get older, your metabolism seems to slow down, and it is harder for you to lose weight. (17D, 16 years old)

In this vein, several participants indicated that it would be easier for an adolescent girl (i.e., a daughter participant) than for an adult or middle-aged woman (i.e., a mother participant) to successfully change her body size or shape:

People are not naturally that skinny, and uh, you know, sometimes you are as teenagers, but when you get a little older, it doesn't work that way -- your metabolism changes. (15M, 41 years old)

When you're young, you can still change. (16M, 37 years old)

This sentiment is also reflected in the finding that more daughter participants than mother participants perceived their bodies as at least somewhat malleable. Interestingly, however, one daughter participant perceived that dieting for weight loss (one avenue for changing the body) would be more successful if undertaken by a middle-aged woman (i.e., her mother) than by an adolescent girl. Her rationale for this conclusion was that puberty made it difficult to "control" the body:

...our bodies are still changing. Maybe when we get older, we could try [to change body size or shape through diet]. Because when you're an adult, you are done growing and like going through the puberty stage, and by then, your hormones are pretty much set. (18D, 16 years old)

Similarly, mother and daughter participants also perceived that childbirth decreased the likelihood of being able to change the body through diet or exercise. In this vein, 16 year old Participant 4D expressed the belief that having children "adds weight to most women," thereby amplifying the challenges associated with weight loss.

As illustrated in Figure 1, participants who perceived the body as quite malleable (see endpoint B) tended to express the belief that with the "right" lifestyle, most people or at least those whose bodies fit within a "normal" range of body sizes (i.e., someone who was not
excessively under- or overweight) had the potential to change the shape or size of the body. To these participants, body size and shape were perceived as more a product of lifestyle choice and less a product of nature (i.e., genetics or biology). However, even participants who perceived the body as malleable for "all but extremes" tended to view certain biological predispositions (i.e., to extreme thinness or obesity) as precluding the likelihood of an infinitely malleable body. Further, these participants often noted that although it may be possible to change the appearance of the body, it may not be realistic for many people (such as themselves) to do so. Accordingly, when describing the lifestyle choices essential to body malleability, participants often provided examples from their own lives to demonstrate why such lifestyle choices were unrealistic for most "real" people (as opposed to people whom they perceived as "unreal," such as fashion models or celebrities):

So, it would be possible, maybe, [to change body size or shape to look like a fashion model] but again, realistically, because of the lifestyles I guess everybody chooses, we don't look like [fashion models]. (5M, 45 years old)

Underpinning the argument that body size and shape are changeable was the assumption that doing so was not an "easy" task. Nearly all of those who espoused this position about malleability indicated that changing body size and/or shape required "hard work" and an intense desire or commitment to the goal of a changed body:

I mean, you can look like anything you want, if you really try. (15D, 16 years old)

You just have to work at it....there's a lot of women who let themselves go right out of high school....but I think it's possible to [change the body] if you want to. (11M, 41 years old)

Yeah, if most people work hard enough, they could change how they look. Without hard work, no. But, if you work hard enough, yeah. (14M, 46 years old)

The "trying" and "hard work" that participants typically referred to concerned assiduous involvement with diet and exercise routines:

I think it would take a lot of willpower and in this busy day and age, you have to have that to be able to work in exercise and really watching what you eat. (13M, 43 years old)
Sometimes, participants expressed the belief that significant changes in body size and shape could only be brought about by radical diet and exercise regimens, which they, personally, would not be willing to undertake:

The models do exercise 8 hours a day. Who has 8 hours to exercise? Who wants to just live on vegetables? I wouldn't. So again, they are not the ideal and should not be; and yet I find myself looking at them and thinking, "I want to look like that." When you sit back and think about it, it's impossible, you can't. First I wouldn't do the plastic surgery, probably more than half have had it. Also who could exercise 8 hours a day and live on carrots? (7M, 42 years old)

In addition to hard work and desire, participants named time and money as essential to body malleability. Time was seen as a "intermediate" commodity of sorts, rendering possible an individual's involvement in other activities essential to body malleability, such as dieting or exercising. Several participants (both mothers and daughters) expressed the belief that preparing special diet food and "working out" on a daily basis were possible only if an individual had time to allocate for such activities. Interestingly, participants who spoke about the importance of time (in relation to body malleability) often expressed that they did not have enough time to engage in the behaviors required to change their own body size or shape:

I just don't think that most people in the working world have the time it takes when you get to be more my age to put in what it takes to look like that. Time or money. (13M, 43 years old)

I think that most women my age have families and a lot of them have full time careers and jobs and they eat on the run, and it's hard to work in exercise. You have to want to do it bad enough. And I don't. (19M, 43 years old)

As noted, money was also perceived as a valuable component of the body-malleability equation. Like time, money was perceived as a means rather than an end; although participants did not express the belief that money, in and of itself, could render one's body malleable, they did intimate that the use of money to procure certain professional services could make changing the body more feasible. For instance, several mother participants indicated that seeking professional dieting counsel or hiring a personal trainer or chef could increase the likelihood of body malleability.
Because I think that most people cannot look like that [a model] on a daily basis and run the life that we run. Realistically, I just don't think that it can happen. We don't have those personal trainers and Oprah's cook. (13M, 43 years old)

In sum, then, participants varied with respect to their beliefs about how "mold-able" the human body could be. On the whole, however, participants did not perceive significant changes in body size or shape as realistic for them, even if they perceived such changes as possible.

**Experiences Associated With Perceptions of Body Malleability.** A variety of personal and interpersonal experiences (between mother and daughter) were associated with varying perceptions about the malleability of the body. For instance, personal experiences with trying to change body size or shape through diet often influenced one's beliefs about body malleability. Here, then, participants used their own body-related experiences as a standard or referent from which they drew generalizing conclusions about how much humans can or cannot change the body. For instance, participants who had experienced success with their dieting (i.e., those who lost weight and/or maintained a post-diet weight loss) tended to perceive the body as relatively malleable:

I think that all you have to do is think about what you eat before you eat it. And figure out what's more important, the taste for the moment or the goal you have of the correct weight. So if you think first, I think you can get your weight down to where it should be. (10M, 47 years old)

In contrast, participants who had been unable to lose weight through dieting or to maintain a weight loss after dieting tended to view the body as less malleable and more a function of genetics than of behavior:

I don't believe any of that [dieting] stuff. I tried Weight Watchers. I was a member on and off for a few years. My second child, that is when I put on 30 pounds. I've gotten it off, but it comes back on, so it is kind of a losing battle. (20M, 45 years old)

Some participants, most of whom were chronic dieters with long dieting histories, noted that their various dieting successes and failures had helped them to recognize what was and was not realistic with respect to the malleability of their own body:
Oh, it's just been trial and error experience over the years. You know, I know what I can realistically accomplish, now, and what I can't. (12M, 47 years old)

These participants tended to perceive body malleability as unique to an individual, rather than as a constant that was experienced to the same degree throughout the human population.

Participants' interpersonal experiences with the dyadic other also shaped their perceptions of body malleability. On the whole, mothers and daughters were quite similar in their perceptions of body malleability; of the 14 dyads in which both mother and daughter could be placed along the continuum, nine (64%) were similar in their perceptions. It can be hypothesized that this similarity was a product of observations of or interactions with one another. From the data elicited, it would appear that daughters' perceptions about malleability were more often influenced (than mothers') by these interactions. Frequently, mothers who perceived the body as only minimally malleable reported consciously attempting to communicate to their daughters the message that "everyone is built differently" or that "God didn't make all of us to be skinny." In a similar vein, mothers often urged their daughters to "be content with what God gave [them]":

[Q: Do you ever discuss body shape or size with your daughter?] Oh, we have probably discussed it. It's not something we talk a lot about, but just how, like [my husband's] mom is very heavy and my mom is very heavy too, and just how everybody's body is different. You know, we've talked about that. How we inherit those different things, there is nothing we can do about it, we just have to learn to be content with the way God made us. We can use clothing or make up to enhance what we have. (7M, 42 years old)

Occasionally, mothers would use fashion models or the media, in general, as a springboard for such discussion:

[Q: Do you ever discuss weight information that you see in the media?] Maybe body type, you know, we might discuss that. ...On TV, you see the models or something like that and how our body type is different than theirs. We'll never be like that, you know, realistically. (8M, 44 years old)

In addition, it is possible that even vicarious experiences with dieting could have shaped daughters' beliefs about body malleability. As previously reported, many mothers seemed to chat freely and frequently with their daughters about dieting, in general, as well as
their own dieting experiences or habits. This, then, may suggest that daughters internalized the attitudes (e.g., dieting is effective or ineffective, etc.) their mothers expressed during these interactions. If such were the case, it is reasonable to hypothesize that these attitudes may have contributed to daughters' perceptions about body malleability; as previously indicated, evidence from this study did suggest that dieting experiences and attitudes shaped such perceptions.

The Female Body in the Media Context: Mine, Yours, and Theirs

Thus far, the discussion of interpretive findings has focused primarily upon mothers' and daughters' personal and interpersonal experiences concerning their bodies and those of their dyadic other. Mothers' and daughters' beliefs and feelings about the appearance of the female body (e.g., appearance orientations, body satisfaction, body malleability) and body-related behaviors (e.g., dieting, watching food intake, using clothing to emphasize or de-emphasize part of the body) have been discussed in relation to the self and, when appropriate, the mother-daughter dyad.

In this, the second part of the interpretive findings, the discussion will center around the female body in the context of the mass media. Of particular emphasis here will be participants' perceptions and attitudes about the appearance of female fashion models, or more generally, the female body, as it is presented in the mass media. Important to this discussion will be the relationships among (a) these perceptions and attitudes about media depictions, (b) participants' feelings about the self, and (c) participants' interactions with their dyadic others. Underpinning this discussion are concepts related to social comparison theory, a perspective that is especially useful in understanding the theoretical linkages between cultural images of women and women's and girl's feelings about and behaviors related to their own bodies.

In this vein, the following emergent themes will be discussed: (a) media involvement (general and body-related) (b) perceived realism of body-related media/media presentations of the female body, (c) identification with fashion models and other media depictions of the female body, and (d) idealization of fashion models and other media depictions of the female
body. At the conclusion of this section, an extended formulation of social comparison theory, grounded in data from this research, will be presented. To this end, existing knowledge about the social comparison process will be further illuminated by a discussion concerning the relationship of the emergent themes discovered in this project to the social comparison process.

**Media Involvement**

**Personal Media Involvement.** During the course of their interviews, participants were asked what types of mass media they used, for what purposes they used these media, and how frequently they used them. Based on these self-reports of media involvement, participants were categorized as "highly involved," "moderately involved," or "minimally involved" with respect to (a) overall or general media and (b) body-related media. (Please see Table 6 for a breakdown of these participant classifications.) It should be noted that the classification of each participant was based upon her media involvement relative to the other participants in the sample. Accordingly, criteria developed for each of these classifications reflected degree of media involvement relative to this sample only. In a sample representing different demographic characteristics, these criteria may have been different; the demographic profile of this sample (i.e., adolescent and middle-aged Caucasian females from middle class and upper middle class dual income homes) is associated with comparatively lower degrees of involvement in television media than is the case for other segments of the U.S. population (Bureau of Statistics, 1997; Liebert & Sprafkin, 1988).

General or overall media involvement was defined to reflect involvement with any form of mass media, regardless of focus and inclusive of body-related media. Eight mothers and 10 daughters were classified as "highly involved" with the general media. Criteria for this classification included (a) watching at least one hour of television per day and (b) reading a newspaper or magazine for at least 30 minutes on a daily basis. Participants classified as highly involved with the general media were also more likely than other participants to arrange

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17As such, definitions of general and body-related media were not mutually exclusive.
Table 6. General and body-related media involvement of mother and daughter participants

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<td>Daughters(^a)</td>
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\(^a\)\(n = 20.\)

their daily schedules around media use, particularly in the case of television:

I really like the comedy programs that are on...like *Seinfeld*. And, like *ER*, also. And I like to watch the news programs that come on around nine o'clock. Those types of programs. I hurry to get things done so that I can watch that. (8M, 44 years old).

Nine mothers and eight daughters were classified as moderately involved with the general media. These participants watched television at least three times a week, but did not use magazines or newspapers on a daily basis. In addition, these individuals often lamented that they enjoyed involvement with the media, but did not have as much time for it as they would like:
I don't, I don't have a lot of time for TV. Um, I'm just basically too busy....Um, I used to like to watch one soap opera once in awhile. I used to like, I like to watch some of the talk shows once in awhile....Um, there's a couple of soaps at night that I try to catch, or if there's a good old movie, I like those. As far as magazines, the girls each have their subscription to their teen magazine. I don't really, I don't have time anymore. It seems like I don't have time for anything anymore (laughs). (11M, 41 years old)

Only three mothers and two daughters were classified as minimally involved with the general media. These participants watched television fewer than three times a week and did not use any form of audio-visual, print, or interactive media (e.g., the Internet) on a regular, daily basis. In addition, these participants often expressed a lack of interest in or time for media involvement:

I don't really watch TV or listen to the radio that much. If anything, it would have to be the radio because I don't watch TV. I normally work full time except for the summer. When I come home, I buzz around here doing stuff. So, I don't really use media that much. (20M, 45 years old)

Borrowing from previous research (see Stice et al., 1994), body-related media were defined as those media (a) that feature a high proportion of idealized body images (e.g., televised soap operas or situation comedies) or (b) that frequently focus upon body-related issues such as appearance or health. Six mothers and 13 daughters were highly involved with body-related media. At a minimum, individuals classified as highly involved in body-related media read more than one magazine with a beauty or health/fitness focus on a monthly basis (most such magazines were published on a monthly basis). In all but four cases (one mother and three daughters), individuals who were highly involved in the media also watched at least one of the following television shows on a weekly basis: soap operas, dramas, situation comedies, game shows, or music videos (all of which Stice et al. included in their definition of body-related media). Five mothers and five daughters were classified as moderately involved in body-related media. These individuals had relatively regular exposure (i.e., bi-monthly) to at least one beauty or health/fitness magazine. Nine mothers and two daughters did not have at least bi-monthly exposure to such magazines, and thus, these individuals were classified as
minimally involved with body-related media. As a group, then, daughters were considerably more involved with body-related media than were their mothers.

In 13 cases for the mothers and in 12 cases for the daughters, participants' involvement in general media and body-related media were parallel (e.g., a mother classified as "highly involved" in the general media was also classified as such with respect to body-related media). However, due to the definition of body-related media and the criteria for high, moderate, and minimal involvement with them, there were several instances in which participants' classifications for each type of media were dissimilar. For instance, four daughter participants were classified as highly involved with body-related media, but only moderately involved with general media. Conversely, one mother participant was classified as highly involved with general media and minimally involved with body-related media.

Regardless of degree of media involvement, all mother and daughter participants did at least occasionally use the mass media as a source of information about diet (or dieting), exercise, or physical appearance. Most often, mothers and daughters did not consciously seek this information, but rather, "ran across it" as they casually perused various media:

I don't seek it [information about exercise] out, if it just happens to be on, I'll watch it. This particular week, it's been on everyday. It just would vary depending on what the media's got going. You know, I'm not seeking it out, if I just happen to come across it and it catches my eye. (14M, 46 years old)

[Q: During a typical week, how often do you look at the media to get information about what to eat or nutrition information?] It's just if I come across it. I don't have time in my daily schedule to sit down and make a conscious effort to look for that type of thing. But if I read the newspaper -- and almost everyday in the Today section they have recipes or something that I might want to try like a new way to fix chicken, or something like that. It's if I come across it, but I don't have time to make a conscious effort to go through things or to go through healthy cookbooks. It's just not in my schedule. (19M, 43 years old)

As would be expected, mother and daughters heavily involved with media (especially body-related media) more often came across such information on a regular basis than did those who were less involved.
In contrast, some contexts precipitated directed searches for media information related to diet (or dieting), exercise, or physical appearance. Sometimes, these searches were motivated out of personal interest:

I [use the Internet to] look up like what types of foods you eat for health. Like they say some foods are good and some are bad. I try to figure out which are the good ones and which are the bad ones....I go to "Yahoo," and I type in "foods." Then there's a whole bunch of lists. I get to pick from one of those lists, and if I don't find what I'm looking for, I go back to them and try again. (6D, 16 years old)

In other cases, a specific situation — often involving one's own health or that of another family member or friend — prompted the search for information:

And um, and I, and I will read, I guess it kind of depends on what's going on around me. You know, like my friend was diagnosed with cancer, probably before I never even read much about cancer. You know, the effects, and the risk factors and stuff. And now, I just read a whole bunch about it, recently. Um, so I think it kind of depends, you know. If I have a sore ankle, then I'll look for stuff about that. If I'm having heartburn or something, then I'll read or pick something up that says what causes this. Or, you know, going, my, both my sisters have had heart attacks, and so, you know, I read, I have read some stuff in relations to your heart and what you should and shouldn't eat in regards to that. (5M, 45 years old)

We are very concerned about a low fat diet because my husband has cholesterol problems. So I am always looking for information about that. Just anything that would directly affect me or someone in my family, I would be looking for information on. (18M, 47 years old)

**Interpersonal Media Involvement.** In addition to being personally involved with mass media, mothers and daughters were also *interpersonally* involved with media. That is, mothers' and daughters' personal media involvements were influenced by their relationships and interactions with one another.

Most mother and daughter participants indicated that they frequently watched or "coviewed" media (e.g., television, videos, film) with the other individual in the mother-daughter dyad. Sometimes, coviewing was the result of sharing a living space or a limited number of television sets. In other cases, mothers indicated that they enjoyed coviewing with their children because it presented an opportunity for them to share time together, "...there are some shows that she likes that I do not like, like *Allie McBeal.* A lot of times, I'll just sit through them because it will be time spent with [her], you know...." (16M, 37 years old)
In dyads where co-viewing was less common, participants typically pointed to a lack of time or to scheduling conflicts as the reason. In the words of one daughter, "we're just never home at the same time." (14D, 16 years old)

Selection of programs that mothers and daughters watched together was typically the product of a negotiation or a "give and take" process between mother and daughter. Sometimes, however, one individual deferred to the other's preference. In such cases, it was typically the mother who yielded to the daughter's wishes:

[Q: Who selects which shows you watch together?] Um, it's gone both ways. I think we kind of have give and take. (4M, 45 years old)

[Q: Who selects which shows you watch together?] Usually both of us, like, "is this okay if we watch this?" Come to think of it, you know, I usually let [my daughters] pick, unless it is something that I really, really want to see. (13M, 43 years old)

[Q: Who selects which shows you watch together?] Oh, I usually let [my daughter] pick. She's a remote control person. (1M, 41 years old)

Sharing of magazines was also common within the mother-daughter dyad. For instance, several mothers and daughters shared general interest or news magazines, such as *Time* or *Newsweek*. In addition, daughters indicated that they commonly read magazines targeting adult women and selected by their mothers:

[Q: What types of magazines do you and your mom share?] ...I like to read her *Ladies' Home Journal*. It talks about...the part in the beginning where they have this marriage counselor. I think it's absolutely hilarious. And, they have good recipes in there and then they have this bargain section and it sounds stupid but I look for this in *Ladies' Home Journal*. But they have some neat stuff. And they have stuff like articles about Jamie Lee Curtiss and stars that I like to read about. (3M, 15 years old)

Similarly, mothers also frequently perused magazines their adolescent daughters purchased or selected:

[Q: What types of magazines do you and your daughter share?] Whatever the girls usually bring home, which probably is *Glamour* or some teen magazine I happen to see laying around...I'll flip through it. *Seventeen*...*Bride* magazine's been showing up here lately, so...I'll look at those for trends and things (14M, 46 years old)

Most often, however, when mothers browsed through their daughters' teen magazines, it was not for purposes of personal entertainment. In several cases, mothers monitored the
content of their daughters' teen magazines. In some instances, this censoring behavior was precautionary and temporary, beginning at the onset of the daughter's involvement with the magazines, and ending once the mother was convinced (a) that the magazine content was appropriate for her daughter and/or (b) that her daughter would read the magazine content critically, determining what was and was not consistent with her family's value system:

I did read through a couple of issues to see if it had material, you know, the kinds of material they wrote about...if I agreed with what they were saying. (9M, 45 years old)

[Q: What did you think about the magazine content?] Oh, I guess I thought some of it was, I guess, a little too sexually oriented. I was disappointed in that. I guess you just kind of have to sift through it. Hopefully [my daughter] is selective in what she believes in those magazines. (18M, 47 years old)

In other cases, mothers took a more confrontational tact, using magazine content that they perceived as controversial as a springboard for a parent-child discussion of the issue or prohibiting their daughter's continued involvement with the publication at hand:

Sometimes, I skim through the one that [my daughter] gets that's called YM. Just to see to make sure its appropriate. Once, when my husband and I had her read one article, in particular, and then afterwards we said we wanted to talk about it, and so we just all discussed it. We told her we didn't think it was appropriate and wanted to see what her thoughts were. She thought it was very appropriate! It was about boys, and it was giving details to girls about how to best trap a boy and things that you would want to do with the boys after you had trapped them. This was a couple of years ago and we didn't think it was appropriate for a then 14 year old. [Q: After that did you negotiate a little bit more or did you just...?] I think we kind of dropped it and told her that's why we continued to snoop at her magazines...to see if we thought they were appropriate. (2M, 39 years old)

Well, we used to get YM. And, my mom read it, and then she didn't like that. So we had to, she like discussed that with us -- how and why she didn't like it and stuff. She likes the magazines we get now, or else she doesn't really mind them. (5D, 16 years old)

In other dyads, mothers' involvement with their daughters' teen magazines represented less a case of censoring and more a desire to "touch base" with the teen culture inhabited by their daughters:

Once in awhile I would glance through them [her daughter's teen magazines] to see what was in there. Just to see what they were saying about social aspects and what they were telling the teenagers about socializing, boys and girls, you know. I was interested in seeing what kind of beauty tips and fashion tips they were telling them in
there. A lot of it was more or less social, I was curious what kind of information they were passing on to the teenagers. (18M, 47 years old)

Some of the articles, like I like to look at the...there is the high school, you know they feature a high school every month or something, and I just like to see what other kids are like. You know see what they're wearing, and see that my kids are not the only weird kids. And I think that interests me. Not so much the clothes or the fashion, or um, some of the articles, that she'll say something about she read this article and I'll read it to just see what it was about. You know, so. (16M, 37 years old)

For some mothers, control over their daughter's media use went beyond an occasional perusal of the teen magazines on their child's bedside stand. Although many mothers had at one time placed restrictions on their daughters' media use, the majority of mothers no longer instituted such limits once their children reached their mid-teen years. Five mothers, however, did maintain rules for their high school aged daughters' media use. These rules involved the types of media content that could be used, the time that could be spent using those media, and/or what must be accomplished prior to media use. Frequently, these rules reflected specific intent to thwart excessive Internet use or to prevent viewing of rated-R movies or other media content deemed inappropriate by mothers:

Um, oh, I think that like during the week until ten o'clock if the homework is done and then ten o'clock or ten-thirty to bed, so that is a limit. She can't stay up all night watching TV.... I suppose she has probably always has had restrictions [with respect to the media]. And being new to the Internet, we're not really...the other things have to come first...I could see how that could become something I'll have to put more restrictions on. Yes...and just the chatting with friends...needs some restrictions. (8M, 44 years old)

Um, we try to [limit our daughter's media use]. You know, because, like, she uses like the, you know shows that are rated R and stuff. You know, she's not, we've not given her permission to go to those yet. I know that she has; I'm not stupid. But, but I, you know, we won't let her rent an R-rated movie and bring it to the house and watch it. And she, you know, until she turns the age that R...is within her grade scale. And even then, it's like, well, we'll still have to view it and see if the facts are right. So, yeah. And you know, we've had...I mean, when I come, if they have a TV show on that's just, you know, I'll make them change the television. You're not going to watch that. They don't, the kids even from early on weren't allowed to watch The Simpsons because of the rudeness that little boy. I, you know, it's just...and there are several of them that...like, Married With Children, they're not allowed to watch that. And, you know, I know they switch over to that, because I've come home and caught them, but...but they're not supposed to watch any of them. (5M, 45 years old)
In discussing the use of rules to limit daughters’ media involvements, some mothers described why and when they decided to lift such restrictions. Interestingly, their decisions typically stemmed from two very divergent situations. In the first such scenario, mothers sensed a loss of control over their daughters’ behaviors, and thus "gave up" in their attempts at governing such behaviors. Here, then, it was the daughters’ disregard for their mothers’ standards and the subsequent disempowerment felt by the mothers that lead to the collapse of rules (or more specifically, the respect for the rules) previously set in place to limit daughters’ media use:

Oh, when they were 12 and 13, yes. But, it’s 16, um, they’re going to watch it, they’re going to watch it with their friends if they don’t watch it with me, so all you can do is present your side of it and say why you don’t like it. Turn it off when I’m home. (14M, 46 years old)

I was [placing restrictions on her media use] when she was younger. I didn’t let her to R-rated movies, and when she was younger, even PG-13. Now I can’t control her — it’s beyond my control. She works at Moovies and she just brings stuff home and watches them and some are rated R, and she knows I don’t like that. (20M, 45 years old)

In contrast, the second context that frequently precipitated the dissolution of rules regarding daughters’ media use pivoted on mothers’ trust in their daughters. Mothers recounted how they had come to gain this trust by observing their daughters make sound decisions and use "good judgment" when allowed the opportunity to make decisions for themselves about their media use. As mothers’ confidence in their daughters’ ability to be "self-regulating" grew, they reacted by gradually giving their daughters more and more freedom to make their own decisions about media use:

Most things, like I said, I’ve always trusted [my daughter’s judgment. I remember when she was in sixth or seventh grade, all the murder stories came out by R.I. Stein. And we were not crazy about them, but [my daughter] was just a big reader. And, she kept getting all these books for her birthday and she finally said, "Do you care if I read them?" I said, "no, why don’t you read it and then you tell me what you think about it. And, if it’s something that you think you want to read...." And, then, she read it and decided "nah, this doesn’t really interest me. It’s not for me." So, I trust [my daughter’s] judgment and I trust her...so no, not really....So, no, we don’t police [my daughter], she is pretty self-controlling, we’ll say. (19M, 43 years old)
Whereas the first scenario (in which mothers stopped placing restrictions upon their daughters' media use because they perceived that their daughters disregarded such restrictions) is reflective of an unhealthy mother-daughter relationship and a daughter's lack of respect for the mother's authority, the second situation (in which mothers abandoned the use of media-restrictions when they determined that their daughters had exhibited good judgment with respect to media use) is reflective of a mutual respect between mother and daughter. The parent-child dynamics characterizing the second scenario are similar to those embodied by the concept of responsiveness, in which parents willingly recognize a child's individuality and autonomy as the child matures, gradually giving the child more and more responsibility in regulating her own behaviors and making her own decisions (Smetana, 1994).

Clearly, the mother-daughter relationship affected the media involvement of the participants in this study. Mothers who actively reviewed their daughters' magazines, who engaged their daughters in discussions about media content, or who placed restrictions on their media involvement had a perhaps more visible role in shaping their daughters' media use behaviors. Nonetheless, even mothers and daughters whose interactions were somewhat more covert influenced the nature and extent of each other's media involvement. For instance, 60% of the mother and daughter pairs (n = 12) were classified in the same (general) media involvement category (highly, moderately, or minimally involved) as the other person in the mother-daughter dyad. As such, there was a relatively high degree of similarity in the extent of media use in individual mother-daughter pairs. This similarity in mother and daughter media use may be attributed to modeling of parental behaviors or the organization and/or sharing of household activities (e.g., a pattern in which family dinners are eaten in front of the television) (see Dorr & Rabin, 1995). Additionally, mothers and daughters typically had similar media available for their use. In some cases, daughters skimmed their mothers' magazines -- media to which they may not otherwise be exposed -- primarily because they were at their disposal and within their households. Similarly, mothers who browsed through their daughters'
magazines to glean a sense of teen culture or to assess content for appropriateness also accessed media they would likely not have used were it not for their relationship with an adolescent daughter. The same is true for exposure to television content; mothers and daughters frequently coviewed television programs, and in many cases, one individual would select a program that the other may not watch out of her own volition.

**Perceived Realism of Media Presentations of the Female Body**

In one portion of their interviews, participants and the researcher viewed and discussed advertisements from a variety of magazines and catalogs. The focus of these discussions was the appearance of the models featured in these varied media. During these conversations and at other points during the interviews, participants addressed the extent to which they perceived models (and other media presentations of the female body) as realistic, or reflective of the reality.

Interestingly, participants approached this issue of media realism (with respect to depictions of the female body) from a personal standpoint; in assessing degree of realism, participants typically focused upon whether or not a given appearance would be possible for them or their acquaintances to achieve. Here, then, participants used their own appearances (and those of other, known individuals) as a point of comparison or as an anchor point for what was and was not "realistic." In a similar vein, several participants seemed to have a mental image of what constituted a "normal" female appearance or body. Typically, participants' definitions of a "normal" appearance were somewhat flexible, accommodating a range of "nonextreme" appearances. Appearances that could "fit within" the range of normality were perceived as realistic. In contrast, exceedingly thin or overweight appearances were perceived as abnormal, and thus, unrealistic:

> I don't think that models are like, normal. I mean, it's pretty much abnormal, models today are. Because...I mean, if they had like normal people that were like normal weight and normal height and stuff like that, then yeah, that would represent today's people, but it's not. (5D, 16 years old)
[Q: And what do you think is unrealistic about models?] Oh, most people don't have those body shapes, those body sizes. Most people are not five foot ten...um...and wearing size twos and threes. Um...it's just not the normal body size. (17M, 46 years old)

Although there was some variation in perceptions among participants, the majority of participants (both mother and daughter) perceived "most" models and (other) women and girls featured in the mass media (e.g., celebrity personalities, actresses, etc.) as "unrealistic." No participant perceived "the majority of" female models or celebrities as realistic, but five mother and seven daughter participants indicated that they viewed "some" depictions as relatively more realistic than others.

Several personal and interpersonal experiences were associated with the perception of models and other media depictions of the female body as unrealistic. First, and as previously alluded to, participants engaged in a social comparison process in which they evaluated the realism of models using their own bodies as a point of comparison. When participants perceived a relatively significant discrepancy between their own body size and shape and that of a model or media personality, they tended to perceive the media image as unrealistic. Most often, participants perceived models (and other media depictions of women) as unrealistically thin:

[Q: What do you think is unrealistic about models?] I think that when they are 6 feet tall and weigh the same amount that I do when I am only 5 feet tall...I think that they are very, very skinny and that can't be healthy. (19D, 16 years old)

Similarly, participants also compared others' appearances to those of models (or other media depictions of women or girls). In addition to comparing models' body sizes and shapes to the bodies of specified or known others (e.g., friends, colleagues, family members, acquaintances, strangers), participants also compared models' bodies to their mental image of what constituted a "normal" body size or shape. This mental image of a normal or real body seemed to reflect the aggregate of a lifetime of observations about others' appearances. Typically, comparisons between models and this "aggregate other" led participants to conclude
that models' bodies were different from (i.e., much thinner than) those of most "real people" whom they had seen or met in the "real world":

I think that I just realize that not everyone is supposed to be as skinny as models. I come across different types of people, and most of them aren't that skinny. Even myself, I would never want to be that skinny. (13D, 16 years old)

Thus, participants often perceived models as part of a "special" and "exclusive" group of people, distinct from the corporeal reality of the general public:

Oh, I think it is kind of superficial and an unrealistic expectation for anyone to think that they would be able to achieve that level [of looking like a model]. Those are very unique group of people that have a great genetic gift, and that's just not the case with the rest of us. (12M, 47 years old)

That participants tended to perceive their observations of "real" people's bodies as more realistic than their observations of fashion models' bodies is consistent with previous research about children's perceptions of media realism (Austin et al., 1990). In their study of third, sixth, and ninth grade children, Austin and his colleagues found that when children noted a mismatch or a discrepancy between their own experiences and those presented in the media, they, like the participants in this study, tended to perceive the media depictions as less realistic than their first-hand experiences.

Second, beliefs about and personal experiences with body malleability also influenced mother participants' perceptions about the realism of models' appearances. Some mother participants who had not experienced success in their own dieting efforts (i.e., they had not been able to lose weight or to maintain a weight loss) perceived models' bodies as unrealistic for them, personally, to achieve. For these mothers, personal experiences with the body and interpersonal comparisons with models contributed to the notions that (a) their bodies were different from those of models and (b) their bodies were limited with respect to malleability and could not be "re-shaped" so as to resemble the slender form of women featured in the media:

[Q: Why do you think that the image of women in the media is not realistic?] Because I've tried to lose weight and you just, you know.... Also, they fix them up with props, like the pushup bras and things. They do all sorts of things with photography, you know. I don't think it is realistic for me to try to look like they do. (20M, 45 years old)
Third, and as reflected in the above quote from Participant 20M, beliefs about fashion models and/or women and girls depicted in the media also were associated with the perception of (female) models'/actresses'/celebrities' appearances as "unrealistic." For instance, like Participant 20M, several mothers and daughters remarked that models were unrealistic because media images of them were "computer enhanced" or "airbrushed." Similarly, the belief that models had an entourage of personal trainers, stylists, and makeup artists at their disposal was also associated with the perception that their appearances were unrealistic. Several participants also expressed the belief that "most models" had undergone extensive plastic surgery, and thus, were "fake." Mothers and daughters also perceived that many models were victims of eating disorders or participants in "starvation diets" or stringent exercise plans that were neither healthy nor "realistic" for a "normal" person to follow:

[Models] are really, really skinny, and it's almost, because most people, if they want to get that skinny, they'll like starve themselves or become bulimic or something like that. And, I don't think we need to take it quite that far. (4D, 16 years old)

Three daughter participants indicated that modeling agencies forced models to "starve themselves" and "work out all of the time":

And that, you know, you read articles about agents who tell their models constantly that they can't eat and that they have to lose weight. I don't think that is fair, and I don't think that's healthy. (19M, 16 years old)

These beliefs about models were shared among a surprising number of the participants. Even though the interview schedule did not include questions directly related to these issues, six mother and nine daughter participants expressed such beliefs and thus, seemed to share this common "stock of knowledge" (Berger & Luckmann, 1966) about the lifestyles of models and the "tricks" of the modeling and media industries. Interestingly, (and perhaps ironically) several participants credited the media as their source of information about these industry practices (e.g., airbrushing of media images; use of personal trainers, plastic surgery, etc.; encouraging models to adhere to rigid diet and exercise plans) and/or the prevalence of eating disorders among models:
[Q: Where did you learn about the airbrushing?] I saw it on TV. It was Hard Copy or something like that. It showed about how they air-brushed pictures. I don't know if they do it all the time, but I'm sure they can and technology can do it, so I'm sure they do. (16D, 16 years old)

Finally, mother-daughter interactions seemed to contribute to participants' perceptions about the "unrealistic" quality of media presentations of the female body. Not surprisingly, such interactions were typically related to media content. For instance, mothers and daughters frequently shared or coviewed media that shaped their beliefs about models. Several participants reported that they had coviewed a television news program about airbrushing of models' images:

My girls and I saw this, it was on...some show on TV. And it showed how they re-did and made over and re-shot and computer enhanced a magazine cover of Cindy Crawford. Now, most people would think Cindy Crawford is fine just the way she is. But, let me tell you, she's not. Because they showed how, you know, they used a computer and they lightened her hair and darkened her hair and changed her make-up and changed the color of her...and they just shaved off two, three inches off her thigh. Yes, and I thought that was really good for the girls to see that. That, you know, you look at these magazine covers, they spend hours, they have make-up artists, they have hair artists, they have, you know, fashion people, they have everything, and it's still, they can't get it right, they have to use a computer to make it look good enough to sell the magazine! (4M, 45 years old)

Mothers and daughters also frequently discussed the content from such media sources, contributing to one another's stock of knowledge (Berger and Luckmann, 1966) about models' lifestyles and/or the tricks of the media industry:

[Q: Do you and your mom ever discuss anything about the fashion models that you see?] Um...well, we always talk about how they're so like unproportional and like unrealistic and stuff. And how they do like a good job of like...taking stuff off when they actually publish it and stuff. Because...I don't know. We're always just like, that'll never happen to anyone or, they don't ever hardly like look like that in real life. Because they just do so much editing and stuff when they put them in magazines. (5D, 16 years old)

Although both mothers and daughters initiated these interactions, mothers often did so with the intent of educating their daughters to become "critical" users of the media, with the hope that a skeptical perspective might offer some protection from the alleged "effects" of constant exposure to thin models; mothers were fearful that exposure to thin models could incite within their children the attempts to emulate the models' appearances and the subsequent development
of unhealthy or disordered eating behaviors. Such was the case for Participant 19M, who shared with her daughter a magazine article about eating disorders among models.

I had gotten the People magazine which had the article about Tracy [Gold] in it and showed [my daughter] — [my daughter] read it and saw the pictures. She is very into reading, and I think that article scared her enough that if she had ever even thought of it, that put the fear in her and took that right idea away, right then. (19M, 43 years old)

As previously indicated, 12 participants (five mothers and seven daughters, including one mother-daughter pair) did perceive some, but not all, female models or media personalities as reflective of the reality of women's or girls' bodies. Five of these participants (three mothers and two daughters) observed that female models, celebrities, actresses, etc., had recently come to reflect a broader diversity of appearances than had previously been the case.
just make her look so awful, I think, and I guess it might just be a real dramatic ad. We have talked about it. (13M, 43 years old)

In four cases, daughter participants perceived models or celebrities whose appearances were similar to those of their peers as "realistic." As was true for participants who perceived most models' appearances as unrealistic, these three participants used the appearances of those who inhabited their "own world" (i.e., their classmates) as a point of comparison for evaluating the "realism" of female bodies presented in the media. The difference between these three participants and those who perceived models as unrealistic was that these participants evaluated the appearances of their peers as similar to, rather than different from, models' appearances:

I mean, there's girls at our school that look like [models]...so it kind of makes it more real if you see real live people that actually look like that. I guess you realize there are people that do look like that. (8D, 16 years old)

Interestingly, these daughter participants perceived their own appearances as different from (i.e., less attractive, less thin) those of both their peers and models or media personalities:

Right now, I'm in a high school with lots of skinny, blonde girls who are really tall....I think that [models] are pretty, but they are really skinny, and you know, it makes me kind of unsure. But, then I realize that nobody is going to look like that, except the girls in Johnston. Have you talked to a lot of girls? [Interviewer: I've talked to quite a few.] They're all skinny...have you talked to the skinny, tall, blonde ones? [Interviewer: I think each of the girls I've talked to has been pretty in her own way.] (9M, 16 years old)

Finally, participants who perceived some models as realistic in appearance sometimes held different beliefs about models' lifestyles and media practices. As reflected in the following quote from Participant 20D, these participants did not necessarily hold the belief that most models had undergone plastic surgery or participated in "starvation diets."

My mom thinks that they all starve themselves and that all the Victoria's Secret models have implants, and I'm like, "no." (20M, 18 years old)

As such, although participants did vary somewhat in their perceptions about the realism of media presentations of the female body, most of them regarded such depictions as more or less unrealistic; even those who viewed some female models or media personalities as
"realistic" tended to believe that the appearances of "most" models or media personalities did not reflect the reality of "real" women's and girls' appearances.

**Identification With Fashion Models and Other Media Depictions of the Female Body**

Intimately associated with participants' perceptions about media realism (as related to presentations of the female body) was the issue of whether or not they could identify with or relate to female fashion models or celebrities. Of central importance here was whether or not participants felt that their appearances or bodies were alike or different from those of females presented in the media. As will be elucidated in the upcoming discussion, the relationship between "perceptions of realism" and "personal identification" was so close that its precise nature could not be unraveled.

Thirteen mother participants and 12 daughter participants (including eight mother-daughter pairs) indicated that they could not, for the most part, "identify" with fashion models or other media personalities. The most common reason cited for this lack of identification was the perception that "they are different than I am," a conclusion that was arrived at through social comparison of (a) their personal appearances and lifestyles and (b) their perceptions about the appearances and lifestyles of females featured in the media. For instance, participants often perceived models as thinner, taller, and in the case of mother participants, younger than themselves:

I'm 42 and by the time you get to be 42, you go by what is going to work for you and most of the time [the media] dwell on women who are a size 6 or really young girls. And, I'm not a young woman any more and I'm not a size 6. ...And, when you are my age, you have cellulite, and they don't have any cellulite. (7M, 42 years old)

(Q: Can you identify with or relate to models' appearances?) In general, no. They're very twenty, they're tall, they're thin. They're just not my body type, they're probably not my lifestyle, um, you know, most of the time not. It's just not relevant. (14M, 46 years old)

As reflected in the above quote from Participant 14M, participants also perceived their lifestyles as different from those of females featured in the media. As previously intimated in
discussions concerning perceptions about body malleability and media realism, participants believed that models had access to different resources, such as time (to exercise) and money (to hire personal trainers, chefs, or stylists), than they did, and thus, could achieve appearances not "accessible" to "real people." In a similar vein, participants also distinguished between their "live" or "real" appearances and the contrived, computer-perfected appearances of models, noting that unlike models, they could not "shave a few inches off [of their] thigh" at whim.

Finally, participants viewed the role of appearance in their lives as distinct from the role of appearance in the lives of models or other media personalities. Four mother and three daughter participants (including one mother-daughter pair) expressed that unlike models, they did not make a living with their bodies:

I'm so opposite of what they are. They are models getting paid to walk on the runway for their bodies, and I'm at school everyday sitting in a chair, talking to my friends. (11D, 16 years old)

In addition to contributing to participants' lack of identification with models, this observation was also associated with the expectation that models would look different from people whose livelihood was not dependent upon personal appearance:

[Q: Do you feel that you can relate to images, to the girls that are in your magazine?] Probably not. I'm not some high-paid model! If we all looked like that, we'd all be...modeling! (12D, 16 years old)

I usually think models are taller, thinner, more gorgeous. But, it doesn't bother me because I know they are making their living doing that, and I'm making my living doing something that doesn't involve my appearance. So, that's okay. (10M, 47 years old)

Paralleling participants' perceptions of difference between their own appearances and lifestyles and models' appearances and lifestyles was the notion that their first-hand or personal experiences represented a reality distinct from and more "real" or "normal" than those of the media world. As previously suggested, the exact nature of the close relationship between perceptions of media realism and degree of identification with models was somewhat elusive. The data from this study seemed to suggest two possible explanations of this relationship. Although these explanations refer to similar comparison processes, they differ in the sequence
of events included within these processes. In the first scenario, identification issues are seen as preceding and contributing to perceptions of media realism in the following chain of events: individuals' personal comparisons with models or celebrities contribute to the perception of difference from models, which leads to a lack of identification with models, which, in turn, leads to the conclusion that achieving an appearance similar to that of a model is not realistic for them. In the second scenario, perceptions of media realism are seen as preceding and contributing to degree of identification with models. This second scenario includes the following sequence of events: individuals' personal comparisons with models contribute to their perception of models' appearances as unrealistic for them to attain, which leads to their conclusion that they are different from models, which in turn, leads to their lack identification with models.

Not all participants, however, expressed a lack of identification with models or other celebrities; four daughter and seven mother participants (including one mother-daughter pair) indicated that they could often identify with or relate to the appearance of (at least some) models or celebrities. Although this identification, or perception of similarity (in appearance) to models or celebrities, was evidenced under several circumstances, these circumstances were not the same for the mother and daughter samples.

Among the mother participants, identification with models or celebrities was linked to one of two conditions. Under the first condition, which characterized the experiences of five mother participants, identification was associated with the perception of similarity between selected models or celebrities and the (current) "self." In this vein, four mother participants identified with or could relate to "large sized" models whose bodies they perceived as similar in size and shape to their own. Here, then, the comparison process resulted in the perception of similarity with a select segment of the model or celebrity population:

Recently, they had a deal on TV that...that talked about this one model that, you know, I mean, she was the first model ever at a size 16 that was in the um, the fold-out. I mean, she actually did a fold-out. [Interviewer: Emme, maybe?] Is that who? I don't know. Well, maybe, yeah, that could be her. Anyway, she's like a size 16 -- very
attractive woman. And so it's like, I could relate to that. You know? Being that size, and still being attractive. So. (5M, 45 years old)

Similarly, Participant 13M reported that she could relate to celebrities' appearances if she perceived that they had fought appearance-related battles similar to her own. For instance, she indicated that she could relate to Oprah Winfrey and Rosie O'Donnell because of the parallels (likely discovered through a comparison process) between their weight-related experiences and her own. Here, her perception of these celebrities as "susceptible" to appearance problems vexing the general public (herself, included) rendered them "real" or "genuine" in her eyes and fostered within her a feeling of "connectedness" to them:

Oprah has struggled and Rosie is just happy the way she is. That's probably why...[I can relate to them]....I think that is why I am drawn to them more than some of the others. (13M, 43 years old)

The second context in which identification with models or celebrities was evidenced among mother participants entailed the perception of similarity between models or celebrities and a younger version of the self. In comparing themselves to models, three mothers used their adolescent and/or young adult appearances rather than their current appearances as a point of comparison. In these comparisons, mothers evaluated their youthful appearances as similar to those of (contemporary) models or celebrities. Thus, these mothers were able to identify with models and celebrities who were younger and thinner than current selves, but similar to their more youthful selves.

Identification with models among the daughter sample was associated with the perception of similarity between models or celebrities and (a) the self or (b) close associates (significant others). For instance, three daughter participants perceived both themselves and adolescent models or celebrities as "thin." For these girls, the social comparison process elicited the conclusion that they were similar to, rather than different from, models:

[Q: And what do you think is similar about that model and you?] She's not like, she's normal, I guess. She's not real, real skinny and she's not fat or overweight or chubby. She's just sort of thin, like me. (4D, 16 years old)
One might speculate that each of these girls' self-evaluations of appearance was shaped in part by her interactions with and social feedback from others. Such was the case for Participant 17D, who incorporated her mother's reviews (Stone, 1962) of her appearance into the social comparison process, concluding that she was similar in appearance to women and girls featured in the media:

Just like the tee-shirt my mom gave me about [my] big breasts. A lot of times in the media, you see women with big breasts. [...] [Q: Can you tell me more about this tee-shirt?] Oh, it says, "Objects under this shirt are as large as they appear," or something like that. ...My mom says I'm thin, and a lot of girls in the magazines are thin. (17D, 16 years old)

On a related note, Participant 14D, who perceived herself as overweight and "unlike" fashion models, indicated that she could nonetheless relate to models because she had "friends who look like that." As was true for participants interested in assessing media realism, this participant used the appearances of known others (friends) as a point of comparison in evaluating models as similar to or different from her social world. Thus, the mere fact of perceiving one's associates' or significant others' appearances as similar to models or celebrities was sometimes an adequate condition for the personal (or perhaps, "vicarious") identification with models or celebrities.

[Q: Are images of women in the media relevant to your life?] Um, yeah, I guess you could say that, yeah. [How?] Just like being skinny...like my friends are like gorgeous, they're all pretty and like that. (14D, 16 years old)

Although the tendency not to identify with (female) models or celebrities was common to both mother and daughter participants of eight dyads, which would suggest similarity in identification tendency within the mother-daughter unit, mothers and daughters rarely described interactions directly related to the concept of identification. However, of the four daughter participants who did relate to or identify with models, two had mothers who perceived their daughters' appearances as similar to those of models. Thus, it is possible that they communicated this perception of similarity to their daughters; such was the case for Participants 17M and 17D (see preceding quote on this page). Perhaps it was more likely for participants to
communicate to the dyadic other a perception of similarity about the other than it was for them
to comment on (a) their perceptions of dissimilarity between the dyadic other and
models/celebrities or (b) their evaluation of their own degree of similarity or dissimilarity with
models/celebrities.

This mother-daughter similarity in lack of identification with models may also be related
to interactions concerning media realism; as discussed in the preceding section, mother-
daughter interactions did contribute to participants' perceptions about the unrealistic quality of
models' and celebrities' appearances. And, as previously noted, perceptions about the realism
of models' or celebrities' appearances were closely linked to whether or not a participant could
identify with those models or celebrities. As such, the influence of mother-daughter
interactions upon degree of identification with models/celebrities may be an indirect, rather than
a direct, one.

Idealization of Fashion Models and Other Media Depictions of the Female
Body

The issue of whether or not models embodied an "ideal" female appearance incited
lively discussions between the interviewer and many of the participants. Several participants
expressed (seemingly) deeply-held views about the topic, and some articulated their own
"theories" of agenda setting by the media, modeling, and advertising industries. Granted, not
all participants were passionate about their beliefs concerning the idealization of models, but
most readily voiced an opinion about the issue. In general, participants' comments reflected
one of three perspectives: (a) the belief that models, in general, represent an ideal about how
women should look, (b) the belief that some, but not most, models represent an ideal about
how women should look, and (c) the belief that models do not represent an ideal about how
women should look. In addition to a discussion about these three viewpoints, the following
issues will be addressed in this section: (a) participants' perceptions of others' views about the
idealization of models and (b) mother-daughter interactions related to views about the idealization of models.

**Personal Beliefs About the Idealization of Models.** As indicated, participants' beliefs about whether or not models represented an ideal female appearance typically represented one of three viewpoints, each of which is addressed in the following discussion.

Six mother and six daughter participants (including only one mother-daughter dyad) indicated that for them, personally, models did represent an ideal about how women should look. Here, participants' use or interpretation of the word "ideal" reflected an admiration for a given appearance and also a desire to achieve or to emulate that admired appearance:

> [Q: For you, personally, do models represent an ideal about how women or girls should look?] Yeah. They're always really...tall, skinny, pretty...all that. Probably, like, you know, you know, just being like that...it wouldn't hurt to look like that! ...You always see these famous people, and they all look good! (laughs) You know? And then you always want to look good! (12D, 16 years old)

For several of these participants, idealization was motivated by the appeal of (or their admiration for) a culturally-sanctioned appearance reflective of social standards of beauty. Implicit here was the notion that such an appearance would attract the attention of others or even the idolization of one's appearance by others:

> [Q: Why would you like to look like a fashion model?] Because they are pretty, and all of the guys want them. (18D, 16 years old)

They're attracting people and like you know, they're...yeah. They're attracting attention and stuff, and they're attracting, I don't know. Yeah. (12D, 16 years old)

As is reflected in the above quotes, then, participants who perceived models' appearances as ideal also frequently regarded appearances as a vehicle for social acceptance, a personal characteristic associated with the external orientation. This association between idealization of model and celebrity appearances was quite strong; eight (three mothers and five daughters) of the 12 participants who viewed model and celebrity appearances as ideal were identified as externally-oriented.
Also underpinning participants' idealization of models was the assumption that if a woman were featured in the media, she "must" represent a societal ideal of beauty (in others' eyes), by mere virtue of her depiction in the media. In this vein, Participants 12D and 18D interpreted the media as a barometer of (or perhaps creator of) societal appearance standards and also as a source of pressure to achieve an idealized appearance (as embodied by models):

Because you know, it's just like...whatever...because, you know...they're seen all over. So whatever they do, you know, it's...influencing us, you know. Usually, it's what we'll do. It's just like...they're so influential because they're so like...you know, high and stuff, I guess...that you know, whatever they do like we'll do because they're just like...role models and stuff. (12D, 16 years old)

Yea, [models] are like the image of society, you know -- "this is what you should look like." I mean, I'm not totally crazed about models, but there is pressure to look like them. (18D, 16 years old)

Interestingly, and as reflected in the above comments from Participants 12D and 18D, those who idealized model or celebrity appearances often couched their comments about this topic in the context of whether or not they perceived this idealization as the product of a "conscious" or "intentional" decision on their part. For instance, two daughter participants described their desire to emulate a model's appearance as a personal choice, thereby implying their proactive involvement in the decision to admire or to attempt to achieve a given appearance:

Um, I guess I try to look like models as much as I can, but just when I want to. Like not exactly like them, but kind of like them. (2D, 16 years old)

Participants who perceived idealization or emulation (of models) as a "choice" also tended to indicate that when they did choose to model the appearances of women depicted in the media, they did so for their own satisfaction rather than the satisfaction of others. Such a sentiment is reflective of the previously described internal orientation:

I think it would be fun to be that thin [as thin as a model], though. [My mom] thinks it's gross, and I'm like "it's cute." She says guys don't like that. And, I'm like, I don't care, I'm not doing it for them. (20D, 18 years old)

However, not all participants who idealized models' appearances shared in the perception that idealization behaviors were ones of choice. Participants 7M and 9D indicated
that although they recognized that they (and many women or girls) would likely never look like a model, they could not help but to want to look like one. For these participants and others like them, the perception of models' appearances as unattainable or unrealistic did not thwart their idealization of them:

So again, they are not the ideal and should not be, and yet I find myself looking at them and thinking I want to look like that. When you sit back and think about it, it's impossible, you can't. First I wouldn't do the plastic surgery, probably more than half have had it, also who could exercise 8 hours a day and live on carrots? (7M, 42 years old)

I look at them and I think they are pretty, and I then I think that they are really skinny. I think it is kind of gross, but then I always think, "I wish I could look like that." (9D, 16 years old)

"In between" those who did and those who did not idealize models' and/or celebrities' appearances were seven participants (three mothers and four daughters, including one mother-daughter dyad) who indicated that only "some" (but not most) models represented a personal appearance ideal for them. Appearances included within this notion of "some but not most" classification were quite consistent across these six participants, with most of them noting that their idealization included only those models whose bodies they perceived as "natural," "real," or "attainable" (for them, personally, to achieve):

[Oprah Winfrey and Rosie O'Donnell] are not so knock-dead gorgeous, not so unattainable — that's probably why I'm drawn to them. (13M, 43 years old)

I think that models should be more like...bigger. I don't they should all be so skinny. I think they should be like how Marilyn Monroe was when she was alive. Like all curvy and bigger and natural. (13D, 16 years old)

Similarly, these participants also indicated that extremely thin, or "waif-like" models were not an appearance that they would aspire to:

[Q: For you, personally, do models represent an ideal about how women or girls should look?] Well, you know, there's models in catalogs, and they're not quite so extreme as the ones you see on the fashion plates, you know. So, I suppose some of them do [represent an ideal], anyway. (15M, 41 years old)

[Q: For you, personally, do models represent an ideal about how women or girls should look?] Yeah. But more like, not like the runway models and stuff, but more like the...I mean some of them are the same. But, more like the, you know what I
mean, just like voluptuous? Yeah, that's more ideal than the stick people, I think. (1D, 18 years old)

[Q: For you, personally, do models represent an ideal about how women or girls should look?] I think the ones that aren't too skinny, like Cindy Crawford do. The ones that aren't really skinny do. (8D, 16 years old)

Here, then, participants' affinity for and idealization of these models appeared to emanate from their perceived ability to relate to, or identify with, them as "real" people.

Among the participants in this study, the view that models did not represent an ideal about how women should look was more common than either of the previously described perspectives; 11 mother and 10 daughter participants (including six mother-daughter dyads) expressed the belief that for them, models did not embody an "ideal" appearance. Like those participants who did idealize models' appearances, these participants enumerated reasons to explain "why" they did not covet the appearances of women featured in the media.

The most commonly mentioned explanation for not idealizing models' or celebrities' appearances was related to the perception of these appearances as unrealistic for them, personally, to achieve. For these participants (four mothers and seven daughters), the perception of models as unrealistic precluded their idealization of them, even if they viewed them (models) as attractive:

I think models represent how women would like to look, but realistically we probably most of us know we won't look that good. So, I'd have to say, no, I guess I don't hold them up as an ideal. (2M, 39 years old)

Often, the perception of models as "unrealistic" reflected participant's beliefs about the malleability of the body. For instance, in some cases participants perceived models' or celebrities' appearances as wholly impossible for them to emulate. These participants tended to express the belief that by virtue of their gene pool, they would never look like a model, no matter what types of behaviors they adopted. In other cases, participants intimated that although it might be possible for them to attain an appearance similar to that of a model, they had no desire in making the behavioral changes that they believed would be necessary to achieve such an end. Participants expressing such views seemed to hold certain beliefs or
assumptions about models and the modeling industry (e.g., that models undergo plastic
surgery or adhere to strict diets or exercise routines, etc.):

Because...they spend all the time starving themselves and stuff, you know. I don't
know...I mean, I guess it's attractive because so many people like...you know,
think they're so beautiful and everything, but I don't know. I wouldn't...want to
give up, like, you know...eating and all that! (laughs) (14D, 16 years old)

But, I don't really think I want to...I don't want to be that tall or thin. Because I know,
number one, that I couldn't be that tall, and I couldn't maintain that thinness and be...
comfortable or be able to maintain it comfortably. I want to eat healthy, but I don't
want to starve myself. So, nah. (10M, 47 years old)

Participants who perceived models' appearances as "unrealistic" frequently espoused the view
that models' appearances should parallel the diversity of body sizes, shapes, and colors found
among the nonmodel, noncelebrity, "real world" population:

I think it's...they're not real, realistic as much, I mean it's a bunch of makeup, and
they're way too skinny, and I just don't think that's what they should put out to
other people as 'this is what looks good'...because people come in all different
sizes, and everything, so I think they should really like make a variety of models.
(11D, 16 years old)

For seven participants (two mothers and five daughters), not idealizing models'
appearances emanated from their an internal (appearance) orientation (and beliefs associated
with this orientation). For instance, five participants expressed the belief that one should not
idealize or be overly concerned about anybody's appearances (models' or otherwise), but
instead, should focus upon other "more important" issues such as how they behave toward
others or what they could accomplish with their lives. Similarly, two daughter participants
stated the opinion that "people should look how they want to look" and "not feel like they have
to look like somebody else" (Participant 10D, 16 years old).

Still other participants intimated that they did not idealize celebrity appearances simply
because they did not find such appearances attractive. These seven participants (two mothers
and five daughters) often perceived models as "too thin," referring to their appearances as
"unhealthy" and "sickly." Like those who viewed models' appearances as unrealistic, these
participants associated them (the models or their appearances) with improper nutrition and eating disorders:

No. They're not ideal. They need to have a little more weight on them. Not a ton, but I don't think that models should be so thin, it just doesn't look nice. I think they should look healthy and not all sunken in and sick. They all look like they all have mono or something. (17D, 16 years old)

[Q: For you, do models represent an ideal?] Um, I don't think that they do really in my life because I realize that's a skinniness that they come by not by the right means. They probably aren't really that skinny, they just are anorexic or something.... (7M, 16 years old)

According to one mother participant, the level of thinness achieved by many models precluded a sound bill of health:

Most of them are just too thin. They look like they have nutrition deficiencies, to me. (6M, 40 years old)

In sum, mothers and daughters differed as to whether or not they perceived models as a personal appearance ideal. However, a majority of them viewed what they perceived to be a "mainstream" or "archetypal" model appearance (i.e., excessive thinness) with a measure of dislike (or even aversion) that was not indicative of or coincident with idealization.

Perceptions of Others' Idealization Behaviors. In addition to articulating their own opinions about whether or not models' and other celebrities' appearances represented an ideal, participants expressed their beliefs about whether or not others in the general public viewed models or celebrities as an appearance ideal.

Seventy-three percent of participants (n = 29, 16 mothers and 13 daughters) perceived that other people did, in fact, idealize models' and celebrities' appearances. Of these 29 participants, 20 (10 daughters and 10 mothers) of them indicated that for them, personally, most models did not represent an appearance ideal. Thus, these participants believed that they were unique in their opinions about models' appearances, holding a view different from that of the general public:

19Included within this total are participants who idealized the appearances of only a select group of models (e.g., those they perceived as "natural" or "realistic") (n = 2 mothers, n = 3 daughters) and participants who did not idealize the appearances of any models or celebrities (n = 8 mothers, n = 7 daughters).
Oh, I think that most people think that [models represent an appearance ideal]. I think that people look at models and think that is the way they should look. But I personally don't think that it is [the way people should look]. (19D, 16 years old)

That 70% of participants in this study (n = 28)\textsuperscript{20} shared their lack of idealization of most models' appearances, however, suggests that these participants may have been somewhat inaccurate in their perceptions of others' views of model or celebrity appearances; it would seem that a lack of idealization was not as "unique" a perspective as these 29 participants perceived it to be.

Participants' perceptions that others idealized model or celebrity appearances seemed to stem from a variety of factors. For instance, some participants who did idealize models' appearances seemed to assume that others also shared in their idolization. Thus, in taking the role of the "generalized other" (Mead, 1934), these participants imagined that others held beliefs similar to their own. Here, then, participants may have projected their own view of reality onto others.

In contrast, participants who did not view (most) models as a personal appearance ideal, but who believed that others did idealize such appearances, seemed to perceive these other people as "different" from themselves. Specifically, these participants perceived others as more insecure or more in need of social acceptance than themselves, and thus, as more susceptible to a media "agenda" intended to promote slender female appearances in a way that would be perceived as desirable by viewers:

[Q: Do you think that for most people models represent an ideal about how women should look?] I think that it does for some people, and I think that those are pretty self-conscious people. Yea, probably a lot of people. [Q: What makes you think that?] Just because of my friends are like that. They wear what people are wearing, or they want to look like what people look like. It doesn't make sense to me. (16D, 16 years old)

I think that it is the way to get accepted. That they have to look that way to be accepted by anyone. (13D, 16 years old)

\textsuperscript{20}Included within this total are participants who idealized the appearances of only a select group of models (e.g., those they perceived as "natural" or "realistic") (n = 3 mothers, n = 4 daughters) and participants who did not idealize the appearances of any models or celebrities (n = 11 mothers, n = 10 daughters).
And so, they have the pictures of what they see flashed across the media on a regular basis, and they think that's what they have to look like to be acceptable to others. (17M, 46 years old)

Participants often perceived the media's promotion of a thin ideal as pervasive or as nearly "inescapable." Further, they also tended to believe that this ideal was something that one had to "fight against accepting," as they, themselves had done:

Because that is all we see in the media. It's all we look at -- that's what's shown to us. If you don't see anything else, it's easy to think that is what's right. (18D, 16 years old)

Well, especially since the media. Yeah, it's the media. I can't deny that it doesn't influence you, you know. But you try to fight against it, somewhat. (20M, 25 years old)

Sometimes, participants expressed the belief that the media agenda to promote a slim female ideal was underpinned by financial motives. Here, participants associated the use of slender and attractive models with the successful promotion and/or sale of products:

Oh, I think that most people think models are the ideal...You see a lot of people, you know, doing all these exercise machines and diet pills and things like that to try to look like that. Obviously these companies are making money off of it, and people are being influenced to buy it. (19D, 16 years old)

Underpinning such participant comments was the perception that the media operated under the assumption that the use of culturally-sanctioned appearances to promote beauty or appearance-related products would invoke within viewers (a) a "beauty is good" stereotype and thus, a positive association of the product with "beauty" or that which is "good" and also (b) the belief that the given product could afford its user an appearance similar to that promoted in the advertisement (or other media format):

[Models] are in lots of commercials for makeup and things like that...and that's what women use to look pretty...so, you know, the media are telling women that they're supposed to look like that.... (8D, 16 years old)

In some instances, participants (both mother and daughter) perceived adolescents or children as more susceptible than adults to such media influences. Associated with this perception was the notion (likely inaccurate, see Austin et al., 1990; Corder-Bolz, 1980; Fiske,
1989; Messaris, 1982) that children were not "critical" or "sophisticated" in interpreting media content, and thus, were more prone to "blind" acceptance of its claims.

Not all participants, however, expressed the belief that others idealized models' appearances. Four mother and two (unrelated) daughter participants expressed the belief that others did not idealize model or celebrity appearances. Most often, these participants seemed to generalize their own views to others; in "taking the role" of the "generalized other" (Mead, 1934), these participants concluded that the public shared in their own perspective. For instance, Participant 10M assumed that because she perceived models as "unrealistically" thin and as "different" than "real people", others must, too:

[Q: Do you think that for most people, models represent an ideal of how women should look?] No, I think that they're really unrealistically thin...and most people just don't look like that, you know. (10M, 47 years old)

Mother-Daughter Interactions Related to Idealization of Models. Of the 40 participants in this study, eight mother-daughter dyads expressed similar opinions about whether or not they perceived model or celebrity appearances as "ideal." Of these eight dyads, six shared the belief that models/celebrities did not represent an appearance ideal. Thus, it is perhaps not surprising that when mothers and daughters did interact about the idealization of models, they most often discouraged one another from idolizing the thin female ideal embodied by many models.

Typically, such interactions were initiated by mothers who wanted to shield their daughters from a cultural environment that they perceived as encouraging adolescent girls to move toward disordered involvements with the body and dieting. Most often, these mothers warned daughters about the unrealistic nature of models' excessively thin appearances and/or the unhealthy eating behaviors that might be associated with these appearances:

I'm just trying to think...the other day she said to me...we were talking about weight...and it was about fashion models. I can't remember all of it but anyway, these girls were really thin and I just said that "you know, most of them, that's not something you want to emulate." That's just what I tell her. One thing being in the medical field, we go by, you weigh 100 pounds and you then you add 5 pounds for each inch. That's kind of our guideline, and [my daughter], truthfully, is right on and
so am I. So we... I'm just trying to think...I just tell her that most of those girls are anorexic or bulimic and that isn't, you know, a healthy life style. You've got to eat. (7M, 42 years old)

Because society today...I mean, [my daughter] has friends that are...they won't eat and they're pencil thin and they worry about their hair and worry about their makeup. And they worry about...there is a lot more to life...than that stuff. And I think that [my daughter] realizes...I mean, we've tried to raise her with that idea. ...So, I tell her, to look at these young models and stuff, it's like, "no, you're not going to look that way. You're you, and you like to eat, you like to be active and you like to live a normal life." And that's kind of what we prepare her for. (3M, 41 years old)

In some cases, mothers' interactions with their daughters were instigated by the perception that their daughters did idealize models' appearances or regard them as "perfect" or desirable:

So, anyways, we were watching this beauty pageant, and [my daughter] made this comment, um, something about, you know, "oh, you know, they're just so...you know, perfect. You know, this Barbie doll and, you know." And so that's kind of what prompted this. It's like, now wait a minute, you know. So, we don't have to worry about this! (laughs) You know...you can't expect to try and live up to, to these people. You know, they're fun to watch and, you know, "oh I like her dress," and, "oh she's the prettiest." You know, but, it's like, who cares? (4M, 45 years old)

The other day, I went in her bedroom and on the back of her door she had these pictures of these girls in these real cute clothes, it was J Crew. And, I said, "Geez, what's this?" And she said that she was using them because they were very thin. That's what prompted our conversation, they were real thin. She said that she was using them to motivate her into losing weight. And, I said, "Honey that's good that you are motivating yourself by visual aid." I said "that's a good way to motivate yourself." But I said "these girls," and that's when we talked about probably, possibly...I don't like to generalize...but a lot of models have anorexia or bulimia. And, some of them are just they are so thin. I mean they can't help it; I was really thin when I was young and I ate everything I wanted. And, I said "that isn't the way God made all of us." I said "that's good that you are motivating yourself, but you also have to be realistic. And, you aren't probably ever going to look like that." So...That was probably a real downer for her, wasn't it? You're never going to look like that! Oh well. (7M, 42 years old)

Here, it is important to note that mothers' perceptions about their daughters' idealization of models were not always accurate. For instance, Participants 4M and 7M perceived that their daughters idealized models, and as a reaction, they attempted to discourage their daughters from holding such beliefs. During their interviews, however, neither Participants 4D nor 7D expressed the opinion that models represented a personal appearance ideal for them; perhaps their mothers' dissuasion tactics had been successful. Or, perhaps these adolescents were not
candid in disclosing their opinions during their interview sessions. Also interesting is that Participant 7M -- who indicated that she could not help but to covet the appearances of models, despite the fact that she did not perceive them as realistic -- was so ardent in her efforts to discourage her daughter from idealization behaviors. Perhaps her own inability to resolve the inconsistency between what she knew about models' bodies (i.e., that they were unrealistic for her, personally, to attain) and what she desired about models' bodies (i.e., their ultra-thin appearance) motivated her to dissuade her daughter from revering the thin female body associated with models.

In other cases, mother-daughter interactions about idealization of models revolved around concerns about a daughter's peer. Here, daughters often initiated the discussion:

[Q: What about fashion models, do you ever talk about them?] Yea, we talked about Kate Moss the other day because [my daughter] was saying that her best friend thinks that is the ideal body shape. [My daughter] was like, "that really worries me," because that is not, in [my daughter's] opinion, the ideal body weight or the ideal look. So yeah, we definitely do [talk about models]. (19M, 43 years old)

And, in still other cases, mothers and daughters joked about the unrealistic or undesirable nature of models' appearances or discussed their perception that the general public, did, in fact, behold the thin female body as an ideal appearance:

Well, we usually make fun of [models]. And not to be mean, but it's never "Oh gosh, we have to look like that." No, because we’re very realistic about that...we’re not. I’m short and... No, I mean, uh, there’s never any...idolization of this. And "oh gosh...." I mean we were watching the Miss America pageant and it's more like we’re looking at the dresses, we weren’t looking at the.... It’s funny. Well, prom time is coming, so we were looking at the dresses we weren’t looking at the women so much in the dresses. Although it was when they came out in the bathing suits and [my daughter] said, “God, is she skinny. Eww." In that regard, but as far as fashion models to like...model ourselves off of...never. No. (3M, 41 years old)

Finally, no participants acknowledged encouraging the dyadic other to idealize or emulate the appearances of models or celebrities, in general. As noted, however, Participant 13M did actively encourage her daughters (via discussions that she initiated) to revere the appearances and/or appearance-related attitudes of a select group of celebrities (including Cindy Crawford, professional female athletes, etc.) whom she perceived as attainable, healthy, and
realistic role models. Apparently, her socialization efforts were successful; during her interview, Participant 13D did acknowledge that her idealization of model or celebrity appearances was limited to those women she perceived as "natural," such as Marilyn Monroe and Cindy Crawford.

**Social Comparison Processes**

Social comparison theory is useful in understanding the linkage between women's and girls' body-related feelings and behaviors and their exposure to cultural imagery about the female body. In prior work, it has been established that young adult women compare their level of attractiveness to that of models in advertisements, and that these ("upward") comparisons can lead to a depressed level of satisfaction with their own appearances (e.g., Richins, 1991; Stice & Shaw, 1994).

In the present study, the researcher built upon this earlier work by using the experiences of the mother and daughter participants to further illuminate the intricacies of this social comparison process. In this section of the report, these findings are presented in three parts. In part one, mothers' and daughters' tendencies to compare their appearances with those of women or girls depicted in the media are discussed. In part two, participant outcomes of this comparison process are presented. Part three includes a brief discussion of the relationship of mother-daughter interactions to comparison tendencies and outcomes.

**Tendency for Comparison Behavior.** Grounded theory analysis of the mother and daughter data revealed two patterns related to personal proclivity to compare one's own appearance with the appearance of female fashion models or celebrities depicted in the media. In this vein, each participant was categorized into one of two groups -- "noncomparers" or "comparers" -- on the basis of her tendency to compare. That which follows is a description of each of these two patterns and the associated behaviors and beliefs.

Six mother and three daughter participants, including two-mother daughter pairs, were identified as "noncomparers." Although these participants sometimes looked to models to "get
ideas" about their own appearances (e.g. how to do their hair or makeup, what to wear), they did not (currently) compare their appearances to the appearances of models or celebrities as a means by which to evaluate the self. Not surprisingly, noncomparers did share among them a specific set of interrelated beliefs and feelings about appearance and the body that seemed to be "incompatible" with comparison behavior.

For instance, these participants often perceived model and celebrity appearances as unrealistic for them, personally, to attain. In some cases, noncomparers generalized this perception to the general public, noting that it was "unrealistic" for anyone to expect to look like a model. Underpinning both of these beliefs were participants' perceptions about the degree to which the human body is changeable or malleable.

In addition, each of the noncomparers also held the related belief that (most) fashion models, celebrities, and other female media personalities were "different" from or "unlike" themselves:

[Q: Do you ever compare your appearance to the appearance of models in the media?] No. I mean I think they look pretty, but I don't really compare myself to them, 'cause they are totally different than I am. [Why are they totally different than you?] They're older than me, they look different from me. They can always have the professionals do their makeup, and I can't have the professionals do my makeup...and do their hair. They also use the expensive clothes, so I'm like, whatever. (18D, 16 years old)

In short, then, noncomparers did not identify with or relate to these media personalities, in part because they perceived them as "unrealistic" physical anomalies. As such, noncomparers tended to view media personalities as representative of a "separate" or "special" category of people of which they, themselves, were not a part.

All but two noncomparers (one mother participant and her daughter) indicated that they did not compare themselves to models or celebrities because they did not perceive (most) model or celebrity appearances as a personal ideal or a standard of attractiveness to which they

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21 This finding is perhaps not surprising; this sentiment was shared among the majority of the participants in this study.
22 One of the mother participants classified as a noncomparer indicated that she could relate to or identify with "some" (but not all or most) models/celebrities.
23 One of the mother participants classified as a noncomparer indicated that she perceived "some" (but not all or most) model/celebrity appearances as "ideal."
personally aspired. As has been previously addressed, this lack of idealization was associated with both the perception that model or celebrity appearances were unrealistic and also with a lack of identification with models or celebrities. Often, these participants were also internally-oriented, and thus, placed less emphasis (than more externally-oriented individuals) upon both their own physical appearances and those of others:

Looking like a model is not something I strive for. It's just not something that I pay much attention to. (19M, 43 years old)

In some cases, noncomparison behavior was associated with a relatively high degree of body satisfaction; of the nine noncomparers, seven (four mothers and three daughters) were classified as "generally satisfied" with their appearances. This finding, that body satisfaction can act as a "buffer" against the tendency to compare, is consistent with those from previous work (Garner, 1997). In fact, during their interviews, several participants even articulated the relationship between their body satisfaction and their noncomparison behavior:

[Q: Do you ever compare your appearance to the appearance of models in the media?] No. [Q: Why is that?] I'm satisfied with my appearance, basically. So, I don't compare myself to them. I mean, I may once in a while look at a hairstyle and say that looks nice, but sometimes hair won't do that. (18M, 47 years old)

Here, it is important to note an irony about the noncomparison pattern and the set of interrelated beliefs and self-feelings associated with it. Interestingly, several of the appearance-and body-related beliefs or "realizations" associated with the noncomparison pattern necessarily involved personal comparison with models or celebrities at some point. Thus, although these participants did not seem to engage in comparison behavior currently, that they expressed beliefs about the realism of models (in relation to whether or not they, personally, could attain a model-like appearance), their lack of identification with them, and/or their lack of idealization of them does imply prior comparison of the self with models/celebrities. This irony is well-illustrated by the case of Participant 19M, who is quoted below:

[Q: Do you ever compare your appearance to the appearance of models?] Nope. [Q: Why not?] Because it's just not relevant. I'm happy with the way I am, and it's just unrealistic for me. ...How many people are going to look like those people, I don't
know. I just think it is unrealistic, and you are setting yourself up for a major
disappointment. Unrealistic expectations. (19M, 43 years old)

Indeed, that Participant 19M avoided comparing her appearance with those models and
celebrities to avoid disappointment from the realization that she, herself, could not "measure
up" to them is indicative of previous comparison behaviors. That is, only through personal
comparison of the self with models could she have recognized (a) that she did not identify with
models because their appearances were "just not relevant" to her, (b) that it would be
"unrealistic" for her (and others) to successfully emulate models' appearances, and (c) that
personal comparison with models could, in fact, result in "disappointment" with the self.

In sum, then, by using the term "noncomparers" to describe a group of participants in
this study, the researcher does not intend to imply that these individuals had never compared
their appearances with those of models or celebrities. To make such a suggestion would be
inconsistent with a central tenet of social comparison theory, namely, that comparison is a
natural human process (Festinger, 1954). Rather, in the context of this report, the term
"noncomparers" is intended to describe a lack of (a very specific type of) comparison behavior
at the time of the participants' interviews.

In contrast to the noncomparers, participants whose behaviors represented the second
pattern did engage in such comparisons, and they were identified as "comparers." This was
the more common pattern among the participants in this study; 12 mothers and 17 daughters
(including 10 mother-daughter pairs) acknowledged comparing their appearances to those of
women featured in the mass media. In describing their comparison behaviors, several of these
participants reiterated what Festinger implied in his original theory of social comparison (1954)
-- that to compare the self with others is a "natural" tendency or something done
"subconsciously":

Well, I imagine subconsciously their hairstyles might influence you, or the clothes
they wear. Maybe if they have suits on or if they have blonde hair or something,

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24Two mother participants could not be readily classified as either "noncomparers" or "comparers." Thus, a
total of 38 participants (18 mothers and 20 daughters) were classified with respect to comparison tendency.
maybe subconsciously, you want to look like that too. But it's really subconscious. You can't help but do it subconsciously. It's just, you know it is not important...but it does affect you. (20M, 45 years old)

Well, yes, I think it's pretty hard not to compare. (8M, 44 years old)

[Q: Do you ever compare your appearance to the appearance of models in the media?] Um...I suppose subconsciously, I do. Um...but I know that, you know, they're a model, you know, I'm not, I'm never going to be. And so I don't really...beat myself up about it. You know, but I might, you know, I might say, "gosh, she's tall and thin or looks great in that dress, or what nice hair she has, I wish I had long thick hair," you know, but...so, I suppose it's a subconscious-type comparison. (4M, 45 years old)

In some cases, participants' comments about the "inescapable" or "inevitable" quality of the comparison process mirrored their beliefs about the profit-centered agenda put forth by the media and the beauty-product industries (see p. 174).

Frequently, participants compared themselves to models/celebrities on the basis of those physical attributes with which they were not personally satisfied. At one point during their interviews, participants were asked to describe what attributes they did and did not like about their bodies. When describing their comparison behaviors, participants often made reference to those body parts or features that they had previously mentioned as "undesirable", indicating that they used models' or celebrities' bodies as a standard by which to evaluate these (unfavored) aspects of the self. For instance, several mother participants had expressed dissatisfaction with the "tummy" area of their bodies, and accordingly, many of these participants focused upon the stomach or abdomen area in making their comparisons. Other frequently disliked and (consequently) compared body parts included the hip and thigh area, the bustline, and general body shape (silhouette) and size.

Several comparers were "selective" in some or all of their comparison behaviors. The comparison behaviors of these participants were typically "selective" in one of three ways. First, several of these participants indicated that they compared themselves to only certain models, such as those whom they perceived as "realistic" or those with whom they could relate or identify. Among those models/celebrities who were perceived as more "attainable" or
"realistic" were (a) "large-sized" models and celebrities (e.g., Emme, Oprah Winfrey, Rosie O'Donnell) and (b) models used in catalogs to advertise clothing (large-sized and otherwise):

[Q: Do you ever compare your appearance to the appearance of models in the media?] Overall, no. I mean, sometimes, I do, because they have plus-size women models and clothing, and different ads and that, so then I can relate and say, "oh, I think that might look cute on me." I might be able to make what they're wearing relevant to my body. (14M, 46 years old)

Perhaps not surprisingly, each of the participants who compared herself selectively in this way also indicated that she identified with and/or who idealized "some, but not most" models.

Second, (three) mother participants used their young adult or adolescent appearances as the basis for comparison of the self with models. Typically, this use of the younger self as a point of comparison reflected a participant's perception of discrepancy between (i.e., a lack of identification) between models' appearances and her own middle-aged appearance. In the eyes of these participants, using their past, more youthful appearances as a reference point for comparison with models was a way to "level the playing field" or to "standardize" the "units" of comparison with respect to age:

[Q: Do you ever compare your appearance with the appearance of models in the media?] Not my appearance now but my appearance when I was in high school, yes. [Q: So now if you made a comparison today you would think about your high school appearance?] Right...is that what I used to look like. Yeah. [Q: Why do you compare your high school appearance and not your contemporary or today's appearance?] Well, probably because most of the those models I'm looking at in those magazines are really young. And that's probably why. (13M, 43 years old)

Third, "selective" comparers sometimes limited the context or circumstances of their comparisons. These participants seemed to perceive comparison as a conscious process in which they could choose (or not choose) to partake. As is reflected in the following quote by Participant 11D, some of these participants only occasionally compared their appearances with those of models:

I don't compare all the time, because I really don't, I just know...you know these are models, and that's like the best job they can get, 'cuz, you know.... (11D, 15 years old)
The circumstances and contexts under which these participants "chose" to compare themselves to models/celebrities varied. For instance, Participants ID and 14M indicated that they compared their body shape or size to that of models primarily as a way to gauge how a garment or outfit worn by a model (and often depicted in a catalog) would look on their bodies. Other participants only engaged in "downward comparisons" (i.e., comparisons with people perceived as less attractive than the self). For instance, "downward comparers" compared only certain parts of their bodies, such as those that they especially liked, with the same "certain parts" of models' or celebrities' bodies, thereby "protecting" themselves from a potentially negative comparison outcome.

Like the noncomparers in this study, those who did compare themselves to models, celebrities, etc., sometimes expressed the belief that model or celebrity appearances represented an "unrealistic" standard of appearance (likely underpinned by their perceptions about the malleability of the body). Of the 29 comparers, only eight (three mother and five daughter participants, including four selective comparers) expressed the belief that "some" models were "realistic" in appearance, with the remaining 21 comparers perceiving "most models" as unrealistic. Similarly, nine mother and nine daughter comparers indicated that they could not identify with (the appearances of) most models or celebrities. Eleven comparers (two mother and nine daughter participants) did not perceive most models or celebrities as embodying an ideal appearance.

Granted, the perceptions of (at least some) model/celebrity appearances as realistic, as something that one could relate to or identify with, and as a personal appearance ideal were more common among comparers than noncomparers. Thus, this set of appearance- and body-related beliefs was somewhat predictive of comparison behaviors. However, it is interesting to note the overlap in appearance- and body-related beliefs between the noncomparers and the comparers. It would seem that neither the view that models embody unrealistic or nonideal appearances nor the inability to relate to them (models) entirely precluded comparison
behaviors; even "comparers" sometimes held these beliefs that, on the surface, seemed to be inconsistent with comparison behavior.

A possible explanation of this seeming conflict between comparers' beliefs and their behaviors emerged from the comments of the comparers, themselves. During their interviews, one mother and five daughter comparers suggested that their comparison behaviors were motivated by the desire to be accepted by others and to have an appearance that would be conducive to this acceptance. Although comparers did not always perceive models as realistic, ideal, or even attractive, they often perceived that others did. In some instances, comparers tended to perceive model and celebrity appearances as reflective of societal standards of beauty, in part because of their inclusion within the media, which they perceived as an "accurate" reflection of cultural norms. As such, these participants compared themselves to models because they perceived that models' appearances were reflective of what other people viewed as attractive and ideal. Thus, these participants believed that comparing oneself to models/celebrities and planning future appearance-related behaviors accordingly would foster their desired acceptance by others (by means of helping them to approximate a socially-desirable appearance):

[Q: Why do you think you compare yourself to models if they aren't an ideal for you?] Because everyone else does, I guess. Because that's what everyone else is trying to be like and... Um, that's what society finds attractive and I want to be attractive, too...but I don't want to be grossly skinny or grossly tall or anything. (4D, 16 years old)

[Q: So if you don't think it is realistic, but sometimes you still compare yourself, can you explain that a little bit?] Um, because I think it's because you know, you always want to look like that because everybody like looks to those people and you know, they're models so they're obviously, they have something that everybody else wants. But, and so you want to look like that, but and you don't want to admit to yourself at that time that it is unrealistic and that I, myself, probably will never be that thin and look like them. But, it's just something you want to look like. (7M, 16 years old)

Implicit here are several concepts and processes. First, it should be noted that whether or not they articulated acceptance as a reason for their comparison behaviors, comparers were

25Other noncomparers and comparers also expressed the belief that other individuals (but not themselves) compared themselves with models or celebrities out of a desire to be accepted by others.
much more likely than noncomparers to be externally-oriented; of the 15 externally-oriented participants in the present sample, all but three (two mothers and one daughter) were identified as comparers. Thus, it is perhaps not surprising that comparers' perceived appearance as central to their acceptance by others; externally-oriented participants seemed to place much stock in the importance of appearance and its role in social interaction. Also consistent with the external orientation was comparers' tendency to monitor others' appearance-related behaviors (including their comparison behaviors) and to use their perceptions about others to guide their own appearance- and body-related behaviors (including comparison behaviors).

Second, several social processes seemed to underpin the contradiction between comparers' beliefs (about appearance and models) and their comparison behaviors. For instance, the perception that others perceived the appearances of models as realistic or idealistic was likely arrived at by taking the role of the generalized other; in "imagining" others' responses to media images of women, these participants apparently concluded that others perceived them as realistic or ideal. Or, perhaps these participants perceived the mass media, in general, as a "generalized other" reflective of societal appearance norms or expectations. This is consistent with participants' perception that appearances featured in the media "must" represent social standards of attractiveness, by virtue of their inclusion in the media.

Finally, it is interesting to note that the perception that others viewed models as realistic or ideal and the subsequent comparison of the self with models/celebrities represents a comparison process, in and of itself. Here, however, the comparison was between the self and others (specific and or generalized) and the "variable" of comparison was "whether or not to compare." Thus, as was true for the noncomparers, past comparison behaviors often contributed to or shaped one's current (or future) tendency to compare.

**Social Comparison Outcomes.** The outcomes of participants' comparisons between their own physical appearances and the physical appearances of models/celebrities varied significantly. Although it is certainly possible that these comparisons incited
(appearance- or body-related) behavioral changes among the participants, the following discussion focuses primarily upon the affective and cognitive outcomes of participants' comparison behaviors. Specifically, this discussion focuses upon (a) how comparison behaviors affected self-feelings (which, in turn, likely affected participants' appearance- and body-related behaviors) and (b) how comparison behaviors affected participants' perceptions of models (often as related to the self). To this end, the following issues related to the affective consequences of comparison are addressed: (a) negative comparison outcomes, (b) positive comparison outcomes, (c) mixed comparison outcomes, and (d) neutral comparison outcomes.

At the conclusion of this section, a core of beliefs or "realizations" about models and the self that stemmed from social comparison processes and that affected social comparison outcomes and likely (future) comparison behaviors, as well, are discussed.

Social comparison of one's own appearance with the appearance of models produced negative feelings about the self in the case of 14 participants (including four mother-daughter dyads). These negative comparison outcomes were almost twice as common among daughter participants than among mother participants; nine daughter participants, but only five mother participants, experienced negative self-feelings as a result of their comparison behaviors.

From their comparisons, participants experiencing negative outcomes very often concluded that models' appearances were "unrealistic" for them, personally, to emulate or approximate. When these realizations were paralleled by the perception of models' appearances as attractive or ideal, participants often felt disappointed in their own appearances, which they did not perceive as "measuring up" to those of models. This is consistent with previous work by Richins (1991) and Stice and Shaw (1994). Often, this disappointment in one's own body centered around the issue of body size (i.e., weight) and shape:

[Q: How does it make you feel when you compare yourself to models?] BAD. Like, like you're letting yourself down, I guess. Kind of. Because you wanted to be like them, but there's like no way. You know, after you see [models] and stuff, you would always think that you're like...really like ugly or fat. Or, just like, you'd always think that you're the opposite that they are, just because you're the one who wants to look like they do. (5D, 16 years old)
For some participants, comparison-related dissatisfaction with body size was magnified by the perception of the human body as only minimally malleable and the corresponding realization that they would likely never be as thin as the women depicted in the media:

You just get this little thing in your head, and you're like, it'll never happen. (5D, 16 years old)

You just use their stomachs or something and they are so skinny and stuff. And, you're like, "oh, I'll never be like that." (8D, 16 years old)

You know, I never have [looked like a model], and I'm 42 and I never will. You know, just to realize that, it's kind of sad. (7M, 42 years old)

In a similar vein, some participants who perceived the body as somewhat malleable (under certain conditions) expressed the view that although they coveted the slender body shape of most models, they did not want to make or did not have the willpower to make the (sometimes radical) lifestyle changes that they believed would be necessary to transform their bodies into a thin physique similar to that of models:

You just wish that you could be like that. You just wish that you could starve yourself and look like that. You don't want to go through what they do to look like that, you just want to be like it. Like, they're the ones getting paid to be in modeling, and you're not. And they're the ones that everybody says are gorgeous, but you know that it's fake, but you want to be fake. (14D, 16 years old)

[Q: How do these comparisons make you feel?] Probably worse about my appearance. Because they always look so good and so perfect and like Barbie dolls, and I realize I'm not that, so I guess I always feel worse. And, I always realize that I need to work on my weight more and exercise more...and yet I know I won't! (2M, 39 years old)

However, not all participants who experienced negative feelings about their own appearances as a result of comparisons with models even perceived models' appearances as attractive. For instance, several participants perceived models as "too skinny" and used disapproving adjectives such as "gross" and "sick" to describe their appearances. As was true of comparers who did not perceive models' appearances as ideal, these participants often
expressed the belief that the general public regarded models' appearances and their slender bodies as the ideal of female beauty. In addition, these participants, many of whom were externally-oriented, expressed the desire to be perceived as attractive by others and to be accepted by others. As such, these participants used models' bodies, which they, themselves, did not perceive as attractive or ideal, as a standard by which to evaluate their own bodies. largely because their perceived them as "socially desirable":

[Q: How does it make you feel when you make these comparisons?] Usually kind of bad. Usually like that's what I'm supposed to look like...you know. (8D, 16 years old)

Even under these circumstances, then, when participants did not view models' appearances as pretty, comparison of the self with models produced negative feelings about the self:

Everybody [in the media] is this big [holds fingers apart about 1/2 inch]. It is almost gross sometimes. But, still, it's like, I wish I could be that big. Every time you see someone that size, you wish you could be that size, too. But, sometimes, it's just hopeless. (20D, 18 years old)

Interestingly, although participants did experience negative self-feelings as a result of their comparisons with models/celebrities, these negative feelings often seemed to have a limited effect on their long-term or overall self-evaluations. As is reflected in the following quote from Participant 13D, the effects of negative comparison outcomes were sometimes very short-lived:

[Q: Do you ever compare your appearance with the appearance of models in the media?] Yea. [Q: What do you compare?] How skinny they are and how small everything seems to be on them. [Q: How does this comparison make you feel?] Like, when I'm reading the magazine, it will make me feel bad. But once I turn the page it doesn't bug me any more. You know, it's pretty short-lived. (13D, 16 years old)

In other instances, participants did not seem to perceive how they "measured up" to models as that important to "who they were." For example, four daughter participants who experienced negative comparison outcomes indicated that they were not "that bothered" by their perception that they were not as attractive or slender as models. In the case of one such participant, this seeming apathy about their comparison outcome was often linked to her internal orientation and
her corresponding belief that "other things are more important than how you look in comparison to some model":

I think that to me being happy and being happy with myself and with the decisions I've made, that makes me feel a lot better about myself than if I looked like some of the people in the ads. I think that is something I would have more pride in -- in things that I've like accomplished myself -- than the way I look. (19D, 16 years old)

Similarly, sixteen year-old Participant 9D indicated that she did not "care that much" that she did not look like a model, because most other "real" people, save the "tall, skinny, blonde girls" who went to her high school, did not look like models, either. As such, her the potency of the negative evaluation of the self that stemmed from her comparison with models was "abated" by the conclusions she drew when she compared her self with other, "real" people around her.

Thus, the findings from this study supported to a certain extent those from previous work (e.g., Richins, 1991; Stice & Shaw, 1994) indicating that comparison of the self with models or celebrities can lower one's satisfaction with her own body. However, results from the present analysis indicated that the likelihood of such an outcome was somewhat limited, especially among middle-aged women; only 25% of the mothers in this study even experienced negative comparison outcomes. Indeed, even among the daughter sample, negative comparison outcomes were only experienced by nine girls (45% of the daughter sample). Further, the extent of the effects of these negative outcomes seemed to be somewhat limited, as well. Negative self-feelings emanating from comparisons with models did not seem to have a long-term effect upon one's overall self-image or self-concept.

In contrast, comparisons of the self with models did occasionally result in positive feelings about one's own appearance or body. Such positive outcomes were relatively rare among the participants in this sample; only four mothers and two (unrelated) daughters reported feeling positive about their own appearances after they compared them to those of models/celebrities.
Two conditions were associated with positive comparison outcomes. First, three of five participants (two mothers and one daughter) who experienced positive comparison outcomes exhibited rather high levels of overall body satisfaction (as assessed qualitatively and quantitatively); each of these participants was classified as "generally satisfied" with her appearance and had scored a "4" on the BASS. Although these participants did not always perceive themselves as similar in appearance to models, they did not regard "looking different" from models in a negative way. For instance, these participants often concluded that they "liked" their own appearances "just fine" and that looking different than models did not necessarily imply that they were less attractive than models:

Yeah, I mean, I may not be all that they are, but yet I think I look attractive. (4D, 16 years old)

In fact, one mother indicated that she liked her own appearance better than that of most models:

So many of the models these days look like sticks. I would rather look like me than them. (11M, 41 years old)

Thus, it seems that positive feelings about one's body mitigated not only to the tendency to compare the self to cultural imagery of the body (see p. 180 of this report and Gamer, 1997), but also the likelihood of a negative outcome when comparisons were in fact made.

Second, participants who engaged in specific types of "selective comparisons" often experienced positive comparison outcomes. For instance, participants who focused their comparisons (of the self with models) upon their "favorite" aspects of the physical self typically experienced positive outcomes, perceiving themselves as more attractive than the models with whom they were comparing. Such was the case for 16 year-old Participant 16D, who named her bustline (which she perceived as "ample") as one of her favorite aspects about her self. When this participant compared herself to models, she typically compared only her bustline, concluding that she was more "shapely" and thus, more attractive, than the models.

Similarly, mother participants who limited their comparison of the self to a select group of models whom they perceived as realistic or attainable (such as large-sized models) or who
based their comparisons with models upon their past, rather than their present, appearances tended to experience positive comparison outcomes:

[Q: So if you made a comparison today you would think about your high school appearance?] Right...is that what I used to look like. Yeah. [Q: How does this comparison make you feel?] It makes me feel that even back then when I thought I didn't look good, I looked pretty good. [laughs] So it makes me realize that a lot of how you feel about yourself is in your head. So...I guess that's how it makes me feel. (13M, 43 years old)

Finally, positive comparison outcomes were common among participants whose self-to-model comparisons were undertaken for purposes other than the evaluation of personal physical attractiveness. Such was the case for Participant 14M, who compared her body to those of models only as a way to gauge how an article of clothing depicted in a catalog (on a model) might fit her own body:

[Q: When you compare yourself to models, what do you compare?] Oh, you know, her shoulders are bigger than mine, so that wouldn't look good on me. But, if the lapels were cut this way, it might look better. [Q: When you do make these comparisons, how does that make you feel?] Um, probably good because then I know that something might fit me. You know, I think that's the key for most women -- that they want clothes to fit. And, you know, if I think I could get something that would fit, then that's fine. (14M, 46 years old)

As such, these participants (and others like them) seemingly "protected" themselves from the possibility of negative comparison outcomes by limiting the contexts, and thus the potential outcomes, of their comparison activities. Perhaps these participants had previously experienced negative comparison outcomes, which, in turn, incited them to limit their comparison behaviors as a "self-defense" mechanism through which they were able to "control" the nature of their comparison outcomes.

Interestingly, seven participants (one mother and six daughters), five of whom also experienced exclusively positive or negative comparison outcomes, also indicated that their comparison outcomes were often marked by a combination of positive and negative self-feelings. Sometimes a single comparison of the self and a model elicited a mixed reaction. For instance, although Participant 20M perceived the contrast between her own body size and those
of models "depressing," she did indicate that viewing models' thin bodies could "spur" her on
to losing weight, which she viewed as a "positive thing":

> When you do compare yourself to the models, how does it make you feel, even if it
> is at the subliminal level? Well, it can be really depressing. Yeah, because you
> don't look the same way up here (points to bust) as they do, and you are overweight
> down here (points to hips and tummy), and you just don't look like the models. But
> then after a certain point, you have to talk yourself out of your depression, or you could
> really, really become severely depressed, I think, if you dwell on it. You can't let
> yourself dwell on it. Or, it could spur you on to lose weight. It could be a positive
> thing. (20M, 45 years old)

In other cases, participants concluded that in some respects, they were more attractive than
models, and in other respects, models were more attractive than them:

> Because you know, there's just...there's things that I like better about me than some
> models and they look better than me on some things. And just, makes you feel better
> and worse at the same time...you know. (11D, 15 years old)

Sometimes, participants' comparison outcomes varied in directionality (positive or
negative) across several comparisons rather than in the context a single comparison. For
instance, Participant 11D (quoted above) engaged in both "upward" and "downward"
comparisons, with models whom she perceived as more and less attractive (respectively) than
herself. Not surprisingly, "downward comparison" behaviors yielded more positive outcomes
than did "upward comparisons."

> Um, like if a model has like really big ears, or something, something weird, then that
> would make me feel better. Or is she has like nothing wrong with her, then
> that'd make me feel bad.... (11D, 15 years old)

> Um, some of them make me feel good and some of them make me feel...I guess feel
> not as perfect as them. (2D, 16 years old)

As such, a participant's comparison outcomes could vary in accordance with her perceptions
of the model with whom she was comparing herself. In contrast to those participants who only
compared themselves to a select group of models (e.g., those whom they perceived as
"realistic," similar to themselves, or less attractive than themselves), these participants
compared themselves to a variety of models, and as such, experienced a variety of outcomes.
Thus far, this discussion has focused upon comparison behaviors that shaped participants' feelings about their appearances or bodies in a negative and/or positive way. In the case of 15 participants (nine mothers and six daughters, including three mother-daughter dyads), however, comparison of the self with models did not affect feelings about the body in either a positive or a negative way. That is, these participants experienced relatively "neutral" comparison outcomes; their body-related feelings remained relatively "unaffected" by their comparison behaviors. This, however, is not to say that these participants did not conclude anything about the self as a result of their comparison activities. Rather, the comparison behaviors of these participants elicited several "realizations" about the self and/or models that influenced not only the outcome of their comparison, but also perhaps their (future) tendency to compare.

Like many of the participants who experienced "directional" comparison outcomes, these participants compared themselves with models and concluded that their appearances or bodies were "different" from those of models. However, these participants did not perceive this difference as negative or positive, but rather, were indifferent about it, accepting it as inevitable and beyond their control or concern.

Several factors or beliefs were associated with this attitude of indifference about the models' appearances as related to one's own appearance. Here, it is important to underscore the source of these beliefs; as was intimated in previous discussions, these beliefs or realizations about models' appearances (in relation to the self) typically stemmed from prior comparison behaviors. For instance, some of the participants who experienced a neutral comparison outcome expressed the view that they were not bothered by the discrepancy between their own appearance and that of models because models' appearances were unrealistic and/or impossible for a "real" person, such as themselves, to (ever) emulate. Here, then, the conclusion that models' appearances represented an unrealistic ideal likely emanated from an earlier comparison of models' bodies to their own body and body-related experiences.
I don't think models really influence me because that...those are models and they're showing those fashion shows...and it's not just not real. I mean, I don't view it as being the reality. (5M, 45 years old)

Often, the perception of models' appearances as unrealistic was underpinned by the perception of the body as minimally malleable and the belief that media images of models and celebrities were more a product of computer technology than one of nature or biology.

Similarly, participants who could not relate to models, or who perceived them as a select and exalted group in society, often expressed indifference about the conclusion (likely a result of previous comparisons) that they did not look like models. According to these participants, they were "ordinary people," not models, and thus, they did not expect to look like a model:

Um, it doesn't really bother me [that I don't look like a model], because if they really look that good, then they should be out there. I guess if I looked that good, I'd be modeling, too. (18D, 16 years old)

Internally-oriented participants, who either were minimally concerned with how others perceived their appearances or who aspired to a personal, rather than a cultural, ideal of beauty, were also relatively unaffected by the realization that they did not look like models.

Finally, participants who were more or less satisfied with their bodies were often relatively unaffected by their comparison behaviors, noting that they were "happy" with their own appearances, and that comparisons with models didn't make them "feel either bad or good":

I don't know. I'm pretty okay with the fact that I'm probably not as pretty as those people. Just because I can't do anything about it, so why worry about it. ...I'm pretty happy with the way I look, so it doesn't really matter. (3D, 15 years old)

In sum, then, participants who experienced more or less "neutral" comparison outcomes shared a common set of personal characteristics and comparison-based beliefs about models' appearances as well as their own. Thus, it may be that these characteristics -- such as the perception of models' appearances as unrealistic or nonideal, the perception of the body as minimally malleable, a lack of identification with models, a relatively high level of body satisfaction, and an internal appearance orientation -- offered some protection against the
possibility of a negative comparison outcome. This argument is bolstered by the finding that participants who experienced positive comparison outcomes also exhibited high levels of body satisfaction. Further, these beliefs may also have affected whether or not future self-to-model comparisons were undertaken; as previously discussed, these beliefs about models were also common among those who no longer engaged in comparison behaviors (e.g., those who were identified as "noncomparers").

The argument that this set of beliefs and/or personal characteristics served to decrease the likelihood of a negative comparison outcome becomes somewhat muddied when one considers the finding that participants experiencing negative comparison outcomes also shared in the perception of models as "unrealistic" or "different" from the self. However, also common to many of the participants experiencing negative outcomes was another set of personal characteristics that may have mitigated, to some extent, the "protection" afforded by the perception of models as unrealistic, nonideal, different than the self, etc. For instance, these participants were less likely than other participants to be satisfied with their bodies; 64% of these participants had either low or "mixed" feelings about their bodies. In a similar vein, participants who experienced negative comparison outcomes were more likely to make comments indicative of low self-esteem or to be insecure about the self, in general:

[When you make these comparisons with models, do you come to any conclusions about yourself?] Yea, 'cause I struggle with a low self-esteem. It's not something that you sit around thinking about, but it is part of it because I struggle with a lot of feelings of inadequacy, and that's part of it. (7M, 42 years old)

Further, these participants were more likely than other participants to be externally-oriented and thus, more prone (a) to view appearance (and their evaluation of their appearance) as central to their sense of self, (b) to use others' (including unknown others such as models) appearances as a benchmark with which to evaluate their own appearances, and (c) to view appearance (especially culturally-sanctioned appearances) as a conduit for social acceptance. Finally, almost two-thirds of the participants (64%) experiencing negative comparison outcomes were adolescents. And, according to Garner (1997), adolescents are more likely than adults to look
"outside of the self" to discover "who" they are and thus, less well-equipped (cognitively and emotionally) than adults to deal with body satisfaction.

Thus, it is probable that taken together, these characteristics shared among participants experiencing negative comparison outcomes (i.e., a low level of body satisfaction, an external appearance orientation, youthfulness and a lack of "life" experience) may have mitigated the effectiveness of the buffer created by belief that models' appearances were not realistic, relevant, or ideal. However, it does seem plausible that these beliefs about models' appearances may have at least abated the extent to which negative comparison outcomes affected participants' overall sense of self. As was previously noted, negative self-feelings associated with self-to-model comparisons were neither long-lived nor pivotal to overall self-evaluation. As such, the perception of models' appearances as unrealistic, irrelevant, and/or nonideal may have helped participants to "cope" with negative body feelings related to self-to-model comparisons.

In sum, then, findings from this study indicated that although social comparison of one's own appearance with model or celebrity appearances did sometimes lower a participant's satisfaction with her appearance, outcomes of such comparisons were not as injurious as previous work may indicate (Richins, 1991; Stice & Shaw, 1994). Among the participants in this study, comparison occasionally resulted in positive feelings of the self. Further, a commonly held set of beliefs about models' appearances seemed to offer protection to several participants from negative comparison outcomes. Finally, although negative comparison outcomes were experienced by nearly one-half of the daughters in this study and one-fourth of the mothers, the extent of the negative self-feelings incurred by these comparisons also seemed to be diminished by this same core of beliefs about model and celebrity appearances.

**Social Comparison and Mother-Daughter Interactions.** Throughout this report, attention has been devoted to the influence of mother-daughter interactions upon mothers' and daughters' appearance- and body-related beliefs and behaviors. In the following
discussion, the role of such interactions in the shaping of mothers' and daughters' comparison
tendencies and outcomes will be addressed. First, mother-daughter interactions directly related
to social comparison will be discussed. Second, the indirect, but very significant, relationship
between mother-daughter interactions and comparison tendencies and outcomes will be
presented.

Mother-daughter interactions directly related to social comparison tendencies and
outcomes were initiated by the mother and reflected a very prescribed pattern. In such
interactions, mother participants attempted to discourage their daughters from using models as
a point of comparison with which to evaluate the physical self. This strategy was used by four
mothers, each of whom intimated a desire to protect their daughters from negative comparison
outcomes. In this vein, Participant 20M urged her daughter not to compare herself with
models or to think negatively about herself if she did not look like a model:

Yea, I might say...well, or maybe it is just my opinion that has come out over the
years. Like, don't base your...like don't look at the models and think you have to be
perfect. And, they aren't anyway. I'll tell her. (20M, 45 years old)

Participant 18M communicated a similar message to her daughter, underscoring the importance
of being happy with one's own appearance, even if it diverges from cultural images of female
beauty:

You know, it's too bad for girls because they think that they have to look like [models]
or else they are ugly. I try to teach my girls to be satisfied with their appearance, you
know, whatever their best appearance is, to be happy with that. If somebody doesn't
like it, that is their problem. [How do you try to teach them that?] Just be positive with
them. Be positive with them, with their appearance, with where they are. (18M, 47
years old)

Like those mothers who discouraged their daughters from dieting (see pp. 119-121), mothers
who tried to dissuade their daughters from comparing themselves to models seemed to perceive
their child as susceptible, because of personal or environmental characteristics, to damaging
comparison outcomes. For instance, Participant 7M expressed her concern about media
messages (and cultural imagery, in general) communicating an association between personal
happiness and a very narrowly defined concept of female beauty:
I think it is very hard for children. They are not old enough to decipher what is going to make them happy and what isn't. It's really hard for them, and they have to learn that from their parents. (7M, 42 years old)

To help her daughter "decipher what is going to make them happy and what isn't," Participant 7M took a proactive approach in which she initiated media-based discussions with her daughter about the topics of appearance and the body:

Because I think that people do prey upon other people's...especially, for me, it's easy for me to look at something on TV or in a magazine and...like for me, hair, and think, "oh, if I had that hairstyle, I just...my life would be perfect." But, my hair is not that texture or that color, or whatever. So, I realize that you can't go by that, but it's taken me awhile. So, I try to help [my daughter] realize that. (7M, 42 years old)

As is reflected in the above passage, Participant 7M's efforts at helping her daughter to be a critical media user represented a reaction not only to her perceptions about a potentially harmful cultural environment and/or her daughter's impressionability, but also to her recognition of her own susceptibility to media claims and the allure of the narrowly-defined beauty ideal.

Of the four mothers who tried to discourage their daughters from comparing themselves to models or from basing self-feelings on such comparisons, three were identified as "comparers," themselves. Of these three mothers, two had experienced negative feelings about the self as a result of their self-to-model comparisons. Perhaps their own negative experiences with the comparison process motivated these mothers to try to discourage their daughters from forming beliefs or engaging in behaviors that might lead to a similarly painful experience. Interestingly, however, the efforts of these two mothers were not "successful"; like their mothers, the daughters of these women also experienced negative comparison outcomes.

However, of the (other) two daughters whose mothers had discouraged comparison behaviors (but whose mothers did not report experiencing negative comparison outcomes), one was a noncomparer and the other was relatively unaffected by her self-to-model comparisons. Perhaps, then, maternal advice about comparison behaviors was more effective when daughters perceived it to be consistent with their (perceptions about their) mothers' own comparison behaviors.
In addition to the above-described mother-daughter interactions, in which participants "directly" addressed the social comparison process, mother-daughter interactions also shaped each other's comparison tendency and activity in a more "indirect" manner. That is, in their interactions with one another, mothers and daughters influenced one another's beliefs about and behaviors related to their own bodies and those of models and celebrities. In turn, these cognitions (including feelings and beliefs about the self) and behaviors influenced their comparison tendencies and outcomes.

For instance, and as has been discussed throughout this report, findings from this study provided evidence that mother-daughter interactions influenced mothers' and daughters' appearance orientation (internal versus external), degree of body satisfaction, dieting behaviors, perceptions about body malleability, perceptions about the realism of models' appearances, degree of identification with models, and degree of idealization of models. Each of these issues, in turn, has been shown to be related to (a) comparison tendencies and/or outcomes (a direct relationship) or (b) (other) issues related to comparison tendencies or outcomes (an indirect relationship).

For example, mother-daughter interactions influenced mothers' and daughters' perceptions about models' appearances as unrealistic, different from the self, and/or nonideal, a core of beliefs that seemed to protect participants from negative comparison outcomes or to diminish the extent of negative self-feelings stemming from comparisons. Similarly, mother-daughter interactions were linked to body satisfaction and appearance orientation, which were also directly related to both comparison outcome and tendency. Finally, mother-daughter exchanges shaped participants' dieting behaviors and their perceptions about body malleability, which were interrelated with one another and which also influenced perceptions about realism (of models' appearances), which, in turn, were related to identification with models, idealization of models, and thus, social comparison behaviors and outcomes.
Indeed, it is the speculation of this researcher that this complex "indirect" influence was perhaps more significant in the shaping of an individual's comparison tendency and outcome than were more "direct" comparison-related interactions. In the next and final chapter of this report, critical linkages related to personal and interpersonal influences upon social comparison processes and the effects of the media's thin female ideal are considered. In addition, suggestions for future research related to these theoretical linkages are presented.
CHAPTER FIVE: SUMMARY AND CONCLUSIONS

The purpose of this study was to explore the reciprocal socialization process between adolescent girls and their mothers and how this process shapes daughters' and mothers' media use, body-related feelings and behaviors, and beliefs about the thin female ideal in the media. In this, the final chapter of this report, findings are summarized and linkages among major and minor emergent themes are discussed in the context of personal and interpersonal influences upon participant reactions to body-related media. A grounded theory model of personal body- and media-related characteristics key in shaping social comparison tendency and outcome is presented. In addition, contributions to the theoretical literature, limitations of the present study, and recommendations for future research are addressed.

Summary

The overarching goal of this study was to gain understanding about two socialization agents -- the mother-adolescent daughter relationship and the mass media -- and their respective and interrelated roles in shaping mothers' and daughters' body satisfaction and weight-related appearance management behaviors. A review of existing scholarship indicated that prior to the present study, researchers had not yet explored familial mediation of (a) body satisfaction and weight-related appearance management behaviors and (b) beliefs about and use of appearance- and body-related mass media. Thus, with the present study, a holistic approach was used to explore issues that had previously been examined only in isolation.

To explore these issues, an interpretive, grounded theory approach was used. Data were collected via in-depth interviews with 20 central Iowa mothers and their adolescent daughters (i.e., 40 individuals). Participants were selected through purposive and snowball sampling methods. Through the interviews, the researcher was able to gain insight about mothers' and daughters' (a) media involvement and beliefs, (b) appearance- and body-related feelings (body satisfaction or cathexis) and beliefs, (c) weight- or shape-related appearance
management, and (d) interactions with one another pertaining to issues addressed in points "a," "b," and "c." Particular attention was devoted to exploring mothers' and daughters' (a) perceptions about the realism and relevance of media presentations of the female body and (b) identification and personal comparison with media presentations of the female body.

Grounded theory analysis of the interview data revealed two overarching (major) themes: (a) mothers' and daughters' personal and interpersonal experiences with the female body and (b) mothers' and daughters' experiences with the female body as it is culturally situated in the media.

**The Female Body: Personal and Interpersonal Experiences**

Mothers and daughters interacted frequently with one another about appearance and the body and in the process, actively shaped one another's appearance- and body-related feelings. Often, but not always, these interactions were initiated (or, in some cases, avoided) by mothers out of concern for their daughters, whom they believed were "coming of age" in a cultural environment that encouraged girls and women to be preoccupied with their bodies and the attainment of a narrowly-defined ideal of female beauty (i.e., the thin female ideal propagated in the media).

Mother and daughter participants varied in their attitudes and beliefs about the role of appearance in everyday life and in their appearance orientations. In general, mothers were more likely than their daughters to exhibit attitudes consistent with an internal orientation, and thus, more likely to emphasize the "inside self" than the "outer self" (i.e., appearance). In contrast, more daughter than mother participants were identified as externally-oriented. Mothers and daughters expressed a keen awareness of the extent to which the dyadic other "valued" or emphasized appearance, and seemingly contributed to each other's appearance orientation through their mother-daughter interactions. For instance, internally-oriented mothers made active attempts to instill within their daughters beliefs associated with this orientation.
In addition to sharing their beliefs about the importance of appearance in their everyday lives, mother and daughter participants spoke about the degree to which they were satisfied with their own appearances. Interestingly, findings from the present study about body satisfaction are somewhat in conflict with those from previous work in this area. In his recent Body Image Survey, Garner (1997) found that 54% of girls aged 13 to 19 years and 57% of women aged 20 years or older were dissatisfied with their bodies. Other scholarly and popular writers have intimated that body dissatisfaction is normative -- if not rampant -- among women and girls (e.g., Brumberg, 1997; Huon, 1994; Paxton, Werthim, Gibbons, Szmukler, Hillier, & Petrovich, 1991; Wardle & Marsland, 1990; Wolf, 1991). However, qualitative findings from this study provided evidence somewhat contrary to this argument about the prevalence of body dissatisfaction. Although none of the 40 participants in this study expressed whole-hearted satisfaction with every part of her body, 25 participants (13 mothers and 12 daughters) made comments indicative of "general satisfaction" with their bodies; in short, these participants had come to "accept" what they perceived to be their physical shortcomings. In contrast, only four mother and four daughter participants were "generally dissatisfied" with their bodies. Thus, even though mothers and daughters in this study clearly "disliked" some aspects of their bodies, that only 20% of them expressed general dissatisfaction with their bodies does not support the argument that profound body dissatisfaction is more or less ubiquitous among women and girls in the 1990s.

Mothers and daughters frequently interacted in ways that contributed to their own body satisfaction and to that of the dyadic other. In some cases, participants contributed to one another's stock of knowledge about the use of clothing to emphasize or de-emphasize certain (liked or disliked) parts of the body. Through these interactions, mothers and daughters

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26Indeed, the discrepancy between (qualitative) findings from the present study and quantitative findings from previous work may stem in part from a methodological issue. Even in the present study, comparison of quantitative and qualitative assessments of body satisfaction raised concern about the quantitative measurement of body satisfaction; it is the opinion of this researcher that existing (quantitative) body satisfaction measures may lack criterion and/or content validity.
fortified each other's store of strategies that could be used to cope with body dissatisfaction. In other cases, mothers and daughters invoked "fat talk" (Nichter & Vuckovic, 1994) to vent frustration about the body or to elicit a positive review from the dyadic other. Although this often did result in an enhanced level of body- or self-satisfaction for the "talker," the recipient of the "fat talk" message (i.e., the sender of the validation message) was often left concerned about and/or frustrated by her dyadic other.

The vast majority of the mother participants, 85%, had dieted at some point during their lives, and 60% of them had dieted in the recent past (within five years of their interview). However, the types of dieting behaviors they adopted varied across their lifespans. As adolescents and young women, these participants had experimented with fad and crash diets that they often learned about from friends or the media. Upon reaching their 30s and 40s, these participants forsook such "radical" dieting patterns, which they now perceived as "unhealthy," and replaced them with "healthier" and "more balanced" dieting behaviors. Often, mothers gave up "dieting," altogether, instead adopting a pattern of "watching" what they ate. For some women, "watching" afforded a sense of control not experienced during dieting, acting as a "buffer" against the need for future dieting behaviors and staving off negative emotions -- such as feelings of deprivation, resentment, failure, and disappointment -- elicited by dieting processes and outcomes.

In comparison to their mothers, daughter participants had relatively less complex dieting histories, and were readily categorized into one of three groups based upon their dieting behaviors: nondieters (n = 8), short-term/low commitment dieters (n = 9), and serious dieters (n = 3). Short-term dieters, who dieted on a very short-term basis, often experimented with fad or crash diets that they learned about in the media or from friends. Such "experiments" were seemingly undertaken in the presence of peers, more often for purposes of entertainment than for weight loss; thus, exploration of weight-related appearance management behaviors seems to have become part of "growing up" as a female in the 1990s.
Serious dieters, who had lost a significant amount of weight over the course of several months of dieting, were encouraged by their mothers to diet. Common among these girls was a desire to have others perceive their thinness as "naturally occurring" rather than the product of an intense weight loss effort on their part; apparently it was more desirable, among this cohort, to be naturally thin than to be thin as the result of conscious efforts at weight loss. In contrast to their mothers, daughter participants were less likely to experience negative emotions related to their dieting behaviors (regardless of the duration of the dieting behaviors). Like their mothers, however, several daughter participants often "watched" what they ate. Thus, it seems that watching, not dieting, has become the "normative" state of eating affairs for adolescent and adult females at the end of the twentieth century.

To a certain extent, maternal dieting was predictive of dieting among daughters. Maternal dieting that occurred during daughters' later childhood and/or adolescent years was often linked to dieting behaviors among daughters. In addition, mother-daughter approaches to the body and dieting also influenced mothers' and daughters' dieting and body-related behaviors and feelings. Mothers and daughters used a variety of approaches in interacting with one another about the body, each of which was rooted in their perceptions about (a) the dyadic other, (b) the self, (c) their relationship with the dyadic other, and/or (d) the cultural moment during which their daughters were coming of age.

Of the four interpersonal approaches to the body (direct verbal, avoidance/guardedness, modeling, laissez-faire), the use of the direct verbal approach was most closely associated with dieting behaviors by a member of the mother-daughter dyad, particularly in the case of daughter participants. For instance, two of the three serious dieters identified in this study had received verbal encouragement from their mothers to engage in a weight loss diet. Further, the perception of maternal criticism about the body was often associated with dieting behaviors by daughters. In other instances, however, mothers and daughters seemed to act as a special support system for one another, serving as a "buffer" against the unyielding thinness demands
of the surrounding society. Such "support" behaviors were typically manifested in dissuasion or encouragament messages that were issued to validate the dyadic other about the likability of her body or the success of her weight-loss attempts.

Often related to participants' previous experiences with dieting were their perceptions about the extent to which the human body was changeable or malleable. Perceptions of body malleability varied along a theoretical continuum underpinned by certain beliefs about biological and lifestyle variables. Participants who perceived the body as only minimally malleable typically viewed body size and shape as largely predetermined by genetic or biological factors. In contrast, those who perceived the body as quite malleable tended to express the belief that with the "right" lifestyle (one marked by rigorous dieting and exercising), people whose bodies fit within a "normal" range of body sizes had the potential to alter (to a considerable degree) the size or shape of the body. Often, daughters' perceptions about body malleability were shaped by interactions with their mothers.

**The Female Body in the Media Context: Mine, Yours, and Theirs**

In addition to discussing feelings, beliefs, behaviors, and interactions related to their own bodies and those of the dyadic other, participants expressed their beliefs about and involvement with media presentations of the female body. Although both mothers and daughters were involved with body-related media, as a group, daughters were considerably more involved than their mothers. Interestingly, participants' beliefs about media presentations of the body (i.e., model and celebrity appearances) were often approached from a highly personal standpoint; beliefs about media presentations of the body often stemmed from personal comparison of one's own body (and body-related experiences) with those depicted in the media.

The product of these comparisons varied among the participants, in some cases more than others. For example, the sentiment that the appearances of "most" models and celebrities (i.e., models whose appearances were representative of the thin female ideal) would be
unrealistic for oneself or the general public to emulate was shared among almost all of the participants. Often, this perception was shaped by beliefs about the malleability of the body, the atypical lifestyles of models (participation in radical diet and exercise routines, development of eating disorders, etc.), and/or the practices of the modeling and media industries (e.g., airbrushing of media images, etc.).

For many (but not all) participants, the perception of (most) models'/celebrities' appearances as unrealistic translated into an inability to relate with (most) model or celebrity appearances. However, the perception of models as "unrealistic" and/or "different" from the self did not necessarily preclude idealization of their appearances; nearly a third of the sample (six mothers and six daughters) perceived "most" models' appearances as ideal. Here, idealization of models' appearances was inclusive of models whose appearances were reflective of the thin female ideal. Most participants, however, did not view (most) models (i.e., those whose appearances were reflective of the thin female ideal) as representative of an appearance ideal, a belief that was linked to their inability to identify with models and to the corresponding view that (most) models represented physical anomalies whose appearances were not "within reach" of the general public. That the majority of the participants did not idealize models' appearances was reflected in (and may be due in part to) mothers' active attempts to discourage their daughters from idealizing models' appearances.

As is further elucidated in the following section, these beliefs or perceptions about models' appearances contributed to an individual's social comparison "profile" (i.e., social comparison tendency and outcome). Similarly, beliefs or perceptions about media presentations of the female body were linked to personal and interpersonal body-related feelings and behaviors, which in turn, also influenced social comparison tendency and outcome. In the next section of this chapter, these relationships are further discussed.
Critical Linkages: The Personal, the Interpersonal, and Responses to the Media's Thin Female Ideal

This study explored the role of both personal and interpersonal (i.e., mother-daughter interactions) factors in mediating the "effects" of the media's thin female ideal upon middle-aged women and their adolescent daughters. Findings indicated that both mother and daughter participants -- even those for whom appearance was of relatively minor significance (i.e., those who were externally oriented) -- were keenly aware of and/or conversant with "media culture" (and the values embedded therein) and the social significance of the female body. Nearly all participants attributed to the media some degree of responsibility for the current cultural preference for a decidedly thin female body. For some participants, the thin cultural ideal propagated within the media was a "force" to be "reckoned with" -- something that they consciously fought against or resisted. Sometimes, participants (most often, mothers) urged their dyadic other to join in this intentional and personal crusade to resist yielding to or falling prey to the (perceived) social mandate for thinness. Such a scenario certainly suggests a state of "resistance under pressure," or a social condition in which even those who do not personally embrace cultural preferences or societal demands for thinness find themselves somewhat torn between yielding to them (and their associated reward of social acceptance) and working hard to resist them. Indeed, this sense of conflict between the self and perceived pressure to adopt widely propagated societal ideals reflects the undercurrents of Susan Bordo's (1997) allusion to a state of "free choice under pressure," a phrase she used to describe the social pressure exerted upon nonwhite women to reshape their appearances (via cosmetic surgery) to reflect Caucasian ideals.

In previous work (e.g., Richins, 1991; Stice & Shaw, 1994), social comparison theory (Festinger, 1954) has been used to explain the possible linkage between cultural images of women, such as media presentations of the female body, and women's feelings about and behaviors related to their own bodies. Interestingly, however, and as findings from this
project underscore, not all women or girls are equally affected by the thin ideal embedded within the media. Prior to the present work, scholars had only begun to tap "why" media presentations of a very slender female beauty ideal might affect the body-satisfaction of some viewers more than others; in previous work, body dissatisfaction had been linked to social comparison tendency and outcomes (Garner, 1997). The present work contributes an additional layer of understanding to the social comparison puzzle by delineating the relationships among personal and interpersonal factors associated with both comparison tendency and comparison outcome. These factors, and the linkages between and within them, are the focus of the following discussion.

**The Comparison Process in the Context of the "Personal"**

The goal of this section is to situate the comparison process in the personal context. In the first part of this discussion, a grounded theory model representing the concepts of personal Body Profile and Media Profile is introduced. The second portion of this discussion addresses the role of personal characteristics associated with the Body and Media Profiles in the shaping of comparison tendency and outcome.

**Personal Body and Media Profiles: Content and Connections**

Findings from this study revealed many insights into participants' personal beliefs, feelings, and behaviors related to the female body and the mass media. In Chapter Four, these cognitions and behaviors were embedded within a conceptual framework of two overarching major emergent themes and their corresponding minor themes and subthemes. Here, eight of these minor themes are presented in a grounded theory model of personal characteristics related to body and media (see Figure 2). In this model, emergent themes are are re-conceptualized in terms of the "Body Profile" and the "Media Profile." Using these profiles, one can theoretically assess each participant on the basis of her body- and media-related cognitions and behaviors. An individual's Body Profile comprises her appearance orientation, degree of body satisfaction, diet-related behaviors, and perceptions about body malleability. In turn, her
Figure 2. Personal Characteristics: The Body and Media Profiles

Media Profile includes her level of media involvement (i.e., what media are used and how often), perceptions of media realism (with respect to the appearances of models), degree of identification with models, and degree of idealization of models. Thus, these two profiles represent sets of characteristics about each participant.

Theoretical linkages were identified among the four minor themes or personal characteristics conceptually associated with the Body Profile. With respect to Body Profile, an individual's past dieting behaviors (and more specifically, outcomes) were often related to her perceptions of malleability; participants who had experienced success with their dieting (e.g., those who had lost weight or maintained weight loss) tended to perceive the body as relatively malleable. There also was a direct, negative relationship between perceptions about body malleability and degree of body satisfaction; participants who were more highly satisfied with the body tended to perceive the body as less malleable than did those who were less satisfied. Thus, the perception that body size or shape was more or less "beyond one's control" afforded some protection from negative feelings about the physical self.

Similarly, there were linkages among the themes or concepts associated with the Media Profile. Perceptions about the realism of models' appearances were often linked to personal identification with models and idealization of models' appearances; the perception of models as "unrealistic" in appearance was associated with low levels of (a) identification with and/or (b) idealization of models' appearances.
In addition, and as represented by the double-headed arrow linking the Body and Media Profiles, the themes associated with the Body Profile and the Media Profile were related to one another. That is, personal characteristics (e.g., beliefs, feelings, behaviors, etc.) concerning the body (Body Profile characteristics) shaped and were shaped by personal characteristics concerning media (Media Profile characteristics). For instance, perceptions about the realism of media presentations of the female body were directly related to beliefs about the malleability of the human body, and thus, in some cases, indirectly related to (individual) dieting experiences. Participants who held the belief that models' bodies were unrealistic for themselves to attain also often perceived the body as minimally malleable and sometimes had encountered difficulty trying to change the size or shape of their own bodies through dieting behaviors. Similarly, appearance orientation was linked to idealization of models; externally-oriented participants were more likely than internally-oriented participants to regard models' appearances as an ideal of female beauty, and vice versa.

As such, several of the emergent themes presented in this report as a representation of participants' experiences are bound together by a complex web of interconnections. In the following discussions, the similarly complex sets of relationships among the personal and interpersonal factors that shape social comparison tendency and outcome are elucidated.

**Individual Characteristics Associated with Social Comparison Processes**

Whether or not a participant made comparisons between the self and women depicted in the media (comparison tendency) and what she concluded about the self if in fact these comparisons were made (comparison outcome) were a product of two interrelated factors: (a) individual characteristics and (b) mother-daughter interactions. Of these two factors, individual characteristics were most primary in shaping participants' Social Comparison Profiles, or their comparison tendencies and outcomes. Personal characteristics associated with participants' Body and Media Profiles were often directly predictive of their Social Comparison Profiles (including comparison tendencies and comparison outcomes).
Participants' social comparison tendencies both shaped and were shaped by their personal body- and media-related characteristics (as reflected by their Body and Media Profiles). For instance, in comparison to noncomparers, participants identified as comparers more often viewed models' appearances as realistic for them, personally, to achieve, ideal, or similar to their own. They tended to share the characteristic of an external orientation; it was this characteristic that seemingly explained a paradox in which participants who did not perceive models' appearance as realistic or ideal nonetheless used models' appearances as a standard for personal comparison. In such cases, participants often perceived appearance as a conduit for social acceptance (a characteristic associated with the external orientation) and assumed that others idealized models' appearances. As such, their comparison behaviors were motivated by the desire to achieve a socially desirable appearance and by their assumption that such an appearance was embodied (in the eyes of the general public) by models.

In contrast, participants identified as noncomparers typically perceived model and celebrity appearances as unrealistic and "different" from themselves; they did not identify with models or celebrities, and thus, they did not use those appearances as a standard by which to evaluate their own. Further, noncomparers did not view models as ideal and were often quite satisfied with their own bodies. However, arriving at these "conclusions" about the self and cultural imagery of models involved comparison processes; one cannot conclude that her appearance is unlike that of a model without engaging in comparison of the self and the model. Thus, personal beliefs about media affected whether or not comparisons were made (comparison tendency), and in turn, outcomes of past social comparison behaviors influenced beliefs about media imagery of women (e.g., that models are unrealistic, etc.).

Similarly, comparison outcomes both shaped and were shaped by personal beliefs, feelings, and/or behaviors related to the body and the media (as reflected by an individual's

27 However, these beliefs or perceptions were not shared among all participants classified as comparers.
Body Profile and Media Profile). For instance, appearance orientation influenced comparison outcome, with externally-oriented participants more likely to experience negative outcomes and internally-oriented participants more likely to experience positive ones. Further, the perception of models' appearances as unrealistic or nonideal, the perception of the body as minimally malleable, and a lack of identification with models (all of which stemmed in part from previous comparison behaviors) seemed to offer some protection from negative comparison outcomes. Satisfaction with the body both resulted from the comparison process (e.g., in the case of downward or sometimes selective comparisons) and contributed to the likelihood of positive comparison outcomes. Thus, feelings about the body and perceptions about one's own body and those of models both resulted from previous comparison outcomes and shaped future comparison outcomes.

**The Comparison Process in the Context of the "Interpersonal"**

As noted, social comparison tendency and outcome were closely related (both directly and indirectly) to the personal characteristics of individual participants (i.e., cognitions or behaviors associated with the Body and/or Media Profiles). Evidence from the present research suggested that personal characteristics acted as the primary filter through which body-related media information or imagery were processed; personal characteristics were often closely correlated with how an individual responded to body-related media imagery or information.

In contrast, the role of mother-daughter interactions in the shaping of participant responses to media seemed to be largely indirect. The most significant way in which mothers and daughters shaped one another's reactions to media images of the thin ideal (i.e., comparison tendency and outcome) was through their body- and media-related interactions with one another. In such interactions, and as was addressed throughout Chapter Four, mothers and daughters shaped one another's beliefs about and behaviors related to their bodies and the media (i.e., their Body and Media Profiles). In turn, and as previously discussed,
these personal characteristics associated with the Body and the Media Profiles influenced participants' comparison tendencies and outcomes.

Additionally, and as symbolic interaction and coorientation theories suggest, the personal characteristics of each mother and daughter dyad shaped the ways in which (a) she interacted with the dyadic other and (b) the dyadic other interacted with her. The data provided evidence that mothers and daughters interacted with one another on the basis of their perceptions (necessarily linked to their own cognitions and experiences) about the dyadic other.

To illustrate these relationships among participants' individual characteristics, interactions with the dyadic other, and comparison processes, one can consider the case of Participants 7M and 7D. Through her interactions with her daughter, Participant 7M perceived that her daughter was "very sensitive" about her body and weight. Based upon this perception about her daughter and her own experiences with the media, Participant 7M had also come to believe that her daughter was susceptible to cultural influences (e.g., media presentations of a very thin female body) that could potentially move her toward the development of negative body feelings or unhealthy eating behaviors. As a result of these interactions and her corresponding perceptions about her daughter, Participant 7M adopted an "avoidance/guardedness" approach to interacting with her daughter about the body and dieting. In turn, this interpersonal approach was associated with certain individual dieting behaviors; daughters (such as Participant 7D) of mothers who adopted this approach were more likely to diet than daughters of mothers who adopted different approaches to interacting with their daughter about the body. In turn, Participant 7D's dieting behaviors likely shaped her degree of body satisfaction and/or her beliefs about body malleability, which were both directly and indirectly (via perceptions about media realism) linked to social comparison tendency and outcome.

At this point, it should be noted that the influence of mother-daughter interactions upon daughters' personal characteristics was mirrored by an influence of such interactions upon mothers' personal characteristics. That is, findings indicated that mother-daughter interactions
shaped (and were shaped by) the personal characteristics (e.g., cognitions and behaviors) of both members of this dyad. For instance, mothers and daughters actively shared information (sometimes gleaned via media involvement) with one another about weight-related appearance management (e.g., diet, exercise, weight-related use of clothing) and thus, shaped one another's stock of knowledge, attitudes, and/or behaviors related to such topics. Similarly, mothers and daughters often acted as a support system for each other, validating one another about the acceptability or likability of the other's physical self ("no, you're not fat," "you're fine just the way you are") and/or encouraging the other in her weight-loss efforts. In such instances, mothers and daughters influenced the dyadic other in similar ways, contributing to one another's thoughts about and behaviors toward the body.

In many other instances, however, the influence of mother upon daughter and daughter upon mother was very different. This difference stemmed primarily from mothers' and daughters' differing roles in the socialization process. Unlike their daughters and by virtue of their status as a parent, mother participants (a) expressed an awareness of their influence upon their daughters and (b) articulated definitive socialization agendas with respect to their daughters. In this vein, mothers attempted to instill within their daughters (via modeling, verbal communications, reference to media, etc.) specific values, knowledge, behaviors, etc., that were consistent with what they held to be significant, moral, healthful, or otherwise desirable. In a few instances, daughters also encouraged mothers to adopt healthful habits or shared information with their mothers that would facilitate a healthful lifestyle. For the most part, however, daughters acted as "validators" of their mothers' bodies or dieting efforts.

Thus, although the data provided support for the argument that the influence of mother-daughter interactions was reciprocal (i.e., shaped the cognitions or behaviors of both parties) rather than unidirectional, it should be noted that the "sum and substance" of these interactions and influences varied with respect to familial role (i.e., mother versus daughter). Nonetheless, findings did indicated that in both the case of the mother and the daughter participants, mother-
daughter interactions played a role in shaping (at least some) personal characteristics that were associated with comparison tendency and outcome.

In sum, then, interpersonal experiences between mothers and daughters mediated media effects in an indirect and perhaps secondary (to personal characteristics) manner by shaping personal characteristics, which in turn, influenced both comparison processes and mother-daughter interactions.

**Media "Effects" and Viewer Responses to the Thin Ideal: New Insights**

In previous work, both scholarly and popular writers have attributed to the media a certain degree of responsibility for the current cultural preoccupation with and preference for a thin female body (e.g., Stice et al., 1994; Stice & Shaw, 1994; Wolf, 1991). This perception of "media as scapegoat" was one that was shared among several participants from the present study. As noted, both mother and daughter participants expressed the belief that media content and imagery not only perpetuated a slender female body ideal but also incited body dissatisfaction and eating disorders among women and girls. That is, findings from this study, however, suggest that the alleged relationship between the media and women's and girls' body-related feelings and behaviors may be more limited than has been suggested previously.

Granted, the present findings did indicate that media imagery and information about the female body have the potential to shape viewer feelings about and behaviors toward their own bodies. Both mothers and daughters used the media as a source of information about body and diet. Further, both mother and daughter participants seemingly compared their bodies to those in the media and integrated the information gleaned from these comparisons into their sense of self and their perceptions of others. This, however, is not to say that participants' body-related feelings and behaviors were shaped exclusively by their interactions or involvements with the media. Findings from this work did not support the model of media as omnipotent shaper of viewer cognitions and behaviors.
Rather, findings indicated that in evaluating feelings about or considering behaviors toward the body, participants processed and integrated information from a variety of sources. For instance, participant responses to media images of women often entailed comparison of not only the self and one's personal body-related experiences to the depicted model, but also comparison of the model to a mental image of what constituted a "normal" body size or shape and "normal" experiences with the body. This impression of a "normal body" was reflective of a lifetime's worth of observations about other people's bodies. When participants did note a discrepancy between media representations and their own real-life observations about their bodies and/or those of others, they tended to perceive their first-hand observations as more valid or "real." For example, a participant who had personally experienced difficulty in changing the size and shape of her own body and who had over time observed the bodies of both known and unknown others necessarily incorporated the insights gleaned from these experiences into her interpretation of media imagery. In doing so, she often concluded that media images of women were neither (a) realistic for herself or other "real women" to emulate nor (b) relevant to herself or to other real "women." In turn, such conclusions often (a) diminished the likelihood of future self-to-model comparisons and (b) offered protection against negative comparison outcomes should such self-to-model comparisons be made. Here, then, personal "real-life" experiences shaped the ways in which participants responded to body-related media.

In addition, findings from the present study indicated that mother-daughter interactions mediated mothers' and daughters' responses to the thin female ideal in the media. For instance, mothers and daughters interacted about specific, body-related media content. Mothers, in particular, sometimes used media content as a springboard for health- or body-related discussions with their daughters, especially if they perceived their daughter as "at risk" for the development of unhealthy involvements with the body. In these discussions, mothers sometimes used body-related media content or imagery as an example of unhealthful,
undesirable, or unrealistic body-related behaviors. Here, then, mothers and daughters contributed to each other's interpretations of media content. In turn, these interpretations likely shaped future responses to body-related media.

Additionally, mothers and daughters often engaged in discussions about body-related issues that did not pertain directly to the media. However, data suggested that the perspectives that mothers and daughters brought to these interactions may have been shaped in part by their past media involvements. In interacting with one another about the body, mothers and daughters contributed to one another's stock of knowledge and attitudes about the body and thus likely (a) re-shaped body-related knowledge previously gleaned from the media (or other sources) and/or (b) shaped future responses to or interactions with body-related media.

In sum, data from the present project do support the notion that the media contribute to women's and girls' cognitions and behaviors related to their bodies. However, these data also suggest that the contribution of the media to female viewers' body-related thoughts and behaviors is likely tempered or filtered by their real-life experiences with the self, others, and the world around them. Although the media represent an important piece in the puzzle concerning the ways that we have come to think about and act toward the female body, they are likely one of many pieces in a puzzle of multiple and overlapping socio-cultural influences.

Contributions to Existing Theory

The major theoretical framework guiding this project was that of social comparison. In addition, this project was guided by two theories related to social comparison processes, symbolic interaction theory and coorientation theory. As has been discussed throughout this report, the present findings both supported and/or further illuminated these theoretical perspectives. That which follows is an explanation of the relationship of these theories to the present work. In the first part of this discussion, the researcher summarizes the new insights generated by this study about social comparison theory. In the second part of this discussion,
symbolic interaction and coorientation are discussed in relation to the present findings and the (previously described) "extended" formulation of social comparison theory.

**Social Comparison Theory**

As has been discussed at length throughout this report, social comparison theory has been used by researchers (e.g., Richins, 1991; Stice & Shaw, 1994) to explain the theoretical linkages between media presentations of the female body and women's and girls' body-related thoughts, feelings, and behaviors. Perhaps the most significant contribution of the present project to the body of knowledge about socio-cultural influences upon women and girls is the insight that it has provided about this comparison process.

With the present project, the researcher was able to situate the comparison process within both personal and interpersonal contexts. In this vein, the researcher used interview data from this study to identify personal body- and media-related characteristics (i.e., body- and media-related cognitions and behaviors embedded within the Body and Media Profiles) that shaped an individual's (a) proclivity to compare the (physical) self with media imagery of the female body (i.e., comparison tendency) and (b) self-feelings that resulted from those comparisons (i.e., comparison outcome). Further, the nature of the linkages among these personal characteristics and an individual's Social Comparison Profile (i.e., comparison tendencies, comparison outcomes) were delineated. As such, findings from this study have yielded insights that can help researchers (a) to understand why some women and girls are more affected than others by the thin female ideal embedded within the media and (b) to make predictions about which women and girls might be more susceptible to negative outcomes resulting from exposure to this thin ideal.

Additionally, the relational nature of the data from this project afforded the researcher an opportunity to explore the ways in which mother-daughter interactions shaped personal characteristics which, in turn, influenced whether or not "self to model" comparisons were made and if so, how these comparisons affected self-feelings or behaviors.
Finally, this study contributed to our understanding of the way in which personal characteristics related to media and body both affected and were affected by social comparison tendencies and outcomes. That is, certain personal characteristics, such as body satisfaction or perceptions of models as realistic or unrealistic, both shaped comparison tendency and outcome and were shaped by comparison behaviors.

**Symbolic Interaction and Coorientation Theories**

Several processes embedded within the data reflected ideas associated with the symbolic interaction and coorientation perspectives. A few examples of such processes are offered here to demonstrate the relationship between the symbolic interactionist and coorientation perspectives and findings from the present project. Underpinning much of this discussion are the close linkages of symbolic interaction and coorientation theories to the previous discussions concerning social comparison theory.

First, findings from this study indicated that mothers and daughters did symbolically interact with respect to issues encompassed by each of the minor themes that emerged from this study, thereby contributing to each other's (a) feelings about and behaviors toward the body (Body Profile) and (b) interpretations of body-related media (Media Profile). In this vein, the social comparison process was situated in both a personal and interpersonal context, and thus, was reflective of the symbolic interactionist assumption that the self is dependent upon interactions with others (Mead, 1934). Theoretically situating the social comparison process within both personal and interpersonal contexts reflects the ways in which interactions with others work to shape multiple selves; as daughter participants interacted with their mothers, they not only shaped their own thoughts about themselves and their mothers, but they also influenced mothers' reciprocal thoughts about themselves and their daughters.

Similarly, and as coorientation theory suggests, interpersonal approaches adapted in mother-daughter interactions were often rooted in one's perceptions about her dyadic other and her influence upon that other. For instance, mothers and daughters who adopted the direct
verbal approach often perceived that their comments would (a) be regarded by the other as valid and (b) (perhaps) be acted upon (by the other). Individuals who used a direct verbal approach to dissuade the other from dieting often also perceived that the other (a) was dissatisfied with her body shape or size, (b) was interested (by virtue of this body dissatisfaction) in dieting for weight loss, (c) did not need to diet, or (d) was susceptible to social pressures to diet.

In some instances, mothers and daughters were "accurate" in their perceptions about the other; there was agreement between their perceptions of what the other thought or felt and what the other actually thought (or seemed to think, as per her interview comments). In other instances, such was not the case. For example, mothers made comments about their daughters' bodies that their daughters interpreted as derogatory. However, the mothers who made such comments (a) were unaware that their daughters perceived them as critical and (b) did not seem to regard their daughters' bodies negatively. Here, then, mothers' perceptions about their daughters' thoughts were not coincident. Nonetheless, the daughters who perceived that their mothers were critical of their body size or shape acted upon the basis of this perception, dieting in an attempt to lose weight. Here, again, the symbolic interactionist notion that the self is the product of our interactions with others is reflected (see Mead, 1934).

Finally, findings from this study supported the notion that for some participants (i.e., comparers), the mass media represented a "generalized other," or a source of social feedback about the body that was perceived as indicative of social norms and/or expectations. For instance, in the interactive and symbolic process of shaping their "selves," mother and daughter participants often compared their physical likenesses to the female images in the mass media, reflected upon similarities and/or differences, and imagined resulting social feedback (as manifested in social comparison outcomes). Although it was not extensively explored within the scope of this study, it is also possible that these participants may have used this "social feedback" (i.e., knowledge gleaned from social comparison outcomes) to plan future appearance- or diet-related behaviors. Thus, several of the participants in this study seemed to
use role-taking (Mead, 1934) in their interactions with the mass media, imagining responses of
the generalized other (i.e., the mass media, which canonized the thin female ideal) to their own
bodies.

Limitations

As is the case with any research effort, this project was not without its limitations. Limitations of the present study pertained to issues related to (a) the interview method and (b) the participant sample. A brief explanation of each of these limitations is presented as follows.

As noted in Chapter One, the interview method is limited by participants' willingness to candidly and honestly disclose information about the topics discussed. The interviewer, an essential component of the interview method, can often pose an obstacle to eliciting truthful and forthright participant responses; the interviewer can influence the participants' responses in subliminal ways. For instance, participants may have felt pressure (stemming from the interviewer's presence) to answer the interviewer's questions in a socially desirable manner or in a manner that they perceived to be socially desirable (Bailey, 1987). The somewhat sensitive or personal nature of some of the issues encompassed within the interview schedule render this possibility quite likely. For example, among some of the daughter participants in the present study, natural thinness (i.e., that not achieved through intentional efforts at weight or body modification) was viewed as preferable to thinness achieved by dieting. As such, it is possible that some daughter participants may have under-reported the frequency or intensity of their dieting behaviors. Further, disordered eating behaviors may have been perceived among both mother and daughter participants as less socially desirable than healthy habits; both mother and daughter participants made negative comments about the prevalence of eating disorders among females in US society. As such, it is possible that participants over-reported their engagement in and/or concern about a healthy lifestyle and perhaps under-reported their involvement in unhealthful eating or weight-loss behaviors.
Similarly, the sample used in the present study was not equally representative of all demographic segments of US society. Perhaps the most obvious limitation of the present sample was that 100% of the mother participants and 95% of the daughter participants were Caucasian. The present sample also represented a largely middle class or upper middle class cross-section the the US population; for the most part, daughter participants in the present study resided in dual income households. Further, that all participants resided in a midwestern state (whose primary industry is related to agriculture) may have influenced participant attitudes and lifestyles (e.g., eating habits). Finally, and as previously intimated, the self-selected nature of the sample represents a limitation; individuals who volunteered to participate in this study may not represent a diverse array of different body- and media-related feelings and behaviors. For example, it is likely that individuals who volunteered to participate in this study were relatively comfortable with their bodies; prior to participation, informants were aware that the interview process would entail disclosure of body-related feelings and experiences. As such, findings from this study are limited in their generalizability.

**Recommendations for Future Research**

Findings from the present research have answered many questions concerning the influence of mother-daughter interactions and mass media presentations of the female body upon women's and girls' body-related feelings and behaviors. However, the answers to some of the original research questions have spawned new queries related to this complex research topic.

It will be important for future researchers to further explore the relationships among the themes that emerged from this study. Although several of these linkages have been supported with data from the present study, it was not within the scope of this report to address all of the relationships among each of the subthemes (i.e., those associated with the "Body Profile" and the "Media Profile" boxes). In addition to expanding the qualitative analysis of the data, researchers should also consider quantitative methods as a means by which to "test" the
proposed relationships. To this end, variables related to each of the themes discussed within the context of this study would need to be operationalized and assessed using quantitative measures.

In this vein, one might consider further exploration of the issue of body satisfaction, testing the hypothesis that a connection exists between appearance orientation and body satisfaction. Perhaps externally-oriented individuals, who placed more emphasis on the role of appearance in the shaping of social interactions, would be less likely to accept small misgivings about the body and more likely to be dissatisfied with the body because of these misgivings. Similarly, internally-oriented individuals might be more likely to accept their bodies "as is" and to focus their attention on nonappearance related issues, which they likely perceived as more consequential than the body.

Likewise, it would be interesting to explore the possible linkage between body satisfaction and diet-related behaviors. Although a relationship between the two seems intuitive, this association may be obscured by the current cultural environment, in which "watching what you eat" has become a "normal state of affairs" for women and girls rather than a weight-loss strategy. Perhaps women and girls today take "watching what they eat" for granted, assuming that it is simply part of their "female identity kit" (Goffman, 1961).

Another interesting research problem is posed by the relationship of media involvement to (a) beliefs, feelings, or behaviors related to one's own body, (b) perceptions of media presentations of the female body, and (c) social comparison processes. For instance, individuals who are highly invested in physical appearance (e.g., those who are externally-oriented) may be more involved in various forms of media (e.g., media related to modifying or enhancing physical appearance) than those who are less involved or interested in personal physical appearance. Or, perhaps intense or frequent exposure to appearance-related media messages may shape viewer expectations about their physical selves, which in turn, may
influence whether or not comparisons with images in the media are made and if so, how these comparisons affect the viewer.

Further exploration also is needed with respect to the ways in which the mother-daughter relationship mediates the impact of appearance- and body-related media. One might consider how the overall quality of the mother-daughter relationship, as perceived by both the mother and the daughter, affects mother-daughter interactions about media and the body. For example, the interpretation of a dyadic other's appearance feedback as "fault-finding" may reflect relational qualities characterizing the mother-daughter relationship, in general. Or, perhaps certain overarching characteristics of the mother-daughter relationship influence how mothers and daughters interact about their bodies, dieting, and/or media.

In addition to further exploration and testing of the proposed theoretical linkages, it would also be valuable to replicate this study using a slightly younger daughter sample. This recommendation is rooted in two observations that arose from the present study. First, several of the daughter participants indicated that they had been more concerned during their early adolescent years (as opposed to their later adolescent years) about their bodies and dieting. Thus, it would be interesting to explore this period of more intense involvement with the body, particularly since early adolescence is typically marked by more drastic physical changes than later adolescence; in the US, menarche usually occurs before age 13 (Malina, 1979). Perhaps one could conduct a longitudinal study in which mothers and their daughters are interviewed twice, first when the daughters are 12 or 13 years old and again when the daughters are in high school. This, then, would provide the data necessary to chart changes that may be related to the (perhaps diminishing) level of body-concern experienced during the early and later adolescent years. Second, several mother participants noted that they no longer had "much control" over their daughters' media-related behaviors. Perhaps mothers of younger adolescents would be more involved (or involved in different ways) with their daughters' media use behaviors.
Similarly, it will be important to replicate this study using a more demographically diverse sample. As noted, the present findings are limited in that they represent the realities of Caucasian mothers and their biological daughters who lived together in dual-income, middle class or upper middle class families. In the future, it would be interesting to explore the realities and interactions of mothers and daughters of varied ethnicities or socio-economic classes; previous work (e.g., Parker et al., 1995) has suggested that all cultural segments of U.S. society may not be equally immersed in the thin ideal. Similarly, it would be intriguing to examine the experiences of adolescent girls raised by (an) individual(s) other than her biological mother (e.g., an adoptive mother/father or a step-mother/father); perhaps the absence of a genetic linkage to a same-sex parent figure shapes girls' beliefs, feelings, and/or expectations about their own appearances and bodies. A biological link between mother and daughter may shape a daughter's expectations about her own body and the extent to which it might be malleable; in such cases, a daughter may expect to inherit her mother's body shape or propensity to modify the shape or size of the body. Further, adolescent girls whose primary caregivers are male may experience very different types of appearance socialization than those who reside with female caregivers; evidence has suggested that women are the primary "gatekeepers" of family members' appearances (Smetana, 1988).

Future researchers may want to draw from the socio-concept family model to explore the relationship between family patterns of communication and individuals' involvement with and reliance upon the mass media in the shaping of the self. Based upon previous work in this area, one might expect that mother-daughter pairs from socio-oriented families would be more likely to model body related behaviors seen in the mass media, to compare themselves to the media images reflecting the thin ideal, or to view the mass media's thin ideal as realistic or personally attainable. In contrast, mother-daughter pairs from concept-oriented families may be more likely to view the media's thin ideal as an unrealistic standard that is perpetuated by the
mass media and other cultural sources but which does not represent an image which they would view as personally relevant or with which they would compare themselves.

Finally, the present study raises methodological issues associated with the measurement of body satisfaction; the correspondence between the qualitative and quantitative assessments of body satisfaction was quite low. In rethinking how body satisfaction might be assessed, future researchers may need to draw from the richness of qualitative data about this topic and to re-develop or at least refine quantitative measures of body satisfaction. The concept of satisfaction may not capture how many individuals cope with discrepancies between ideal and actual body size and shape.

Each of the aforementioned issues deserves scholarly attention. Findings from the present study offer further support for Brumberg's (1997) argument that the female body has become a significant life focus or "project" for women and girls at the end of the twentieth century. Additionally, these findings provide evidence that this "project" may at times be undertaken by "teams" of mothers and daughters who work together at negotiating meanings of and feelings about their own bodies and those of others, including those depicted in the media. However, many questions about the role of various socio-cultural influences, such as the family and the mass media, in the shaping of women's and girls' body-related feelings, beliefs, and behaviors remain unanswered. That the female body has become such a consuming focus of female life -- and sometimes one that can grow into unhealthy appearance management or eating behaviors -- further underscores the need to continue along a path of inquiry that will allow us to better understand the socio-cultural forces that shape or provide for this engrossment with the female body.
APPENDIX A: INTERVIEW SCHEDULES
Interview Schedule
(Mother)

I. MEDIA USE, HABITS, BELIEFS

Personal Media Use/Habits

To start, I'd like to talk about the types of media that you and your daughter look at or use. Let's start with you.

What types of media do you use on a weekly basis? A daily basis?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet, etc.]

In general, what is your favorite type of media to use?
Why?
What is your favorite thing about this media format?

What types of media do you use to learn about nutrition or what to eat?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet, diet manuals, cookbooks, etc.]
What kinds of food or diet information do usually look at in the media?
[Probes: recipes, health information, dieting tips, shopping information, information about new products, etc.]
During a typical week, how often do you look at media to get information about your diet or what to eat?

What types of media do you use to learn about exercise?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet, exercise manuals, exercise videos, etc.]
What kinds of exercise information do usually look at in the media?
[Probes: information about workouts, exercise equipment, exercise for improving health, etc.]
During a typical week, how often do you look at media to get information about exercise?

What types of media do you use to learn about what to wear?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet]
What kinds of clothing information do usually look at in the media?
[Probes: clothing advertisements, fashion layouts, advice columns, articles on what's in, what people in media are wearing, etc.]
During a typical week, how often do you look at media to get information about what to wear?
What types of media do you use to learn about personal grooming habits such as how to apply makeup or fix your hair?

[Probes: magazines, television, newspapers, film, videos, tabloids, Internet]

What kinds of grooming information do you usually look at in the media?

[Probes: grooming product advertisements; advice columns; features on what's in; features on how to style hair, apply makeup, etc.]

During a typical week, how often do you look at media to get information about grooming?

In general, how do you decide what advice or information in the media to pay attention to? To believe? To follow?

**Shared Media Use/Habits**

Now, I'd like to discuss your media habits in relation to your daughter's media use.

What types of magazines do you and your daughter share? Books?

Who selects them?

Where do you get them?

[Probes: the store, library, subscription]

What kinds of media do you and your daughter look at or watch together?

[Probes: TV shows? Movies? Videos?]

Who selects them?

Next, we are going to discuss how you and your daughter interact about the media.

In your interactions with your daughter, do you ever discuss or talk about [diet, weight, exercise, fashion, models] information that you or your daughter have seen in the mass media?

What, in particular, do you discuss?

Do you limit or place restrictions on the quantity or type of media your daughter uses?

If so, what types of limits?

When did you start to do this?

If not, have you used such limits with your daughter?

When?

Why did you remove them?

Under what circumstances or when have you told your daughter that something in the media is unrealistic or realistic?

What were you referring to with these comments?

Why did you think that it was necessary to make this clarification?
Now, I'd like you to think back to your daughter's early childhood experiences with the mass media.

How did you ever use characters or situations in the media to help your daughter learn something about appearance, diet, or exercise?
  What were you trying to teach her?
  How did you use the media?
  How old was she? (Messaris, 1982)

II. MOTHER, DAUGHTER, AND APPEARANCE

In the next series of questions, we'll cover a range of issues related to appearance, eating or exercise habits, and how these issues are related to your relationship with your daughter. First, we'll talk about you.

Mom Only

What kinds of things do you do to manage your appearance?
  [Probes: Diet, exercise, make up, hair, tanning, etc.]

How important is looking good to you?

Overall, are you quite satisfied with your appearance?

What is your favorite part of your physical appearance?
  Why?

If you could change one thing about your appearance, what would it be?

Have you ever considered plastic surgery (e.g., liposuction, face lift, etc.)
  Would you ever consider it? of What do you think about it?

What does the word "diet" mean to you?

Have you ever been on a diet?
  If yes:
    Are you trying to change your weight right now?
    When you are/were on a diet, how do/did you change your behaviors?
    What diets have you/do you follow or practice?
    Where did you learn about these diets?
    How did it make you feel when you were on a diet?
  If no:
    Do you pretty much eat what you want and as much as you want?
    Do you watch what you eat?
      If so, how does watching what you eat make you feel?
Do you ever use clothes to emphasize part of your body?
   How?
   Have you ever suggested that your daughter use clothes to emphasize part of her body?

Do you ever use dress to conceal part of your body?
   How?
   Have you ever suggested that your daughter use clothes to conceal part of her body?

B. Mom and Daughter

Next, we will move on to the role of appearance in your relationship with your daughter.

Do you and your daughter ever discuss her appearance?
   Your appearance?
   Her body size or shape?
   Your body size or shape?

Do you ever offer your daughter advice on her appearance?
   Her body?  
   Her diet?
   Her exercise routine?
   Does she ask for this advice?
   Does she offer you such advice?
   Do you ask for her opinion?

Do you ever compliment your daughter on her appearance?
   Does she ever compliment you on yours?

What types of activities do you and your daughter do together that involve appearance?
   Do you shop together?
   If so, when you shop together, do you give your daughter advice when she tries on clothes?
   Does she give you advice when you try on clothes?
   Do you do any grooming rituals together? hair, nails, facials, etc.
   Do you share clothing? Clothing tips? Fashion magazines? Mail-order catalogs?

What types of activities do you and your daughter do together that involve diet or dieting?
   Do you usually (3 - 4 times a week) eat together at dinnertime?
   Do you usually (3 - 4 times a week) eat the same thing for dinner?
   Do you ever go on a diet together?
   Do you cook together?
   Do you share dieting tips? Dieting resources such as books, magazine articles, etc.?

Do you and your daughter ever exercise together?
   Do you share exercise tips?
   Exercise resources such as videos, magazine articles, etc.?
The last series of questions in this section focuses on your perceptions about your daughter's appearance.

What types of attitudes does your daughter have about appearance and weight?
   Do these issues seem to be important to her?

Are you proud of your daughter's appearance?
   Is there anything that you think she could change?

III. THE FAMILY SYSTEM

In the next section, I'd like to go into more detail about your relationship and communications with your daughter.

In general, are you satisfied with how you and your daughter talk?
   If so, why?
   If not, why not?

Do you feel that you can be pretty "open" with your daughter?
   Are there any topics that you avoid discussing with her?
   Why?

Do you ever discuss your problems with your daughter?

When you and your daughter talk, do you think that she tries to understand your point of view?
   If so, what does she say or do that makes you think this?

Do you ever criticize your daughter?
   About what?

Does she ever criticize you?
   About what?

In your family, do you ever debate issues (i.e., talk about topics like politics or religion where some people disagree with others)?
   If so, do you do this often?

Does your daughter ever challenge your ideas and beliefs?
   If so, how? (i.e., can you think of an example when this happened?)
   Do you encourage this?
   If so:
      Why?
      How?
   If not:
      Why not?

Do you agree that all family members should have a say in family decisions?
In your home, is there a certain individual who usually has the last word on issues? If so, who?

Are there some issues about which you believe that parents should have the last word? If so, can you think of an example of such an issue?

Do you feel comfortable talking about emotions and feelings with your daughter? If so, do you talk about emotions and feelings often? Whose emotions or feelings do you talk about? [Probes: yours, hers, other family members, etc.] If not, why not?

Do you think your daughter is comfortable talking with you about her emotions and feelings? Does she talk to you about her feelings or emotions often?

In general, do you enjoy talking with your daughter? What is your favorite thing to discuss with her?

IV. MASS MEDIA BELIEFS/ATTITUDES: THE THIN FEMALE IDEAL

Now, in this final section we'll focus upon images of models in the mass media. We'll start off with a general question and then we'll chat about images of women in some advertisements I've brought with me.

Are images of women in the media relevant to you or your life? Why or why not?

Do you ever compare your appearance to the appearance of models in the media? If "yes": What do you compare? How does this comparison make you feel? What do you conclude about yourself from these comparisons?

Do you think that for most people, models represent an ideal about how women should look? For you, do models represent an ideal about how women should look?

Do you think this ideal is realistic? If so, then why not compare? (only if she said she doesn't compare) If not, then why compare?
Now, we are going to look at some pictures I've brought with me. Each picture has a little pink number in the corner, and when we discuss the pictures, you can refer to them by their number. Also, for each of these questions, you can always talk about as many pictures as you'd like.

Are any of these models similar to your body?
   How or why?
To your daughter's body?
   How or why?
Which of these models is most similar to how you want to look?
   What is it that you like about her appearance?
   Do you think it would be possible for you to look like that?
      Why or why not?
   Do you think it is possible for most women your age to look like that?
      Why or why not?
Which of these models is least similar to how you want to look?
   What is it that you dislike about her appearance?
Which of these models is most similar to how you think your daughter might want to look?
   What is it that you think your daughter would like about her appearance?
   Do you think it would be possible for your daughter to look like that?
      Why or why not?
Which of these models is least similar to how you think your daughter might want to look?
   What is it that you think your daughter might dislike about her appearance?

V. CONCLUSION

Is there anything else you would like to add about your interactions with your daughter about mass media related to appearance, diet, or exercise?
Interview Schedule
(Daughter)

I. MEDIA USE, HABITS, BELIEFS

Personal Media Use/Habits

To start, I'd like to talk about the types of media that you and your mom look at or use. Let's start with you.

What types of media do you use on a weekly basis? A daily basis?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet, etc.]

In general, what is your favorite type of media to use?
Why?
What is your favorite thing about this media format?

What types of media do you use to learn about nutrition or what to eat?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet, diet manuals, cookbooks, etc.]

What kinds of food or diet information do you usually look at in the media?
[Probes: recipes, health information, dieting tips, shopping information, information about new products, etc.]

During a typical week, how often do you look at media to get information about your diet or what to eat?

What types of media do you use to learn about exercise?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet, exercise manuals, exercise videos, etc.]

What kinds of exercise information do you usually look at in the media?
[Probes: information about workouts, exercise equipment, exercise for improving health, etc.]

During a typical week, how often do you look at media to get information about exercise?

What types of media do you use to learn about what to wear?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet]

What kinds of clothing information do you usually look at in the media?
[Probes: clothing advertisements, fashion layouts, advice columns, articles on what's in, what people in media are wearing, etc.]

During a typical week, how often do you look at media to get information about what to wear?
What types of media do you use to learn about personal grooming habits such as how to apply makeup or fix your hair?
[Probes: magazines, television, newspapers, film, videos, tabloids, Internet]
What kinds of grooming information do usually look at in the media?
[Probes: grooming product advertisements; advice columns; features on what's in; features on how to style hair, apply makeup, etc.]
During a typical week, how often do you look at media to get information about grooming?

In general, how do you decide what advice or information in the media to pay attention to? To believe? To follow?

**Shared Media Use/Habits**

Now, I'd like to discuss your media habits in relation to your mother’s media use.

What types of magazines do you and your mom share? Books?
Who selects them?
Where do you get them?
[Probes: the store, library, subscription]

What kinds of media do you and your mom look at or watch together?
[Probes: TV shows? Movies? Videos?]
Who selects them?

Next, we are going to discuss how you and your mom interact about the media.

In your interactions with your mother, do you ever discuss or talk about [diet, weight, exercise, fashion, models] information that you or your mom have seen in the mass media?
What, in particular, do you discuss?

Does your mom limit or place restrictions on the quantity or type of media you use?
If so, what types of limits?
When did she start to do this?
If not, have she ever used such limits?
When?

When or under what circumstances have you ever told your mom that something in the media is unrealistic or realistic?
What were you referring to with these comments?
Why did you think that it was necessary to make this clarification?
Now, I'd like you to think back to your early childhood.

When did your mom use characters or situations in the media to help you learn something about appearance, diet, or exercise??
What do you think she was trying to teach you?
How did she use the media?
How old were you? (Messaris, 1982)

II. MOTHER, DAUGHTER, AND APPEARANCE

In the next series of questions, we'll cover a range of issues related to appearance, eating or exercise habits, and how these issues are related to your relationship with your mom. First, we'll talk about you.

Daughter Only

What kinds of things do you do to manage your appearance?
[Probes: Diet, exercise, make up, hair, tanning, etc.]

How important is looking good to you?

Overall, are you quite satisfied with your appearance?

What is your favorite part of your physical appearance?

Why?

If you could change one thing about your appearance, what would it be?

Have you ever considered plastic surgery (e.g., liposuction, face lift, etc.)

Would you ever consider it? of What do you think about it?

What does the word "diet" mean to you?

Have you ever been on a diet?
If so:
Are you trying to change your weight right now?
When you are/were on a diet, how do/did you change your behaviors?
What diets have you/do you follow or practice?
Where did you learn about these diets?
How did it make you feel when you were on a diet?
If no:
Do you pretty much eat what you want and as much as you want?
Do you watch what you eat?
If so, how does watching what you eat make you feel?

Do you ever use clothes to emphasize part of your body?
How?
Have you ever suggested that your mom use clothes to emphasize part of her body?

Do you ever use dress to conceal part of your body?
   How?
   Have you ever suggested that your mom use clothes to conceal part of her body?

B. Mom and Daughter

Next, we will move on to the role of appearance in your relationship with your mom.

Do you and your mom ever discuss her appearance?
   Your appearance?
   Her body size or shape?
   Your body size or shape?

Do you ever offer your mom advice on her appearance?
   Her body?
   Her diet?
   Her exercise routine?
       Does she ask for this advice?
       Does she offer you such advice?
       Do you ask for her opinion?

Do you ever compliment your mom on her appearance?
   Does she ever compliment you on yours?

What types of activities do you and your mom do together that involve appearance?
   Do you shop together?
       If so, when you shop together, do you give your mom advice when she tries on clothes?
       Does she give you advice when you try on clothes?
   Do you do any grooming rituals together? hair, nails, facials, etc.
   Do you share clothing? Clothing tips? Fashion magazines? Mail-order catalogs?

What types of activities do you and your mom do together that involve diet or dieting?
   Do you usually (3 - 4 times a week) eat together at dinnertime?
   Do you usually (3 - 4 times a week) eat the same thing for dinner?
   Do you ever go on a diet together?
   Do you cook together?
   Do you share dieting tips? Dieting resources such as books, magazine articles, etc.?

Do you and your mom ever exercise together?
   Do you share exercise tips?
   Exercise resources such as videos, magazine articles, etc.?
The last series of questions in this section focuses on your perceptions about your mom's appearance.

What types of attitudes does your mom have about appearance and weight?
   Do these issues seem to be important to her?

Are you proud of your mom's appearance?
   Is there anything that you think she could change?

III. THE FAMILY SYSTEM

In the next section, I'd like to go into more detail about your relationship and communications with your mom.

In general, are you satisfied with the how you and your mother talk?
   If so, why?
   If not, why not?

Do you feel that you can be pretty "open" with your mother?
   Are there any topics that you avoid discussing with her?
      Why?
   Do you ever discuss your problems with your mother?
      If so, do you do this often?

When you and your mother talk, do you think that she tries to understand your point of view?
   If so, what does she say or do that makes you think this?

In talking with your mother, do you ever criticize your mother?
   About what?

Does she ever criticize you?
   About what?

In your family, do you ever debate issues (i.e., talk about topics like politics or religion where some people disagree with others)?
   If so, do you do this often?

Do you ever challenge your mother's or parents' ideas and beliefs?
   If so, how? (i.e., can you think of an example when this happened?)
   Do your parents encourage this?
      If so:
         Why?
      How?
   If not:
      Why not?

Do you agree that all family members should have a say in family decisions?
   If so, why?
   If not, why not?
Do you think that your parents would agree that all family members have a say in family decisions?
   If so, why?
   If not, why not?

In your home, is there a certain individual who usually has the last word on issues?
   If so, who?

Are there some issues about which you believe that parents should have the last word?
   If so, can you think of an example of such an issue?

Do you feel comfortable talking about your emotions and feelings with your mother?
   If so, do you talk about emotions and feelings often?
   If not, why not?

Do you think your mother is comfortable talking with you about her emotions and feelings?
   Does she talk to you about her feelings or emotions often?

In general, do you enjoy talking with your mother?
   What is your favorite thing to discuss with her?

IV. MASS MEDIA BELIEFS/ATTITUDES: THE THIN FEMALE IDEAL

Now, in this final section we'll focus upon images of models in the mass media. We'll start off with a general question and then we'll chat about images of women in some advertisements I've brought with me.

Are images of women in the media relevant to you or your life?
   Why or why not?

Do you ever compare your appearance to the appearance of models in the media?
   If "yes":
      What do you compare?
      How does this comparison make you feel?
      What do you conclude about yourself from these comparisons?

Do you think that for most people, models represent an ideal about how women should look?
   For you, do models represent an ideal about how women should look?

Do you think this ideal is realistic?
   If so, then why not compare? (only if she said she doesn't compare)
   If not, then why compare?
Now, we are going to look at some pictures I've brought with me. Each picture has a little pink number in the corner, and when we discuss the pictures, you can refer to them by their number. Also, for each of these questions, you can always talk about as many pictures as you'd like.

Are any of these models similar to your body?
   
   How or why?

To your mother's body?
   
   How or why?

Which of these models is most similar to how you want to look?
   
   What is it that you like about her appearance?

Do you think it would be possible for you to look like that?
   
   Why or why not?

Do you think it is possible for most girls your age to look like that?
   
   Why or why not?

Which of these models is least similar to how you want to look?
   
   What is it that you dislike about her appearance?

Which of these models is most similar to how you think your mom might want to look?
   
   What is it that you think your mom would like about her appearance?

Do you think it would be possible for your mom to look like that?
   
   Why or why not?

Do you think it would be possible for most women your mom's age to look like that?
   
   Why or why not?

Which of these models is least similar to how you think your mom might want to look?
   
   What is it that you that you think your mom might dislike about her appearance?
V. CONCLUSION

Is there anything else you would like to add about your interactions with your mom about mass media related to appearance, diet, or exercise?
APPENDIX B: PERSONAL DATA SHEETS
PERSONAL DATA SHEET
(Mother Form)

The following questions ask for information about you. Please circle the response or fill in the blank with the answer that best describes you.

1. What is your age? (Please fill in the blank)
   _______ YEARS

2. To which race or ethnic group do you belong? (Please fill in the blank)
   ______________

3. What is the highest level of education that you have completed? (Circle the highest number she has completed)
   1 COMPLETED ELEMENTARY SCHOOL (grades 1 through 8)
   2 COMPLETED HIGH SCHOOL (grades 9 through 12)
   3 1-3 YEARS TECHNICAL, VOCATIONAL, OR COLLEGE
   4 COMPLETED BACCALAUREATE DEGREE
   5 SOME GRADUATE WORK
   6 COMPLETED GRADUATE DEGREE

4. What is the highest level of education that your spouse has completed? (Circle the highest number he has completed)
   1 COMPLETED ELEMENTARY SCHOOL (grades 1 through 8)
   2 COMPLETED HIGH SCHOOL (grades 9 through 12)
   3 1-3 YEARS TECHNICAL, VOCATIONAL, OR COLLEGE
   4 COMPLETED BACCALAUREATE DEGREE
   5 SOME GRADUATE WORK
   6 COMPLETED GRADUATE DEGREE

5. What is your occupation? (Please fill in blank)
   ____________________

6. What is your spouse's occupation? (Please fill in blank)
   _______ ____________

7. What is your normal jeans size? (Please fill in the blank)
   __________

8. What is your height? (Please fill in the blank)
   _______ feet   _______ inches
9. What is your weight? (Please fill in the blank)

_______ pounds

10. How satisfied you are with your overall appearance? (Please circle one number)

1 VERY DISSATISFIED
2 SOMEWWHAT DISSATISFIED
3 NEITHER SATISFIED NOR DISSATISFIED
4 SOMEWWHAT SATISFIED
5 VERY SATISFIED
PERSONAL DATA SHEET
(Daughter Form)

The following questions ask for information about you. Please circle the response or fill in the blank with the answer that best describes you.

1. What is your age? (Please fill in the blank)

_____ YEARS

2. Which is your year in high school? (Please circle one number)

1 FRESHMAN
2 SOPHOMORE
3 JUNIOR
4 SENIOR

3. To which race or ethnic group do you belong? (Please fill in the blank)

______________________

4. What is the highest level of education that your mother has completed? (Circle the highest number she has completed)

1 COMPLETED ELEMENTARY SCHOOL (grades 1 through 8)
2 COMPLETED HIGH SCHOOL (grades 9 through 12)
3 1-3 YEARS TECHNICAL, VOCATIONAL, OR COLLEGE
4 COMPLETED BACCALAUREATE DEGREE
5 SOME GRADUATE WORK
6 COMPLETED GRADUATE DEGREE

5. What is the highest level of education that your father has completed? (Circle the highest number he has completed)

1 COMPLETED ELEMENTARY SCHOOL (grades 1 through 8)
2 COMPLETED HIGH SCHOOL (grades 9 through 12)
3 1-3 YEARS TECHNICAL, VOCATIONAL, OR COLLEGE
4 COMPLETED BACCALAUREATE DEGREE
5 SOME GRADUATE WORK
6 COMPLETED GRADUATE DEGREE

6. What is your mother's occupation? (Please fill in blank)

______________________

7. What is your father's occupation? (Please fill in blank)

______________________
8. What is your normal jeans size? (Please fill in the blank)

__________

9. What is your height? (Please fill in the blank)

_____ feet    _____ inches

10. What is your weight? (Please fill in the blank)

_____ pounds

11. How satisfied you are with your overall appearance? (Please circle one number)

1     VERY DISSA TISFIED
2     SOMEWHAT DISSA TISFIED
3     NEITHER SATISFIED NOR DISSA TISFIED
4     SOMEWHAT SATISFIED
5     VERY SATISFIED
APPENDIX C: LETTERS AND CONSENT FORMS
Ms. Participant
100 Volunteer St.
Johnston, IA

February 00, 1998

Dear Ms. __________:

First, please let me introduce myself. My name is Jennifer Paff, and I am a doctoral student in the Department of Textiles and Clothing at Iowa State University. To fulfill my dissertation research requirement, I am conducting a study to explore the ways that mothers and their adolescent daughters talk with each other about appearance, diet, and exercise information in the mass media. Recently, I visited your daughter's health class at Johnston High School, where I described this research project. She indicated that she may be interested in participating in this study and provided me with your name, address, and telephone number. At this time, I would like to invite you and your daughter to participate in this project.

If you and your daughter decide to become involved in this study, each of you will talk with me separately in an interview and will complete a short survey. The interview with me will take about one and a half hours. Your interview will include questions on such topics as (a) the information you exchange with your daughter about media, appearance, dieting, and exercise, (b) your use of and thoughts about the media, (c) your thoughts about your appearance, diet, and exercise habits, and (d) your views on beauty ideals. During a portion of the interview, you and your daughter will be asked questions related to mass media stimuli such as mainstream magazine and catalog advertisements or features (e.g., items from sources such as Lands' End catalog, Victoria's Secret catalog, Vogue magazine, Teen magazine, etc.). These media stimuli will feature female models of varying ages and appearances. Although all of the models in these advertisements or catalog features will be clothed, some may be shown in swimsuits or underwear. The survey will take about 15 minutes to complete and will consist of questions related to (a) your feelings about your physical appearance and (b) your relationship with your daughter. The questions used for your daughter's interview and survey will be very similar to those used for your interview and survey.

For your willingness to share your time, experiences, and insights, both you and your daughter will receive $10 for participating in this study.

If you agree to participate, you will be one of approximately 20 mother-daughter pairs from Johnston involved in this research. In a few days, I will contact you to see if you would like to participate. At that time, you can ask me any questions you might have about the study. If you decide to participate, we can schedule an appointment for the interview at your convenience. Interviews will be held at Johnston High School. Please note that to become involved in this study, both you and your daughter must agree to participate. However, you and your daughter need not be interviewed on the same day, and only one daughter per family need be interviewed.

If you decide to participate, I will send you and your daughter consent forms to sign and bring to your separate interviews. Because she is a minor, it will be necessary for you (or another parent or
guardian) to sign your daughter's form, granting your permission for her to take part in the study. Please be assured that I will not share your answers with your daughter or anyone else. Any information that you share during your involvement in this study will be treated as strictly confidential; all of your responses will remain anonymous. Upon completion of the study, you will be sent a summary report of the collective findings. If you decide to participate, you are free to decline to answer any question that makes you uncomfortable or you may choose to discontinue participation at any time.

Thank you for your thoughtful consideration about participating in this study. I look forward to speaking with you soon.

Sincerely,

Jennifer L. Paff
Doctoral Candidate
Iowa State University

P.S. Even though you may be unable to participate at this time, I would appreciate any referrals of central Iowa mother-adolescent daughter pairs who you think may make insightful contributions to this study.
Ms. Participant  
100 Volunteer St.  
Johnston, IA  

February 00, 1997  

Dear ________,:  

First, please let me introduce myself. My name is Jennifer Paff, and I am a doctoral student in the Department of Textiles and Clothing at Iowa State University. I am conducting a study to explore the ways that mothers and their daughters talk with each other about appearance, diet, and exercise information in the mass media. Recently, I visited your health class at Johnston High School, where I described this research project. You indicated that you may be interested in participating in this study. At this time, I would again like to invite you and your mother to participate in this project.

If you and your mother decide to become involved in this study, each of you will talk with me separately in an interview and will complete a short survey. The interview with me will take about one and a half hours. Your interview will include questions on such topics as (a) the information you exchange with your mother about media, appearance, dieting, and exercise, (b) your use of and thoughts about the media, (c) your thoughts about your appearance, dieting, and exercise habits, and (d) your views on beauty ideals. The survey will take about 15 minutes to complete and will consist of questions related to (a) your feelings about your physical appearance and (b) your relationship with your mother. The questions used for your mother's interview and survey will be very similar to those used for your interview and survey.

For your willingness to share your time, experiences, and insights, both you and your mother will receive $10 for participating in this study.

If you agree to participate, you will be one of approximately 20 mother-daughter pairs from Johnston involved in this research. In a few days, I will contact you to see if you would like to participate. At that time, you can ask me any questions you might have about the study. If you decide to participate, we can schedule an appointment for the interview at your convenience. Interviews will be held at Johnston High School. Please note that to become involved in this study, both you and your mother must agree to participate. However, you and your mother need not be interviewed on the same day.

If you decide to participate, I will send you and your mother consent forms to sign and bring to your separate interviews. Because you are a minor, it will be necessary for you to have a parent or guardian sign your consent form, granting you their permission to take part in the study. Please be assured that I will not share your answers with your mother or anyone else. Any information that you share during your involvement in this study will be treated as strictly confidential, and all of your responses will remain anonymous. Upon completion of the study, you will be sent a summary report of the collective findings. If you decide to participate, you are free to decline to
answer any question that makes you uncomfortable or you may choose to discontinue participation at any time.

Thank you for your thoughtful consideration about participating in this study. I look forward to speaking with you soon.

Sincerely,

Jennifer L. Paff
Doctoral Candidate
Iowa State University
Ms. Participant  
100 Volunteer St.  
Johnston, IA  

February 00, 1998

Dear Ms. Informant (Mother):

Thank you for your interest and participation in the mother-daughter study about appearance, diet, and exercise related media. Enclosed you will find the consent form we discussed. Please sign this form and bring it to your interview. Also, please remember to sign your daughter's consent form or to remind her to have another parent or guardian sign it prior to her interview. After our interview meeting, I will ask you to sign a form indicating that you received $10 for your participation in this study.

Just as a reminder, we agreed to meet (Day Month Date) at (Time) in (Location). If you have any questions or need to change your appointment, you can reach me at (515) 268-0285.

I look forward to meeting you and discussing your ideas about appearance, diet, exercise, and the media. Thanks again!

Sincerely,

Jennifer L. Paff  
Doctoral Candidate  
Iowa State University
Ms. Participant
100 Volunteer St.
Johnston, IA

February 00, 1998

Dear Ms. Informant (Daughter):

Thank you for your interest and participation in the mother-daughter study about appearance, diet, and exercise related media. Enclosed you will find the consent form we discussed. Please sign this form and bring it to your interview. Also, please remember to have a parent or guardian sign this form prior to your interview. This is very important; we cannot conduct the interview unless the form is signed by a parent or guardian. After our interview meeting, I will ask you to sign a form indicating that you received $10 for your participation in this study.

Just as a reminder, we agreed to meet (Day Month Date) at (Time) in (Location). If you have any questions or need to change your appointment, you can reach me at (515) 268-0285.

I look forward to meeting you and discussing your ideas about appearance, diet, exercise, and the media. Thanks again!

Sincerely,

Jennifer L. Paff
Doctoral Candidate
Iowa State University
Consent Form for the Mother-Daughter Study
Mother Form

You are invited to participate in a study of mothers and daughters and how they use the mass media to learn about appearance, diet, and exercise. This study is being conducted by Jennifer Paff in fulfillment of the requirements for her doctoral degree at Iowa State University. Your experiences as a media user and a mother will provide very important information that will help her learn more about how female family members interact with respect to the appearance, diet, or exercise related mass media. If you decide to participate, you will be one of approximately 20 mother-daughter pairs living in Johnston who are involved in this research.

The study involves an interview and a questionnaire component. Upon arrival at your interview appointment, you will be asked to fill out a questionnaire concerning your interactions with your mother and your feelings and behaviors related to appearance, eating, and exercise. The questionnaire will take approximately 15 minutes to complete. An audio-taped interview will follow the questionnaire and consists of a variety of questions about your behaviors and attitudes related to media, appearance, dieting, and exercise. The interview will take approximately one hours. Both the questionnaire and the interview may elicit emotional responses.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Numeric codes will be assigned to your interview and questionnaire so that you remain anonymous. Only the researcher and the transcriber, who will be blind to your identity, will hear the interview tapes. All tapes and identifying information will be destroyed on or before December 31, 1999. Upon completion of the study, a summary report of the collective findings will be sent to you.

Your decision to whether or not to participate will not prejudice your present or future relations with Iowa State University, the researcher, or the Johnston High School teacher through whom your daughter was invited to participate. If you decide to participate, you are free to decline to answer any particular question that makes uncomfortable or to discontinue your participation at any time. If you should opt to discontinue participation, you will still receive $10 compensation for your time.

If you have any questions, please feel free to contact the researcher at the number given below. If you have any additional questions, the professor advising the researcher, Mary Lynn Damhorst, will be happy to answer them. She can be reached at (515) 294-9919, Department of Textiles and Clothing, Iowa State University.

Sincerely,

Jennifer Paff
Doctoral Student
245 Sinclair Avenue, #303
Ames, IA 50014
(515) 268-0285
Consent Form
Mother

You are making a decision whether or not to participate in a study being conducted in affiliation with Iowa State University. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form, should you choose to discontinue participation in this study. If you discontinue participation, you will still receive your $10 compensation. If you like, a copy of this form can be provided for your reference.

Signature of Participant

Date

Signature of Investigator

Date
Consent Form for the Mother-Daughter Study
Daughter Form

You are invited to participate in a study of mothers and daughters and how they use the mass media to learn about appearance, diet, and exercise. This study is being conducted by Jennifer Paff in fulfillment of the requirements for her doctoral degree at Iowa State University. Your experiences as a media user and a daughter will provide very important information that will help her learn more about how female family members interact with respect to the appearance, diet, or exercise related mass media. If you decide to participate, you will be one of approximately 20 mother-daughter pairs living in Johnston who are involved in this research.

The study involves an interview and a questionnaire component. Upon arrival at your interview appointment, you will be asked to fill out a questionnaire concerning your interactions with your mother and your feelings and behaviors related to appearance, eating, and exercise. The questionnaire will take approximately 15 minutes to complete. An audio-taped interview will follow the questionnaire and consists of a variety of questions about your behaviors and attitudes related to media, appearance, dieting, and exercise. The interview will take approximately one hour. Both the questionnaire and the interview may elicit emotional responses.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Numeric codes will be assigned to your interview and questionnaire so that you remain anonymous. Only the researcher and the transcriber, who will be blind to your identity, will hear the interview tapes. All tapes and identifying information will be destroyed on or before December 31, 1999. Upon completion of the study, a summary report of the collective findings will be sent to you.

Your decision to whether or not to participate will not prejudice your present or future relations with Iowa State University, the researcher, or the Johnston High School teacher through whom you were invited to participate. If you decide to participate, you are free to decline to answer any particular question that makes uncomfortable or to discontinue your participation at any time. If you should opt to discontinue participation, you will still receive $10 compensation for your time.

If you have any questions, please feel free to contact the researcher at the number given below. If you have any additional questions, the professor advising the researcher, Mary Lynn Damhorst, will be happy to answer them. She can be reached at (515) 294-9919, Department of Textiles and Clothing, Iowa State University.

Sincerely,

Jennifer Paff
Doctoral Student
245 Sinclair Avenue, #303
Ames, IA 50014
(515) 268-0285
Consent Form
Daughter

You are making a decision whether or not to participate in a study being conducted in affiliation with Iowa State University. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form, should you choose to discontinue participation in this study. If you discontinue participation, you will still receive your $10 compensation. If you like, a copy of this form can be provided for your reference.

_________________________________________________________  __________
Signature                                                        Date

_________________________________________________________  __________
Signature of Parent or Guardian (if minor)                       Date

_________________________________________________________  __________
Signature of Investigator                                       Date
APPENDIX D: HUMAN SUBJECT REVIEW
Title of Project: Two-way mirror: Mother-daughter interaction as mediation of the mass media's thin female ideal

I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the committee. Additions to or changes in research procedures after the project has been approved will be submitted to the committee for review. I agree to request renewal of approval for any project continuing more than one year.

Jennifer L. Paff
Typed Name of Principal Investigator

Date: 2/5/98

Signature of Principal Investigator

Textiles and Clothing
Department
268-0285

Phone Number to Report Results

3. Signatures of other investigators

Mary Lynn Danalast
Date: 2/5/98

Relationship to Principal Investigator: Major Professor

4. Principal Investigator(s) (check all that apply)
   ☒ Faculty  ☐ Staff  ☒ Graduate Student  ☐ Undergraduate Student

5. Project (check all that apply)
   ☒ Research  ☒ Thesis or dissertation  ☐ Class project  ☐ Independent Study (490, 590, Honors project)

6. Number of subjects (complete all that apply)
   20 # Adults, non-students  # ISU student  # minors under 14  20 # minors 14 - 17

7. Brief description of proposed research involving human subjects: (See instructions. Item 7. Use an additional page if needed.)

   Please see attachment for "Description of the Project."

(Please do not send research, thesis, or dissertation proposals.)

8. Informed Consent:
   ☒ Signed informed consent will be obtained. (Attach a copy of your form.)
   ☐ Modified informed consent will be obtained. (See instructions, item 8.)
   ☐ Not applicable to this project.
9. Confidentiality of Data: Describe below the methods to be used to ensure the confidentiality of data obtained. (See instructions, item 9.)

Numeric codes will be assigned to each informant's survey and cassette tape of the interview. Only the researchers will have access to the key of personal identifiers. All identifiers and original data will be destroyed by December 31, 1999. Mothers and daughters will be interviewed individually and the researcher will not reveal any responses to the other member of the familial dyad.

10. What risks or discomfort will be part of the study? Will subjects in the research be placed at risk or incur discomfort? Describe any risks to the subjects and precautions that will be taken to minimize them. (The concept of risk goes beyond physical risk and includes risks to subjects' dignity and self-respect as well as psychological or emotional risk. See instructions, item 10.)

Please see attachment for Risks and Discomforts.

11. CHECK ALL of the following that apply to your research:
   A. Medical clearance necessary before subjects can participate
   B. Administration of substances (foods, drugs, etc.) to subjects
   C. Physical exercise or conditioning for subjects
   D. Samples (Blood, tissue, etc.) from subjects
   E. Administration of infectious agents or recombinant DNA
   F. Deception of subjects
   G. Subjects under 14 years of age and/or Subjects 14 - 17 years of age
   H. Subjects in institutions (nursing homes, prisons, etc.)
   I. Research must be approved by another institution or agency (Attach letters of approval)

If you checked any of the items in 11, please complete the following in the space below (include any attachments):

Items A–E  Describe the procedures and note the proposed safety precautions being taken.

Items D–E  The principal investigator should send a copy of this form to Environmental Health and Safety.
            118 Agronomy Lab for review.

Item F  Describe how subjects will be deceived; justify the deception; indicate the debriefing procedure, including the timing and information to be presented to subjects.

Item G  For subjects under the age of 14, indicate how informed consent from parents or legally authorized representatives as well as from subjects will be obtained.

Items H–I  Specify the agency or institution that must approve the project. If subjects in any outside agency or institution are involved, approval must be obtained prior to beginning the research, and the letter of approval should be filed.
Checklist for Attachments and Time Schedule

The following are attached (please check):

12. ☑ Letter or written statement to subjects indicating clearly:
   a) purpose of the research
   b) the use of any identifier codes (names, #’s), how they will be used, and when they will be removed (see Item 17)
   c) an estimate of time needed for participation in the research and the place
   d) if applicable, location of the research activity
   e) how you will ensure confidentiality
   f) in a longitudinal study, note when and how you will contact subjects later
   g) participation is voluntary; nonparticipation will not affect evaluations of the subject

13. ☑ Consent form (if applicable)

14. ☑ Letter of approval for research from cooperating organizations or institutions (if applicable)

15. ☑ Data-gathering instruments

16. Anticipated dates for contact with subjects:

   First Contact                                     Last Contact
   Month / Day / Year                            Month / Day / Year

17. If applicable: anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

   December 31, 1999
   Month / Day / Year

18. Signature of Departmental Executive Officer Date Department or Administrative Unit

   Patricia M. Keith
   Name of Committee Chairperson

19. Decision of the University Human Subjects Review Committee:

   ☑ Project Approved   ☐ Project Not Approved   ☐ No Action Required

   Patricia M. Keith
   Name of Committee Chairperson

   2/12/98
   Date

GC: 8/95
APPENDIX E: CODING GUIDE
CODING GUIDE

1. **Individual Qualities**
   Characteristics of an individual.
   
   1. **Evaluation**
      Evaluation of (a) an individual, in general, or (b) an individual in relation to another issue or category (e.g., evaluation of body, diet, or exercise routine, etc.).
      
      1. **Low**
         Dissatisfaction with or a negative evaluation of an individual.
      
      2. **Medium/Neutral/Mixed**
         Mixed or neutral evaluation of an individual.
      
      3. **High**
         Satisfaction with or a positive evaluation of an individual.
   
   2. **Interest In, Importance Of**
      How much and why an individual values something (e.g., I need to look good to impress others).
      
      1. **Low**
         Little or no importance to an individual.
      
      2. **Medium**
         Of moderate importance to an individual.
      
      3. **High**
         Of great importance to an individual.

2. **Relational Qualities**
   Characteristics of a relationship.
   
   1. **Positive**
      Praising; joking; exhibiting niceness, openness, warmth, attentiveness, closeness, concern, support.
   
   2. **Negative**
      Criticizing; sensing lack of trust, lack of openness/barriers to communication.
   
   3. **Role-Modeling, Teaching**
      Intentional role-modeling or teaching.
   
   4. **Guardedness, Caution**
      Being cautious, picking the right time for an interaction. Being cautious or careful about what is said.
   
   5. **Demandingness, Gatekeeping, Control**
      Making or enforcing rules or limits. Having control over a situation.
   
   6. **Responsiveness**
      Recognizing a child's autonomy and freedom, respecting child's privacy.
   
   7. **Feeling Alike**
      Sensing similarities between people, relating to others, having a sense of understanding with others.
   
   8. **Feeling Different**
      Sensing differences between people, not relating to others, having a sense of misunderstanding with others.
   
   9. **Dialogue**
      Degree of dialogue. Extent to which there is an open exchange of ideas. Trying to understand another's views.
      
      1. **Low**
         Minimal dialogue or encouragement of dialogue. Expectation of conformity/deference (to parent, peer, etc.).
      
      2. **Medium/Neutral/Mixed**
         Moderate degree of or tolerance for dialogue. May tolerate but not encourage dialogue or tolerate dialogue on some but not all issues.
      
      3. **High**
         High degree of or tolerance for dialogue, (parental, peer, etc.) encouragement of debate and discussion.
10. Satisfactioo, Evaluation
Degree of satisfaction with a relationship.
1. Low
Low degree of satisfaction with a relationship. Desire for much change in a relationship.
2. Medium/Neutral/Mixed
Moderate, neutral, or mixed degree of satisfaction with a relationship. Desire for change in some but not all aspects of relationship.
3. High
High degree of satisfaction with a relationship.

11. Avoidance of Conflict
Behaving in a way so as to avoid disagreement or discord.

12. Miscellaneous
Other qualities of a relationship that can't be characterized by categories 3 1-3 10.

3. Appearance, Body, Weight
Any reference to the physical appearance of the human body. Includes size and shape issues.
1. Developmental Changes
Life cycle changes (such as aging, puberty, or pregnancy) that affect the body and/or body-related thoughts or behaviors.
2. Malleability of Body
Degree to which one thinks he/she/others can change appearance of the body through diet, exercise, surgery, etc.
3. De-emphasizing, Concealing, Minimizing
Concern with concealment or minimizing of the body. Includes issues of modesty.
4. Emphasizing, Drawing Attention To
Intentional emphasis of body or body parts.

4. Clothing
Any references to clothing. Includes but is not limited to fit, appropriateness, taste, shopping.

5. Exercise
Any references to exercise. Includes but is not limited to exercise routines, equipment, motives, effects, etc.

6. Nutrition/Food/Eating
Any references to nutrition, food, eating, or dieting.
1. Meaning, Definition of Diet
Personal conceptualization of the word "diet."
2. Watching What You Eat
Watching or monitoring one's food intake.
3. Dieting (for weight loss)
Dieting or to modifying one's food intake with the goal of weight loss.
4. Eating Disorders
Extreme eating behaviors, including bulimia, anorexia, excessive use of diet aids or exercise for purposes of weight loss or body modification.

7. Prudential Issues: Health and Safety
Any references to well-being (healthfulness) of body and its major systems. Risks to physical self and/or managing those risks.

8. Media
References to any form of mass media (including TV, magazines, newspapers, books, radio, film, Internet, etc.)
1. Strategies for Determining What to Believe
How one assesses what media content to attend to, believe in, or respond to.
2. Realism
Extent to which media reflect real world.
3. Effects
Consequences of media exposure (cultivation, social learning, social comparison, etc.).
4. **Attitudes about Media Content**
   Evaluations and/or beliefs about media content.
   1. **Negative/Skepticism**
      Media are not a good, trustworthy, or useful source of information.
   2. **Mixed**
      Sometimes media are good or trustworthy and other times they are not.
   3. **Positive**
      Media are a good, trustworthy, or useful source of information.

9. **Celebrities and Fashion Models**
   High-profile personalities such as celebrities, fashion models, Barbie dolls, etc.
   1. **As An Ideal**
      Celebrities or fashion models as representing an ideal.
      1. **For Others**
         Celebrities or fashion models as an ideal for others (a social ideal).
      2. **For Self**
         Celebrities or fashion models as an ideal for self (a personal ideal).
   2. **Personal Experiences With Modeling Industry**
      Having modeled or interacting with someone who has modeled.

10. **Social Comparison**
    Comparing oneself with others to evaluate the self; using others as a standard for personal comparison.
    1. **Yes**
       Comparison does occur.
       1. **With Real People**
          Comparing oneself to real people such as peers, colleagues, family members.
       2. **With Media Images**
          Comparing oneself to images of people in the media.
    2. **No**
       Comparison does not occur.
       1. **With Real People**
          (Not) comparing oneself to real people such as peers, colleagues, family members.
       2. **With Media Images**
          (Not) comparing oneself to images of people in the media.

3. **Effects**
   (Emotional, cognitive, behavioral, etc.) consequences of making these comparisons.

4. **Why**
   Reasons for comparison.

11. **Morality**
    Religion/God, ethics, values, being a "good" or a "bad" person.

12. **Gender Roles**
    Behaviors culturally defined as appropriate for men or for women.

13. **Heterosexual Attraction**
    Behaviors intended to enhance one's romantic appeal to the opposite sex.

14. **Time**
    Issues of time use, time shortage, spending time with others, etc.

15. **Miscellaneous**
    Issues other than those characterized by parent categories 1-14.
APPENDIX F: EMERGENT THEMES
EMERGENT THEMES

That which follows is a log of the two major themes discovered in this study (capitalized, underlined, and identified with Roman numerals "I" and "II") and their respective minor themes (underlined) and subthemes (no underlining). A brief description of each theme is provided.

I. THE FEMALE BODY: PERSONAL AND INTERPERSONAL EXPERIENCES
Personal beliefs, feelings, and behaviors related to the body and the role of mother-daughter interactions in the shaping of those cognitions and behaviors.

- **Appearance Orientation**
  Meanings and degree of importance an individual assigns to her own appearance and to the appearance of others.
- **Internal Orientation**
  Personal orientation to appearance characterized by strong commitment to the belief the "inner self" ("who one is") as more important than the "outer self" (i.e., appearance).
- **External Orientation**
  Personal orientation to appearance characterized by a high level of awareness and an emphasis upon appearance and the effects of appearance on others.

- **Body Satisfaction**
  Feelings of satisfaction or dissatisfaction with overall appearance of (or certain parts of) the body.
- **Degree of Body Satisfaction**
  Extent of satisfaction or dissatisfaction with overall appearance of (or certain parts of) the body.
  - **Generally Satisfied**
    Feeling "quite" satisfied with the overall appearance of the body. Associated with acceptance of what were perceived to be "minor" physical shortcomings.
  - **Generally Dissatisfied**
    Feeling "quite" dissatisfied with the overall appearance of the body. Associated with desire to change numerous aspects about the physical self
  - **Mixed/Neutral**
    Harboring mixed (both positive and negative) or neutral (neither positive nor negative) feelings about the body/physical self.

- **Clothing Use Related to Body Satisfaction**
  Use of clothing to emphasize or de-emphasize bodily characteristics that were liked or not liked (by participants).
- **Mother-Daughter Interactions Related to Body Satisfaction**
  Mother-daughter body-related interactions (e.g., "fat talk") that contributed to one another's body-related perceptions (body image), feelings (body cathexis or satisfaction), and behaviors.
- **Individual Diet-Related Behaviors and Beliefs**
  Diet-related behaviors (including dieting and "watching what you eat") undertaken and beliefs held by mother or daughter participants.
  - **"Diet" Defined**
    Participant definitions of the word "diet," including (a) diet as a weight loss strategy, (b) diet as eating behaviors enacted on an everyday basis, (c) diet as part of a healthy lifestyle.
  - **Mothers' Dieting: Behaviors and Attitudes**
    Dieting behaviors and attitudes of mother participants, including change in dieting behaviors and attitudes across the lifespan (from adolescence to middle-age).
  - **Daughters Dieting: Behaviors and Attitudes**
    Dieting profiles (including behaviors and attitudes) of daughter participants.
    - **Nondieters**
      Profile of daughter participants who had never dieted.
    - **Short-term, Low Commitment Dieters**
      Profile of daughter participants who dieted on a short-term basis.
    - **Serious Dieters**
      Profile of daughter participants who had lost a significant amount of weight (ranging from 20 to 30 pounds) over the course of several months of dieting.
  - **Dieting versus Watching**
    Participant distinctions (behavioral and cognitive) between "dieting" and "watching what you eat."

- **Interpersonal Approaches to the Body and Dieting: Mother-Daughter Interactions**
  Patterns of mother-daughter interactions about the body and dieting and the role of mothers' and daughters' perceptions about the self and the dyadic other in the shaping of those interactions. Typology of four approaches, including:
  - **Direct Verbal Approach**
    Interpersonal approach marked by direct or open verbal communication about a body-related issue. Could include direct verbal communication of a dissuasion, encouragement, facilitation, or fault-finding message.
    - **Dissuasion Message**
      Direct verbal message used to dissuade dyadic other from dieting for weight loss.
    - **Encouragement Message**
      Direct verbal message used to encourage dyadic other in her efforts to diet for weight loss.
    - **Facilitation Message**
      Direct verbal message used to facilitate the dieting behaviors of the dyadic other. Involves information sharing.
    - **Fault-finding Message**
      Direct verbal message interpreted by the subject of the comment as criticism about the body.
  - **Avoidance/Guardedness Approach**
    Interpersonal approach marked by an avoidance and/or a cautiousness about body-related interactions with the dyadic other.
• **Modeling Approach**
  Interpersonal approach marked by modeling of body- or diet-related behaviors reflective of behaviors mother participants wished their daughters to adopt or emulate.

• **Laissez-Faire Approach**
  Interpersonal approach marked by a "hands off" approach to or a lack of interactions about the dyadic other's body or diet.

• **Malleability of the Body**
  Perceptions about the degree to which the human body is changeable or "malleable," including personal and interpersonal experiences contributing to varying perceptions of body malleability.

**II. THE FEMALE BODY IN THE MEDIA CONTEXT: MINE, YOURS, AND THEIRS**

Personal feelings, beliefs, and behaviors related to presentations of the female body in the mass media. Role of mother-daughter interactions in shaping these cognitions and behaviors.

• **Media Involvement**
  Types of mass media used, purpose of mass media use, and frequency of mass media use.
  - **Personal**
    Degree of (individual) participant involvement with media, including types of mass media used, purpose of mass media use, and frequency of mass media use of general and body-related media. Typology of media involvement for both general and body-related media, including: high involvement, moderate involvement, and low involvement.
  - **Interpersonal**
    Influence of mother-daughter relationship and interactions upon mothers' and daughters' personal media involvement.

• **Perceived Realism of Media Presentations of the Female Body**
  Extent to which participants perceived media presentations of the female body (e.g., models, celebrities, actresses, etc.) as realistic, or reflective of reality.

• **Identification With Fashion Models and Other Media Depictions of the Female Body**
  Extent to which participants could identify with or relate to appearances of female fashion models or celebrities.

• **Idealization of Fashion Models and Other Media Depictions of the Female Body**
  - **Personal Beliefs About the Idealization of Models**
    Extent to which participants believed that models or celebrities embodied an "ideal" female appearance.
  - **Perceptions of Others' Idealization Behaviors**
    Participants' perceptions about the extent to which others idealized model or celebrity appearances.
  - **Mother-daughter Interactions Related to Idealization of Models**
    Mother-daughter interactions related to idealization of models. Typically instigated to discourage idealization (of models) by dyadic other.
• **Social Comparison Processes**
  Comparison of one's own appearance with that of models or other media presentations of the female body as a means by which to evaluate the self.
  
• **Social Comparison Tendencies**
  Proclivity to compare (or not compare) one's own appearance with the appearance of models or other media presentations of the female body. Typology of comparison tendency, including: noncomparers and comparers.

• **Social Comparison Outcomes**
  Effect of comparison behaviors upon (a) self-feelings (which, in turn, likely affected participants' appearance- or body-related behaviors) and (b) perceptions of media presentations of the female body. Typology of comparison outcomes, including: (a) negative outcomes, (b) positive outcomes, (c) mixed outcomes, and (d) neutral outcomes.
REFERENCES


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