



Children's family drawings, body perceptions, and eating attitudes: The moderating role of gender



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ABSTRACT

The aim of this study was to examine the associations between specific indicators in children's family drawings, their body perceptions, and eating attitudes among 192 Israeli children ($M=9.14$). Among girls, the presence of tiny figures and a general negative impression of the drawings were evident in detecting problematic eating attitudes and body perceptions; the presence of tiny figures was negatively associated with the perception of current self-figure weight, the peer ideal-weight body figure, and the teacher's perception of the child's weight. Vitality, pride (negative), and isolation (positive) in drawings were associated with maladaptive eating attitudes. Vitality (negative) and pathology (negative) in the drawings were associated with teachers' perception of the child's weight. Among boys, the presence of feminine indicators and gender differences in the drawings was a central indicator in identifying maladaptive body perceptions. Gender differences in the drawings were negatively associated with boys' perceptions of their current weight, the peer-ideal weight and the teacher's perception of their weight. Drawing feminine indicators was positively associated with maladaptive eating attitudes, and negatively associated with the current weight of the self-figure and peer ideal weight body-figure. Moreover, children's gender moderated the associations between specific indicators and eating behavior and body perceptions. The societal and clinical implications are discussed in light of these findings.

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Introduction

The thin ideal, body concerns and eating attitudes

Negative attitudes toward overweight and obese individuals, and the ideals associated with thinness, dieting, and body image concerns have been frequently documented in pre- and elementary-school age children in Western countries (Anschutz & Engels, 2010; Brown & Slaughter, 2011). For example, seven to eleven year old American (Hill & Silver, 1995) and Australian (Tiggemann & Wilson-Barrett, 1998) girls and boys perceived obese children as having fewer friends, being less liked by parents, less successful at school, lazier, less happy and less attractive than average and thinner children. Several studies have indicated that by the ages of seven and eight, children can display body image concerns and problem-eating attitudes and behaviors such as excessive dieting, binge eating, inappropriate weight loss techniques such self-induced vomiting or administration of diet medication in Britain (Bryant-Waugh, Cooper, & Taylor, 1996), Sweden (Edlund, Halvarsson, & Sjöden, 1996), USA (Maloney, McGuire, Daniels, & Specker, 1989; Shapiro, Newcomb, & Burns Loeb), and Australia

(Rolland, Farnill, & Griffiths, 1997; Thomas, Ricciardelli, & Williams, 2000).

Disturbingly, the aspiration to be thin often leads to problematic attitudes toward the body such as dissatisfaction with body size and shape, concerns about weight gain and the onset of troubling eating attitudes such as eating less, over-exercising to lose weight and binge eating or purging among American (Maloney et al., 1989; Moriarty & Harrison, 2008; Phares, Steinberg, & Thompson, 2004; Stice, Cameron, Killen, Hayward, & Taylor, 1999; Thelen, Powell, Lawrence, & Kuhnert, 1992), and Australian (Ricciardelli & McCabe, 2001; Rolland et al., 1997) adolescents among others.

Although these attitudes and behaviors do not necessarily meet the diagnostic criteria for an eating disorder (Cash & Pruzinsky, 2002), in the long run body dissatisfaction, a problematic body image, and maladaptive eating attitudes and behaviors in childhood are risk factors that may be associated with depressive symptoms, chronic body image problems, and eating disorders among samples of children, adolescents, and adults in Western countries such as the USA (Bessenoff & Snow, 2006; Bessenoff, 2006; Leon, Fulkerson, Perry, & Early-Zald, 1995; Maxwell & Cole, 2012; Ohring, Graber, & Brooks-Gunn, 2002; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Stice & Bearman, 2001; Stice, Hayward, Cameron, Killen, & Taylor, 2000; Thompson & Stice, 2001; Wertheim, Koerner, & Paxton, 2001), Norway (Holsen, Kraft,

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& Røysamb, 2001; Wichstrøm, 1995), and Australia (Brown & Slaughter, 2011).

Gender differences in body image, eating attitudes and behaviors

Body image and maladaptive eating attitudes and behaviors are very much related to gender, and differences concerning dissatisfaction about being overweight are quite transparent between genders in Western societies (Smolak, 2004). Specifically, in North American countries, girls are more worried than boys about their weight (see Smolak & Levine, 2001 for a review), are more likely to want to be thin (Collins, 1991; Gardner, Sorter, & Friedman, 1997; Lawrence & Thelen, 1995), and report more concerns about body image than boys (Mendelson, White, & Mendelson, 1996; Wood, Becker, & Thompson, 1996).

Girls are known to present more body image distortion than boys; they are more likely to judge themselves as overweight when in fact they are average or even underweight, while boys are most likely to be concerned about being overweight when they actually have high BMIs (see Smolak, 2004 for a review). For example, American girls as young as five years old are aware of the thin ideal (Brown & Slaughter, 2011; Cramer & Steinwert, 1998; Musher-Eizenman, Holub, Edwards-Leeper, Persson, & Goldstein, 2003), and may even exert moderate levels of dietary restraint (Carper, Fisher, & Birch, 2000). About 40% of late elementary school girls (typically fourth and fifth grade) reported body dissatisfaction regarding their weight or shape, or their bodies in general (Smolak, Levine, & Schermer, 1998; Smolak, 2004). Although approximately 50–60% of Australian elementary school age girls reported body dissatisfaction, only about 30% of the boys reported similar concerns (McCabe & Ricciardelli, 2001; Thomas et al., 2000; Wood et al., 1996). These findings may reflect the greater societal emphasis on the appearance of women's than men's bodies (Edens & McCormick, 2000; Pirouzian, 2001; Smolak, 2004; Wood, Senn, Desmarais, Park, & Verberg, 2002).

Compared to girls, adolescent boys in Western societies are less likely to develop eating disorders (Ricciardelli & McCabe, 2004; Smolak, 2004); however, many boys of all ages report dissatisfaction with their bodies, which is often associated with the pursuit of muscularity. Whereas girls typically want to be thinner, boys frequently want to be bigger, and issues associated with body-building are increasing among males (see Cohane & Pope, 2001 for a review; Labre, 2002). American and Australian adolescent girls and boys evaluate attractiveness for girls in terms of weight, and for boys in terms of build and muscle tone (Carlson Jones, 2004; Jones, 2004; Labre, 2002; McCabe & Ricciardelli, 2001). Nevertheless, concerns about thinness has also been expressed among American (Stanford & McCabe, 2005), and Finnish (Mäkinen, Puukko-Viertomies, Lindberg, Siimes, & Aalberg, 2012) boys. Possibly, boys aspire to both muscularity and thinness simultaneously in order to achieve a lean, toned look (Flament et al., 2012).

Drawings, body image and eating disorders

Given the prevalence of body dissatisfaction and the harmful effects of children's body concerns and problematic eating behaviors, it is important to identify early precursors of these problems. Diverse instruments are available to help healthcare professionals assess problematic eating behaviors and body image using self-report measures such as the Body Image Measure (BIM; Collins, 1991) or the Children's Eating Attitudes Test (ChEAT; Maloney, McGuire, & Daniels, 1988). Completion of these questionnaires requires the cooperation of the child, who often attempts to conceal his or her body perception and concerns (Guez, Lev-Wiesel, Valetsky, Kruszewski Sztul, & Perner, 2010), especially

since maladaptive body perception and eating attitudes may be favorably perceived in the pursuit of the societal preference for slimmness and self-control (Hebl & Heatherton, 1998; Hebl & Turchin, 2005; Littleton & Ollendick, 2003). In these cases, deterioration into a clinical situation may be more difficult to detect. Given the shortcomings of self-report questionnaires, the current study explored the use of children's family drawings to identify their problematic body perceptions and eating attitudes.

Despite the prevalence of problematic eating attitudes and body dissatisfaction among children and adolescents, and the potential of projective art-based techniques to identify the body concerns of children and adolescents, studies investigating these concerns using free drawings are fairly rare. For instance, Gillespie (1996), who analyzed paintings of American women with anorexia using the Drawing a Person technique, and the Mother-and-Child (M/C) technique in obese women, identified several pictorial characteristics of these groups. Drawings by the anorexic women were characterized by firm and overweight figures that ignored feminine body characteristics. The drawings by the majority of the obese women were vague, unsure and sketchy, with rather faint and poor body outlines. In a study conducted in Israel (Guez et al., 2010) on 76 women (36 of whom were diagnosed with eating disorders – either anorexia nervosa or bulimia nervosa – 20 were overweight, and 20 had no eating disorders and a normal weight), four indicators of self-figure drawings differentiated the eating disorder groups (anorexia nervosa and bulimia nervosa) from the control (normal weight) group. Participants in the eating disorders groups and the overweight group tended to emphasize the mouth and neck. Their figures had wide thighs and omitted or disconnected feet. Three indicators were found to differentiate the anorexia nervosa from the bulimia nervosa groups. Omission of the breasts was more apparent among women diagnosed with anorexia nervosa than among those with bulimia nervosa. The latter group tended to place greater emphasis on body line, and drew larger sized bodies.

Finally, in a study conducted among 60 Italian hospitalized obese adults who enrolled in a weight loss program and 60 normal-weight adults, participants were asked to imagine their body figure and then draw it on paper. The participants' perceptions of their body dimensions (head, thoracic, abdominal and pelvic areas) were compared to an objective measurement of their actual body size. The data indicated that obese participants underestimated these four body dimensions, whereas the normal weight participants considerably overestimated the abdominal and pelvic areas (Giovacchini, 1984).

In sum, studies on eating problems and drawings are fairly limited. Most studies have focused on specific clinical populations among adult women and are based on relatively small sample sizes ($n < 100$). Furthermore, the evaluations have relied primarily on the Draw a Person (DAP) technique. The findings indicate an under- or over-estimation of specific body parts and have not examined the possible moderating role of gender.

Given this paucity of studies concerning the use of children's drawings to facilitate the identification of problematic body perceptions and eating attitudes among this population, the current study used children's family drawings to detect eating problems among non-clinical elementary-school age boys and girls. The drawings were coded using Kaplan and Main's (1986) coding system to analyze family drawings based on Attachment Theory. The Kaplan and Main system was selected based on evidence demonstrating the significant role of parental warmth and attachment security in developing a favorable body image, and buffering a maladaptive image (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Cash, Thériault, & Annis, 2004; Swarr & Richards, 1996).

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