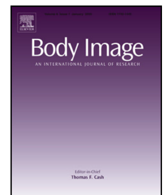
Body Image 23 (2017) 13–27

Contents lists available at ScienceDirect

Body Image

journal homepage: www.elsevier.com/locate/bodyimage



Socializing girls whose bodies may not align with contemporary ideals of thinness: An interpretive study of US mothers' accounts

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ARTICLE INFO

Article history:
Received 6 February 2017
Received in revised form 24 July 2017
Accepted 28 July 2017

Keywords:
Adolescent
Daughter
Mother
Socialization
Body image
Overweight

ABSTRACT

We sought to understand how mothers of young adolescent girls who are perceived as overweight or at risk for becoming so and whose body mass indices are at the 70th percentile or higher socialize their daughters about body, weight, eating, and health. In-depth interviews were conducted with 13 US mothers, and data were analyzed using constant comparison processes. Findings revealed that mothers adopted a variety of strategies – including teaching, modeling, managing, avoiding, and comforting – to achieve varied socialization goals for their daughters. Specifically, mothers sought to help their daughters to accept the self, reject the hegemonic ideal, maintain "healthful" eating, avoid overeating/monitor the self for over-eating, engage in regular physical activity, and/or navigate stigmatizing social situations. Mothers' sometimes experienced ambivalence or uncertainty as they socialized their daughters about the body, suggesting that they may benefit from professional counseling designed to resolve this tension/hesitancy.

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1. Introduction

Socialization refers to the process through which children are "taught the skills, behavior patterns, values, and motivations needed for competent functioning in the culture in which [they] are growing up" (Maccoby, 2007, p. 13). Parents constitute the primary agent of socialization (Grusec & Davidov, 2007), including socialization about body image, such as beliefs, values, and behaviors related to the body and weight (Abraczinskas, Fisak, & Barnes, 2012; Ventura & Birch, 2008; Vollmer & Mobley, 2013). In contemporary Western society, mothers are overwhelmingly regarded as responsible for – or the guardians of – their children's appearances, bodies, and health (Borello, 2006; Clarke & Griffin, 2007; Maor, 2012). Accordingly, compared to fathers, mothers are more likely to provide children, especially daughters, with feedback about their bodies and appearances (Lowes & Tiggemann, 2003). Against the backdrop of the current obesophobic environment of the US, mothers often are held responsible for their children's body size and weight. Medical and moral discourses have been said to place mothers under a gaze that holds them accountable for the regulation of their children's fatness, which is regarded as a threat to both health and appearance (McNaughton, 2011). In such a context, mothers may face blame if their children fail to meet exacting cultural norms for thinness (Boero, 2009; Hahn-Smith & Smith, 2002).

The centrality of the mother–daughter relationship in contributing to girls' development of body image has been established within the literature. A key finding to emerge from this work is that maternal perceptions of daughters' bodies play an essential role in shaping how mothers socialize girls about issues of body and weight (Anschutz, Kanters, Van Strien, Vermulst, & Engels, 2009; Arroyo & Andersen, 2016; Benedikt, Wertheim, & Love, 1998; Byely, Archibald, Graber, & Brooks-Gunn, 2000; Francis & Birch, 2005; McCabe & Ricciardelli, 2003; Neumark-Sztainer et al., 2010; Ogden & Steward, 2000). With the present work, we invoked interpretive methods to explore how mothers socialize their young adolescent daughters (aged 10–14 years) when they perceive them to be overweight or at risk for becoming so. The World Health Organization (2016) defines adolescence as spanning from 10 to 19 years; young adolescence includes children aged 10–14 years (Caskey & Anfara, 2014). We were especially interested in capturing the lived realities of mothers whose daughters may genuinely inhabit a cultural space of stigma,[1] so we included only mothers of girls whose body mass indices (BMIs) were at the 70th percentile or higher. Although

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[1] As Fikkan and Rothblum (2012) remind us, it is important for researchers to distinguish between the lived realities of thin women and girls who "fear fat" and

http://dx.doi.org/10.1016/j.bodyim.2017.07.006
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the Centers for Disease Control and Prevention (CDC, 2015b) classifies children and teens with BMIs up to the 85th percentile as "healthy",[2] research has demonstrated that, for women and girls, the penalties of weight bias are levied against even those who are at the upper ends of the "healthy" weight range (Fikkan & Rothblum, 2012). Furthermore, at the 70th percentile for BMI, girls' bodies may appear "overweight" based upon cultural standards for thinness, even though they may be in a healthy weight range for their age as defined by the CDC ("How does BMI work for children?," 2016). Thus, of particular interest in this work was how the mothers in our sample navigated the potentially slippery slope of teaching their daughters to negotiate issues of body, weight, eating, and health. Also of interest was how these mothers taught their daughters to function successfully within society while embodying a physical form that may not conform to deeply-rooted cultural expectations of what health and beauty look like.

1.1. Cultural ideologies about female bodies that do not align with cultural ideals of thinness

Goffman (1963) conceptualizes bodies that transgress cultural ideals of thinness as stigmatized. In turn, stigmatization based upon body size or weight may form the basis for social rejection and discrimination (Brownell, Puhl, Schwartz, & Rudd, 2005; Ratcliffe & Ellison, 2015). It has been suggested that, compared to men and boys, women and girls whose bodies do not align with cultural ideals of slenderness may be more susceptible to weight stigma and bias (Boswell & White, 2015), particularly within dominant, White, U.S. cultural contexts. Women's and girls' vulnerability to body size and weight bias may be interpreted within the context of hegemonic femininity. Hegemonic femininity propagates a singular ideal of female beauty that emphasizes slenderness and the "right" amount of muscularity (Bordo, 2003; Krane, 2001). Hegemonic femininity devalues difference while valuing the appearances and realities of White, heterosexual, and physically-able bodied women (Holliday & Hassard, 2001). Thus, for women and girls who are part of dominant, White, U.S. society, endeavoring to maintain or achieve the thin female ideal is often a key part of one's female gender performance. In this cultural context, disrupting the thin female ideal may invite censure and bias (Krane, 2001; Krane, Choi, Baird, Aimar, & Kauer, 2004). Women and girls of color, however, may embrace a more flexible female ideal that accommodates a "thicker" female form (Belgrave, 2009; Parker et al., 1995; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010).

Stigmas related to body size and weight are underpinned by complex ideologies about fat and thin bodies, including the assumptions that "a particular look reflects well-being" and that "well-being. . .is evidence of devotion to self-improvement practices" (Jutel, 2005, p. 119). Implicit here is the notion that an individual is personally responsible for maintaining her body size and weight, and therefore, her health, through engagement in dieting and exercise. In turn, both dieting and exercise are constructed as key to combatting the "problem" of fat (cf., Kwan & Graves, 2013). Virtue also is associated with the slender body, or that which mirrors the hegemonic ideal. In contemporary society, a healthy (i.e., a slender, toned) appearance is assumed to reference one's internal goodness (e.g., her dedication, perseverance, etc.). Conversely, a body that subverts the ideal attests to values of gluttony and slothfulness. Thus, insomuch as the presumed health of the body rests on its surface (i.e., on its appearance), morality is assumed to be embedded in one's eating and exercise habits (Jutel, 2005).

Not all contemporary culture ideologies problematize fat, however. For instance, fat activists and scholars adopting the critical weight perspective (a) deconstruct the notion of the fat body as a quagmire and (b) target issues of weight-based stigma, bias, and discrimination as social problems worthy of attention and concern. Individuals embracing this perspective also call into question "fat-blaming" discourse and promote the notion of "health at any size," or the premise that people of all sizes may be healthy (Aphramor, 2008; Kwan & Graves, 2013).

1.2. The mother–daughter relationship as context for socialization about the body

Researchers have explored how mothers socialize young adolescent and adolescent girls about the body, appearance, and weight. Much of this work has employed quantitative methods and has examined how mothers' use of particular socialization strategies influences daughters' body images and behaviors. For instance, research suggests that mothers may use modeling to convey messages to their daughters about the body, appearance, and weight (Benedikt et al., 1998; Byely et al., 2000; Neumark-Sztainer et al., 2010). In some instances, maternal modeling of behaviors or attitudes has been found to negatively impact daughters' eating behaviors, weight concern, or body dissatisfaction (Bauer, Bucchianeri, & Neumark-Sztainer, 2013). In other work, however, maternal modeling of behaviors had no influence upon daughter's eating behaviors or body satisfaction (Byely et al., 2000; Ogden & Steward, 2000). Researchers also have invoked quantitative methods to consider how maternal feedback about body size, weight loss, and dieting techniques may impact girls' eating behaviors and body perceptions. Feedback in the form of overt communication from mothers produced restrained eating, body dissatisfaction, or body-changing strategies such as binge eating and the use of food supplements (Anschutz et al., 2009; Bauer et al., 2013; Berge et al., 2013; Francis & Birch, 2005; McCabe & Ricciardelli, 2003).

Of this quantitative work, daughter samples were recruited with no specified inclusion criterion on daughters' weight. In most cases, however, BMI was calculated as a study variable. Whereas some studies did not present the descriptive BMI profile of samples, among those reported, the percentage of the healthy weight samples was about 70–80%, whereas that of the overweight or obese samples ranged from 19% (Dutch children) to 30% (U.S. adolescent girls) (e.g., Anschutz et al., 2009; Francis & Birch, 2005). The combined overweight and obesity percentage of the study samples was consistent with the prevalence rates of European (>20%) and U.S. children (>30%) ("Childhood obesity", n.d.). This presumably indicates that the study samples were solicited from the general population of girls in the respective geographical locations.

Study findings demonstrated that daughters' weight explained their body dissatisfaction, body image concerns, and health behaviors to some extent (Anschutz et al., 2009; Benedikt et al., 1998; Byely et al., 2000). Yet, mothers' perceptions about their daughters' weight and appearance, rather than their daughters' actual weight, predominantly predicted weight concerns and dieting behaviors in daughters (Anschutz et al., 2009; Bauer et al., 2013; Benedikt et al., 1998; Berge et al., 2013; Byely et al., 2000; Francis & Birch, 2005; McCabe & Ricciardelli, 2003; Ogden & Steward, 2000). Interestingly, mothers encouraged their daughters to lose weight, even when daughters were not overweight or when they had already achieved a healthy weight after dieting (Benedikt et al., 1998). Furthermore, independent of the influence of daughters' weight status, mothers' attitudes toward daughters' weight and encouragement to lose weight were the most influential drive in daughters to lose

those whose bodies may truly challenge cultural norms of attractiveness by virtue of their size.

[2] According to the CDC classifications, children and teens whose BMIs range from the 85th to the 95th percentile are considered "overweight," and those whose BMIs are equal to or greater than the 95th percentile are considered "obese" (2015b). Despite their widespread use, a justification for using the 85th and 95th percentile cut-offs has not been well-articulated in the literature (Flegal & Ogden, 2011).

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