

# Intergenerational transmission of disordered eating: Direct and indirect maternal communication among grandmothers, mothers, and daughters



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## ABSTRACT

The current study explored disordered eating (i.e., dieting, bulimia and food preoccupation, and oral control) among grandmothers, their daughters, and their granddaughters, and also explored specific direct (i.e., maternal commentary) and indirect (i.e., maternal modeling) communication behaviors as mechanisms by which disordered eating is intergenerationally transmitted. A sample of 242 grandmother–mother–daughter triads provided self-reports of their own disordered eating and perceptions of their mothers' weight-related behaviors. Results revealed that only mothers' and daughters' reports of disordered eating were related, but not grandmothers' and mothers' nor grandmothers' and daughters'. However, a number of indirect effects were observed through maternal commentary and maternal modeling, including an indirect effect of grandmothers' reports of maternal communication on their granddaughters' disordered eating. Data from three generations of women illustrate the intergenerational transmission of disordered eating within families, specific communication variables that may propagate this relationship, and possible cohort and age effects within the sample.

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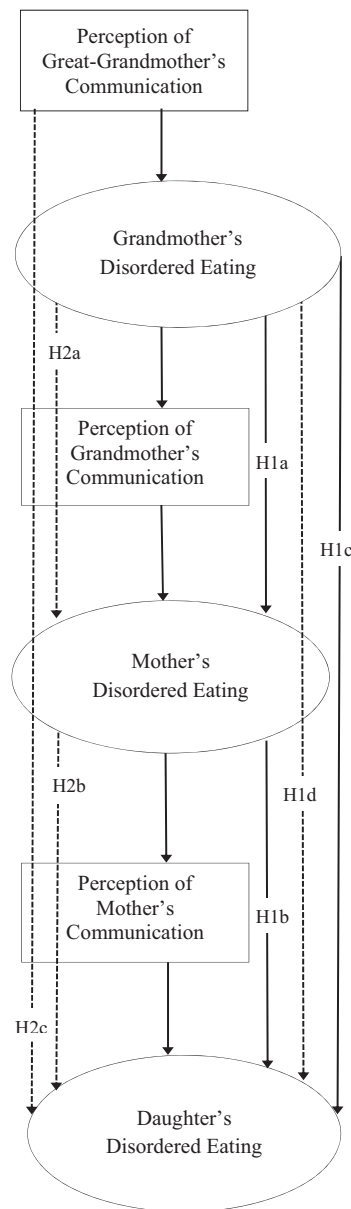
## 1. Introduction

Eating disorders, along with other mental health disorders (e.g., depression, anxiety), are present in multiple generations within families (Hammen, Shih, & Brennan, 2004; Weissman et al., 2005). Although such disorders have a hereditary component (Abkevich et al., 2003; Singh et al., 2011), family environment factors such as parent–child interactions and relationships also significantly impact a child's mental health (Arroyo & Segrin, 2013; Cooley, Toray, Wang, & Valdez, 2008). In the interest of understanding the relationship between parents' and children's mental health, there is value in extending beyond two generations and exploring whether grandparents' mental health also contribute to that of their grandchildren. A limited number of studies have explored multigenerational families in this way and have in fact found that grandparents', parents', and children's mental health are all associated (Cents et al., 2011; Olino et al., 2008; Pettit, Olino, Roberts, Seeley, & Lewinsohn, 2008).

Because eating disorders carry a higher mortality risk than any other mental health disorder (Millar et al., 2005; Steinhausen, 2002), the current research explores disordered eating among three generations of women. Maternal figures are especially influential in gender development and socialization, including body image concerns (Cooley et al., 2008; Ogle & Damhorst, 2003), wherein such attitudes are propagated within the family via indirect and direct communication regarding food, weight, and appearance (e.g., Abraczinskas, Fisak, & Barnes, 2012). Additionally, maternal reports of her own mother's (i.e., the grandmother's) parental characteristics, such as maternal care and control, are associated with the development and maintenance of a granddaughter's disordered eating (Canetti, Kanyas, Lerer, Latzer, & Bachar, 2008). As such, we explore (a) the extent to which current disordered eating is present in grandmothers, their daughters, and their granddaughters and (b) specific direct (i.e., maternal commentary) and indirect (i.e., maternal modeling) communication behaviors that may serve as mechanisms by which disordered eating is intergenerationally transmitted (see Fig. 1 for the hypothesized model). For ease of understanding hereafter, the first generation of women is referred to as grandmothers, the second generation of women is referred to as mothers, and the third generation of women is referred to as daughters; the daughters will be called granddaughters only

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**Fig. 1.** Theoretical model of the intergenerational transmission of disordered eating through maternal communication.

Note: Solid lines indicate hypothesized direct effects and dashed lines indicate hypothesized indirect effects from the predictor variable to the outcome variable through each variable that the line passes through.

when discussed as part of the grandmother–granddaughter dyad specifically.

### 1.1. Theoretical perspectives and conceptualizations

In the current study, disordered eating is conceptualized and operationalized in terms of dieting (i.e., avoidance of food and body shape preoccupations), bulimia and food preoccupation (i.e., symptoms of bulimia and thoughts about food), and oral control (i.e., self-control about eating/food and social pressure from others to gain weight) (Garner, Olmsted, Bohr, & Garfinkel, 1982). Because women are more likely to engage in disordered eating and weight control behaviors than men (Shisslak, Crago, & Estes, 1995; Striegel-Moore et al., 2009; Tupper, Hong, Gibori, Blitchington, & Krishnan, 2015) and because research supports the role of the family system in multigenerational expressions of psychological problems

(Bowen, 1978), the mother has been identified as a key figure within the family impacting daughters' disordered eating and weight control behaviors. For instance, patients with eating disorders are more likely to have mothers who report higher levels of bulimic tendencies, more frequent binge eating episodes, and more eating disorder symptoms than mothers of daughters in the control group (García de Amusquibar & De Simone, 2003). Additionally, in nonclinical samples, mothers' eating symptoms and preoccupation with their weight positively predict daughters' reports of negative body image and disordered eating symptoms (Benedikt, Wertheim, & Love, 1998; Cooley et al., 2008; Francis & Birch, 2005).

Because the gender socialization process begins at a young age, we contend that the shared levels of mothers' and daughters' disordered eating can be understood by social cognitive theory (Bandura, 1977, 2001). This theory explains how people acquire attitudes and behaviors by observing and then modeling others' attitudes and behaviors. The process of observational learning is promoted or inhibited by evaluating the outcomes of the observed behavior, wherein individuals experience increased motivation to model a behavior when it is followed by positive consequences/rewards and they avoid or discontinue a behavior if it leads to negative/undesirable outcomes (Bandura, 2001; Bandura, Ross, & Ross, 1963a). Observational learning is also enhanced when the observer experiences high levels of identification with the model (Bandura, 2001) and perceives the model to be of a high status (Bandura, Ross, & Ross, 1963b; Ito, Kalyanaraman, Ford, Brown, & Miller, 2008). Because perceived identification motivates modeling and because the parental role of mothers has status in the eyes of daughters (Cox & Paley, 1997; Peterson & Hann, 1999), daughters look to mothers as models for gender-appropriate behavior (e.g., Bandura et al., 1963b; Bussey & Bandura, 1998) and they also learn underlying rules and expectations about gendered behavior that may then create more novel actions (e.g., choosing to restrict their eating after noticing that being thin/not being overweight, in general, is personally and socially rewarding) (Starr & Ferguson, 2012). Therefore, social cognitive theory provides a means for understanding how and why daughters adopt mothers' attitudes and behaviors, such that the perceived similarity and status motivate daughters to model their mothers' behaviors and attitudes.

### 1.2. Intergenerational transmission of disordered eating

The first goal of this study is to explore whether disordered eating is directly and indirectly transmitted among grandmothers, mothers, and daughters. Although there is evidence of a direct relationship between mothers' and daughters' disordered eating (e.g., García de Amusquibar & De Simone, 2003), the relationship between grandmothers' and granddaughters' disordered eating is not known. Nonetheless, there is reason to believe that grandmothers' and granddaughters' disordered eating may be related in the same way that mothers' and daughters' are related (e.g., identification, spending time together, modeling attitudes) because research shows a direct relationship between other grandparent and grandchild mental health disorders such as depression and anxiety (Cents et al., 2011; Weissman et al., 2005).

Notwithstanding the aforementioned findings, in some cases, once the mental health of the parent is controlled, there is no direct effect of grandparents' mental health on their grandchildren's mental health (Johnston, Schurer, & Shields, 2013; Pettit et al., 2008). This suggests that, instead, grandparents may have an indirect effect on their grandchildren's mental health through the parents. For example, a grandmother with an eating disorder might influence the way her own daughter views her body, her relationship with food, and so forth. That daughter will then be at a higher risk for an eating disorder by modeling her mother's behaviors and attitudes. As a result, her own daughter (i.e., the granddaughter)

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