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Fathers, daughters, and self-objectification: Does bonding style matter?

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ABSTRACT

As women are exposed to objectification and the "male gaze," they self-objectify, which predicts negative psychological outcomes. Given the centrality of the "male gaze," positive father/child relationships may have a buffering effect. In this study, women ($N = 447$) completed a survey measuring paternal bonding (care and overprotection), self-objectification, negative eating attitudes, and depression. Women were categorized into four groups based on bonding style. Analyses indicated an interaction such that women who reported high care and low overprotection reported the fewest negative eating attitudes. A path model was tested for each group. The fit of the high care/high overprotection group's model significantly differed from that of the high care/low overprotection group. The relationships between body surveillance and shame as well as between shame and negative eating attitudes were stronger in the former group. These findings suggest that caring but overprotective fathers may exacerbate the negative effects of body surveillance and shame.

Introduction

Objectification theory suggests that the portrayal of women as sexualized objects and things to be desired denies women their personal agency and can lead to negative mental health effects (Frederickson & Roberts, 1997; Moradi & Huang, 2008; Szymanski, Moffitt, & Carr, 2011). Women are constantly exposed to the usage of female bodies as marketing 'tools' and experience great pressure to be thin, attractive, and fit (Frederickson & Roberts, 1997; Gill, 2009; Szymanski et al., 2011). Furthermore, women frequently experience interpersonal sexual objectification, which can occur in forms such as the objectifying "male gaze" and appearance-related remarks (Capodilupo et al., 2010; Frederickson & Roberts, 1997; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007). As a result of such experiences, women may begin to internalize messages of objectification, leading them to view their bodies through the lens of an outsider or to engage in self-objectification (Frederickson & Roberts, 1997; McKinley & Hyde, 1996; Moradi & Huang, 2008). One manifestation of self-objectification is when women internalize the "male gaze" and begin to monitor and observe their body as though they are an observer (Frederickson & Roberts, 1997; McKinley & Hyde, 1996). This phenomenon, known as body surveillance, has been linked to many negative psychological effects (Frederickson & Roberts, 1997; Moradi & Huang, 2008; Szymanski et al., 2011). Given the centrality of the internalization of the "male gaze" to the experience of self-objectification, the relationship that a woman has with her father may either exacerbate or ameliorate the negative effects of self-objectification. However, little is known about how a woman's relationship with her father may affect the relationship between objectification and decreased wellbeing. In the present study, we examined the association between paternal bonding and negative outcomes associated with self-objectification in women.

Research has demonstrated that body surveillance is related to numerous negative psychological outcomes including body shame (Moradi, Dirks, & Matteson, 2005; Noll & Frederickson, 1998; Tylka & Hill, 2004), negative eating attitudes (Muehlenkamp & Saris-Baglama, 2002; Noll & Frederickson, 1998; Peat & Muehlenkamp, 2011; Tylka & Hill, 2004), and depression (Muehlenkamp & Saris-Baglama, 2002; Peat & Muehlenkamp, 2011; Szymanski & Henning, 2007). Body shame has been shown to be a mediator between body surveillance and negative outcomes including depression (Szymanski & Henning, 2007; Tiggemann & Kuring, 2004) and negative eating attitudes (Moradi et al., 2005; Tiggemann &

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Kuring, 2004; Tylka & Hill, 2004). Although the literature on self-objectification has been steadily growing over the last two decades (Moradi, 2011; Moradi & Huang, 2008; Szymanski et al., 2011) and research suggests that most women engage, to some extent, in self-objectification (Szymanski et al., 2011; Tiggemann & Lynch, 2001), research has yet to focus on how familial relationships, particularly with fathers, may exacerbate or protect against self-objectification's detrimental effects. Furthermore, while some research has examined the relationship between paternal bonding and mental health (e.g., depression and disordered eating) in daughters (Hall, Peden, Rayens, & Beebe, 2004; Meyer & Gillings, 2004), studies have not yet examined the association between paternal bonding type and self-objectification variables and associated outcomes in adult daughters.

Research on paternal bonding has indicated that the perceived bonds a daughter has with her father can have a large impact on her well into adulthood (Enns, Cox, & Clara, 2002; Reti et al., 2002). Parental bonding is generally operationalized as having two main dimensions: care and overprotection (Parker, Tupling, & Brown, 1979). Care refers to parental behaviors/attitudes such as warmth, affection, and sensitivity, while overprotection refers to parental behaviors/attitudes such as intrusion, strictness, and control (Parker et al., 1979). Research has suggested four different dimensions of parenting resulting from these two over-arching dimensions (Parker et al., 1979). The first sub-type is referred to as the optimal bonding profile, and it involves parenting that is high in care and low in overprotection. Affectionate constraint is a profile in which individuals experience high levels of care and high levels of overprotection; this is the most involved or intrusive bonding sub-category. Affectionless control refers to parents who are low in care and high in overprotection. The final category is absent bonding, which involves low care and low overprotection; this is the bonding category characterized by the smallest amount of parental involvement.

Studies have found that women who reported being raised in environments with fathers who were low in the care dimension experienced greater negative thinking about the self (Hall et al., 2004) and were more likely to report having experienced a depressive episode (Enns et al., 2002; Oakley-Browne, Joyce, Wells, Bushnell, & Hornblow, 1995; Parker, Hadzi-Pavlovic, Greenwald, & Weissman, 1995). Research done by Parker et al. (1995) found, when comparing adults with a lifetime diagnosis of major depressive disorder (MDD) to a community control group, that low paternal care was a significant predictor of MDD. Researchers have also found that high levels of paternal overprotection are associated with depression (Oakley-Browne et al., 1995; Parker, 1979, 1983; Patton, Coffey, Posterino, Carlin, & Wolfe, 2001). Specifically, one study found that women who had experienced MDD reported having fathers significantly lower in care and higher in overprotection as compared to a control group (Oakley-Browne et al., 1995). Paternal overprotection has also been found to predict increased rates of depression and low self-esteem in college women (Hall et al., 2004) and to be related to decreased emotional stability (Avagianou & Zafiropoulou, 2008). However, generally low levels of care have been found to be more strongly related to depression (Enns et al., 2002; Mackinnon, Henderson, & Andrews, 1993; Oakley-Browne et al., 1995; Patton et al., 2001) as compared to overprotection.

Negative eating attitudes and eating disorders have also been linked to low paternal care or warmth in both clinical and non-clinical samples (Calam, Waller, Slade, & Newton, 1990; Jones, Leung, & Harris, 2006; Leung, Thomas, & Waller, 2000). More than one study has found that women with a history of Anorexia Nervosa and/or Bulimia Nervosa were significantly more likely to report their fathers as being less caring (Calam et al., 1990; Jones et al., 2006; Leung et al., 2000). In addition, negative eating attitudes and eating disorders have been associated with high levels of paternal overprotection. Specifically, multiple studies have found that women with Bulimia Nervosa or bulimic symptoms (i.e., non-clinical samples) were significantly more likely to report having fathers who were overprotective as compared to those without such symptoms (Calam et al., 1990; Leung et al., 2000; Meyer & Gillings, 2004; Murray, Waller, & Legg, 2000). Furthermore, researchers found that high levels of paternal protection and rejection were related to increased drive for thinness and body dissatisfaction in a population of women with a lifetime history of an eating disorder (Jones et al., 2006). Finally, given that research has tied parental comments about a daughter's weight and body to negative outcomes (Keery, Van Den Berg, & Thompson, 2004; Kluck, 2010; Rodgers, Paxton, & Chabrol, 2009), it is likely that parents who are more overprotective and involved in their daughter's lives comment more frequently on their child's weight and body (as compared to less involved parents), potentially contributing to disordered eating behaviors and attitudes. These data suggest that father–daughter bonds play a large role in a woman's life and may affect her perceptions about her body. In addition, the psychological outcomes associated with low paternal care and paternal overprotection are similar to the negative consequences associated with high levels of self-objectification.

Several studies have suggested that high overprotection is generally worse in the presence of low levels of care, the combination referred to as affectionless control (Calam et al., 1990; Parker, 1979, 1983; Patton et al., 2001; Perry, Silvera, Neilands, Rosenvigne, & Hanssen, 2008). A longitudinal study found that, in adolescents, a bonding profile low in care and high in overprotection was related to the highest occurrences of depression, although care accounted for the vast majority of increased risk for depression (Patton et al., 2001). Another study found that eating disturbances were greater for those who experienced low care and high overprotection (Perry et al., 2008).

Although the relationship between paternal bonding and negative clinical outcomes has been well established, whether paternal bonding can exacerbate or ameliorate the effects of self-objectification has not been specifically explored. Prior research has investigated similar constructs and suggests that the quality of father–daughter relationships may affect levels of body surveillance. For example, one study found that, in both women with and without eating disorders, compulsive self-monitoring, a construct similar to engaging in body surveillance, was related to low parental care and high parental overprotection (averaged for both mothers and fathers; De Panfilis, Rabbaglio, Rossi, Zita, & Maggini, 2003). However, this study did not examine the unique effects that paternal care and overprotection had on objectification variables per se, nor did it examine the consequences of increased body-monitoring in adult daughters. The present study intends to expand upon this research using measures and outcome variables specifically related to self-objectification.

A woman's assessment of the extent to which her father approves of her body may also affect the way she reacts when she engages in body surveillance. Prior research examining similar variables found that women who reported having fathers high in overprotection were significantly more likely to endorse bulimic attitudes and that this relationship was mediated by internalized shame (Murray et al., 2000). McKinley (1999) found that girls who perceived that their fathers were happy with their daughters' appearance had lower rates of body shame. Thus, when a daughter perceives that her father is accepting of her, she may be protected from the negative outcomes associated with engaging in body surveillance. Similar research has found that daughters who perceived that their fathers were not happy with their daughters' bodies or who had fathers that emphasized the importance of