

INTERGENERATIONAL VOICES

**INTERGENERATIONAL VOICES: EXPLORING BODY IMAGE TRANSMISSION IN  
THE MOTHER-DAUGHTER DYAD**

by

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## ABSTRACT

Due to the prevalence of body-dissatisfaction and disordered eating among North American women, this study was designed to better understand the development of young women's healthy body image, and how their mothers may have contributed to their embodiment. Five mother-daughter dyads were selected for inclusion based on the young adult daughter's healthy body image. In order to best understand the participants, and empower them through the telling of their own stories, the qualitative feminist method the Listening guide was employed. Through participants' narratives, voices were identified which spoke of the body (voices of idealized femininity, silencing, functionality, acceptance, embodiment, and resistance) and of relationship (voices of comparison, differentiation, and connection). In these voices, the mother participants spoke about their mothers, themselves and their daughters, while the daughter participants spoke about their mothers, themselves and the daughters they had or imagined they may one day have. The daughters spoke most in the voices of embodiment and resistance, demonstrating how they had come to love their bodies and resist dominant cultural narratives. Mothers were found to have taught their daughters about health and stewardship of the body. The mothers were able to do this in spite of their own body-dissatisfaction. Through relational safety and connection mothers non-judgmentally supported their daughters in non-appearance related domains, while also celebrating their daughter's beauty.

Key-words: body image; mother-daughter relationship; Listening Guide; intergenerational transmission.

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To my mother, whom I adore:

“I will say it is so: The first voice I heard belonged to my mother. It was her voice I listened to from the womb; from the moment my head emerged into this world; from the moment I was pushed out the placed on her belly before the umbilicus was cut; from the moment when she cradled me in her arms. My mother spoke to me: “Hello, little one. You are here, I am here.”

I will say it is so: My mother’s voice is a lullaby in my cells. When I am still, my body feels her breathing.” - Terry Tempest Williams, When women were birds.

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## CHAPTER 1: INTRODUCTION

Appearance, not accomplishment, is the feminine demonstration of desirability and worth. In striving to approach a feminine ideal, by corsetry in the old days or by a cottage-cheese-and-celery diet that begins tomorrow, one arms oneself... Because she is forced to concentrate on the minutiae of her bodily parts, a woman is never free of self-consciousness. She is never quite satisfied, and never secure, for desperate, unending absorption in the drive for a perfect appearance – call it feminine vanity – is the ultimate restriction of freedom of the mind. (Brownmiller, 1984, pp. 50-51)

In 2005, the APA Task Force on the Sexualisation of Girls was formed in response to the prolific sexualisation, objectification, and subsequent body dissatisfaction experienced by girls and young women in Westernized cultures. In their report (APA, Task Force on the Sexualisation of Girls, 2010), the harmful and lasting effects of products, media messages, and cultural values on girls and young women were discussed. The report described black leather miniskirts and feather boas marketed to 8- to 12- year old girls, and thongs sized for 7- to 10- year old girls, printed with images of popular children's cartoon characters. The authors also accentuate the problematic and increasingly popular children's beauty pageants, where 5-year-old-girls are adorned with long fake eyelashes, make up, and hair extensions are encouraged to flirt and act seductively in order to win. Although problematic in and of themselves, the products, events, and media are merely vehicles for the dissemination of cultural values of femininity (Bordo, 1993; Piran & Cormier, 2005); a femininity in which women are instructed to behave, appear, and express themselves in certain ways to fulfill oppressive and silencing gender scripts (Anderson, Crawford, Nadeau, & Lindberg, 1992; Bessenoff & Snow, 2006; Brown & Dittmar, 2005; Brown Travis, Meginnis, & Bardari, 2000; Fredrickson & Roberts, 1997; Gilligan, 1992; Gottschall, 2008; Hyde, 2000; Paquette & Raine, 2004; Piran & Cormier, 2005; Smolak & Munstertieger, 2002; Wolf, 1991).

This version of femininity, which sexualizes and objectifies girls and women, is damaging (Basow, Foran, & Bookwala, 2007, Lamb & Brown, 2006; Levin, 2005; Schor, 2004) and has been linked to internalized objectification (self-objectification), body shame, low self-esteem, lack of internal awareness, and has been shown to predict disordered eating (Calogero, Davis, & Thompson, 2005; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Moradi, Dirks, & Matteson, 2005; Muehlenkamp & Saris-Baglama, 2002; Noll & Fredrickson, 1998; Piran & Cormier, 2005; Tylka & Hill, 2004). The standards for women's physical appearance are particularly destructive as they are unrealistic and largely unattainable (Cusumano & Thompson, 1997; Fouts & Burggraf, 1999, 2000; Signorielli, McLeod, & Healy, 1994; Silverstein, Perdue, Peterson, & Kelly, 1986): in the past 40 years the body weight of fashion models has decreased, while the weight of the average woman in Westernized nations has increased (Byrd-Bredbenner, Murray, & Schlusser, 2005; Garner, Garfinkel, Schwartz, & Thompson, 1980; Seifert, 2005; Spitzer, Henderson, & Zivian, 1999; Sypeck, Gray, & Ahrens, 2004; Sypeck, Gray, Etu, Ahrens, Mosimann, & Wiseman, 2006; Wiseman, Gray, Mosimann, & Ahrens, 1992). When young women insist they would rather get run over by a truck than be 'fat', it becomes evident that being thin is the most important part of life itself (Martin, 2007).

Due to these unattainable yet seemingly required standards for women's bodies, negative body image has become increasingly prevalent (Arbour & Martin Ginis, 2008; Brown & Slaughter, 2011; Frederick, Peplau, & Lever, 2006) with studies reporting 63% of women feel dissatisfied with their weight, and 21% feel unattractive (Frederick et al., 2006). Over 70 % of adolescent girls experience body dissatisfaction (Kenardy, Brown, & Vogt, 2001) with numbers as high as 80% in women in college and university settings (Spitzer, Henderson, & Zivian, 1999). Body dissatisfaction has become so widespread it is now understood to be normative

(Cash, 2002; Cash & Henry, 1995; Rodin, Silberstein & Striegel-Moore, 1985); girls age 6 already demonstrate a strong anti-fat bias, body dissatisfaction and weight concerns (Davison, Markey, & Birch, 2000; Flannery-Schroeder & Chrisler, 1997; Smolak, 2011; Smolak & Levine, 2001), and girls as young as three display an anti-fat bias against others (Cramer & Steinwert, 1998; Latner & Stunkard, 2003; Meers, Koball, Wagner Oehlhof, Laurene, & Musher-Eizenman, 2011; Rand & Wright, 2000).

Appearance esteem and body satisfaction are major contributors to overall levels of individuals' self-esteem, and how an individual feels about oneself as a whole (Tiggemann, 2011). When girls and women believe how they look is a significant contributor to their worth, but feel their appearance does not meet cultural expectations for attractiveness and beauty, body dissatisfaction occurs. It, however, is not benign, but is directly related to decreased self-esteem (Cash & Pruzinsky, 2002; Richetin, Xaiz, Maravita, & Perugini, 2012; Stice & Bearman, 2001), perfectionism (Mushquash & Sherry, 2013), body dysmorphic disorder (Cash & Pruzinsky, 2002; Neziroglu, Khemlani-Patel, & Veale, 2008; Phillips, Pinto, & Jain, 2004), extreme measures of weight control (Cash & Pruzinsky, 2002; Marshall, Lengye, & Utioh, 2012; Polivy & Herman, 1993), and eating disorders (Cash & Pruzinsky, 2002; Juarascio, Perone, & Timko, 2011; Levine & Piran, 2004; Neumark-Sztainer et al., 2006). Hilde Bruch (1962) was first to link pathological body dissatisfaction with anorexia nervosa and described it as "the absence of concern about emaciation, even when advanced, and the vigor and stubbornness with which the often gruesome appearance is defended as normal and right" (p.189). Since then, body dissatisfaction has been found to predict frequent dieting (Ackard, Croll, & Kearney-Cooke, 2002; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006), bulimic and anorexic eating behaviors (Cooley & Toray, 2001; Neumark-Sztainer, Wall, Guo, Story, Haines, & Eisenberg,

2006), and weight gain (van den Berg & Neumark-Sztainer, 2007). Listed as one of the three diagnostic criteria for anorexia nervosa, the writers of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) describe body dissatisfaction as “an intense fear of gaining weight or of becoming fat” (p. 338), which is “not alleviated by weight loss” (p. 340). Similarly, when describing the diagnostic features of bulimia nervosa, the writers indicate that “individuals with bulimia nervosa place an excessive emphasis on body shape or weight in their self-evaluation” (p.346) and like individuals struggling with anorexia nervosa, exhibit fear of gaining weight, desire to lose weight, and heightened dissatisfaction with their bodies.

Due to the seriousness of unhealthy body image, the mortality rates of those with eating disorders, the increasing number of women experiencing disordered eating, and the decreasing age at which girls have demonstrated experimenting with dieting, recent research has explored mechanisms and variables which contribute to body image development in girls and women (Avalos, Tylka & Wood-Barcalow, 2005; Cash, 2004). The sociocultural model, also called the Tripartite model (Tiggemann, 2011), is used to explain the process by which individuals internalize societal ideals of beauty: an individual’s internalized desire for thinness results from sociocultural reinforcement of cultural pressure, leading to disordered eating behaviours and negative affect which contribute to the development of eating disorders (Stice, 1994). These pathways of reinforcement have been identified as media, peers, and parents. The link between media and unhealthy body image has been proven repeatedly (Cusumano & Thompson, 1997; Lamb & Brown, 2006; Quigg & Want, 2011; Smolak & Murnen, 2011), as has the bullying, teasing, and social reinforcement occurring between peers (Ferguson, Munoz, Contreras & Velasquez, 2011; Menzel, Schaefer, Burke, Mayhew, Brannick, & Thompson, 2010). However,

the research exploring parents' contribution to children's body image has demonstrated the overwhelmingly significant relationship between parents' eating and dieting behaviours, body image, comments to their children, and the unhealthy body image in their child (Abraczinskas, Fiask, & Barnes, 2012; Back, 2011; Archibald, Graber, & Brooks-Gunn, 1999; Byely, Archibald, Graber, & Brooks-Gunn, 1999; Canals, Sancho, & Arija, 2009; Coulthard, Blissett, & Harris, 2004; Eisenberg, Berge, Fulkerson, & Neumark-Sztainer, 2011; Galioto, Karazsia, & Crowther, 2012; Jáuregui Lobera, Bolaños Ríos, & Garrido Casals, 2011). A few studies have explored how the mother-daughter relationship may act as a protective agent against the development of body dissatisfaction in girls, and that mothers may act as gatekeepers, creating a meaningful alternative to the dominant social discourse and communicating healthy body messages through direct verbal communication and modeling (Cordero & Israel, 2009; Cwikel, 2011; Galioto, Karazsia, & Crowther, 2012; Golan & Crow, 2004).

This knowledge has provided an ethically compelling argument for a collaborative effort towards both the treatment and prevention of body dissatisfaction and eating disorders among females in westernized nations. Significant efforts have been made to devise and evaluate methods of treatment for the most serious cases of disordered eating, and to further understand the construct of negative body image, and how it takes root (Cash, 2004; Diedrichs, Lee, & Kelly, 2011). However, there is a great need for research, policy, and clinical practice to focus on the understanding and promotion of positive body image (Avalos, Tylka, & Wood-Barcalow, 2005; Steck, Abrams, & Phelps, 2004). The existing literature has concentrated “on repairing damage within a disease model of human functioning. This almost exclusive attention to pathology neglects the fulfilled individual and the thriving community” (Seligman & Csikszentmihalyi, 2000, p.5). As Seligman and Csikszentmihalyi (2005) have suggested, the

clinical and research preoccupation with pathological functioning, or “victimology” is insufficient for understanding prevention of pathology or healthy functioning, as it exists naturally. This gap in academic and clinical practice creates a professional community unable to prevent pathology, or understand and guide individuals towards human strengths and optimal functioning. The focus of the current literature further implies through omission of the non-pathology focused content that the pathology is normal (Seligman & Csikszentmihalyi, 2005).

This frame is particularly true within the literature addressing eating disorders and body image. Little is known about the construct of healthy body image, how it develops, and how to foster the development of healthy body image in children and adults so as to protect them while they exist within a social context that is preoccupied with achieving thinness (Piran, 2001). In particular, considering the eclipsing effect parents, especially mothers, have on the development of body image in their children, there is a paucity of knowledge about the nature of that relationship when the child thrives with healthy body image and how that relationship may act as a protective factor in the lives of the most vulnerable to cultural messages: girls (McKinley, 2011).

When addressing the problem of body dissatisfaction and its significant effects on the lives of girls and women, it is not enough to consider tertiary treatment as sufficient for the resolution of such widespread and dangerous discontent (McKinley, 2011). The feminist construction perspective has illuminated the gendered power dynamics behind the preference for thin; it is merely an illusion which deprives women of resources, energy, time, and sense of self, to achieve nothing more than oppression and mental health issues in return (Pienaar & Bekker, 2007; Piran & Cormier, 2005). New pathways for healing and protection for girls and women in this culture must be found to better understand women who have escaped the suffering

experienced by the majority of women (Rortveit, Astrom, & Severinsson, 2009).

Recommendations for effective prevention programs will alter both the individual, and the social environments which influence children most, home and school, to create lasting systemic changes (Greenberg, Domitrovich, & Bumbarger, 2001). The seriousness of body image problems in Western culture demands attention. While there is a body of research documenting the mechanisms by which body dissatisfaction is internalized, it is not sufficient for research and researchers dedicated to this area of inquiry to study body dissatisfaction, without also seeking to understand healthy body image, and how to protect women from the captivity of body hatred. Due to the significant roles mothers have as mental health agents, especially in the development of their children's body image, this study seeks to better understand the unique experiences of young women with healthy body image, and how the relationship with their mother contributed to their healthy body image. Through the feminist relational qualitative methodology of the Listening Guide, I<sup>1</sup>, the researcher, will seek to capture the development of healthy body image, in women's own voices, as it has been shaped by the mother-daughter relationship over generations. By listening to what the participants say, and how they speak about their experiences of thriving in the context of an oppressive culture, I hope to honour their stories, learn from their resiliency and relationships, and act in opposition to a culture that has silenced women's voices.

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<sup>1</sup> The use of the first person here is used intentionally to indicate my presence in this project, as both a researcher, and a woman who's experienced the same culture of which I am highly critical. Because the inherently relational and feminist nature of this work, I make no intention of remaining an objective writer/researchers. However I enter willingly and fully into it with the participants of this study, other members of the research team, and the research process. I have chosen to value the insights, experiences, relationships, and understanding of all individuals participating in the creation of the research, the participants, the research team, and myself. I have made efforts to do this at each stage of this project, the writing included. This is explained in more detail in the section addressing research paradigm, and methodology.

## CHAPTER 2: LITERATURE REVIEW

In order to better explore the significance of healthy body image, specifically the roles of mothers in its development, I will review the relevant literature. I will begin by addressing the problem of eating disorders; a significant and dangerous result of unhealthy body image. I will then explore body image as a construct, the development of body image, current understandings of unhealthy and then healthy body image, and how body image is shaped through parental influence. I will then explore maternal influence, specifically the mother's role in shaping her daughter's identity, and how mothers act as key advocates for their children's mental health and development.

### **Eating Disorders**

As previously discussed, the preoccupation with appearance and ultimately eating disorders in girls and women in Westernized societies is an alarming reality. The following review of the literature will situate the significance of eating disorders within the larger context of body image dissatisfaction in North American women.

**Disorder Descriptions and Diagnostic Criteria.** The 7 forms of eating disorders described by the DSM-5 (American Psychiatric Association, 2013) are pica, rumination disorder, anorexia nervosa, avoidant/restrictive food intake disorder, bulimia nervosa, binge eating disorder and other specified feeding or eating disorder. This includes the addition of three eating disorders not included in the previous edition the DSM: pica, rumination disorder, and avoidant/restrictive food intake disorder. A diagnosis of pica is given when a child or an adult eats non-food substances frequently for more than a month. Rumination disorder involves the repeated regurgitation of chewed and swallowed food over the course of a month. An avoidant/restrictive food intake disorder is described as an individual failing to meet nutritional

or energy needs as a result of a disturbance of eating, such as disinterest in food, or avoidance of potential negative reaction to eating.

Individuals diagnosed with anorexia nervosa typically have a BMI lower than 18.5 kg/m<sup>2</sup>, weighing less than what is minimally normal for their height. This low weight is a result of their refusal to maintain a healthy body weight, intense fear of gaining weight in spite of semi-starvation and severely low body weight, distorted body image, and self-evaluation focused on appearance and weight. In addition, and usually as a result of such low body weight, women suffering from anorexia nervosa will have lost their menstrual periods (amenorrhea) for at least three months. Some studies have demonstrated individuals with anorexia nervosa experience perceptual distortions, and overestimate their size (Farrell, Lee, & Shafran, 2005), but for most individuals suffering with anorexia nervosa there is an overwhelming 'fear of fat', in which the individual associates weight gain with disgust and shame (Delinsky, 2011). This often triggers body and weight checking behaviours, or avoiding such behaviours.

In comparison to anorexia nervosa, individuals with bulimia nervosa are not necessarily underweight, and may appear to be normal weight, or overweight. Bulimia nervosa, however, is characterized by discrete episodes of excessive food intake (binge) followed by compensatory behaviour to prevent weight gain (purge); most frequently vomiting, use of laxatives or diuretics, or exercise (Keel, Brown, Holland, & Bodell, 2012). The binge behaviour is accompanied by a feeling of being out of control, or unable to stop. The binge/purge behaviour must occur at least once a week for three months for the individual to receive a diagnosis. Women with bulimia nervosa overestimate their body size, indicating that their current body parts and figure are larger than is objectively true, indicating body image distortion and perceptual disturbance of one's shape (Crowthers & Williams, 2011).

Similar to bulimia nervosa, individuals with binge eating disorder will often consume large quantities of food, while feeling out of control or unable to stop. Unlike bulimia nervosa, individuals experiencing binge eating disorder will not engage in compensatory behaviours, such as purging. However, triggers to engage in eating behaviours are determined to be the same for both disorders and include interpersonal stressors and negative feelings related to weight or body shape. Unlike symptoms of anorexia nervosa, which are socially acceptable for women adhering to traditional gender scripts (Piran & Cormier, 2005), for individuals with bulimia and binge eating disorder the behaviours often result in negative self-appraisal, and marked shame. This may contribute to, or be a result of increased weight gain or obesity (APA, 2013)

For individuals not meeting diagnostic criteria for anorexia nervosa, bulimia nervosa, or binge eating disorders, but who are experiencing symptoms or disordered eating, or some combination of restricting food intake, bingeing and/or purging, they may receive a diagnosis of other specified feeding or eating disorder. Like the other disorders described above, this includes any behaviour that results in impairment and results in clinically significant distress (APA, 2013).

**Epidemiology.** In a 2002 survey, 1.5% of Canadian women aged 15-24 had an eating disorder (Government of Canada, 2006). It has also been hypothesized that numbers would be closer to 15% if women who experience significant disordered eating, but do not meet full diagnostic criteria were included (Smolak, 2006). Eating disorders are a gendered phenomenon, with girls and women experiencing approximately 90-95% of all diagnoses (Levine & Piran, 2004, Wilson, Becker & Heffernan, 2003). For girls, eating disorders most often emerge during puberty when significant body and social changes take place (Wertheim & Paxton, 2011). Research has shown that later in adolescence during college or university, women are again at

high risk for developing an eating disorder due to increased social pressures for thinness, and exposure to disordered eating behaviours (Jung & Forbes, 2007; Neighbors & Sobal, 2007; Smith-Jackson, Reel, & Thackeray, 2011). The appearance comparison which occurs between women during these developmental stages plays a role in the internalization of the thin ideal, leading to destructive eating behaviours (Shroff & Thompson, 2006).

Culture and ethnicity appear to play a role in the development of eating disorders. It was initially thought that eating disorders posed highest risk to Caucasian females of higher socioeconomic status (Crago, Shisslak, & Estes, 1996), compared to other cultures, classes, and ethnicities which may prefer larger body sizes for women (Thompson, Corwin, Rogan & Sargent, 1999). African American women and women of other ethnic minorities experience lower rates of body dissatisfaction and disordered eating, however the likelihood of developing an eating disorder increases with time spent in Westernized cultures, due to internalization of cultural values (Franko, 2007). There is some disagreement in the literature about whether the gap between Caucasian and African Americans experiences of body dissatisfaction is closing (Franko & Roehrig, 2011). Some studies have demonstrated that body dissatisfaction is increasing among African American women, but is still less prevalent than among Caucasian populations, while others have demonstrated that rates of body dissatisfaction are similar among Caucasian, African American, Latino, and Asian populations (Wade, 2007).

There has been some question in the literature about the appropriateness of the addition of the EDNOS diagnosis in the DSM- IV, particularly if those receiving a diagnosis of EDNOS differed significantly from non-clinical samples, or if the diagnosis of EDNOS was as severe as either anorexia nervosa or bulimia nervosa (Ghaderi, 2010). However, clinical samples receiving an EDNOS diagnosis have been found to differ significantly in eating disorder behaviour from a

non-clinical sample (Guinzbourg, 2011), and have been found to have a higher mortality rate than bulimia nervosa (Arcelus, Mitchell, Wales, & Nielsen, 2011).

Regardless of the specific diagnosis those with disordered eating receive, more than any other mental illness, eating disorders maintain the highest mortality rate (Herzog et al., 2000; Theander, 1992). Eating disorders are the third leading chronic illness among adolescent females (Fisher et al. 1995) with individuals suffering from anorexia experiencing mortality rates 6-13 times higher than the general population (Herzog et al., 2000). It has been estimated that 10% of individuals with anorexia nervosa will die within 10 years of the disorder onset (Sullivan, 2002).

**Body Dissatisfaction.** As a core diagnostic feature of eating disorders, anorexia and bulimia nervosa in particular, body dissatisfaction has been reported as one of the greatest predictor of eating disorders (Delinsky, 2011). In a meta-analysis by Cash and Deagle (1997), those suffering from bulimia nervosa were found to have greater body dissatisfaction than those with anorexia nervosa. However, Delinsky (2011) reported that more recent studies have indicated that both clinical groups experience similar levels of elevated body dissatisfaction (Hrabosky et al., 2009).

Body image dissatisfaction is thought to be maintained in individuals with eating disorders through the increased attention given to selective body parts (i.e., thighs, stomach, etc.), and the interest in more weight, food, and eating related information (Shafran, Lee, Cooper, Palmer, & Fairburn, 2008). In addition, patients with eating disorders report more negative experiences (emotions and cognitions) than control groups when viewing their bodies in the mirror (Delinsky, 2011). Delinsky (2011) goes on to explain that the negative experience of viewing oneself in the mirror reinforces the belief that one's body must be more strictly monitored or avoided. The checking behaviours used to monitor one's appearance create a cycle

of preoccupation and distress, and may prevent weight gain due to hyper vigilance and fear of fat, whereas the avoidance behaviours may prevent the individual from observing the reality of their current appearance.

Body image dissatisfaction can, however, exist without the diagnosis of an eating disorder, and does so in large numbers among North American women, and females of other westernized nations. As previously discussed, such dissatisfaction is now considered normative. However, it comes with significant consequences: depression (Cash & Pruzinsky, 2002; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Stice & Bearman, 2001), decreased self-esteem (Cash & Pruzinsky, 2002; Richetin, Xaiz, Maravita, & Perugini, 2012; Stice & Bearman, 2001), decreased sexual satisfaction (Dove & Wiederman, 2000; Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012), perfectionism (Mushquash & Sherry, 2013), anxiety (Cash & Szymanski, 1995), body dysmorphic disorder (Cash & Pruzinsky, 2002; Neziroglu, Khemlani-Patel, & Veale, 2008; Phillips, Pinto, & Jain, 2004), extreme weight control behaviours (Cash & Pruzinsky, 2002; Marshall, Lengye, & Utioh, 2012; Polivy & Herman, 1993), and can lead to eating disorders (Cash & Pruzinsky, 2002; Juarascio, Perone, & Timko, 2011; Levine & Piran, 2004; Neumark-Sztainer et al., 2006). The experience of hating one's body and appearance is usually accompanied by social withdrawal and public self-consciousness. The experience of body shame, shared by those with 'normative' unhealthy body image and eating disorders alike, is related to social phobia, and the fear that others are negatively evaluating one's appearance (Tantleff-Dunn & Lindner, 2011). In severe cases body image disturbances can become so disruptive that individuals are unable to work or leave the house, are hospitalized, or attempt suicide (Neziroglu & Cash, 2008; Phillips & Menard, 2006). This usually results in a diagnosis of body dysmorphic disorder, classified by the DSM-IV-TR as

preoccupation with an imagined defect in appearance, or an exaggeration of a slight anomaly, which causes significant distress and impairs social or occupational functioning, and is not explained by any other disorder, such as an eating disorder (Phillips, 2011).

### **Body Image**

While the effects of unhealthy body image have been well documented, the concept of body image has been explored academically for much longer than eating disorders or body image dissatisfaction. In 1935, neurologist Paul Schilder transformed the study of body image from neuropathology to include biological, psychological, and social components (Fisher, 1990).

Body image, as described by Jones (2011), is an individual's evaluation of his or her physical size or shape. A person's body image is a subjective evaluation based on individualized judgments that are deeply shaped by the context within which a person lives. It is the result of the process in which we perceive our own bodies in comparison to other's bodies or the cultural expectation of bodies, and then internalise these comparisons and make changes accordingly (Gleeson & Frith, 2006). In Westernized cultures, body expectations are gender specific: males are expected to be muscular, where females must be thin and sexualized. These gendered body expectations are socially constructed (Levine & Piran, 2001; McKinley, 2011), and are evident from birth as parents choose to give their girls a Barbie doll to play with, and to boys a GI Joe (Smolak & Murnen, 2011). As described by Cash and colleagues (2004), body image is a multidimensional construct, which includes both self-perceptions and attitudes towards one's own appearance. The two core features of body image include evaluation and investment. Evaluation is a person's assessment of how satisfied he or she is with his or her body, while investment is how much psychological importance a person places on his or her appearance. For some individuals, this evaluation and investment may be formed based on a person's overall

appearance, while for others it may be more specific to certain body parts, weight, or body shape.

**Body Image Development.** From the time they are born, infants are observing their environment, learning how to make sense of the world around them. At approximately two years of age, toddlers have developed a 'sense of me'; they have learned to recognize themselves in pictures, mirrors, and distinguish themselves from those around them (Smolak, 2011). Already by the time they are in preschool, children have learned that fat is less desirable than thin; however, they are often more interested in their general appearance such as hair and clothes, than specific weight related issues. Body image dissatisfaction appears to develop early, with 40-50% of children as young as six demonstrating some form of body dissatisfaction. Self-awareness, and the accompanying size awareness, has been shown to develop sooner for girls than for boys (Boyer, Carlson, & Pasnak, 2012). As young as age 6, girls demonstrate an awareness of the thin ideal which matches the appearance awareness of girls twice their age (Murnen, Smolak, & Mills, 2003), and between 7-11 years old, 10-20% of girls have demonstrated concern about their weight, fear of becoming fat, attempts to lose weight and experiences of loss of control over food and eating (Erickson & Gerstle, 2007; Field, Camarago, Taylor, Berkey, & Colditz, 1999; McCabe & Ricciardelli, 2003a; McCabe, Ricciardelli, & Holt, 2005; Rolland, Farnhill, & Griffiths, 1997; Sasson, Lewin, & Roth, 1995; Shapiro, Newcomb, & Loeb, 1997), all of which have been called the building blocks of disordered eating (Evans, Tovee, Boothroyd, & Drewett, 2013).

In order to understand how body dissatisfaction occurs at this early developmental stage, a number of models have been created to explain factors influencing body image development in children, adolescents, and adults. While the media has been determined to be a significant

contributor to the development of unhealthy body image, there are other factors that play a role in the formation of an individual's body image.

***Tripartite Model.*** Also known as the sociocultural model, the tripartite model is situated within the context of a media-saturated society in which individuals are constantly bombarded with images of bodies considered to represent societal ideals of attractiveness (Fernandez & Pritchard, 2012; Piran & Cormier, 2005); The tripartite model is used to describe the three main pathways by which these ideals of attractiveness are communicated to individuals; these are media, peers, and parents (Hardit & Hannum, 2012). This model provides a less deterministic explanation for the development of pathological eating disorders, placing responsibility on the larger social context instead of blaming the individual alone (Trost, 2007). This creates the opportunity for girls and women to be actively involved in the transformation of themselves and others, in which they are encouraged to be engaged actively in the relationships which shape their growth.

Media exposure, even brief exposure, has been shown to have detrimental effects on viewers, such as increasing body dissatisfaction, depression, anger, and decreasing self-esteem and positive affect (Hausenblas, Campbell, Menzel, Doughty, Levine, & Thompson, 2013; Quigg & Want, 2011). Considering most individuals see 1500 ads daily, including television commercials, print and radio ads, and billboards, this has the potential to have significant negative effects (Kilbourne, 1994). For many women, the role the media has in shaping their body image is unnoticed, and may take a more subconscious role (Flaake, 2005). The vast exposure each individual has to media messages daily, and its emotional effect, supports the inclusion of the media as a dominant source for body messages.

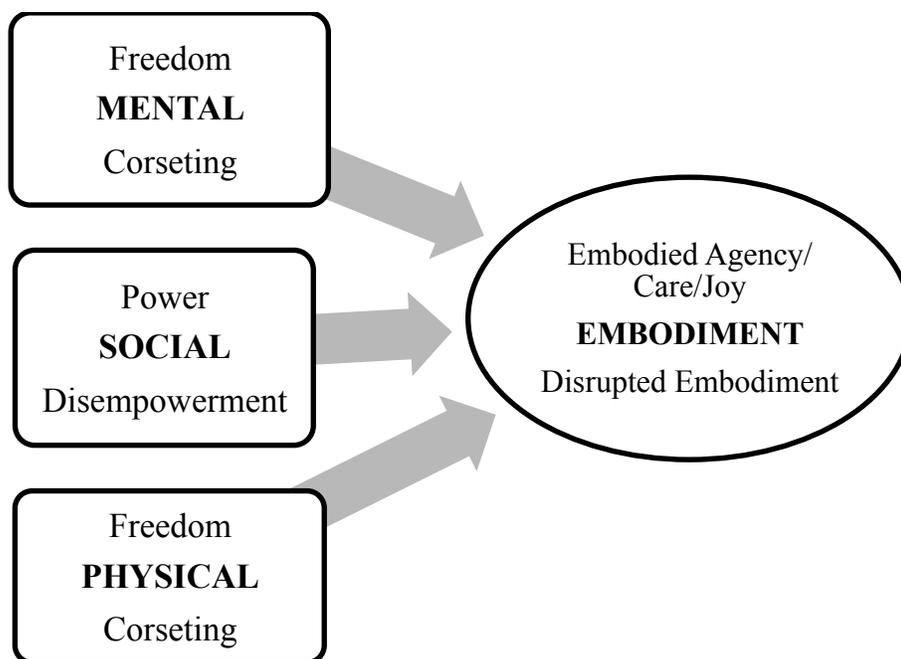
In addition to media, peers have been determined to have a significant effect in the perpetuation of the 'thin ideal'. This is evident in school aged children who engage in teasing, which reinforces social norms (Ferguson, Munoz, Contreras, & Velasquez, 2011; Menzel, Schaefer, Burke, Mayhew, Brannick, & Thompson, 2010). 'Fat talk' among adult women has reinforced the thin ideal as well (Barwick, Bazzini, Martz, Rocheleu, & Curtin, 2012). When engaging in 'fat talk', women speak negatively about their bodies in social circles, pointing out aspects of their appearance that they find undesirable (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006). This behaviour occurs in groups of thin women as well as groups of overweight women (Nichter, 2000), but women considered overweight experience the most pressure to engage in fat talk with their peers. In these situations, 'fat talk' appears to act as a protective mechanism where women attempt to speak out loud the thoughts they fear others are thinking (Barwick, Bazzini, Martz, Rocheleu, & Curtin, 2012). The strongest influence on adult women's development of body dissatisfaction and eating disorders is the contribution of peers in college and university settings, particularly in dorm and sorority settings. Social pressures to conform and time spent living in sorority housing has been highly positively correlated with body objectification and disordered eating (Basow, Foran & Bookwala, 2007).

***Developmental Theory of Embodiment.*** Another model designed to explain influences on the development of body image is the Developmental Theory of Embodiment (DTE) (Piran & Teall, 2012). This theory incorporates both psychological and sociological theories of development to suggest that the same theoretical constructs can contribute to either embodiment or disordered eating and weight or shape preoccupation depending on if they are positive or negative. These pathways of influences exist within the physical domain, the mental domain, and social experiences. Within the physical domain, a person can experience their body positively

through experiences of physical freedom, such as engaging in strength based physical activities that help a person connect with the self in the body, in a positive way. Negative experiences of the physical domain include having been violated physically, or experienced feeling restricted physically in any way. Positive experiences within the mental domain include feeling free to think, particularly in a way that challenges gendered norms oppressive discourses. When the mental domain is experienced negatively, this includes the internalization of socially constructed labels like “tomboy/girlie-girl” or “slut/prude”, and the acceptance of gender binaries (Piran & Teall, 2012, p. 189). For example, a young woman might say, “pretty girls don’t sweat” (Piran & Teall, 2012, p. 189). The domain of social power, when experienced positively, includes feelings of agency, resistance of oppression or have never experienced oppression. When negative, social power was experienced as disempowerment, or the knowing that one was not privileged, and that other groups had more privilege. Piran and Teall (2012) found that accepting this inequity, as it relates to social location “disrupts one’s body experience, and may involve wishes to alter the body in order to restore social power” (p. 191).

Together, the experiences in the social, mental, and physical domains can contribute to either the embodiment or disordered eating and body-shame, depending on if they were positive or negative. This theory also acknowledges the social dynamics that influenced the development of one’s experience of the body, and how political and social values contribute to the individuals struggle or success to love his or her body. Although these oppressive discourses may exist, they may not necessarily lead to disembodiment, if an individual is able to, or taught to, resist. The focus then, in seeking to assist more girls and women towards embodiment is to empower them to think critically, resist dominant narratives of their bodies, and create opportunities to

experience their own strength. The domains of influence of the DTE, and how they can operate as risk or protective factors, are included in Figure 1.



*Figure 1.* The Developmental Theory of Embodiment (DTE) (Piran & Teall, 2012).

**Parental influence on body image.** Although, as described in the tripartite model, peers and media play a large role in shaping, parents provide the earliest and perhaps most significant messages to children about appearance, gender roles, and what it means to be accepted in society (McCabe & Ricciardelli, 2003b). Through what is communicated explicitly and implicitly from parents to children, societal messages are often reinforced (Flaake, 2005).

Parental influence on body image is thought to occur through two mechanisms; direct communication (Abraczinskas, Fiask, & Barnes, 2012; Smolak, Levine, & Schermer, 1999; Vincent & McCabe, 2000) and modeling (Abraczinskas, Fiask, & Barnes, 2012; Byely, Archibald, Graber, & Brooks-Gunn, 2000; Ogden & Steward, 2000; Smolak, Levine, & Schermer, 1999). Direct communication, also referred to as direct influence, usually includes discussions about weight with the child or in front of the child, encouragement towards weight

loss, or explicit attempts to assist the child with weight loss. These may include restricting the child's food intake, serving smaller meals at meal times, or suggesting the child exercises to lose weight. Modeling, or indirect influence, includes the parent's own observable behaviour or expression of body dissatisfaction, anti-fat bias, weight loss behaviours, or other care-giving behaviours (Pike & Rodin, 1991). This may include parents making comments about being happier when they lose weight, wishing they could look thin like someone else, or negative self-talk while looking in the mirror.

Most often, this is done with intentions to protect their children from the health risks of being overweight, while attempting to help them succeed in a world which values individuals who meet strict expectations of appearance (Trost, 2007). However, parental influence has been shown to predict body dissatisfaction and eating disorders in children (Anschutz, Kanters, Van Strien, Vermulst, & Engels, 2009; Back, 2011; Birch, Fisher, & Davison, 2003; Canals, Sancho, & Arija, 2009; Graber, Archibald, & Brooks-Gunn, 1999; Ogden & Steward, 2000; Pike & Rodin, 1991; Wertheim, Martin, Prior, Sanson, & Smart, 2002). Although fathers' influence on children's body image eating behaviour is important, maternal influence on children, daughters in particular, has been demonstrated to have a longer and more significant impact (Anschutz, Kanters, Van Strien, Vermulst, & Engels, 2009; Bruch, 1973; Cooley, Toray, Wang, & Valdez, 2008; Pike & Rodin, 1991; Ricciardelli, McCabe, & Banfield, 2000; Martin, Prior, Sanson & Smart, 2002). It has been suggested that mothers' greater influence on body image and eating behaviour is due to the higher rate of mothers as primary care givers, orchestrating both food preparation and behavioural socialization (Davison, Markey, & Birch, 2000; Elfhag & Linne, 2005; Jones, 2011; Ogden & Steward, 2000; Pike & Rodin, 1991). It is mothers who experience the social pressures to improve the appearances of their children, and are expected by their social

circles to be the ones who enforce cultural norms about appearance (Friday, 1997; Kanakis & Thelen, 1995; Smetana, 1988; Striegel-Moore & Kearney-Cooke, 1994). Daughters are especially sensitive to their mother's comments about weight and appearance; this is thought to occur because for their daughters, mother serve as a model as to what it means to be a woman, and to be feminine (Levine, 1994).

There is a strong relationship between a parent's own dieting behaviours, and their encouragement of their children to diet (Striegel-Moore & Kearney-Cooke, 1994). This relationship is most strong in mother-daughter relationships where the mother has or had suffered with an eating disorder herself (Moreno & Thelen, 1993). In daughters who had received a clinical diagnosis of an eating disorder, their mothers, compared with mothers of non-clinical daughters, were more likely to experienced dissatisfaction with their bodies, and view their daughters as unattractive and needing to lose weight (Benedikt, Wertheim, & Love, 1998; Ogden & Steward, 2001; Pike & Rodin, 1991; Wertheim, Martin, Prior, Sanson, & Smart, 2002). Girls with eating disorders were also more likely than the non-clinical sample to report that their mothers were dieting, and concerned about their weight (Graber, Archibald, & Brooks-Gunn, 1999). In girls ages 5-8, drive for thinness was associated with their mother's weight concern and body dissatisfaction (Davison, Markey, & Birch, 2000; Lowes & Tiggemann, 2003). There is evidence to suggest girls aged 5 who are already overweight may be more responsive to environmental cues about food and weight (Birch, Fisher, & Davison, 2003). In these girls, maternal food restriction was linked to over eating in their children.

Perception also appears to be an important factor linking implicit and explicit maternal message about food and weight with similar behaviours and thoughts in her children (Francis & Birch, 2005). Francis and Birch (2005) identified that the 9-11 year old girls' perceptions of their

mother's concern about the daughter's weight encouraged food restriction, weight loss behaviours and weight concerns in the daughter, after controlling for the daughter's Body Mass Index (BMI). Byely, Archibald, Graber, and Brooks-Gunn (1999) found that girls' perceptions of their mother's pressure to diet predicted more body dissatisfaction after one year. Baker, Whisman, and Brownell (2000) also discovered that a daughter's perception of her parent's messages was more predictive of her eating issues than what actually occurred.

The perception of the mother-daughter relationship itself may contribute to more pathological eating in the daughter; the daughter's perception of criticism from the mother has been found in adolescent girls with eating disorders (Swarr & Richards, 1996). Back (2011) has discovered that girls with insecure attachments to their mothers have more weight concerns, and lower self-esteem than their peers who have secure attachments. Sharpe and colleagues (1998) have hypothesized that individuals with insecure attachment have a low sense of self worth, which leads them to desire more acceptance from others, and may drive them towards more weight control behaviours to achieve what is perceived to be a desirable body to others. Compared to non-clinical individuals, females with eating disorders and body dissatisfaction are more likely to have insecure attachment (Back, 2011; Broberg, Hjalmer, & Nevonen, 2001; Cash, Theriault, & Annis, 2004; Crowell, Fraley, & Shaver, 1999; Hesse, 1999; Kenny & Hart, 1992; Zachrisson & Skårderud, 2010).

The research conducted to better understand the mechanisms of body image transmission have yielded valuable information about the important role parents play in the shaping their child's body image. This may overemphasise the role mothers play in shaping their daughters body image, and result in 'mother blaming' (Caplan, 1990; Vander Ven & Vander Ven, 2003) in which mothers are held solely responsible for their daughter's body-hatred. The established role of influence mothers have in their children's development makes them a powerful resource for

protection of their children against powerfully damaging messages about appearance and weight. This, however, is a challenge, as little is still understood about non-pathological body image both to researchers, clinicians, and mothers alike.

**Healthy Body Image and Embodiment.** The majority of the existing body image literature has explored the construct of negative body image (Cash, 2004; Diedrichs, Lee, & Kelly, 2011). This has yielded useful information for better understanding how body dissatisfaction takes root and how it contributes to disordered eating, but has left gaps in academic and practical knowledge about individuals thriving within their bodies (Avalos, Tylka, & Wood-Barcalow, 2005; Cash, 2002; Steck, Abrams, & Phelps, 2004). As mentioned in the introduction, the wave of positive psychology ushered in by Seligman and his colleagues has demonstrated the inadequacies of the disease model of human functioning, as it neglects, in this case, healthy embodiment; what that looks like and how it is achieved (Seligman & Csikszentmihalyi, 2000). Piran (2001) echoed this perspective on behalf of the community of academics committed to the exploration of body image and prevention of disordered eating.

Striegel-Moore and Cachelin (1999) proposed that body image was a single concept with two opposing poles with the same constructs occurred on each end, but on one end they were positive, and the other they were negative. For example, self-esteem existed on both ends of the body image continuum, and at one end it was negative, whereas at the other it was positive. It has since been discovered that women experiencing positive body image display characteristics not evident in women with unhealthy body image, even in their opposite or negative form (Avalos, Tylka, & Wood-Barcalow, 2005; Tylka, 2011; Williams, Cash, & Santos, 2004). Healthy body image refers to an individual's attitude towards his or her body, whereas embodiment is the experience of one's body in the world (Piran & Teall, 2012). Body image is cognitive and emotional, while embodiment is the self within the body.

According to Williams and colleagues (2004), women with positive body image have a general satisfaction with their appearance, display less distress in relation to their body image, generally believed their body image had a positive effect on their lives and overall functioning, had higher levels of optimism and self-esteem, and made use of a wider variety of coping mechanism (such as radical self-acceptance) and were less fixated on their body image. Tylka (2011) describes four themes which are related to healthy body image: “favourable opinions of the body regardless of actual appearance; acceptance of the body despite weight, body shape and imperfections; respect for the body by attending to its needs and engaging in healthy behaviours; and protection of the body by rejecting unrealistic media images” (p. 57). In this way, healthy body image acts as a protective barrier through which only constructive and truthful messages are allowed to pass. This protective barrier is called media literacy when individuals are able to discern media images for their truthfulness, realism, or value (Holmqvist & Frisen, 2012). Adolescents with healthy body image have displayed media literacy through a highly informed and critical perspective on the ideals of feminine beauty circulated in the media. They have also demonstrated a broad definition of beauty, based on what is personally meaningful or appealing to them, as opposed to a singularly defined version of beauty dictated by media and Western culture.

It is unclear if innate personal characteristics cause the development of healthy body image, or if they are developed alongside or as a result of healthy body image (Tylka, 2011). However, there is a distinct relationship between a positive view of one’s body and inner positivity, engaging in self-care, and mentoring others to also appreciate their bodies and care for them (Tylka, 2011). Some other characteristics Tylka (2011) noted about positive body image are appreciating one’s body, accepting and loving one’s body, allowing one’s inner positivity to

affect one's behaviour, understanding beauty in broad terms, cultivating media literacy, experiencing unconditional acceptance from others, connecting with others who also love their bodies, practicing spirituality or religion, and listening to one's body and taking care of one's body.

Although it is more likely for men to have better body image, or experience less body dissatisfaction than women, it is thought that this is attributed to more flexible cultural appearance expectations for men, and not an innate protective mechanism which women are lacking (Algars et al., 2009). Women who engage in more physical activity often experience better body satisfaction (Arbour & Martin Ginis, 2008). This too, however, comes with a caveat: higher body satisfaction may result from having a body which more closely aligns with the cultural ideal, and women engaging in regular exercise may still espouse the thin ideal and anti-fat bias (Arbout & Martin Ginis, 2008; Rauscher, Kauer, & Wilson, 2013).

Because mothers have such a significant role in the development of their children's body image, in some instances mothers have played a role in fostering their daughters' healthy body image, or the reduction of their daughters' vulnerability to eating disorders. This, however, has been not yet well studied (Byely, Archibald, Graber, & Brooks-Gunn, 2000; Fonseca, Ireland, & Resnick, 2002). Transmission of healthy body image in African American mother-daughter dyads has been documented. This occurs because these mothers communicate counter-cultural messages such as 'big is beautiful' (Franko & Roehrig, 2011). In these instances, mothers equip their daughters with protective skills which enable their daughters to resist the dominate discourse of thin idealization. Typically African American women are comfortable with higher body weights than Caucasian women, and define attractiveness in non-appearance related ways.

The mother-daughter relationship is just as important for supporting the daughter's healthy body image development as it is in contributing to the development of unhealthy body image; girls who wanted to be more like their mothers displayed lower levels of eating pathology than girls who experienced less maternal identification (Hahn-Smith & Smith, 2001). When adolescents spent more time with their mothers, and experienced normal pubertal development, they were found to have healthier eating attitudes (Graber, Archibald & Brooks-Gunn, 1999). In adolescents with healthy body image, conversations with mothers addressing some aspects of the daughter's appearance occurred, but did not include comments about the daughter's actual body ("your new top looks good on you" or "nice hair cut" as opposed to "you are looking great since you lost weight" or "you need to go on a diet") (Frisen & Homlqvist, 2010).

The existing research has demonstrated there is still much to learn about healthy body image, especially when considering the rampant body dissatisfaction in North America. There have been significant contributions to the academic literature in the last decade, but the current understanding of healthy body image remains preliminary and divisive at times. Further exploration is needed to address healthy body image as a construct, and the mechanisms by which it develops both naturally and through psychosocial interventions.

**Feminist Theory and Body Image.** Because body image dissatisfaction is a gendered issue (Levine & Piran, 2004), it begs for a feminist interpretation that is critical of the socially constructed concept of femininity pervasive in Western culture (Bordo, 1993; Piran & Cormier, 2005). In keeping with popular feminist phrase "the personal is political", feminist theory is critical of the broader cultural context which influences all people, especially oppressed people, on a highly personal level (McKinley, 2011; Piran, 2010). A person reflects one's societal power and privilege, or lack thereof, through his or her body (Foucault, 1979). This is particularly true

of women's bodies, which, like women's voices, have been a dominant site of the rule of silencing patriarchal gender scripts (Gilligan, 1993; Trost, 2007). Disordered eating is so gendered that Piran (2010) addressed the female gender itself as a risk factor for the development of eating disorders. The complex structures of power and privilege which shape Western gender constructs have resulted in the objectification and sexualisation of women's bodies; this has communicated to women that their worth lies in how their body looks (Flaake, 2005; McKinley, 1999; Smolak & Murnen, 2011). This pressure on appearance, and the accompanying anti-fat bias, is considered so oppressive and widespread that some women use disordered eating as a means of protecting themselves from the potential societal threats associated with weight gain, or an unattractive appearance (Goss & Gilbert, 2002).

The goal of feminist research is then to empower oppressed peoples and foster action towards changing the social system that reinforces their subordination (Mertens, 2010). In keeping with the feminist tradition, feminist research on body image and disordered eating has been dedicated to critique of culture, focus on prevention, and resistance against the dominant discourse to empower women to experience their body as a place of freedom (Smolak & Levine, 2001; Trost, 2007).

### **Maternal Influence**

Although all people are not explicitly aware of the role patriarchal culture has in shaping their identity, the same cannot be said for one's relationship with one's mother. It has been described as such a significant relationship, that many women struggle to know their identity aside from their mothers', or feel they spend their entire lives running from who their mother was, driven by fear they will turn into her (Friday, 1997). As primary caregivers, mothers are often the primary influence on the lives of their children for the duration of their childhood, and

many times into adolescence and adulthood, supporting all aspects of their physical, psychological, and spiritual development (Davison, Markey, & Birch, 2000; Elfhag & Linne, 2005; Jones, 2011; Ogden & Steward, 2000; Pike & Rodin, 1991).

**The mother-daughter relationship.** The mother-daughter relationship has been shown to be unique from other relationships as a mother is her daughter's first model of what it means to be a woman in the world (Levine, 1994). Jean Baker Miller (1976) has explained the connection and likeness girls have to their mother as the source of the relational framework within which they operate in the world. This desire for connection stems from the longing to be like one's mother during childhood. This is different from boys, who learn they are different from their mothers, then anchoring their autonomy on being 'different than', as opposed to 'connected to' or 'like'. This, Miller suggests, goes on to shape all women's relationships, including her relationship to herself.

In watching her daughter grow, a mother confronts her own experiences during her daughter's developmental stages, and links herself to her own mother at that time. This often produces disappointment in the mother's mother, through which she then shapes her behaviour towards her own daughter (Flaake, 2005). It is through this process of constantly evaluating one's own mother, to shape one's own mothering, which creates a never ending intergenerational connection between all daughters and the women that have come before them, and will come after (Flaake, 2005; Friday, 1997). Mothers and daughters may experience a close relationship during the daughter's childhood, but as she moves into adolescence the daughter may try to distance herself from her mother in an effort to gain autonomy; to hear who she is apart from her mother (Katz-Wise, Budge, Lindberg, & Hyde, 2012). Though she may feel she is gaining autonomy by drawing nearer to her peers relationally, the daughter's ability to have healthy and

positive relationships with those peers has been shaped by her relationship with her mother; it taught her what a healthy relationship means and how it looks (Gold & Yanof, 1985).

**Mothers as guardians and mental health advocates.** There has been evidence of the intergenerational transmission between mothers and daughters of unhealthy attitudes, beliefs, traumas, coping mechanisms, and mental health issues (Anschutz et al., 2009; Birch, Fisher, & Davison, 2003; Katz, Hammen, & Brennan, 2013; Sejourne, Alba, Onnorus, Goutaudier, & Chabrol, 2011; Silberg, Maes, & Eaves, 2012; Suveg, Shaffer, Morelen, & Thomassin, 2011; Tzoumakis, Lussier, & Corrado, 2012). But mothers also act as agents and advocates in the development of positive growth and psychological thriving in their daughters (Aronowitz, Rennells, & Todd, 2005; Boyd, Ashcraft, & Belgrave, 2006; Gross & McCallum, 2000; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Teitelman, Ratcliffe, & Cederbaum, 2008; Usher-Seriki, Bynum, & Callands, 2008). Mothers help shape their daughter's worldviews, equip them with the necessary emotional skills with which they navigate the world, and provide them with the information they need, particularly during the emotionally charged period of pubertal development (Biederman, Nichols, & Durham, 2010; Flaake, 2005). The strength of the mother-daughter relationship may also serve as a protective factor against adolescent risk taking behaviour, which includes how the adolescent daughter views and treats her own body (Boyd, Ashcraft, & Belgrave, 2006). Flaake (2005) suggests that is through the mother's own behaviour and involvement in her daughter's life that the mother reinforces gender roles, or proposes healthier and more authentic alternatives. Flaake proposes that it is through the mother-daughter relationships that there is the possibility to revise traditional gender roles, and interrupt the pattern of objectification which reinforces the thin ideal in girls and women's lives.

**Purpose of this study**

As the literature has demonstrated, the seriousness of disordered eating has demanded a focused and immediate response. The response, both academic and clinical, has largely been dedicated to pathology: the treatment of eating disorders, how they have developed, and how they are fuelled by body dissatisfaction. Unhealthy body image has been understood, from a feminist perspective, to stem from unrealistic and unattainable expectations of women's appearances, which are then disseminated through the media, peers, and parents. This thin ideal is understood to be damaging and oppressive. There has been a demand from the community of body image researchers to better understand healthy body image, both in an effort to understand women's experiences of thriving in their bodies, and also as a guidepost to support the prevention of eating disorders and body dissatisfaction. However, this is still quite poorly understood.

Mothers have been understood to play an important role in the development of their daughters' body image, but this has been most focused on the maternal role in the development of eating pathology. Mothers play a powerful role in the development of their daughter's psychological health and thriving, however it has not been yet been well explored in terms of daughter's healthy body image. Through modeling and direct communication, mothers shape their daughter's body image, but little is still known about whether these same processes occur when shaping their daughter's healthy body image. In addition, no such literature has been found which asks women, in their own voices, to describe their experiences of how their relationship with their mother shaped their healthy body image. Due to the importance of the mother-daughter relationship in women's lives, and, in the development and prevention of pathological

body image and disordered eating, this qualitative research study will contribute to the academic literature about mother's roles in the development of her daughter's healthy body image.

This study will be guided by the following research question: by listening to intergenerational voices, what occurs in the mother-daughter relationship that contributes to the development of the daughter's healthy body image? In simple language, the research question asks: how did moms help their daughters love their bodies?

### CHAPTER 3: METHODOLOGY

As the previous two chapters have outlined, the purpose of this study is to better understand what has taken place in the mother-daughter relationship, intergenerationally, which has contributed to the development of the daughter's healthy body image. However, because of the subjective nature of the mother-daughter relationship, and the role 'voice' has in the development and expression of self, the oppression and silencing experienced by women, and the relationship between voice and body image, I determined it was essential to explore the mother-daughter relationship, as it has contributed to body image, through a methodology which listens to women's individual experiences. This section describes the research design of this study including the participants selected, assessments used to determine their appropriateness for this study, the research paradigm, participant recruitment, data collection and analysis, and methodological rigour and quality.

#### **Research Design**

**Participants.** Participants selected for this study were ten women, five biological mother-daughter dyads<sup>2</sup>. All adult daughters were between the ages of 19 and 30, and had existing relationships with their mothers, with varying degrees of closeness. All of the daughters were selected to participate based on their healthy body image, which was initially self-identified, then later confirmed through assessment. Each of the daughters had completed at least some post secondary education, and two of the daughters were also mothers. At the time the study was conducted, two of the daughters were stay-at-home moms, two were teachers, and one was pursuing graduate studies in counselling psychology. None of the daughters lived at home with their mothers, or had ever experienced an eating disorder or body dysmorphic disorder. The

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<sup>2</sup> For the purposes of this study, the mother and daughter in this study will be referred to as such, even though they are all daughters, and some of the youngest are also mothers.

mothers in this study were asked to participate because of their daughter's healthy body image, not because they exhibited healthy body image themselves. All of the mothers were over the age of 50; four had post-secondary education and one was currently working. Of all mother participants, three still had mothers who were living. None of the mothers reported receiving a diagnosis of an eating disorder, but two described what appeared to be some symptoms of disordered eating during adolescence.

The daughters were purposefully chosen to be between the ages of 19 and 30, because of their cognitive and emotional ability to reflect on their childhood and adolescence, their past and current relationship with their mother, and their experience of body image as it intersects with both. The mothers were also able to reflect on their role of having been a daughter, how their mother contributed to their own body image, and how that shaped how they parented their own daughter. The mother then reflected on her contribution to her daughter's development, and what may have occurred implicitly and explicitly which helped to shape or hinder the development of her daughter's healthy body image. Because the daughters had established their own identities sufficiently, such as moving out of their mother's house, getting married or starting a career, the age of the daughter was also important as the mothers were able to retroactively assess their relationship with their daughter.

**Instruments.** In order to better understand healthy body image, the daughters were recruited and then asked to complete the Multi-dimensional Body-Self Relations Questionnaire (MBSRQ), short form, and the Body Appreciation Scale (BAS). These two assessments were selected to determine if the participants demonstrated both the presence of healthy body image characteristics, and also the absence of body dissatisfaction characteristics. The MBSRQ short form is a 34 -item questionnaire designed to include behavioural, cognitive, and evaluative

components (Cash & Szymanski, 1995). Factor subscales include appearance evaluation, appearance orientation, fitness evaluation, fitness orientation, health evaluation, health orientation, illness orientation, body-areas satisfaction scale, overweight preoccupation, and self-classified weight. For females, the cronbach's alpha of the MBSRQ is .82, and the test-retest evaluation at 1 month was .83. Items were scored out of five, with zero representing definitely disagree, and five representing definitely agree. Because items were designed to detect the presence of unhealthy body image, or appearance preoccupation, participants were selected for inclusion if their responses to this set of questions were an average of between zero and one. This demonstrated that the participants almost never had negative thoughts about their body or appearance.

The Body Appreciation Scale was designed by Avalos, Tylka, and Wood-Barcalow (2005) to capture individual's positive body attitudes. In addition to seeking ways to better understand constructs of healthy body image, Avalos and colleagues hoped to create a non-appearance based assessment of body image, while also contributing to the literature of body image that has been largely dominated by studies of pathology. This multidimensional, 13-item assessment tool is used to determine the extent to which women regard their bodies favourably, accept their bodies in spite of weight and imperfection, attend to their body's needs, and protect their body through rejection of the thin-deal. Greater BAS scores were highly correlated with higher body esteem, which confirms the convergent validity of the BAS. Test-retest scores indicated the stability of the BAS scores over time with high alpha values for both the initial ( $\alpha = .91$ ) and secondary ( $\alpha = .93$ ) set of results. Although the articles describing the BAS discussed the validity and reliability of the study, there was no literature located that assessed which scores might indicate a healthy body image, or if a score threshold or average which could be used to

determine the presence of healthy body image. As a result, I contacted one of the creators of the study, Tracy Tylka, to ask her opinion of which scores might best reflect the healthy body image of the participant. Through correspondence she communicated that no cut-off scores had been selected, but that for the purposes of this study it would be an important criteria for inclusion. Dr. Tylka suggested an average score of four or higher on the BAS would be sufficient. An average score of four or higher would indicate that the women are responding either “often” or “always” to items asking about body- appreciation (T. Tylka, Personal Communication, July 18, 2013).

The participant daughters were selected for participation if they presented the necessary values included in the study. For the purposes of this study, it was not necessary to ensure the mother had a healthy body image. This choice was made in the event a mother had a unhealthy body image, as it would yield interesting results about what occurred in the dyad that allowed the daughter to develop healthy body image. Similarly, it would also be important to explore how the mother with a healthy body image had supported her daughter to develop a healthy body image.

### **Rationale for Using the Listening Guide**

There is a lack of literature addressing healthy body image, mothers’ contributions to healthy body image, and body image over time. These topics have not yet been explored in conjunction with each other. Because there is a perceptual component to the transmission of body image (for example girls’ perceptions of their mothers’ attitudes towards fat and weight matter more than the behaviour which occurred), selecting a method that allowed for women to describe their experiences as they mattered to them was important. For this reason, a qualitative method was selected for its contribution to a deeper understanding of the knowledge about

women's relationships with their bodies, and how those are transmitted through the mother-daughter relationship.

This study is rooted in the insight that the current cultural gender scripts for women are oppressive and silencing (Piran, 2005; Wolf, 1991). This silencing occurs both to women's literal voices at times, but also to women's ways of being who they are (Gilligan, 1982). It is within the Patriarchal system which most women live, that they are forced to choose between being who they are and trusting themselves, or following an illusion of femininity which promises acceptance and fulfillment but demands women to deny themselves: their abilities to know intuitively, remain embodied, and have a voice (Bordo, 1993; Gilligan, 1982; Wolf, 1991).

Gilligan (1982) has suggested that voice is central to a person's identity, it is as unique, a "footprint of the psyche bearing the marks of that person's history, of culture in the form of language" (Gilligan, Spencer, Weinberg, & Bertsch, 2003, p. 157). Around the same time eating disorders spike in young girls, Gilligan and her colleagues discovered that girls also lost their voice; their ability to know and trust themselves, remain embodied, and resist socio-cultural pressures to change who they were to fit the dominant discourse. A girl's struggle of whether or not to listen to herself is "a crisis that centers on her struggle to disentangle her voice from the voices of others and to find a language that represents her experience of relationships and her sense of herself" (p. 51). As a woman discovers who she is and struggles against dominant voices to know her own, it is possible for her to experience multiple, even conflicting voices, which are woven together to represent the many parts of herself (Gilligan, Spencer, Weinberg, & Bertsch, 2003). Stern (1991) describes her work with girls in which "a girl's decision, conscious or unconscious, to disavow herself can exist alongside clear and direct statements of who she knows herself to be: Statements questioning her own worth coincide with statements that

confirm it” (p. 114). Because the voice of an individual is both the literal words they say to communicate with others, but also an expression of their authentic experience of self, the construct of voice is inherently relational.

A woman’s voice and body are similar in that they are two avenues of the self, which a woman may attempt to modify or change to maintain her place in a society. In the same way that women experience loss of voice and self by attempting to be a version of themselves expected by others, women readily identify social pressures on their identity and appearance. In an attempt to experience autonomy and empowerment from the feelings of powerlessness and loss of identity, women attempt drastic methods of body change to once again sense power and control. Ironically, these methods of body change are chosen to achieve societal norms of beauty based on internalized objectification of their bodies, which only serves to further their oppression and feed the oppressive system (Andrist, 2008; Bordo, 1993; Wolf, 1991). Many women experience this same cycle with their voice, in the same way as their bodies; experiencing loss of self or voice by attempting to be the version of themselves expected by others (Stern, 1991).

Voice is both the literal words someone says to communicate with others, and an expression of their authentic experience of self. The construct of voice is inherently relational, and is, like relationships, shaped by and shapes who we are. Thus, encouraging girls and women to use their voice for sharing their stories within the context of relationship is not only useful for gaining information about someone’s experience, it is a political act in which oppressed women may become empowered. Telling one’s own story is a way to enter once again into the role of author, and to resume control over one’s narrative. While also symbolic, the act of a woman sharing her story is literally allowing her to take ownership over it (Heilbrun, 1988). To emphasise this as an act of liberation for young women, Brown and Gilligan (1992)

acknowledges the courage required for a young woman to “choose to tell the truth of her life aloud to another person at the very point when she is invited into the larger cultural story of womanhood” (p. 72). Also important to the story is the language used and recurring metaphors, images, and silences (Doucet & Mauthner, 2008). By using women’s own words and descriptions of their experiences, depth and richness is added to the researcher’s understanding of a phenomenon. The Listening Guide is also empowering for the researcher, who is not only allowed, but encouraged, to bring his or her whole self into the entire research process, making use of knowing, sensing, and dyadic interaction to add to the data gathered, providing depth and richness (Doucet & Mouthner, 2008; Gilligan, Spencer, Weinberg, & Bertsch, 2003; Mertens, 2010; Morrow, 2005). This is a significant departure from traditional forms of research that typically remains restrictive and patriarchal, forcing the researcher to disavow the self in order to preserve objectivity. This form of research reinforces hierarchies in which the researcher holds the power over the research subject, through knowledge (Chilisa, 2005; Mertens, 2010). However, entering authentically into relationship with the research participants can reverse the power hierarchies within the structure of traditional research designs, and encourage them to tell their stories honestly, in their own voice.

The Listening Guide has primarily been used to better understand women’s experiences (Balan, 2005; Brown, 1997; Gilligan & Machoian, 2002; Gringas, 2010) but it was used initially with a group of girls to better understand what led them to feel they felt they had to silence themselves and become someone they were not to better fit into the role laid out for them (Gilligan, 1982). This method was born out of Gilligan (1982) and Miller’s (1976) work on women’s identity and moral development, which was in part a reaction to a largely patriarchal psychology of development rooted in boys and men’s experiences, but did not sufficiently

account for the ways women experience the world, find value and make decisions. Due to their differences, it is not appropriate to describe women in terms of men's development, and that unlike men, "women's sense of self is organized around being able to make and then maintain affiliations and relationships" (Miller, 1976, p. 93); women's self is rooted in connection (Chodorow, 1974; Gilligan, 1982; Miller; 1976).

Within this study, the relationships explored are women's relationships with their mothers (and daughters) and women's relationships with themselves. It was the importance this study places on exploring relationship as a mechanism for transmission of body image that supported the selection of the Listening Guide as the method of analysis; the content explored is relational, and is discovered through relationship itself. Because of the subjective nature of relationship, the analysis of the data gathered will frequently include use of the personal pronouns, I or we, as the analysis itself is situated within the context of the researchers' relationships with themselves, each other, and with the participants. The 'I' will refer to Hillary, the principal investigator, and the 'we' will refer to the research team. The research team includes thesis supervisor, second reader, and all members of the analysis team.

### **Steps of the Listening Guide**

Because of the multi-layered nature of women's experiences and thus voice, numerous listens allow the researcher to become acquainted with the complexities of the dominant voice, and the many voices within the dominant voice that co-exist (Gilligan et al., 2003). There are four distinct, interconnected stages to the Listening Guide:

**Step one: Listening for the plot, and the listener's response.** The purpose of the first step is for the listener to become familiar with the participant's narrative, looking for a plot that may emerge, along with significant characters, common themes, and metaphors. The absences

and silences, or things unsaid, are also noted. Multiple listens from multiple listeners at this stage contribute to the depth of the listener's subjective interpretation. The listeners then respond to the narrative as they experienced it, including the thoughts and emotions that surfaced during the initial listens.

During the listening, the listeners may ask themselves (Gilligan et al., 2003): how is the story conveyed? What's happening in the story (what, when, where, with whom, and why)? What metaphors are showing up? Are there any strong visual images? What things have been repeated, described in depth, or not said? What is the context? To respond to the text, the listeners may ask themselves: what is my response? What are my thoughts, feelings, and somatic sensations? Was there anything I was moved by or connected to? What power dynamics are present? What cultural/patriarchal/oppressive values are at play here?

**Step two: Composing 'I poems'.** During this second step, the listener focuses on how the participant speaks about herself, to better understand the unspoken thoughts, feeling, and knowing the participant has about herself. To create the 'I poem' for each participant, the listener moves through the text, underlining each time the participant uses I to speak about herself, followed by the verb used and any important words which may follow. Then, the listener pulls out each underlined phrase in its original order, and arranges them on separate lines, using stanzas to reflect changes in meaning voice. Once completed, the researchers read the poems aloud to enrich their understanding of stream of consciousness. This step was done independently by the primary researcher, and then shared with other members of the analysis team prior to commencing step three.

***The additional 'we poem - she poem' elements.*** Because of the centrality of relationship to this study, and the intent to better understand how messages are communicated in the

mother/daughter dyad, I decided to also look at how each woman spoke about her mother (and daughter, if applicable). It was also important to include these aspects of the interpersonal nature of women's identities, as it is difficult to discern which statements are strictly 'I' statements, versus phrases which reveal information about the individual in connection with her mother. This led to the addition of 'we' and 'she' statements, alongside traditional 'I' statements, as they appeared in the text. These additions are not part of the original Step two Listening Guide, but were created for the purpose of more richly understanding how each woman spoke about the other women in her life, and their influence on her.

**Step three: Listening for contrapuntal voices.** In the same way that several lines of harmony co-exist to create a complex and full piece of music, multiple voices reflect the larger story of a person's life. By listening for these diverse and sometimes conflicting voices the research is able to better understand the many layers of a person's experience and identity. During this stage of analysis, the listening is guided by the research question, and the voices at play in the person's narrative are identified. This is often done using color, coding each voice with its own color, which aids in giving a visual representation of which voices occur where in each participant's narrative, and which voices occur together or not. In addition to naming the voices, markers such as key words or phrases are chosen for that voice. This helps to distinguish the voices from each other, and learn about the voices relationships and interactions. The text is then reviewed and coded based on which voices occur at what points during the narrative in order to capture the most salient parts of a woman's story, as they relate to the research study. Voices are identified until all relevant layers of meaning in the text have been represented.

When this step of the analysis was conducted, there were at least two members of the analysis team present. Following several initial readings of the text, conducting step one

(listening for the plot), and the reading aloud of the ‘I poems’, common themes and potential voices were discussed. From this initial conversation about plot and themes, and as it continued throughout the process of analysis, possible voices were identified. The voices emerged in two categories, capturing perfectly the two dimensions of this study: the narrative of one’s body, and relationship with another. When speaking of one’s body, the following voices were identified: idealized femininity, silencing, functionality, acceptance, embodiment, and resistance. When speaking of relationship with the other, the following voices were named: comparison, differentiation, and connection. When identified by the analysis team initially, there was a felt sense of connection from members of the team with what the participant was attempting to communicate, although at times it felt unclear as to what would be included or not in the coding of this voice. As analysis continued, markers and key words spoken in a voice became easier to identify and code, and more comprehensive descriptions of the voices were created. This was seen, for example, in the development of the voice of silencing. Initially it felt similar to the voice of idealized femininity, where women adhere to culturally sanctioned gender scripts to appear and behave desirably, but at a cost to themselves. However, through thorough discussion, the research team came to an agreement that the voice of silencing identified when women had internalized the voice of idealized femininity, and attempted to modify, camouflage or disavow their body in order to meet expectations. In contrast, the voice of idealized femininity was identifying the gendered scripts, but did not necessarily lead to an internalization of such scripts. It is possible for one statement to have multiple meanings. When the women spoke in one of the voices, but used the actual words spoken by her or others, this was coded as a literal voice. In this case, the text was coded in the color of the text it represented, but then was also underlined. In the interview with Grace, she recalls asking her mother at a young age: “mom, do you think

boys will like me because I'm tall?" Because these words were actually spoken, they were coded as the literal voice of silencing, in which Grace has identified her experience of insecurity about her height, and wondering if it will make her less desirable. Grace later says "the awkwardness of being taller than everyone was always a source of insecurity for me. I felt like I had to hunch my shoulders, or crouch down in pictures when I was with girls because I was taller." Although still speaking about her insecurity and effort to minimize her height, Grace is speaking in the voice of silencing as she tells her story, but does share any words spoken, so it is not coded as the literal voice. All voices identified, along with the appropriate markers and relationships with other voices are described in detail in the results section below.

**Step four: Composing the analysis.** During this final stage, and following a final listening to each interview, the analysis team pulled together what they had learned about each participant through each of the many listens, the composition of the plot and response, the poems, and the coding of the participant's voices. The many voices, which had been pulled apart, are then returned to relationship with one another in the final analysis as the listener captures the complexity of the person's narrative.

### **Research Paradigm**

When discussing knowledge and knowing, Somers and Gibson (1994) said that "it is through narrativity that we come to know, understand, and make sense of the social world, and it is through narratives that we constitute our social identities" (p. 58-9). They posit that it is through our subjective knowing, our own experiences and interpretations, that we enter in to narratives of others and more fully know their reality. This supports constructivist epistemological and ontological values inherent in the listening guide; that knowledge is socially constructed, and that researchers are actively involved with the participants to both understand

and create meaning experienced by all through their own realities (Doucet & Mouthner, 2008; Mertens, 2010). Entering into relationship with the participants allows the researcher to more fully know the participant's reality and to co-create knowledge, but it is the researcher's own reality which shapes the interpretation (Doucet & Mouthner, 2008). As outlined by Mertens (2010), the assumptions of the constructivist paradigm are that multiple realities exist and are socially constructed, knowledge is gleaned through interaction between researcher and participant, when values are made explicit, and that there is an ethical obligation for the researchers to represent views equally in order to raise participant awareness. Because within a constructivist framework the relationship is central to knowing, the Listening Guide emphasizes the relationship as an important component of accessing the participant's reality. These paradigmatic assumptions support the appropriateness of this method for the relational nature of this research question.

Brown and Gilligan (1992) described their Listening Guide as "a relational method, responsive to different voices, but also a feminist method, concerned particularly with the reality of men's power at this time in history and its effects on girls and women as speakers and listeners, as knowers and actors in the world" (p.14). The principles of attending to the voice of the oppressed, in this case girls and women in a patriarchal society, represent the transformative research paradigm. As described by Mertens (2010), transformative research directly addresses the political nature of research that either perpetuates or confronts social oppression. The ultimate goal, however, is universal freedom (Mertens, 2010). This paradigm is characterized by research placing importance on diverse and/or marginalized groups of people, examining power dynamics existing within silencing systems, creating politically driven research to bring about

social change, and using appropriate program theories and research methodologies consistent with transformative values.

There are numerous indicators to suggest that the Listening Guide, and this use of the listening guide to understand body image relationally, is also consistent with the transformative paradigm. Largely shaped by Feminist theory, Mertens (2010) cited Gilligan as a significant contributor to transformative research, and listed ‘attention to voice’ as a criterion for assessing quality in transformative qualitative research. In addition, the feminist stream of the transformative paradigm stresses gender inequalities as a form of social injustice embedded in the institutions which influence societal norms (Sielbeck-Bowen, Brisolaro, Siegart, Tischler, & Whitmore, 2002), some of which are expectations for women’s appearances examined in this study, and seemingly normative methods of extreme body change women use to meet those expectations (Andrist, 2008). In the same way, social injustice also occurs when women experience being silenced by others or culture, or silence themselves, in order to be perceived as more feminine, thus more desirable (Gilligan, 1982).

This study aligns with both constructivist and transformative paradigms, addressing various forms of the oppression of women through the purpose of the study, multiple realities and ways to knowing, through the voice-centered feminist relational qualitative method of the Listening Guide. This study considers both the researchers and participants to have knowledge and ways of knowing which through the unique yet shared reality of relationship will contribute to subjective and co-created knowledge.

### **Recruitment and sampling**

The ‘normative’ body dissatisfaction experienced by women was expected to pose a challenge when attempting to recruit participants for this study. Surprisingly, this was not the

case, as participants readily identified themselves as having healthy body image. Considerations about why this occurred are explored in the discussion. This anticipated difficulty influenced recruitment and sampling strategies, as the research team decided to utilize both online advertisements through social media and paper advertisements distributed in a wide variety of public locations (coffee shops, community centers, and churches) which identify the goals of the study, and provide a link to more information, with the contact information of the researcher. Chain sampling was also utilized; individuals who saw the recruitment material were asked to pass on the details of the study to women they thought fit the type of woman described. The criteria used to select participants required women to be between the ages of 19-30, possess healthy body image, be in current relationship with their mother, and able to provide thoughtful reflections and contribute richness and depth to this study. The ages of 19-30 are significant as both puberty (Sands, Tricker, & Sherman, 1997) and emerging adulthood (typically the first years of university) (Cohen & Petrie, 2005) are considered vulnerable periods for developing severe body dissatisfaction and disordered eating.

Purposive sampling, well aligned with the constructivist paradigm, was used to identify participants based on their ability to contribute depth of information to the study (Mertens, 2010). Within purposive sampling, Intensity sampling, a form of purposive sampling, was also used to identify individuals which exhibited healthy body image. This form of sampling is intended to create depth of knowledge, but requires participants to meet thresholds of certain criteria as defined by the study. To determine if the young women expressing interest in participating in this study were in fact eligible, they were screened with the BAS and MSBRQ, as discussed above. In addition, participants were selected based on the proximity and availability of their mother; it was important for this study for the mother and daughter to still be

in contact with one another, and the mother to be within driving distance of the researcher. It was, however, not necessary for the mother to possess healthy body image, or for the mother and daughter to have a healthy and positive relationship at the time of the interviews. The purpose of this study was not to research the biological mechanisms for the transmission of body image, but to understand how the relationship and interactions between a mother and daughter affected the daughter's body image.

### **Data Collection Procedures**

After the daughter was confirmed eligible, gave consent, and her mother was informed of the nature of the study and consented to participate, each dyad began participation in phase two of the project: data collection. Following the protocol of the Listening Guide, the researcher conducted semi-structured interviews at the location of the participant's choice [see appendix D for a list of interview questions]. All interviews that took place were scheduled based on convenience and were conducted in no particular order, but all were in private to ensure confidentiality and clarity for the audio recording. Interviews took between 38 minutes and 66 minutes. In concert with the relational focus of this study, the researcher spent time building a rapport with each participant at the beginning of each interview. After the initial interview with both the mother and the daughter, analysis of the interviews began.

After the initial analysis of the interviews for this pair were completed, the researcher contacted each dyad and arranged a time to meet with each pair, at a time and location of their choosing. During this final interview, summarized results of the study were shared with the pair, and each member of the dyad was asked if they would like to know the results of the analysis of their individual interview. Then, the dyads were given the choice to know the findings of the research question specific to their relationship; how their unique relationship, and the mother as

an individual, helped the daughter develop a positive body image. They were encouraged to reflect on the analysis with each other, and with the researcher, and to verify, clarify, correct, and/or expand findings. The researcher's observation of the dyadic interaction also served the purpose of confirming the nature of the relationship as communicated in the individual interviews. In keeping with the purpose of feminist research, this phase of the study was designed to return the understanding gained through the analysis process back to the participants themselves, to encourage, empower, and celebrate their intergenerational narrative as women.

During this study, the audio recording and the documents of the analysis for each of the twelve interviews were kept on the researcher's computer in a password-protected, encrypted folder. Participants were given the choice to have their data made anonymous, or not, which was indicated on their informed consent form. Three of the ten participants asked to have their name replaced with the pseudonym of their choice. Each participant was also given the telephone number and email of the researcher and her research supervisor.

### **Data Analysis**

Before the analysis of the data began I, the principal investigator, transcribed the interviews in order to further familiarize myself with the interviews, and serving as a preliminary listening. After numerous listens to each interview, assessing the narrative for a plot, completing the 'I poems', and identifying the co-existing voices, the researcher team synthesized the voices to reintegrate the voices into the broader context of the participant's experience. As this synthesis took place, the researchers sought to find answers within the texts to the research question.

Regarding the dyadic component of this study, the analysis of each mother-daughter dyad was assessed for similarities in theme, plot, metaphors, strengths or presence of certain voices. The purpose of this additional step was to better understand ways the mothers communicated

about themselves and others, and if similarities were found in how the daughter communicated about herself and others.

Following this phase of analysis, the researcher met with each mother-daughter pair, this time in dyads instead of as individuals. During this stage, the researcher used relationship with the participants to communicate her experience of the mother and daughter story, and invited participants' responses about engaging in the project. This step served as both an addition to rigour and quality but was also to honour the relationship between the researcher and each participant, and the relationship between the mother and daughter. This also served the purpose of verifying and adding richness to the researcher's interpretations by allowing the researcher to experience the relationship itself, through viewing the mother and daughter interact, and by also entering into relationship with them.

### **Quality**

Quality of qualitative research must be assessed in a manner consistent with the research paradigm of the study (Morrow, 2005). In order to determine the quality of social-constructivist research, Morrow has suggested Guba and Lincoln's (1989) criteria, which include: *fairness*, *ontological authenticity*, *educative authenticity*, and *catalytic authenticity*. *Fairness* implies that differing constructions are solicited and honoured, *ontological authenticity* is the process by which the participants' constructions are expanded and matured, while *educative authenticity* demands enhancement of the participant's understanding and appreciation for the constructions. *Catalytic authenticity* demonstrates that the participant has been moved towards action.

This study, both social constructivist and transformative, makes use of various strategies proposed by Morrow (2005) and Guba and Lincoln (1989) to establish quality through qualitative research. To meet these criteria, prolonged and persistent engagement, member

checks, and progressive subjectivity were utilized. During the data collection process, the research team met frequently to discuss the interviews and the interviewer's subjective experience and its subjectivity, including how it was challenged or confirmed by the subjective experience of the participants. Although not a step included in the original Listening Guide (Gilligan et al., 2003) the results were shared with each dyad following the initial individual interviews for the purposes of gaining their reactions, adding to depth of the researcher's understanding of the dyad's relationship, and validating the information gathered during the initial interview. The researcher spent time fostering a relationship with each participant to build rapport, and included five dyads in the study, conducting twenty interviews in total; the initial interview with each participant, and then the follow-up interview. These steps met Morrow's (2005) criteria for rigour through clarifying meaning with the participants. Morrow highlights the importance of co-constructed meaning between participant and researcher, and suggests that the researcher's ability to perform this task is dependent on factors such as context, culture, and rapport between participant and researcher. Throughout each contact with participant, rapport was built, and understanding of culture and context was expanded. Additionally, the member check served the purpose of observing both ontological and catalytic authenticity, whereby participants' transformation and action following the interviews were observed.

The process of sharing the data and analysis with team members and participants was done in order to achieve fairness; I was able to make explicit my assumptions underlying the interpretation of the data, and have them challenged if they reflected my own biases instead of the subjective experiences of the participant. In order to uphold the criteria of adequacy of interpretation (Morrow, 2005), and given the relational nature of the study, it was particularly important to create opportunities for relationship at each phase of this study. This involved

putting together an analysis team during the data collection phase of the study. All non-faculty members of the analysis team were female graduate students in Counselling Psychology, and were trained in Listening Guide method of analysis. Additionally, each member of the analysis team was also selected for her ability to both intellectually and intuitively relate to the narratives of others. This aided the process of analysis by both confirming findings, providing support during the demanding analysis process, and engaging in dialogue about the cultural and personal significance of both the process of analysis and the findings. There were no fewer than two members of the analysis team present when conducting analysis. Throughout the entirety of the project, I also kept a journal that included both my experiences and interpretations of the research process, the interviews, and the assumptions and conclusions as rooted in my own subjective experience. This demonstrates researcher reflexivity, which is considered by Patton (2002) to be one of the important standards of quality in qualitative research, which allows for researcher subjectivity. To achieve fairness and ontological authenticity, initial telephone contact with participants included a brief conversation about the purpose of the study, the methodology and how my own experiences shaped the research question. Participants were then invited to respond if they wanted to. Then when conducting each interview and during analysis, I, along with the other members of the research team, sought out the voice of the participant. Attention to voice is an important criterion of transformative qualitative research, and unique feature of the Listening Guide. Through the guidance of this method, the research seeks out the participants voice(s), however many, contradictory, or silent they are, and pays particular attention to how those voices are influenced by the dominant cultural discourse. As stated in the research question, the academic purpose of this study is to examine the role mothers play in daughter's healthy body image. However, consistent with the transformative paradigm, my intention is to

not keep the findings private, but to share them with the participants, the academic and broader community, specifically with the purpose of arming mothers with the skills to better support their daughter's healthy development. This stands in opposition to a patriarchal and silencing culture, and fulfills the community and reciprocity criteria described by Mertens (2010). The transformative nature of the study was confirmed when participants reported a sense of relief and satisfaction with finally having a venue to share their stories of strength. They then spoke about how their reflections throughout the process of the study motivated them to have conversations with other women in their lives, such as their mothers, daughters, and friends, about embodiment, with the particular focus of making relational space for healthy expressions of the self, which resisted cultural norms for women. Further transformative experiences resulting from the study are discussed in the results section.

## CHAPTER 4: RESULTS

This study was designed to explore healthy body image in young women, and how a mother may influence her daughter's experience of her own body. This is particularly important considering the landscape of increased body dissatisfaction among women in North America, and the role mothers play in helping to shape their daughter's body image and sense of self. As a research team we anticipated discovering more about the development of healthy body image and the mother-daughter relationship, but intended to do so in such a way that allowed women's voices to be heard and honored, and allowed us as a research team to connect with the participants, ourselves, and each other in the process. The Listening Guide permitted us to relate personally to the participants and the many voices within their narrative, while also considering the socio-cultural backdrop of oppression which may have influenced these women's stories (Brown & Gilligan, 1992). Through entering into relationship with the participants' data, two categories of voices emerged: voices which spoke about the body, and voices which spoke about relationship with others. Voices of the body included idealized femininity, silencing, functionality, acceptance, embodiment and resistance. The voices that spoke about relationship with others included comparison, differentiation, and connection. This chapter will describe each of these voices, providing examples of each voice and how they relate to each other, and are expressed within each participant. Following the description of these voices is an analysis of each participant's story, and the stories of each mother-daughter dyad, which will further explore the intergenerational transmission of body image. Similarities between daughter participants, and similarities between mother participants will also be discussed.

### **Voices of The Body**

**Voice of idealized femininity.** The voice of idealized femininity was a voice that

participants knew well. When women used this voice they were speaking of what it means to be the culturally desirable woman: to be good, to be seen and not heard, to be desirable, attractive, and well behaved. There were times when this included saying nice things, or what was perceived to be the right thing, in light of feeling differently. This voice was identified when participants made global statements about women, about how women should be or what is expected of them. Some women were able to identify that this was the voice of cultural scripts which are silencing and reinforce gender-binaries. However, others speaking in this voice did not explicitly identify it as coming from culture, but rather spoke in this voice as if it were true, and therefore mutually understood and ascribed to by the interviewer. It was difficult at times for us as an analysis team to determine if a woman was saying something that she believed to be true about herself or others, or if it was the internalized script of the good woman which was emerging in her discourse, and she was in fact saying the right thing. The voice of idealized femininity was seen in each of the 10 participants, with some women using this voice when speaking of others or the culture, and some women using this voice to speak of themselves and their reality.

When the voice of idealized femininity was expressed, the women said things like “good body”, “beautiful”, “should”, and “proper.” The expression of this voice mirrors the dominant patriarchal narrative of women, that women’s value is in their appearance, and their ability to meet prescribed standards of beauty makes them desirable. This voice also includes references to how women believe they are supposed to behave and express themselves, like being the nice kind woman who never “ruffles any feathers.” An example of this is when Barbara, the mother of Becky, describes her own mother as having always dressed properly, making sure her hair was combed, and as a superb cook. When Barbara was asked to describe her relationship with her

mother, she responded by saying “great.” I asked her to describe why the relationship was great, and she responded by describing how her mother did all the right things, presenting her as the ideal woman, as opposed to describing their interactions and emotional closeness.

Overall, the daughters spoke less from the voice of idealized femininity when talking about their own lives in the present, however they often used this voice when talking about their mothers, or their experience interacting with Western culture. Conversely, the mothers used the voice of idealized femininity more than daughters, and this occurred most frequently when describing themselves and others. Grace used the voice while remembering her experience as a young girl experiencing body-insecurity and while describing her mother’s self-talk, but not while describing her relationship with her body in the present. Another daughter participant, Carlee, never used the voice of idealized femininity when discussing her own narrative, even when recounting her previous experiences of being in her body. One mother Diane, however, tells a story of how she convinced a friend of hers to get cosmetic surgery on her face to correct some of her undesirable features. In this example, the voice of idealized femininity is demonstrated twice in Diane’s response, first as she reinforced stereotypes about socially acceptable forms of beauty, and also as she tries to be a good friend who goes out of her way to help others. Diane also uses the same voice to speak about the importance of all women monitoring their weight, mentioning later in the interview “we really need to pay attention.” Another mother, Bev, when asked to describe her own mother says “I wanted to be like her”, and when asked why that is, Bev replies “she was a great home maker... and all those things.” Then later, when asked about how she feels about her body, Bev briefly describes the process of coming to accept her body as it is, then says “but of course I wish I had bigger boobs, don’t we all.” These two comments, both about her mother, and about herself, highlight different sides of

the voice idealized femininity: a focus on behaving well, and attaining a desirable body. In addition, her comment at the end, “don’t we all”, implies that in addition to her dissatisfaction with the size of her breasts, all women must desire to have larger breasts. Therefore, Bev is not wrong to want bigger breasts, but is simply acting out her prescribed female script of simultaneous body hatred, and desire for an unattainable idealized body. This was the case for many of the women, and mothers in particular, as they made generalizations about all women when speaking in the voice of idealized femininity. One participant Becky mentions some areas of her body with which she is only mildly displeased, but then describes how most girls don’t like something about their bodies by saying: “cause I think every girl is [unhappy] about something, and there will always be something.” These statements speak strongly to the development of normative body dissatisfaction in North American women: body hatred is so common that women have come to accept it as part of what it means to be a woman, as part of their narrative and identity.

When we began to listen for the voice of idealized femininity, some patterns emerged in participant’s narratives that demonstrated the relationship between the voice of idealized femininity, to other voices. When the daughter Grace spoke in the voice of idealized femininity, it was when speaking about her earlier years, and always came before or after the voice of silencing. The voice of silencing, which will be described next, is the voice representing the internalization of the dominant cultural scripts of femininity. So as Grace began to speak of idealized femininity, what was expected of her and other women, she then often moved into speaking about how this was reflected in her own personal experience of her body, and how she tried to hide or minimize her body to be deemed acceptable. This was similar to the story her mother Anne told. When Anne spoke in the voice of idealized femininity, she too often has just

spoken in the voice of silencing, or was about to do so.

This relationship between the voices of idealized femininity and silencing was also evident in the narratives of Becky and her mother Barbara. Although she spoke less in the voice of idealized femininity than her mother, when she did it appeared immediately before or after the voice of silencing. When her mother Barbara spoke in the voice of idealized femininity, it was in the presence of the voice of silencing or the voice of comparison. On several occasions, Barbara spoke in the voice of idealized femininity then immediately moved to explaining how two women, often herself and another woman, either met or didn't meet the standards of the idealized woman. Although it will be described in more detail later, the voice of comparison is also related to the voice of idealized femininity, as some women only learn what it means to be a woman by comparing themselves to other women and competing with one another. For this reason the voice of comparison was considered to be a subtheme of idealized femininity; just as women are expected to dislike their bodies, they are also expected to compete with and compare themselves to one another.

*Literal voice of idealized femininity.* Although not occurring as often, there were a few occasions when participants spoke literal words, either their own or others, which put form to the voice of idealized femininity. In these cases, the words were highlighted in the color representing that text, but also underlined to distinguish and emphasize them. An example of this comes from Jaya's interview as she describes a period of her adolescence where she had begun to enjoy going out dancing with friends. Jaya describes enjoying feeling sexy and confident, and not dressing provocatively to get attention from men, but a friend of hers says to her "girl you look so sexy, all my friends think you're so sexy." Although at the time Jaya remembers experiencing these comments from her friend as encouraging, she reflects back on them with profound clarity,

both acknowledging her friend's good intentions, but also how it reinforced certain ideas of sexuality, and desirability. These ideas align with the culturally defined values of women's bodies such as how a woman's beauty and sexuality are limited and confined to her ability to be desired by a man.

Diane, Jaya's mother, also speaks in the literal voice of idealized femininity when telling a story of Jaya's father. In this story, Diane refers to Jaya as having gone through a "chubby phase", and at a friend's house one afternoon Jaya's father called her "blubber gut" in front of all the other kids. Although Diane speaks in the literal voice of idealized femininity when speaking about herself, in this instance she is describing an incident in which another person's use of this literal voice was experienced as hurtful. In this story her encounter with the literal voice of idealized femininity propels her into outrage at these comments, and causes her to feel anger towards Jaya's father for his hurtful words. In this example, Diane is able to see past the literal voice to the potential for it to have dangerous effects on her daughter. However, Diane is not able to do this when speaking about herself. At another point in the interview, Diane speaks in the literal voice of idealized femininity about herself, but then immediately speaks in the voice of silencing, demonstrating her internalization of the voice into her own experience of beauty and her body.

**Voice of silencing.** When listening for the voice of idealized femininity, we began to hear a different yet related voice. In this new voice, the women were speaking about their encounters with the idealized femininity in a personal way, describing their experiences of silencing their voices and attempts at minimizing or modifying their bodies to reach the feminine ideal. As we continued to listen to the women's stories, we began calling it the voice of silencing, shortened from the voice of silencing the self and/or the self in the body. This voice of silencing has been

used traditionally in other Listening Guide studies (Gilligan et al., 2003) to represent the participant's inability to speak of their experiences or what they know, causing them to edit their thoughts and words. In one study, a teenage participant named Vanessa describes her experience of having a mother who was mentally ill. In the voice of silence, Vanessa says "I stopped talking... I didn't have anything to talk about" and later, "it's not something you share with people at school" (Gilligan et al., 2003, p.167). Similarly, our use of the voice of silencing incorporates the insecurity and self-judgment identified in other studies, but also includes women's experience of body insecurity, and attempts to edit their body in addition to their words. Like verbal and mental self-restricting, girls and women also restrict their bodies to gain acceptance, appear desirable, and fulfill the prescribed gender script (Piran & Teall, 2012). Markers used for identifying the voice of silencing included women's experiences of body dissatisfaction, insecurity in their identity, and admissions that bodies were never spoken about. In this way the silence was the absence of dialogue, but also communicated that bodies and self were not to be talked about. When speaking in this voice, the women said things like "she never said" or "we just didn't talk about that kind of thing", often referring to their mothers' lack of communication about bodies, menstruation, sexuality, and puberty. Bev, one of the mothers, speaks in this voice when describing her mother: "my mother was in a different generation, there wasn't a whole lot of open dialogue about anything." Then later, when I asked Bev to describe her experience of puberty, she said "wow, this is really stretching... I tend not to think about things, I just kind of go through life." Although in these examples Bev is not purposefully silencing her voice, or attempting to modify her body, she is demonstrating that bodies were and are still not discussed or thought about; they don't take up space in her thoughts or life. Another mother, Anne, describes her mother as "very silent and withdrawn", saying, "we never talked

about feelings or thoughts or anything like that.” This voice of silencing shows up again in Anne’s story when she shares what it was like to go through puberty. She describes her experience of not developing breasts at the same time as her peers, and how along with other physical features she disliked, it was another thing to feel poorly about. She says, “ I think I always felt a little... I shouldn’t say lacking, but you know what I mean, with all the other things it was just one more with all the other things, the whole package.”

When looking at the patterns of the voice of silencing in the various participants, some interesting patterns emerged. It was obvious initially that every woman, both mother and daughter participants, used the voice of silencing when speaking about their mothers. While some women experienced varying degrees of information about their bodies during pivotal points of physical, sexual, and emotional development, every woman describes her mother as not having said enough. The differences emerged, however, when looking at how the daughter’s stories differed from the mothers’ stories. Overall, the mothers remember their own mother as not having said anything about her body or women’s bodies. Often this was followed by a comment about how that was something that was not discussed by women in that generation, that there were other more important foci. As previously mentioned, Anne’s mother struggled to discuss most things. When asked what her mother said to Anne about her about women’s bodies, Anne’s body, or her own body, Anne responded immediately, with emphasis, saying “nothing! Nothing! No, she never, honestly, she didn’t talk very much at all, about herself, or, she didn’t talk much... that never really got talked about.” Similarly, Barbara describes the experience the emotional crisis of menarche, without having received any information from her mother: “when I had my first period, I freaked... but of course [she] had never said anything to me about that, there was no open discussion with me about that because you just didn’t do that kind of thing.”

Her last statement “you just didn’t do that kind of thing” demonstrates the pervasive silencing in women, and in particular of women in that generation, which rendered conversations about menstruation as taboo. This further demonstrates the link between the voice of silencing, and the voice of idealized femininity, as women who conduct themselves as the good woman often end up creating silence about bodies. This is difficult for both the mothers, who must learn to silence themselves, and for the daughters, who suffer in isolation through physical and emotional transition. These significant times of change for young women have potential to be meaningful periods of identity formation, self-compassion, and embodiment if they are times of celebration instead of silence, fear, and passivity.

In spite of the silence of their own mothers, each of the mother participants made marked efforts to create more open dialogue about bodies with their own daughters. However, their daughters still experienced their mothers as speaking mostly from the voice of silencing. This was the voice used most often by daughters when describing their mothers, and in particular their mother’s body image. Sherry, the mother of Carlee, had a mother who was also silent, and never spoke of bodies or puberty, but made an effort to do things differently with her daughter. Carlee says of her mother Sherry, “I think she built my sister and I up a lot, even though she wasn’t always happy with her body... you could tell she was dissatisfied.” Here Carlee demonstrates the intergenerational communication about bodies between mothers and daughters: Sherry’s mother was silent about bodies, Sherry struggled with her body and tried to be more vocal with her own daughter. In spite of her mother’s positive words, Carlee noticed her mom’s discomfort and silence. Carlee, like another daughter, Jaya, was able to see past her mother’s affirming words to the silencing and body-dissatisfaction. Jaya says confidently “My mother always told me that I was very beautiful” but then qualifies this by saying “I knew that she never thought she was

beautiful.” Like Carlee and all of the other daughters, Jaya was able to remember and name her mother’s efforts to speak about the body, but was also able to see how it contrasted with her mother’s own uncomfortable experience in her own body.

When speaking about themselves and their own bodies, the daughters showed a noticeable difference in how frequently they spoke from the voice of silencing, as compared to their mothers. Daughters rarely used this voice to speak of themselves or their bodies, and did so only when recounting experiences of insecurity they had had in the past. Their use of the voice of silencing was almost exclusively used when sharing their mothers’ stories, or the stories of other women in their lives. The daughters demonstrated that their experience of their bodies was different from that of their mothers, and that they had not adopted the silencing script to the same extent as their mothers.

When the women did use the voice of silencing, it was often followed by or preceded by the voice of idealized femininity. This reinforced our understanding of these voices as intimately related to one another. A woman might begin by describing her discomfort with her body, speaking in the voice of silencing, then move directly into making a global statement about how women should behave and the values associated with bodies and women’s appearances. This happened in many of the mothers’ interviews, demonstrating again their internalization of cultural ideals of women. Bev describes a painful time as a young girl who was teased for being thin; “I can remember, I was skinny, I didn’t like being skinny, people teased you when you’re skinny... but at the same time eventually I realized I was quite fortunate, and that when the curves come they’re...you know, being thin is easier.” Although Bev describing how difficult it was to be teased, speaking in the voice of silencing, she immediately moves to speak in the voice of idealized femininity clarifying that it would always be better than being fat.

Other times when the voice of silencing was used, the women would also speak in the voice of functionality. This voice is not as damaging as the voice of silencing, but captures women's practical focus of the body or of life. As women made statements describing their experience of silencing, or being silenced, it was followed by comments describing why that occurred. In most cases, this explanatory statement followed "but there were other things to focus on" or "there were other priorities." Following these explanations, the women would describe what was the focus, for example, staying healthy, or cooking, or the pragmatics of life. After Anne describes her mother as having never saying much at all, she speaks in the voice of functionality and says, "the majority of our communication was just about things that I need to know, you know, like appointments... what was actually going on." Another mother Bev, who also experienced her mother as silent about the body explains her mothers silence by describing how busy she was with 5 children; "my mom never said anything...she had 5 kids, she was busy keeping up with the laundry and the cooking and the baking and the running kids around." In these examples, both Anne and Bev note their mother's silence, and attempt to make sense of it by explaining how other more important and time-consuming tasks were a priority. Although these mothers experienced their own mothers as silent and silencing, they appear unable to express a desire or longing for more communication from their own mothers. Instead of expressing frustration or anger with their mothers for not making time to discuss bodies, these women engage in a form of self-silencing by providing reasonable explanations for their mothers. Here, their own self-silencing is masked by the voice of functionality.

Occasionally during the process of analysis, another voice was heard. This was the voice of disconnection and shutting down relationally and physically. This voice was not heard very frequently, so was not further established. However, on occasions in which it was heard, it was

difficult to distinguish the voice of disconnection from the voice of silencing as they appeared to be intimately linked. The voice of disconnection often appeared when a woman spoke of a fracture in a significant relationship, or when her mother had failed to see her daughter's emotional needs, and so the daughter silenced herself or perceived her mother's disconnection as silencing. In some instances, this part of the narrative was coded as the voice of silencing, but when the voice of disconnection was heard but without the presence of the voice of silencing, this text was left un-coded.

**Voice of functionality.** The voice of functionality was heard strongly in the stories of each participant. For this reason, it was the first voice to be identified and coded by the research team. The voice of functionality represents a focus on the function of the body, most often as a vehicle or site of tasks to be completed or managed. This voice represents a dualistic assumption or split in the identity of the participant, in which she has divorced herself from her identity as a soul or spirit, and the container that is her body. Within these assumptions is a commitment to keeping the body working well: meeting its needs and fixing it whenever possible. These assumptions were represented in the words women used most frequently when speaking in the voice of functionality. These words, such as "fix", "work" and "health" served to mark the presence of this voice within each narrative. Some women used the voice of functionality when describing how to navigate caring for their body appropriately. This included speaking about how to find clothes that "fit" their bodies, or choosing "healthy" foods. When speaking in this voice, the women were able to see their bodies as both good, and as a site of struggle. When speaking well of her body, women were able to speak about how their bodies performed well for them, were able to transport them, be strong, and work well. This often included a conversation about healthy living, and making sure the body was being taken care of. When women spoke of

their body's dysfunction, they mentioned the difficulties of aging, physical changes, how they felt their body was failing them and how it wasn't working the way it had in the past.

Sherry, the mother of Carlee, speaks in the voice of functionality when asked to describe her relationship with her body over time. Although she has experienced some times when her body did not appear or perform how she would like it to, she goes on to say "but I learn how to manage it however it is, and it goes up and down." Sherry also explained how she thought her mother helped set a good example for her: "she did it by eating a balanced meal, and we exercised together, we played tennis, we were active." When I asked Sherry about her daughter Carlee's body image, she says that she believes Carlee loves her body, and that Carlee has "a good sense of how to treat it, so that it functions well for her." In these examples, Sherry reveals that to her, healthy body image is demonstrated in your behaviour and by what you do. Although this is an important characteristic of having a healthy body, it highlights the dualistic nature of the voice of functionality, in which the body is something that is separate from the self. The body is what contains the self, and as a result deserves our respect and attention, but the body is not the self. Another participant, Becky, spoke frequently in the voice of functionality. She describes how her mother, Barbara, expressed care for her by asking about her body; "she would always ask like how we are, like are we healthy or not, not like how you feel about this, it was always like 'do you have a cold, are you sick, are you eating enough', that kind of stuff." Later Becky describes the process of facilitating her body to work most efficiently for her when she competed in rowing during university. During this time in Becky's life, she found there was a certain cause and effect relationship to how she treated her body. When she was giving her body whole foods in good amounts, she found that her body performed better for her during competition. She says as a rower, "you're focusing on healthy eating, and getting enough sleep, balancing your life and

school, you're focusing on getting strength and power." As Becky and the other women speak in the voice of functionality, they are demonstrating how their body can be an ally to them if they treat it well, but in some circumstance it lets them down. Diane describes how she feels as if her body has let her down as she's experienced aging and menopause; "it creaks and it groans, and it's, you wake up in the morning and it's stiff and it hurts." This dualistic split between body and self is especially evident in these words as Diane labels her body as an "it", widening the divide between her and what she perceives as her failing machine.

When analyzing the interviews, we noticed that all mothers and daughters used the voice of functionality at some point. When the daughters used this voice, they spoke most frequently about their experience of menarche and puberty, and what they were currently doing to stay and feel healthy. Carlee describes why eating healthy and daily exercise is important to her, "I eat healthy, not because I want to be thin, but because it makes me feel better... I exercise, like I play hockey, but I do it because I love playing hockey and it's good for you." The voice of functionality also emerges when she shares the narrative of her relationship with her body, "I feel like it's always been the same to me, I've always had hips.... Even when puberty hit, I feel like I've always been the same size." Like Carlee, Grace came to see the power and importance of her body through sports. Grace says, "my body was super functional, I was an athlete always so my body was useful to me." Then when describing how this relationship to her body continued through puberty, she states, "I liked that my body could do things for me, you know? And that I had a body that was athletic and could participate in sport." For Carlee and Grace, the experience of the functional body was positive. This is consistent with the stories of the other daughters, but tells a different story than that of the mothers. At the time of the interview, all mothers were experiencing menopause at various degrees, and expressed how these changes in their bodies had

been difficult to accommodate. Similar to puberty, they had to relearn the patterns of their bodies, which at times felt chaotic and indecipherable. They, again, felt like they were different from their bodies, and that their bodies were not cooperating. Anne emphasized this when she depicted her experience in her body at this phase in her life, “my body is getting older, it’s not like it was, and the aches and pains that are associated, up until two years ago, like I never had any aches and pains, and now my hip bothers me all the time.” After taking a second to reflect she then went on to say, “it’s about the functioning of it, so its, its really starting to show signs of wearing out.” Barbara also has had difficulty with her body feeling foreign to her because of age, for example the eruptions of hot flashes she has experienced as part of menopause. In an effort to control them, she started taking a medication; “I’ve had them for a year and a half now, they were super bad last year so I went on some medication... it took them away, but then the medication didn’t work as well so I’m taking a bit more of it now to see if it’ll help.” By taking the medication Barbara is hoping to feel more comfortable in her body, and she does this by attempting to manage her body.

The voice of functionality is a way of speaking about the body in which the self and the body are separate. When women used this voice they spoke both of caring and nurturing their body as an act of stewardship while at the same time viewing their bodies as foreign or uncooperative. For this reason, the voice of functionality was related to several other voices. In Sarah’s story, the voice of functionality is linked with the voice of connection, a voice representing relational closeness with another. Sarah remembers her mother’s factual explanation of menarche, and then moves into assuring her, reminding her that in all situations Sarah could go to her mom to talk about anything. Bev, Sarah’s mother, uses the voice of functionality to describe the business of everyday life, then speaks in the voice of silencing as she shares,

shamefully, how she may not have made the most of little moments with her children. This is different from how the voice of functionality emerges in Grace's story. She describes how she cares for her body by saying, "it's not something that I have to think about very much, when I'm eating I eat to be healthy, and give my body the nurturance that I need." She then switches immediately to using the voice of embodiment to share how that practical care is a reflection of her belief in the sacredness of her body and beauty; "God made women, women are like the pinnacle of creation, women are beautiful, that is to draw people in closer to God."

The women's use of this voice revealed how they saw the relationship between their self and their body and how their feelings towards their bodies were expressed practically. Although not as present in and loving of the body as the voice of embodiment, this voice was used to speak of treating the body well. Because of its potential to represent either healthy care or frustration of the body, we began thinking of the voice of functionality as being situated neutrally between the voice of silencing, and the voice of acceptance.

**Voice of acceptance.** The last voice to be identified and named was the voice of acceptance. As women spoke in this voice it became clear that it was more of an embodied voice than the voice of functionality as it indicated a journey of learning to love the body. The voice of acceptance was named in order to capture the process of moving towards embodiment, while not yet being fully embodied. The voice of acceptance was coded when women used words such as "learning", "overcome", "healing" and "journey." These words identify the sense that the woman is in motion, moving towards a more whole relationship with her body, and away from a fractured experience of her body. When using the voice of acceptance, a participant might speak about her efforts to make sense of what she had come to believe about others' bodies, and women's bodies in general, and apply them to herself. The voice of acceptance was also used

when a woman was working lovingly to repair her sense of self, and learning to experience self-compassion, hope, and beauty, instead of shame or disgust. This voice was deeply personal, and reflected a uniquely intimate kind of growth. Although it is moving towards embodiment, the voice of acceptance included women at any stage of that process, such as a woman who recently decided to shift her internal-dialogue, or woman reflecting back on several years of work that culminated in who she was at the time of the interview. In these instances, the voice of acceptance represented learning how to accept, or having already reached the place of acceptance. Grace, one of the daughters, uses this voice as she shares her struggle to learn to love her body and accept herself as she is; a treacherous uphill battle against self-defeating thoughts. “It was a journey, and it was a process” she says, “you can’t prevent [yourself] from having to have those difficult times, you do have your times when you look at yourself and it is difficult for yourself, but you can overcome them and work through them, and you can receive healing in those areas.” As Grace speaks here in the voice of acceptance, she carries hope for healing and wholeness for herself and for others. The relationship between acceptance of self and acceptance of others was also evident in Sherry’s story. As Sherry, a mother, learned to accept herself, she was also able to practice acceptance of others. As she speaks in the voice of acceptance, Sherry identifies how her acceptance of herself and her body has become fluid in the way she views others: “through life experience I’ve realized that you need to accept people where they’re at, and how they look, because what matters is what’s inside.” She is able to do this because she has experienced judgment from others, and how painful that can be; “I know that I’ve been judged, so I try not to judge others, it’s not a nice feeling.” It can be painful to feel judged by others or feel shame over one’s appearance, but as these women have demonstrated that does not need to be the end of a woman’s relationship with or experience in her body. Although it may take work

and time, it is possible to accept your body, and even learn to love it.

The voice of acceptance was not used in every participant's story. However, the voice of acceptance emerges when both mothers and daughters are speaking. There are four narratives in which the voice of acceptance was not used; two of these are daughters, and two of these are mothers. Interestingly, in the two mothers who do not speak in the voice of acceptance, they appeared to be unsatisfied and disappointed in their bodies and themselves, speaking most in the voices of silencing and idealized femininity. In the two daughters who did not use the voice of acceptance, their interviews are littered with the voice of embodiment and resistance as they speak confidently and with assurance about who they are and their place in the world. This demonstrates the relationship of the voice of acceptance to the voice of embodiment, where women move away from silencing themselves in their bodies as they learn to become embodied and own their space in the world.

Although it is conceptually clear that the voice of acceptance is a voice of process situated between two different voices, it is difficult to conclude how this voice is related to other voices within the narratives as it emerges in different pairings each time. In one interview, Sarah speaks first in the voice of silencing, describing how she remembers disliking certain parts of her body. Then she speaks in the voice of acceptance, describing her decision to accept her body as it is. She speaks next in the voice of connection, explaining how it was easier for her to accept her body as it is because she was surrounded by peers who were also comfortable in their bodies. This is not surprising given what we saw above; how Sherry was able to move easily between acceptance of herself and acceptance of others. In this case, being with other young women who were able to love themselves helped Sarah to do the same.

Like Sarah, Grace also used the voice of acceptance. However, her experience of

acceptance comes after she uses the voice of embodiment. Grace recounts a painful experience of struggling with her appearance, followed by a realization during a powerful time of prayer that she is enough as she is because of who she is, not because of how she looks. She contextualizes this by describing this as a significant shift in her story as she began to come into a more loving relationship with herself; “a gradual shift of learning to love and accept my body.” It is through what she describes as numerous shifts in her story that Grace finally arrived at a place of complete acceptance and began to experience embodiment. It was through arriving at a place of embodiment that Grace was able to realize what she had been through and acknowledge the challenges and benefits of the long journey. This may be difficult to reflect on while learning to accept oneself, as it appears through Grace’s story that having come to accept herself she is now able to look back on her experience with more clarity and perspective.

**Voice of embodiment.** As a research team we unanimously decided to symbolically visually capture how the women were passionately and unapologetically able to speak lovingly of their bodies, women’s bodies, and their ability to love themselves. In order to do so the voice of embodiment was coded in bright red. This voice was the most satisfying to identify, as we were able to celebrate women and their experiences of body and self-love, and all the ways that was expressed in their stories. As we encountered participant’s powerful words, we often cheered, and then stopped the process of formal analysis to connect personally with the text, allowing ourselves to hear it as a truth and to feel it as a victory. The voice of embodiment stands directly in opposition to the voice of silencing and the voice of idealized femininity. It is a voice women used in speaking both proudly and graciously about their identities, their physicality and strength. It is a voice capturing women’s’ experiences of being in their bodies, where the mind and body are seen as intricately woven together and not distinct entities. Speaking in this voice,

the women often used the words “beautiful”, “love”, “freedom”, “identity”, and “unique.” By doing so the women were making affirmative and compassionate statements about their own bodies. As they spoke from a place of embodiment and security the women described experiences of curiosity about their bodies and the bodies of others, loving their own beauty and the beauty of others and often described how beauty could be seen in anything, and interpreted in a variety of ways. By saying these kinds of things about beauty, the women were demonstrating how they had internally opposed the idea that being beautiful requires conforming to a certain set of standards and traits. Other times the voice of embodiment emerged while a woman was discussing the body spiritually; sacredness of the female form. Understanding the body as having divine qualities allowed women to savour the experience of the body, and enjoy its sensuality and pleasure in a non-sexually objectifying ways.

As Jaya shares her story about growing up on the farm, she describes powerfully how her mother’s advocacy and encouragement for her allowed her to see beauty in all things, including but not limited to her appearance. “I think that she just, she celebrated beauty no matter what it was, whether it was a body, or an attitude, so I never distinguished beauty as a body.” It is clear that she was able to internalize these messages, and find beauty in varied aspects of her own self when she later says, “I think I’ve always just seen myself as quite lovely, without it becoming like a head thing, you know?.” By identifying that it hasn’t become a “head thing” Jaya shares that her confidence in herself isn’t arrogant, but rather secure. Another daughter Sarah, speaking in the voice of embodiment as she shares her experience of being a young girl eagerly anticipating menarche because of what she believed it meant symbolically. “I can just remember thinking, getting your period was like ‘you’re a woman’ so [I] just remember thinking like that would be so awesome to be a woman.” She speaks of the identity shift that occurs for women

when they experience menstruation for the first time, and how being a woman “would be so awesome.” This is an embodied narrative, different from the dominant cultural script about menstruation, in which menstruation is a nuisance and a disgrace, and is not to be seen and certainly not yearned for. Sarah speaks again in the voice of embodiment later when she describes her ability to enjoy herself, and how important that is for her marriage. She says, “ I want to enjoy myself, I want to enjoy my life, I want to allow my husband to enjoy me, and if I don’t feel comfortable then I’m not there, you know?” By expressing her desire to stay in her body and experience its sensuality, she shows how her ability to love her body creates openness for intimacy with her husband. She also identifies that being uncomfortable with one’s body can create fractures in a relationship, and prevent true openness and freedom. She explains this further by saying “I want to be comfortable being naked with him, you know, ‘cause that’s so important, our whole life like whatever stage I go through. If I’m uncomfortable, then [the relationship] becomes uncomfortable...it affects other things, right? It’s not just me.” Sarah captures what was identified earlier in the section on the voice of acceptance: coming into openness with one’s self and one’s body is ultimately linked with openness with others. In being able to love and appreciate herself, she was able to receive love and appreciation from her husband. Conversely, being unable to love herself and her body would prevent her from receiving and giving love to her husband.

Similar to the voice of silencing, there were distinct patterns in how the voice of embodiment was used which differed between the mothers and the daughters. When the mothers used the voice of embodiment it was used almost exclusively to discuss their daughter’s body image, as they reflected on having daughters who loved themselves and appreciated their bodies. The other way mothers used the voice of embodiment was in describing how they intentionally

discussed bodies, puberty, menstruation or sex with their daughters. For some mothers this meant breaking a generational pattern of silence, and re-writing her narrative to help her daughter avoid suffering in the same ways. For other mothers, it came more naturally, like, for example, using animals on the family farm to talk about sex. The mothers, however, were not able to use the voice of embodiment when speaking of their own bodies. On two occasions when this did occur the mothers spoke of their childhood, and feeling free and comfortable with their bodies when they were younger. Like these two mothers, all of the daughters spoke in the voice of embodiment when describing their childhood. Unlike their mothers, all the daughters spoke in the voice of embodiment when describing their current experience of their bodies. This was not surprising given that the inclusionary criteria for the daughters was a healthy body image, but there was no such criteria for the mothers. On some occasions the daughters used this voice when speaking about their mothers, however it was reflective of their own embodiment and not their mothers'. For example, Jaya describes advocating for her mother, trying to show her mother that she too has beauty. Jaya says, "when [my mom] says 'oh isn't that beautiful' or 'isn't that well done' or something I say, 'yea and you, lets look at you, lets look at your body, your attitude, look how beautiful you are.'" Here Jaya is speaking of and to her mother, but the voice represents Jaya's own experience of embodiment and confidence which has in turn allowed her to try and support her mother towards embodiment.

When it was spoken, the voice of embodiment was employed with many other voices. Yet the most striking relationships were seen between the voice of embodiment and the voices of connection and of resistance. When the voice of embodiment was spoken before or after the voice of connection, the power of how relationships with others shape women's experiences of their own bodies was revealed. This finding echoes the relationship between the voices of

idealized femininity and comparison; the women who encountered idealized femininity perceived other women as their competition. However, the women who experienced embodiment were able to experience connection with others in a way that demonstrated their security in themselves. Grace demonstrates this link as she moves from speaking in the voice of connection, describing the safety of her relationship with her mom, to immediately describing how that safety carried into her experience with her body. Grace says “I was always close with my mom, I felt this sense of closeness and the sense of safety that my mom was there, that she was taking care of my needs and that she loves me... and so I think that did help me feel a sense of safety in my own body, and secure with my own self now especially.” Like Grace, Jaya feels her attitudes towards her body mirror her relationship with her mother, “I have a free and open relationship with my mom, and I have a very free and open relationship with my body, I think the relationship I have with my mom is very beautiful.” It is unclear, when analyzing these texts, if the openness in one’s body cultivates openness in relationship, or if feeling safe in relationship with others allows a woman the opportunity to experience safety and openness towards her own body.

The process of analysis was transformative for me as well. Looking for the context within which women were able to speak in the voice of embodiment, and experiencing connection with the participants in their stories as women, I too began to experience more freedom with my body. By creating a space for women to speak candidly about their bodies, for the daughters in particular, there emerged a new alternative to the body-hatred script in western society. Then by reading and rereading these women’s words, I felt that their stories of strength and self-love gave me permission to also come into a new more embodied place of my own. This was striking for me as a researcher, as experienced within myself through the connection with other embodied

women, what I was hoping to discover about them through this study: when we cultivate relational space to speak kindly and lovingly of our bodies we facilitate further connection with ourselves, our bodies, and others.

For some of the women in the study, their embodiment went even further as their personal experience was linked with their ability to resist cultural pressures and advocate for themselves and others. When women spoke in the voice of embodiment, and then in the voice of resistance, they demonstrated the powerful link between being able to identify the oppressive cultural narratives of women's bodies, and chose an alternative narrative for their own body. As with the voices of connection and embodiment, it is unclear if there is a causal relationship between these voices. Jaya describes her cultural awareness as leading to her ability to appreciate beauty in others and herself. She says in the voice of resistance, "I got sick of the world I was living in before, it was like a veil came off my eyes and I saw clubs as meat markets and cosmopolitans as advocates for just disgusting un-grabbable means of trying to live your life." Then she switches to speaking the voice of embodiments and continues, "So I started to look at art, and started to love art from way back in the day when portraits of women with full bodies were shown colour in their face and their hair just loose and beautiful." Here Jaya demonstrates that as a result of her rejection of culture's objectification of women, she purposefully turned towards the appreciation of women's non-conforming bodies, and their innate natural beauty. Sarah also demonstrates this connection when she says, "I don't want to be dissatisfied, I want to enjoy myself." She uses the voice of resistance to identify her rejection of idealized femininity, instructing her to hate her own body, but then switches to the voice of embodiment as she describes what she does want for herself, to delight in her body.

**Voice of resistance.** Like the voice of idealized femininity, the voice of resistance is the

voice used when women are making global statements about women. This voice, however, stands in opposition to the voice of idealized femininity, resisting silencing gender roles and the objectification of women's bodies. This voice represents the speaking out against values and media that oppress women and cause them to believe their bodies are bad, or undesirable. In addition to speaking out against culture's views of women, the voice is used when women are speaking truth about their value and beauty. It is a voice representing how these women are taking back their bodies and their narratives, divorcing themselves from the roles they are expected to play, and creating a new story for women. In this new story, women are allowed to love their bodies, each other, and take up space without being worried that they are not good enough, not pretty enough, not desirable enough.

When using the voice of resistance, women often used the words like "lies", "messages" and "disgusting" when speaking about the culture, frequently saying things like "I don't want to" and "I don't need to" to demonstrate their opposition. The participants also used words such as "beauty" and "authentic" when describing what they believe to be true about women and women's bodies. This voice was used also as they spoke of other women, resisting on their behalf, and speaking in a way they hope their children would in the future. The voice of the resistance captured the women's' ability to see through the lies of the culture, which dictate how women are supposed to behave and act. When using this voice the women often spoke about culturally disseminated assumptions, and told stories of their personal resistance of pressures to conform physically and mentally.

When Carlee talks about the pressure on women to look a certain way, she highlights how pervasive these messages are that remind women they are not good enough as they are: "there's media, there's everything in the world that tells you otherwise, men tell you otherwise.

Even if they don't say anything, they still, you know, a lot is conveyed without words." In this text she acknowledges that nothing literally needs to be said, for a woman to understand when she is being objectified.

In a story shared by Sarah, she uses the voice of resistance to identify her experience of there being no space for women to relate compassionately to each other and speak kindly of their bodies. She says, "I really like being able to encourage people... just to speak the other, the life, the truth about things... but there wasn't space for that." In this story, Sarah recalls being a young woman trying to encourage her friend who was feeling insecure about her appearance. When Sarah tried to affirm her friend, her friend shut her down and told her to leave, causing a deep rift in their friendship, and confirming the notion that women are not allowed to speak kindly about their bodies, or the bodies of others. By attempting to speak the truth to her friend, she was actively speaking out against these lies of the body, resisting them. When recalling her story, she used the voice of resistance again to further identify why what had taken place was wrong and injurious to her sense of connection with that friend and to the identity and value of women. Later in her story Sarah speaks in the voice of resistance when she describes what she has done and hopes to do to create a different life for her young daughter. She speaks about how she is learning to resist daily the influences that may negatively impact her daughter's experiences as a young girl. Sarah speaks with strength about advocating for her daughter, choosing to be vocal instead of silent and passive: "I don't have to be silent in those places, I am her protector of that, of her image, and of her esteem at this stage, I'm the protector." Sarah identifies powerfully the role she has in shaping her daughter's sense of self, both resisting what her daughter will encounter, but also resisting the pressure to be silent.

The voice of resistance wasn't used in all of the interviews. In the interviews where this

voice was not used, the voice of embodiment was only used sparingly, or in reference to another. There was one mother-daughter dyad in which the voice of resistance was not used. Three of the five mothers did use this voice to speak for or about their daughters, particularly with how they wanted things to be different for their daughters. In these instances, it was clear though that the mothers had not internalized the voice of resistance, and did not include stories of their own personal acts of resistance. Four of the five daughters used the voice of resistance to varying degrees. One daughter, Grace, used this voice when reflecting on how different her relationship with her body was now, compared to how it had been in the past. This shift was revealed in her interactions with others, as she had gained the courage to stand up to others who were objectifying women. Another daughter, Carlee, used the voice of resistance when speaking strongly about gender roles. Although there exists a myth in Western culture that men can not cry, and women can not be strong, Carlee rejects these and claims a statement of truth in her family legacy by saying, "I come from a family of very strong women and strong men, also sensitive men, like my grandpa is so sensitive he'll cry when praying for a meal and to me like a man can cry and a man can be strong and firm like that's the same." In another portion of the interview, Carlee uses the voice of resistance again to describe how she stands up for her friends, and all women, when they go out dancing. "I'm a very protective person, I will like, push someone away or I will give very dirty looks if men are eyeing people up or my friends up... I don't want girls or women to think that they're objects ever." In this statement, Carlee is actively rejecting the objectification of women by taking it upon herself to advocate for others. This would not be possible if Carlee had not also opposed the myth that she must be silent and submissive and resisted the cultural script for her as a woman. Like Carlee, other women used the voice of resistance when speaking on behalf of others, particularly their future or real

children. They spoke about wanting to protect their daughters, creating a new world for women where they could be free to be who they are, not someone else's version of who they are.

There did seem to be an association between how often a woman used the voice of resistance, and the extent to which a she had used the voice of embodiment. The women who expressed themselves most by using the voice of embodiment were also the most vocal with the voice of resistance. This is not surprising considering embodiment is a personal resistance to body-dissatisfaction and self-hatred. When she speaks in the voice of resistance, a woman is exposing the lies of culture that restrict her body and mind. By then speaking in the voice of embodiment, she demonstrates that she is able to reject those cultural lies and honour herself in her body. These voices are seen together when Jaya speaks about how her values affect her use of make up. She starts by using the voice of resistance saying, "Every once in a while when I'm about to put my mascara on I'm like, I don't need to wear this to make my eyes looks pretty." Here Jaya identifies the voice of idealized femininity and how it tells women to wear make up to look good enough. But Jaya chooses to speak out against it, saying what she knows to be true about herself; she is beautiful as she is. Jaya then says "I'll wear this because it's nice every once in a while, but I love authentic beauty." In this last statement Jaya uses the voice of embodiment to speak about her security in her identity, and her ability to acknowledge and experience her own beauty, with or without the use of make up. Grace also uses the voices of resistance and embodiment together when she describes her journey towards loving herself wholly. In this case, she also uses the voice of connection, which was already explored as connected to the voice of embodiment. "Looking to God and also having a husband who loves my body and encourages me, and will see me for all that I am and say that I am beautiful...for me to have gotten where I am is not without the work and intention to being aware of the messages that I am being sent,

and also the messages I send and questioning them.” In this excerpt, Grace begins by sharing how her relationships with God and her husband have allowed her to accept herself in new ways. She then speaks in the voice of embodiment as she experiences their affirmation and internalizes it as a reflection of her beauty and worth. Finally she identifies her active efforts to reject the messages she is receiving and sending, demonstrating her awareness of how she is affected by them and then may perpetuate them if not actively trying to do otherwise.

*Literal voice of resistance.* In two of the interviews, both with daughters, the voice of literal resistance was heard. In both these cases, the young women were able to recall times in which they spoke literally from a place of confidence in themselves and rejection of socio-cultural norms for women. In both these cases, the women were speaking out against the objectification of women, advocating for a new way to see women’s bodies and women as a whole. In the first example, Grace speaks about trying to protect and affirm her mother when she makes comments that reflect her dissatisfaction with her body. In these instances, Grace says, “I felt like I needed to protect her, and like I needed to say ‘mom, your body is beautiful’ or ‘you’re crazy’ or whatever, like trying to encourage her and build her up in her body image. In this occasion, Grace was able to literally say to her mother what she believed to be true about her, that she is beautiful, and that she doesn’t need to be saying unkind things about her body. Interestingly, Grace also recalls a time when she also used the literal voice of resistance, but this time with her father. Unlike with her mother where her resistance was encouraging and affirming, here Grace reflects on standing up for herself, vocalizing her needs, and opposing culturally acceptable forms of sexualisation of women. Grace remembers being at her parents’ house, where her father was watching the bathing suit portion of the Miss America pageant, and there were other young men and children present. She remembers saying, ‘dad, I need you to

turn this off, it's making me really uncomfortable." In this instance, Grace is both speaking up for herself, and opposing the script of self-silencing common for women, but is also speaking up on behalf of the others who were present, even though this meant confronting her father.

Sarah, the other daughter to use the literal voice of resistance, also used it in the context of defending another woman's body from self-criticism and judgment. As she reflects on her awareness of her mother's criticism of her own body, Sarah comes to her mother's defense and says "mom, like no, you have five kids, it's not going to be the same and that's ok." In this example, Sarah is also acting as her mother's protector and defender from the criticism and cultural scripts that her mother has internalized. In these examples, Sarah and Kelsey demonstrate that the voice of resistance is not limited to their ability to internally reject social values, but that they are able to speak up and protect others from objectification and self-hatred.

### **Voices of Relationship**

**Voice of comparison.** Because of the relational nature of the study in which participants were asked to reflect on their relationships with other women, particularly their mothers and daughters, it was no surprise that voices capturing different forms of relationship would emerge. The first voice of relationship with others was the voice of comparison. We heard this voice as women spoke about their own similarities and differences with other women, or the similarities and differences they saw among other women. It seemed important for some women to describe themselves in this way. This functioned both directly and indirectly as a product of the voice of idealized femininity, which keeps women competing with each other to be more desirable. Indirectly, the voice of comparison demonstrates the values of idealized femininity, as women feel they need to know how they are similar to desirable women, and different from women who are not desirable. The process of identifying this voice included listening for when the women

made direct assessments of the bodies or behaviour of two people. The markers included some of the following words and phrases: “compared to her”, “she is a little heavier than me”, or “she has gorgeous legs where as I.” In the times when the women used this voice they were demonstrating verbally how they have learned to make sense of their world as women; that I’m not good enough if I don’t measure up to others, but if I measure up but don’t stand out I’m not desirable. In the world of idealized femininity, women learn to compete with one another, sacrificing their freedom of thought, as they are held captive in a world of evaluation.

When women spoke in the voice of idealized femininity, they were often using it to imply value judgments, and demonstrate how they were better or worse than another woman. In most cases, this was a reflection of if they thought that their own body was less or more desirable than the body of another person. An example of this comes from Barbara’s interview, where she compares her legs to her sister’s; “my sister has these beautiful shapely muscular legs, and I have these fire hydrants, you know, big fat legs, and always had like chunky flubby thighs.” This quote follows Barbara’s comment about feeling the need to camouflage parts of her body. Although at the time we were not speaking about her sister, in Barbara’s response she demonstrates that she has learned that her legs are unattractive and unacceptable by seeing that they are different from her sister’s more desirable legs. Barbara also uses the voice of comparison later when describing her daughter, and how they are different from each other. In this example, Barbara recalls trying to comfort her pregnant daughter Becky, who at the time was struggling with logistics of having a larger body. She says, “she always felt she was just huge and so big, and compared to me, you’re not.” As she reassures her daughter, she does so by informing Becky that as large as she feels, she is not as big as her mother was during pregnancy. In this example, Barbara appears to be saying to Becky that she does not have the right or reason

to complain, because other women have more difficult experiences with their pregnant bodies. By doing this, she is reinforcing to Becky that a woman's own body should be understood in relation to other women's bodies.

Another mother, Anne, also uses the voice of comparison. In this case, she is not putting herself down, but rather demonstrating how her choices and values are different, possibly better, than other women's. She begins by saying that other women her age are using plastic surgery to fix their appearance concerns; "I know so many women my age that are having all kinds of work done." She admits to wanting to change some parts of her appearance, but then says, "but I would never think to go to any kinds of extremes." As Anne reflects, we heard elements of her resistance to the trend towards plastic surgery. However, she justifies her body-dissatisfaction by explaining how she is still better than the other women, because unlike them, she will not go to such extremes.

When listening to the mothers and daughters tell their stories, there was a distinct relationship between how frequently a mother used the voice of comparison, and how much her daughter did. In one dyad, the voice of comparison is not used at all in either the mother or the daughter, and in another dyad, the mother and daughter both use the voice of comparison frequently to describe their bodies and values in contrast to others. Similarly, in mothers who used the voice of comparison sparingly and only in passing, their daughter also demonstrated similar use of the voice. This correlation is visible and it demonstrates the culture within a family and how the women learn to understand and speak about themselves.

When we looked for which other voices were used together, a striking relationship was found between the voice of comparison and the voice of silencing. When the voice of comparison was used, and was preceded or followed by the voice of silencing, women

communicated how they saw themselves as less than, compared to other women. In some ways, the voice of comparison demonstrates a justification of their silencing, as they give reason for why they perceive themselves and their bodies as not good enough. Sherry mentions how difficult it was for her to have gotten her menstrual cycle much later than her peers; “ through high school I struggled a little bit because I only got my cycle when I was 16, and all my girlfriends were quite a bit earlier. So I was like ‘seriously, is this even going to happen’? Sherry shares her disappointment in being unlike the other girls her age, and how that made it difficult for her to be herself. In her daughter Carlee’s interview, which is rich with the voice of embodiment, Carlee shares in the voice of silencing about a point of insecurity she does have about her body. She says “I think the one thing, if anything that I would be self-conscious about it would be my thighs, like I have cellulite.” From here she moves directly into speaking from the voice of comparison by saying “but my mother has always had cellulite, my sister has it, I have it.” Although Carlee is comparing her body with the bodies of the other women in her family, this appears to be Carlee’s way of making sense of why her body is how it is, as it if brings her comfort to know she is not alone. In this example, by comparing her body to the bodies of others, she is also acknowledging her connection to them, and how their bodies are similar.

**Voice of differentiation.** As the women spoke more about their relationship with their mothers, and how their mothers have been involved or silent, a new voice was heard as some of the women spoke strongly about pushing against their mothers to make room for themselves in the relationship. In these cases, there was an unmistakable drive for the woman to establish her own identity, but within the context of relationship. These women were not saying they wanted their mothers out of their lives, but rather wanted the freedom to be their own persons and

exercise some autonomy with the relationships. As an analysis team we struggled to find an appropriate name for this voice, as the intention to become their own persons was clear, and yet the word ‘differentiation’ carries tension within the feminist understanding of identity. When they used this voice, the women were saying to their mothers ‘I know who I am in light of you’, or when referring to their present movement away from their mothers, ‘I’d like to find out who I am in light of you’. When women used this voice they said things like “don’t need to know” and “back off” and “I chose not to share.” Interestingly, of all the relationships of which the women spoke, for example their sisters, partners, and friends, their mother was the only person from whom they felt the need to differentiate. This confirms the powerful presence mothers can have in the lives of their daughters, and how at times this can feel to daughters like it has become overwhelming. When the women used this voice, they described ways in which they had intentionally kept information from their mothers to protect their own privacy, or how they had asked their mothers for space in an attempt to establish boundaries. Becky uses this voice more than any of the other participants, as she describes that although her mother was an excellent care provider, at times her mother’s presence in her life felt overwhelming. She describes this by saying “[she doesn’t] need to know everything” and “I definitely don’t share everything with her.” Sherry uses the voice of differentiation when describing her current relationship with her mother, in which her mother has recently lost her husband, and now appears to be seeking comfort and validation in her daughter, Sherry. Sherry shares her insight on the state of their relationship: “it is actually a bit of a challenging time for both of us, she seems to want to need me quite a bit and I’m not willing to play that role.”

The voice of differentiation was not used as frequently as some of the other voices, and was only heard within three of the ten interviews. It was heard by two mothers and one daughter,

all of whom were unrelated, but all used this voice to speak about their own mothers. When the mothers spoke about their need to differentiate from their own mothers, their daughters did not make any mention of needing to do the same thing. And in the one daughter, Becky, who used this voice to speak about her relationship with her mother, she expressed a desire to allow her daughters, in the future, to have more freedom and opportunities to be themselves. Interestingly, in Bev's interview, she was the only woman to have shared how difficult it has been to accept that she is more like her mother than she would like to be. When expressing this, she used the voice of differentiation to describe her desires to learn how to be her own person. Although able to acknowledge the similarities, she mentioned working to focus on the kind of woman she wants to be, instead of focusing on the parts of her mother she dislikes. She says "I'm more like her than I wanted to be... and you know what I realize, what you have to do is you have to say... What you want to be, instead of looking at the negative." She never recalls speaking to her mother, and asking for space, but mentally is dedicated to becoming different than her mother and establishing her own identity.

In instances where the voice of differentiation was used, it was often immediately followed by the voice of connection. In linking these voices, the participants emphasize that their determination to become their own person was still within the context of relationship with their mother. This demonstrates that differentiation is a process that allows a woman to establish her own identity without having to sever the relationship. Becky demonstrates this by saying first, in the voice of differentiation, "I definitely don't share everything with her." After saying this, she qualifies that her desire to differentiate is situated within relational safety, "but I know I can go to her for anything I need." Sherry uses these voices together but with a different purpose. Her need to create space in her relationship with her mother is because it is consuming, and she has

other relationships with others that are at present more of a priority; “I’m not willing to play that role, I have enough other people that need me.”

**Voice of Connection.** Not surprisingly, in a study where women were asked to reflect on their relationships with the other significant women in their life, all participants at some point used the voice of connection. Some used the voice of connection more than others, yet in every story this voice was one of the most prominently utilized. The volume with which women used this voice demonstrates the importance of connection, not only to these women, but for women in general. This confirms Gilligan’s work explaining the relational values that govern women’s lives (Gilligan, 1982).

We heard this voice as women described experiencing connection in various relationships. This voice was used to describe their experiences of relationships and feeling safe or secure with another. The voice of connection was also used as women reflected on their heritage, and their intergenerational narrative as women. As women spoke about their compassion for others, and longing to care for or support one another, the voice was also heard. Unlike the voice of differentiation, this voice was about individuals coming together in spite of their differences, and collaboratively creating space relationally for them both. Some of the markers used for this voice included “protection”, “loving”, “safe”, “close” and “special relationship.” As women spoke in this voice, they often spoke about times in their relationships with others that they felt very cared for and honoured, and times when they knew they were loved and valued by the other person. Sometimes this was a felt sense of intimacy in those moments, and other times women recalled family rituals or playful activities as children which carry great significance now that they are adults. Grace describes this beautifully when she shares about her current relationship with her mother. She says, “I’m really close with my mom,

I don't see her as much as I would love to, but when we do, we always have really special deep interactions where I feel like we can be really honest and open... I feel like we have a special connection." As Grace describes the deep bond she has with her mother, she describes why she feels so connected: she is able to be honest, and authentic with her mother. In other words, she is able to be herself fully, and embrace fully who her mother is. She describes this closeness more later in the interview when she explains her felt sense of safety as child: "I was always close with my mom, and I felt this sense of closeness and this sense of safety that my mom was there, that she was taking care of my needs and that she loves me... I felt safe and secure in my relationship." It is through her sense of connectedness with her mother that she felt safe enough to explore the world knowing she was secure and loved. Another daughter, Jaya, also talks about her relationship with her mother using the voice of connection. She describes a time when she moved away after high school and began to sense a loss in her life. She realized in time that this loss was the lack of closeness with her mother. This realization led her to move towards a more intimate relationship with her mother; "I realized I guess how much I needed her, needed a mom in my life, and she was just, I don't know, so unconditional. Unconditional love is a word I've often used to describe her, and how she took care of me." As Jaya reflects on her longing to have her mother be more involved in her life, she was able to appreciate in a new way how her mother had always cared for and loved her.

There was no difference between mothers and daughters discovered with respects to how frequently or infrequently this voice was used. All participants used this voice when speaking about their mothers. This was even the case in the interviews where the women felt they needed to create more space relationally between themselves and their mothers. All of the mothers used the voice of connection when speaking about their daughters. This was not the case for the

daughters, as only two of them had a child, and only one of those children was a girl. As the mothers used this voice to speak about their relationships with their daughters, they often shared about wanting to be more connected to their daughters, or what they were doing in their daughter's lives that demonstrated how much they cared. Barbara demonstrates this use of the voice of connection when she speaks about her desire to experience more closeness with her daughter Becky; "I always wanted to be closer to her, and be able to talk with her, and talk openly about things." Another mother, Sherry, describes her daughter Carlee as a 'mummy's girl', and how her closeness with Carlee looks different in the different seasons of life. Sherry recalls several occasions recently where Carlee has appeared to want to parent her saying "oh mom, not now" and scolding her in a way. Although this is a new dynamic, and it may be uncomfortable at times, she describes allowing Carlee to do this, seeing how it is a function of the transitions Carlee is experiencing in life. In this way, Sherry is not explicitly stating her feelings of intimacy and closeness with Carlee, but is demonstrating the security of their relationship through being able to adapt to Carlee in any stage of life. In this way, Sherry is expressing her depth of caring for Carlee, in addition to her confidence in herself.

The women also used the voice of connection when speaking about different relationships. Several women spoke about connection with their fathers, partners or siblings. Interestingly, a few women spoke about a very strong connection they had with God. In their connections with God, they were able to see themselves as they truly are, and not through the lens of a critical and oppressive culture. It was through connection with God that women also felt safe and secure. Grace describes this well by saying that when she connects with God, she says He "encourages me, and will see more for all that I am and say that I am beautiful." In part, this example of connection with God is also an example of Grace's ability to resist the cultural

messages about her body and beauty, and by trusting in the source of her worth and value she can reject idealized femininity.

Similar to Grace's example, the voice of connection was at times used in conjunction with other voices. The voice which was used most frequently alongside the voice of connection varied from interview to interview. But the most noticeable links were between the voice of connection and the voices of functionality and embodiment. The use of the voice of connection and functionality in close proximity was not a surprise, as often participants expressed caring for others in practical ways. A woman was able to describe her closeness with someone, and then explain how this translated into behaviour. These voices were seen together frequently in Barbara's story, as she explained the focus on health in her family of origin, and how she hopes she has passed some of these values on to her daughter. Barbara says, "I think I learned a lot from my mom, and hopefully [Becky has] learned a lot from me as well... an important aspect to developing your family life to, you know, to eat properly, and to get the right amount of sleep." She speaks here about the intergenerational link, addressing both what she has received from her mother, and what she hopes she has given to her daughter. In this case, what connected her with these other women are the values of health and family life.

For Sherry, her mother's focus on health, wellness, and staying active, were ways in which she was able to share experiences with her mother. She describes her mother modelling what it means to be healthy by saying that "she did it by eating a balanced meal, and we exercised together, we played tennis and were active, we were a very close family... we were a close family, always camping."

Because this study asks about women's experiences of embodiment within the context of relationship, the times when these women spoke about embodiment and connection together

were profoundly important for answering the research question. In some instances, it was through connection and safety with others that women were able to experience the freedom to embrace their own bodies. For others, their confidence and safety in their bodies allowed them to connect and experience freedom with others. The examples and quotes of the relationship between these voices are included in the section discussing the voice of embodiment.

### **Participant's stories**

The fourth and final step of the Listening Guide method, composing an analysis, is to return to the participant's story as a whole, making sense of the analysis of voices in the context of a woman's larger narrative. In this way we are able to see how the individual notes of each voice fit together to form the harmonies and melodies that make up the complexity of each woman's life song. In this section, each woman's story will be told alongside her mother's story. This will include excerpts from each participant's 'I poem' and a detailed analysis of the voices which emerge in her story, and their significance. In addition to the individual story, an analysis of the mother-daughter dyad will explore the research question, and ask how mothers have contributed to the development of their daughter's healthy body image.

**Anne.** Anne is the middle-aged mother of three daughters, one of whom, Grace, is interviewed in this study. As Anne describes her experience in her body growing up, she tells a sad story, in which she experienced insecurity for being taller than other children her age and realizing that this made her different. In addition to being tall, Anne was very slender, which made shopping for clothes very difficult. She refers to herself as "an ugly duckling", recalls being called names by her peers. She was able to experience the strength of her body when she joined sports teams, and her satisfaction with her appearance increased when she got a job and was able to use her earnings to pay for braces. This insecurity, and her efforts to transform her

appearance, are captured in her I poem:

I was the tallest person

I was pretty skinny

I had lots of nick names

I couldn't

I had buck teeth

By about grade 12, I started to feel better with how I looked

I worked

I saved up money

I got braces

I started feeling like I fit in

Getting a job, being a girl-guide and playing sports all helped Anne find her identity and strength. Although sports helped Anne appreciate her body more, there seems to be a current of insecurity that runs from her early childhood into how she sees herself now. She talks about taking pride in her appearance, and wanting to look good and presentable, but describes herself as critical in the way she appraises her body and her appearance. She has mentioned she has become more appreciative of her body with age, but also mentions how hard it is to be in her body – as it's getting older and not looking or functioning how it used to. Menopause has been particularly challenging, and she speaks about feeling more disconnected and at odds with her body than before. She has put on more weight, feels like her body is not cooperating in the way that it used to. Anne is quick to say, when talking about how her body has disappointed her, that she would never consider getting plastic surgery to fix her body. This is unlike some of the other women Anne knows. When asked how she would describe her body image she replies, "I think it

could improve, I think that I need to work a little harder on accepting where I am right now instead of going ‘ugh’ when I look at myself in the mirror.” This statement captures the complexity in Anne’s story, as she describes being aware of but still practicing body-dissatisfaction, while wanting to learn how to love herself more.

She was unable to believe she is beautiful herself, but she made a marked effort to instill in her three daughters that they were beautiful. This represents a discrepancy in Anne’s story between how she sees her girls, others, and how she sees herself. She demonstrates her desire to communicate good things about women’s bodies. However, she recalls that she may have communicated otherwise to them without meaning to. The shifts in Anne’s self- and body-perception are apparent, but her body acceptance appears tentative. This is evident in her description of her body as “getting worn down” while she describes other women’s bodies as being “beautiful.” Here Anne demonstrates that she is able to conceptually appreciate women’s bodies, but is unable to experience embodiment and body-appreciation herself. This section of her I poem captures her tension with her body at this stage in her life:

I don't know

I'd have to look

I don't want to

I think for me

As I get older things are just not going to be the same as they were

When I was younger

I don't know, you know

I just feel like life is going so fast

...oh I'm already here

Although Anne's journey towards self- and body- acceptance is ongoing, her strength of character and resilience is obvious in many ways throughout her story. This is most obvious as Anne identifies how she courageously made efforts to change patterns in her life, and be a different kind of mother to her children than her mother had been to her. She does this by being more present with her daughters, and communicating with them in ways her mother was unable to. When describing her childhood years, she speaks about her mother's silence about bodies, sexuality, and beauty. Instead, her mother prioritized things like appointments and the practicalities of family life, never making time to discuss feelings. As Anne matured, she learned that she needed to take on a protective role for her mother. Listen to her I poem as she describes the shift in her relationship with her mother:

I was about ...hmm... about 18

I really started to notice it

I took on the mother type role with her

I sort of did the care giving

Anne believes her mother's absence emotionally had to do with her mother's difficult relationship with her husband. Her husband, Anne's father, was also abusive towards Anne. As Anne continues the interview, and shares more about her relationship with her mother, she describes the feeling of having to protect her mother from the truth about the abuse she experienced, believing that her mother didn't know. But later in adulthood, Anne found out that her mother had known about the abuse, but had done nothing to prevent it. In an act of courage Anne confronted her mother, but describes being met, again, with her mother's silence. This is described in her I poem:

I tried to protect my mom

I think deep down I knew: my mom wouldn't have protected me

I confronted her

I said 'why didn't you talk to me': she had no good answer

This incident represents the depth of her mother's absence in Anne's life. When reflecting on this conversation, her mother's silence, and the abuse she experienced, Anne described how these shaped her sense of self, and made it more difficult to love and accept herself. Anne says, "for me, it was about performance. I've worked really hard not to be, but I was a perfectionist, I was very, very hard on myself and critical of myself." This criticism comes through in how she sees and experiences her body, perhaps preventing her from accepting how it looks and feels.

When asked about her mother's body image, she is easily able to identify comments her mother made about her own body. Anne identifies her mother as having had weight issues, and that this was occasionally discussed. She recalls her mother saying things like "I wish I could get rid of this stomach" and hearing her mother talk about how much she disliked her own appearance. These comments were easily remembered, in spite of her mother's overwhelming silence. Even in times when Anne's mother was not vocal about her discontent, Anne was able to identify how she knew her mother was unhappy and that she didn't like her body.

Although there is sadness in the story of Anne and her relationship with her mother, and with her body, Anne demonstrates her bravery as she intentionally seeks to be more present, vocal, and active in Grace's life, and in the lives of her two other daughters. She speaks about making an effort to help Grace feel loved, secure, and protected, in ways that her mother was never able to make her feel. Throughout her story, there are glimpses of Anne's fierce spirit and sense of humour, and she speaks with pride about her mothering. Her relationship with Grace is a

demonstration of how different Anne is from her mother. With Grace, she describes reciprocated closeness and openness. This is evident in her I poem:

I think we have a very good relationship.

I can talk to her about anything

I think she feels that too

I just feel very blessed

There are several voices used in Anne's narrative. When speaking about her relationship with her mother, Anne speaks primarily in the voice of silencing, capturing how withdrawn and absent her mother was. This is the same voice Anne uses when she speaks about her past relationship with her body, and the discomfort of looking different than others. Through puberty, when speaking about her body, she does so in the voice of idealized femininity, describing how women are supposed to look in order to fit in. As Anne shifts into speaking about her body in the present, she does so most frequently in the voice of functionality, speaking most about health, aging, and menopause. Occasionally she uses the voice of acceptance as she narrates her journey towards more self-acceptance. Finally, in sharing about her daughter Grace, she speaks in the voice of connection and the voice of embodiment. This successfully demonstrates Anne's efforts to be engaged and vocal in Grace's life, sensing their bond, and working to encourage Grace towards the embodiment she is also hoping to experience.

**Grace.** When asked to answer the question "my body is", Grace answers in a way that identifies how far she has come in her relationship with her body. She says, "my body is sacred." In listening to Grace's story it becomes clear that this was not always the way she saw her body. She describes encountering insecurity in her body from an early age; this is evident in her awareness that certain features, like her tallness, may not be perceived as attractive, while others,

like her blondness, would make her desirable to others. She recalls her six year old self asking her mother “mom do you think boys will like me because I’m tall...but I’m blonde so maybe they will still like me” and then saying “blonde is good, but maybe being tall and making a man feel shorter is not good.” Already at six, Grace had learned what was culturally considered to be attractive, and that being tall was considered unattractive because it might make a man feel insecure. She describes another memory of being in kindergarten and being at the pool with friends. She remembers noticing another girl’s body, and sucking in her stomach so she would appear thin, like the other girl. Although for the most part, she was able experience freedom in her body, and the uncomplicated embodiment of childhood, her I poem captures the way at an early age she learned to manage her body to meet cultural expectations of women:

I was very aware

I remember sucking in my stomach

I was

I noticed

But, I feel like I had a good relationship with my body

I felt like I had to hunch

I was taller

As her body began to develop, Grace experienced a more intimate encounter with the feminine ideal. With incredible awareness she reflects back on how she used her body to secure attention from men. She is able to identify now, how at that time, it was her way of gaining approval from others, and to find a way to feel accepted and valued. When describing this time of her life she says, “I think I sexualized my body, in that it garnered me the attention that I felt I needed to gain approval... I remember wanting my body to be seen as sexy, so that I felt like I

was ok.” Grace is also able to identify how this gave her the approval she felt she needed, but also left her feeling hurt and empty. She says “I liked the attention I received from men, even though I hated it at the same time.” Because of Grace’s sensitivity to cultural expectations of women, as evidenced from an early age, she used her body to find validation. But, she describes suddenly becoming aware of her self-objectification and the hollowness and insincerity of the attention she was receiving from others. She then describes a sudden shift towards feeling ashamed of her beauty, as if she was unable to navigate from objectification to embodiment, choosing instead to minimize her body and beauty.

Grace then experienced what would be the first of many shifts towards embodiment. She came to realize that looking for her sense of self in how others saw her appearance was a betrayal of her worth. This was emphasized as she was separated by a long distance from her partner, and unable to receive the approval she was so desperately seeking. The next shift in Grace’s self-acceptance came after she gained weight and was struggling with severe acne as a result of a hormonal imbalance. During this time of her life she recalls feeling insecurity not only with her appearance but also in her worth as a woman, as she struggled to find her identity as more than her appearance. In a moment of intense vulnerability, while connecting with God, she describes having a profound realization that her value and sense of self comes from more than how she looks. She says, “I was naked, I had no make up on, and I looked in the mirror and wrote all over the mirror in marker ‘I am enough’.” These shifts towards embodiment are described in her I poem:

I’ll look in the mirror

I feel like my self worth and my identity:

who I am is not captured by what my body looks like any more

‘imperfection is a form of freedom’

I struggle with

I would have thought twice

I spend less time getting ready than I used to

I think that I can still be beautiful

Through these moments of growth and transformation, Grace has been able to come to a place of fully loving and accepting her body. She describes it as a journey, with many challenging moments and lots of hard work. Her ability to see her body, and all women’s bodies, as sacred, is rooted in her faith. Through closeness and connection with God she has been able to learn how to honour her body, be secure in her identity and have confidence in her strengths. Her tender self-acceptance is evident in how she behaves and how she speaks. With depth and awareness she reflects on how the feminine ideal was a powerful in shaping her identity in childhood and after puberty. Self-objectification at one point both held her captive and was her attempt at self-worth. Now, Grace is able to identify clearly the ways in which this silencing and sexualisation of the body hurt her in the past, and has found the path to embodiment. She has even been able to advocate on behalf of herself and other women, resisting the scripts that once defined her.

When speaking about her mother, Grace describes a rare closeness, saying immediately how much she loves her mother and how special it is for her to be able to be honest and authentic with her. She mentions, however, that their relationship was not always this way. With the same sensitivity and awareness Grace ventures that at times her mother was also emotionally absent; “I just don’t think she had anything left to see the emotional needs, she was so busy all the time, and taking care of everyone around her, that I think we missed out.” Because of her mother’s

busyness, she was not as present as could have been. Grace learned through watching that her mother was proud of her athletic abilities, and that her mother's body was strong. But, Grace is unable to recall her mother volunteering information about her body or women's bodies, and that most of what was communicated was implicit. Instead Grace remembers asking her mother a lot of questions about women's bodies. Although the messages Grace got from her mother were that her body was strong and capable, Grace is able to identify periods of her mother's life when her mother was dissatisfied with her own body. One memory Grace has is of her mother looking in a full-length mirror and complaining about how she was unable to fit into her clothes anymore. It was after those comments from her mother that Grace went to her room and measured her body. Several years later, in moments when her mother expressed this dissatisfaction, Grace shifted into acting as an advocate for her mother, working to affirm her mother's beauty and encourage her as a woman. Grace demonstrates through her actions to defend her mother that she has been able to move into embodiment, and resistance, in ways her mother has not yet been able to. Ironically, Grace acknowledges that it was the safety she felt in the relationship with her mother that allowed her the freedom to experience more safety in her self and in her body.

The way Grace values her body is communicated in how she talks about what kind of mother she would like to be one day, and what she might say and do if she had a daughter. She says "I'd want to speak so many truths over my daughter's life about her body, and what's expected by society... where her identity and her value lies in, and help to her see these things and begin to question them for herself. I think being critical of the messages that we're told helps us build resilience." She is able to identify how sociocultural messages influenced women's experiences of their bodies, and seeks to give her daughter tools to enable her to filter these messages. When asked about what she would tell her daughter about her own body-narrative, she

describes wanting to be honest with the ways she has struggled, while identifying the distorted messages and how those influenced her. She is aware that there are times her daughter may struggle with her body, but in those times Grace would want to model self-compassion and the process of self-acceptance. It would also be important for her to discuss body boundaries, and instil in her daughter values of health and respect for self and others.

Grace uses voices like silencing and idealized femininity when she describes her adolescence, and how she learned to use her body to find acceptance. When describing the various shifts that occurred in her story of her body, she uses the voice of acceptance, to illuminate her progress towards embodiment and the struggle she has encountered. However, when speaking about her body now she uses the voice of embodiment, sharing with richness and depth her newfound freedom. This contrasts how she speaks about her mother's body image, which is often described using the voice of silencing. Their closeness is evident, and when speaking about their relationship as mother and daughter, she uses the voice of connection. Finally, when she begins to imagine what she hopes for her daughter to know, her narrative switches almost exclusively to the voice of embodiment. By speaking in this voice she demonstrates her own internal transformation, and the new wholeness and sacredness she feels in her body. Although these statements are made in strength, they also carry the gentleness of spirit and sensitivity evidenced throughout Grace's story.

**Voices of Anne and Grace.** The story of Anne and Grace is one of redemption and growth. Anne's childhood relationship with her body was uncomfortable and her mother was silent, but through self-determination she was able to be more vocal with her daughter Grace than her mother was for her. Although Anne made more efforts to communicate about women's bodies to Grace, Grace still remembers her mother as mostly silent in these areas. But Grace does

remember her mother's courage and strength, and that she knew her mother always believed Grace was beautiful. Anne describes feeling more secure in her body with age, but she is in a new season where menopause has made her body feel strange and foreign again. Although Grace too experienced body dissatisfaction and the awkwardness of being taller than others, she has been able to move into embodiment in a way her mother has not yet been able to. In learning to love her body, Grace has at times tried to protect her mother, trying to remind her mother that she too is beautiful and can appreciate her body. This is not dissimilar from how Anne took on a protective and mothering role with her own mother. Both mother and daughter have experienced caring for their mothers. Unlike her mother, however, Grace is able to acknowledge the source of her body-insecurity and self-objectification as rooted in harmful messages about women's bodies in media and culture.

When attempting to answer why Grace has been able to love her body, both mother and daughter mention a variety of relational and personal variables. Anne describes Grace as always having been free and full of joy. Anne also made a concerted effort to communicate to Grace that no matter what, she was beautiful inside and out. Anne made significant efforts to have a different relationship with her daughter, than she had with her mother, where there is closeness and open dialogue. However, Anne does not feel like she is able to take credit for Grace's healthy body image, instead she says, "I think part of it was just her own internal being ok with herself too."

When I asked Grace why she believes she has a healthy body image, she returns to describing the role her faith has played in her identity. She recalls several powerful spiritual moments with God in which she began to internalize the message that God found her beautiful and lovely, in a way that would always bring her more value than the attention of men. Although

her sensitivity may have initially made her susceptible to cultural messages, it was this sensitivity that allowed her to see how these scripts were devaluing and silencing her. She describes being curious, and working hard to look into her heart to discover more about her own processes. It was helpful for her to have a husband who affirms her, and encourages her, seeing her beauty as more than her appearance. Her mother also had a role in creating freedom and safety for Grace to be herself and think freely. She also put Grace in sports, and communicated implicitly that women's bodies are good and strong. In spite of all the work she has done to connect to herself, trust God, and think critically about culture, Grace identifies her final shift into embodiment as a miracle. She talks about an older woman speaking a protective spiritual bubble around her when she was a child in the form of prayer, and she credits this as making the difference in her life. Without this, she believes her relationship with her body may have turned out very differently. She says, "there is something in terms of resilience or spiritual protection that protected me from going down a [road] that would have been unhealthy or hurtful to me."

There is hope in the narrative of Anne and Grace, with both mother and daughter demonstrating resilience by being able to move beyond their struggles of the past in order to give the gift of freedom to the next generation. This is the story of a mother being able to give her daughter what she never had, and the daughter hoping to do the same for her the daughter she hopes to have one day.

**Barbara.** When Barbara, mother of two, describes her relationship with her body as a child, she remembers noting how her body was different than her sister's, who she considers as being more thin and gorgeous than herself. This thread of comparing herself to her sister, and to others, runs through Barbara's narrative. Although they have a great relationship now, Barbara recalls feeling hurt by how her sister would point out her weight, and how Barbara thinks that

she was heavier than her sister. This memory sticks out alongside a few other memories to capture Barbara's discomfort with her body as a child. One time, her father picked her up and shook her, calling her "as heavy as a sack of potatoes." This is a playful way fathers appreciate their children's growth, but when she tells this story she remembers learning in that moment that she was heavy, and that may not be a good thing. This dis-ease with her body continued through puberty, evident in how she remembers what it was like to experience her first menstrual cycle. There was secrecy around menstruation when she was younger which she has noticed is different with young women today. At that time, during the menstrual cycle, girls felt they had to hide their bodies. She remembers feeling nervous and worrying "oh people are going to know", describing how "it was more like a secret" back then. Around this time, she describes a deep rift that began to grow between her and her body. This took place as she inherited the "family hips" which made it difficult to shop for clothing, and the realization that as her body grew she would have to learn how to camouflage certain parts of it. In one painful experience, Barbara remembers going to the gym with her sister as a teenager, and the trainer saying to her that she had legs and knees that looked "like fire hydrants", where as her sister had shapely muscular legs. After this she made a vow to not wear shorts, unless they were at the knee, in order to minimize or hide what she calls the "fire hydrants, big fat legs." Listen to how Barbara speaks about her experience of her body:

I do remember my dad "ooooo you're like a sack of potatoes"

I'm heavy, you know?

how I looked

I do remember him saying that

I guess I was concerned with how my clothes fit

I have a good set of hips

I think from a young age

I would be aware

camouflage the big hips

I've never been too happy with my legs or hips

I remember

I just recalled that now, I know

I know, I know

I'm not going to show off my legs if I don't have to

When she got pregnant she remembers gaining a lot of weight, and was even able to remember how many pounds she gained with each pregnancy, demonstrating the significance of the weight gain in her own eyes. At certain points as she tells her story it appears as if being pregnant allowed her to self-accept in a new way, as she was able to appreciate how and why her body was changing. She is proud of being able to have lost the pregnancy weight, but her dissatisfaction with her body remained. Instead, she made the choice after becoming a mother, to focus on health and the functionality of her body, and choosing to dress in a way that suited her figure in order to feel confident with her appearance. When speaking about her body image at the time of the interview, she gives a complicated answer, saying that she has a healthy body image, but then qualifies it by listing how careful she is with her diet, and how she weighs herself daily and adjusts her food intake accordingly. Her preoccupation with health and being the right weight demonstrate that although she may have more comfort with her body, she feels this is conditional upon weighing the right amount, being healthy, and looking presentable. Like many

of the other mothers, Barbara has struggled to accept her body as she has transitioned into menopause, realizing that her body is responding strangely. However, she has made a commitment to eat healthy, and focus her attention on other things besides her body, such as her family. When she answers the question “my body is” she says “functional, everything works, and I’m thankful for that.” This exemplifies how Barbara has turned her attention towards being a good steward of her body. Although this is positive, as it resembles self- acceptance to some degree, it also demonstrates the separateness Barbara feels between herself and her body, in which they are two separate entities, and the body at this time is a functioning machine. Caring for this machine-body is something she does because of her belief system; her body is a gift from God and therefor it her responsibility to treat it well.

In her story, Barbara has a strong caring presence in the life of her family, and her desire to care for her body is also obvious. However there is an absence of embodiment in Barbara’s story, and she is unable to see herself as her body and in her body. There is no mention of the patriarchal gender scripts that may shape some of her ideas, or the way women relate to their bodies in the world, even though she has had interactions with them. When I asked Barbara to answer the question “women’s bodies are” she replies, “varied... there are so many beautiful women, but it really has nothing to do with their size or their shape, there is so much variety and it can all be beautiful.” Her statement is bittersweet in that she is able to speak truth about the uniqueness of women’s bodies, but appears unable to fully enjoy and inhabit her own body.

Barbara learned her style of care for the body from her mother. She was attentive to her appearance, and appeared to be an ideal woman, always looking and behaving properly. It was communicated to Barbara often that dressing well was important; it was not appropriate to wear a short skirt, and certain kinds of clothes needed to be worn to church. Her mother was vocal

about dressing well, but did not say anything to Barbara about her body or other women's bodies. Barbara explains her mother's silence by saying "the culture of that generation... the European culture, you really didn't talk about things much, so I can't really remember her saying really much about anything." This was difficult for Barbara when she got her first period, saying her mother had never discussed this with her, or prepared her for it. Instead of her mother helping her with menstruation and puberty, she remembers a friend of hers teaching her about these things, and helping her try on her first training bra. In spite of her mother's silence about bodies, Barbara recalls feeling very cared for by her mother. When her sister would make comments to her about her weight, Barbara's mother would speak up and defend Barbara. Her mother often expressed her love for Barbara by showing concern about her health or weight. But she recalls her mother being a kind person, never saying anything negative about others, and always focusing on people's health rather than their appearance. In the she/her/we section of the I poem, Barbara describes her mother and their relationship:

My mom is great

very gracious

she was dressed properly, hair was combed

we were pretty close

when you become a mother, then you really can identify more with her

we are both worry warts

Barbara and her family lived in Africa for many years, which is where Becky was born. Around the time Becky was going through puberty, the family moved back to North America. Barbara recalls how this shifted her relationship with Becky. Up until that point Becky and Barbara had a typical relationship, and Barbara recalls how Becky would often ask her about her

birth story, and about marriage, displaying the simple curiosity of a young girl wanting to know her mother. Barbara describes her conscious effort to have more dialogue with Becky about women's bodies considering how little she had from her mother. However, when their family moved, Barbara states with sadness how Becky stopped talking to her. She describes this change when she says "I always wanted to be closer to her, and be able to talk with her, and talk openly about things... if I asked it was like I was intruding." Her longing to be engaged in her daughter's life is strikingly different from her mother's involvement in her own life. She even recalls trying to be in tune with Becky, talking to her about menstruation even before her first period, and reminding Becky that she was there to help her:

she became a teenager

she would not talk

I always wanted to be closer to her

she just didn't talk

I was watching out for the time when she would start her period

I don't know

I just remember talking about it

I wanted her to know

she could come to me at any time

When Barbara talks about the woman Becky is now, she describes her as strong and creative, hard working and outdoorsy. She is proud of who Becky has become, especially of her skills in the kitchen and of how she takes care of her household. Barbara seems to find it confusing though that Becky has no interest in wearing make-up and doing her hair. Although she is quick to say that Becky is a "natural beauty" and that "she doesn't need make-up", Barbara

talks about having to encourage Becky to wear make up and dress up, teaching her how to look presentable. When asked to reflect on what she might have communicated to Becky without meaning to she says soberly, “I probably said some thing and did some things that made her think that I was not satisfied with my body, I’m sure that did. And that probably did affect her, you know, as far as ‘oh well now I’ve got these hips and thighs, uh oh’ that’s maybe not a good thing.” With her confession, Barbara demonstrates her awareness of how her own dissatisfaction with her body may have seeped out into her relationship with Becky. But, she also alludes to her desire to protect Becky, wanting to give her daughter a clean slate for experiencing her body, instead of passing on her own insecurities.

Barbara’s narrative is dominated by the voice of functionality, seeing her mother’s practical care for her as a way of communicating love, which she in turn was able to do for Becky. She does use the voice of connection when speaking about her relationship with her mother that has remained close even until today. When she describes her relationship with her body she mostly speaks in the voice of silencing or idealized femininity. This appears to have shifted recently as she speaks of her present body in the voice of functionality; with age she has begun to see her body more in terms of health and what it is able to accomplish or not. She also uses the voice of comparison when speaking about her body or herself, justifying why her body was considered attractive or not. She even makes a few references to how her body and Becky’s body are similar or different, comparing the number of pounds Becky gained in pregnancy compared to her own pregnancy. When she talks about Becky, she often uses the voice of embodiment and comparison, describing Becky’s body image to her own or that of other women. Although just as frequently, she uses the voices of silencing and idealized femininity as she struggles to accept Becky’s freedom with her appearance. These voices capture Barbara’s effort

to be engaged in her daughter's life, and how she is both proud of and confused by Becky's expression of womanhood.

**Becky.** As a young woman, Becky never had felt pressure internally or from others to look or act a certain way. Having grown up in Africa, she never experienced much exposure to Western media. She chose instead to engage in sports and play with her friends, referring to herself as a "tomboy." She describes her body up until high school as athletic, at which point she developed the "family hips." This change in her figure was difficult for her and she describes this when she narrates about her body; "I started developing hips and that really threw me off cause all of a sudden jeans didn't fit as well and my thighs got bigger too... that really made me a little self conscious." She made the choice at that point to focus on other things in her world besides her body. When feelings of insecurity crept in, she remembers feeling reassured when her mother told her she was beautiful.

When Becky started university, she became an athlete, competing on her university's rowing team. Through her involvement in sports she gained confidence in her strength as a woman, both intra-personally and physically. Through rowing her focused shifted to caring for her body in a way that would provide her with the best results in competition: eating healthy whole foods, getting rest, and balancing sports and academics. The way Becky experienced her body seemed to be different than others on her rowing team: the weight class divisions of competitive rowing made many of the women on her team restrict their food intake because of the speed with which they built muscle and gained weight. She however, described her body as more lean. This provided her with the option of eating foods for pleasure, and gave her freedom to enjoy her body instead of focusing on losing or maintaining weight. She describes her relationship with her body in this section of her I poem:

I've always been athletic  
I did sports  
I really liked my body  
I started developing  
I wasn't expecting  
I never stopped  
I found shopping a little harder  
I just like  
I don't know  
I did rowing for 4 years  
I figured out how to shop  
Or, I just didn't shop  
I've had a really positive body image  
I never dieted  
I'm healthy  
I know what to eat  
I just don't worry about it

Her current focus, concerning her body, is on health. At the time of the interview she had just had a baby boy, and describes feeling unhappy with her stretch marks, but says repeatedly, "it's not the focus." The theme of her body not being the focus captures Becky's unique relationship with her body. She is aware of her own strength, but the transition from caring dutifully for her body to being fully present in her body has not yet occurred. This functional perspective of the body is demonstrated in how she answered the interview question; she finished

the sentence “my body is...” by stating, “my body is healthy.” When asked to finish the sentence “women’s bodies are...” she responded by saying “useful.” Although in some ways Becky does not have a harming or displeased perspective of her body, and her focus on health and stewardship of the body are positive, she has not yet learned to be fully embodied.

The way her mother describes their relationship is consistent with Becky’s experience. Her mother, Barbara, was looking for ways to be involved in Becky’s life, but at times this felt too close. As a result, Becky found ways to protect herself relationally from her mom, choosing not to tell her mom everything about her life in order to create distance and privacy. In spite of sometimes feeling like her mother (and father) was too involved, she describes feeling safe with her mother, knowing she could ask her anything. Becky says this allowed her to focus on other things in life instead of worrying about feeling loved or safe. The way her mother supported and encouraged her was meaningful to Becky, and she says at times her mother’s kind words helped remind her of her beauty, allowing her to feel more confident and secure.

There were times in Becky’s relationship with her mother that Becky felt pressured to look a certain way or put on make-up. This happened most notably when getting ready for church or preparing for special occasions. She is able to describe with accuracy her mother’s priority on looking “put together” as a woman, and noticed from an early age that she and her mother shared the same large hips. Noticing this similarity caused some insecurity for Becky when her mother would make a negative comment about her large hips and Becky would wonder to herself if she needed to feel the same way. She describes this process when she says, “she’d say something about her hips and I’d think ‘oh are my hips big’... that was a bit of a contradiction because she would tell me mine were fine but would [say hers weren’t]. Listen as she describes the importance of appearance in the portion of her I poem describing her mother:

I guess health was important  
I'm not really sure  
she can recognize beauty  
we actually haven't talked  
I guess, I guess  
she's a well put-together lady  
she wants women to look put-together  
she'd say something about her hips then I'd think 'oh are my hips big'?  
she tries to look put together  
I mean she didn't put me down  
I didn't want to  
I still don't know how to do my hair,  
She always tries to make me  
I hated that

In this section of the I poem Becky states powerfully how she noticed her mother's values and how that made her question herself at times, leaving her feeling uncomfortable when she didn't share those values. When Becky talks about the daughter she may one day have, she displays more freedom in how she expresses her own opinions and perspectives on bodies and appearance. If she were to have a daughter, she would make a point of discussing with her daughter what is being said by her peers, and teach her how to think critically about the images of women in the media. Her inattention to her appearance may have been a strength of hers in other ways, yet she fears it would interfere with her ability to teach her daughter how to dress up and do her hair. She says, "Thank goodness she has a [grandma] who can dress cause I'm not

going to be of any help.” As she says this she references her mother as a source of help, but it is from her mother’s voice and values that she speaks about what to teach her daughter. Based on Becky’s story, the desire to care about appearance is something she has learned from her mother, and she has not internalized it herself, but sees this as a potential weakness of her own if mothering a daughter one day. As evident in this excerpt of her interview, Becky has a healthy body image but has not yet been able to experience embodiment or resistance, as she continues to struggle with believing that part of being a woman means looking a certain way. In addition to appearance, Becky wants to teach her children how to cook healthy food, regardless of their gender, so they are self-sufficient. She wants to be able to pass on to her children the gift of being able to care well for their bodies, and in so doing pass on to them some of the most important values passed on to her from her own mother.

Becky tells her story using various voices at different times. When speaking about her body as a child, she uses a combination of the voices of functionality, embodiment, and silencing. This unique mix portrays how Becky was able to experience freedom, and see her body’s strength while also experiencing moments of insecurity. The voice of silencing also makes an appearance in conjunction with the voice of idealized femininity when she speaks about her mother’s body image. Describing her experiences as an athlete she speaks most frequently in the voice of functionality, honouring the results based body-management she experienced. During this time she also uses the voice of comparison to explain how her relationship with her body was more harmonious than that of other women on her rowing team. Unlike the other women in this study, Becky uses the voice of differentiation on several occasions to talk about her intentions to create space in her relationship with her mother. There is also the voice of connection when Becky speaks about her relationship with her mother, and the

complexity of her need to push away, even though it is evident that she is feeling close at several points in her story. When she dreams about what it would be like to have a daughter, Becky's insecurities come out, and she speaks again in the voice of silencing. However, she also uses the voice of functionality and embodiment, brainstorming how she might help her daughter love her body, and what that might look like practically. Together all these voices connect to create the story of Becky in relationship to herself and her mother, and all the ways she has learned to care for herself and appreciate what her body is able to do.

**Voices of Barbara and Becky.** One of the most striking observations in the story of this mother-daughter dyad, was the way in which Barbara and Becky both spoke about their bodies. Both mother and daughter alluded to the functionality of the body when they reflected on their own and other's bodies. To the question "my body is" Barbara responded "functional" while Becky replied "healthy." When asked to finish the sentence "women's bodies are" Barbara says, "varied" while Becky says "useful." Becky has learned how to see bodies, and her body, by watching and listening to her mother. Becky and Barbara both speak similarly about food and eating sweets, considering it a moralistic indulgence to be rationed. It is possible that the focus on health, and the attention both Becky (through rowing) and Barbara (through insecurity with her body) have placed on their bodies have caused them to do this. Becky and Barbara are both very strong women, presenting confidently to others. They have found ways to care for each other and maintain relationship while continuing to be themselves. Both women want more for their daughters, than they had themselves.

Although there are many ways that Becky and her mother are similar, there are also some striking differences in their stories. It appears as if Becky has been able to experience more freedom in her body than her mother has, and that she hopes she will be able to give this freedom

as a gift to the daughter she may have one day. She has been able to point out the discrepancies in her mother's story, identifying how her mother has done more complaining about her body in recent years, while Barbara describes herself as accepting her body more with age. Becky's confidence and security in herself have allowed her to speak up when her mother makes self-disparaging comments, reminding her mother to be kind to herself. When Barbara made an effort to be more engaged with her daughter, and Becky felt the need for privacy, creating distance between herself and her mother. This desire to be more engaged came from Barbara's wish to be different than her mother; more open and outspoken about puberty and beauty. But for Becky, this involvement at times caused her to push away from her mother. Although, it is possible that Becky was able to create this space because she also felt safe and secure, assured that her mother would be present if Becky ever needed her to be.

It is important to consider the role growing up in a non-Western culture may have had in shaping Becky's identity and body image. With little or no exposure to Western media, she had the freedom to develop alternative and unrestricting definitions of beauty. Because of the safety and openness she had with her mother, Becky was able to think more freely for herself, valuing her wants and desires even when this meant creating some distance from her mother. Becky's non-gender-conforming childhood play may have also given her the opportunity for freedom of self-expression and thought. Later on when she engaged in sports at a highly competitive level, Becky was able to experience a new dimension of her body-relationship, seeing how striving for balance and strength could move her closer towards her goals. In spite of her non-exposure to western media at a young age, Becky is able to identify how it influences women's perceptions of beauty. Consequently, if she has a daughter she would hope to have open conversation with her, and create more awareness about images of women. This demonstrates a level of critical

thinking about culture not seen in Barbara's interview. Interestingly, Becky does not speak about how spirituality and faith have influenced her relationship with her body, but her mother Barbara does. The importance of caring well for the body has undoubtedly become a value of Becky's too.

The story of Becky and Barbara holds promise for other mothers and daughters as it demonstrates how daughters have the opportunity to love their bodies more fully than their mothers are able to do. In this way, the influence of a mother on a daughter is not as deterministic as sometimes thought. In their narrative we also learn about how safety in relationship can create the opportunities for young women to negotiate the boundaries with their mother, asking for what they need, even when that is uncomfortable for the mother. There is also a reminder in this story that mothers hope for good things for their children, and long to see their children have what they never did.

**Sherry.** Carlee's mother, Sherry, describes many events and transitions that have led up to how she feels about her body today. Sherry describes a rich childhood, full of activities, sports and camping. Sherry recalls being a "tomboy" and feeling positivity about her body from a young age, both how she felt in it and how it looked. There is more complexity added to her story when she goes through puberty, and struggles with feeling unlike her peers for not having begun menstruating. Even at 16, she describes a mistrust and alienation from her body, wondering to herself, "was it ever going to happen?" However, she learns quickly to learn to accept her developing body, learning ways to accept it and dress in such a way that she could take pride in her appearance. There are a few times during her interview when Sherry says she "was never a tiny girl", making mention of how she is aware that her body may not have always looked the way society had expected it to. However, she then often transitions to speaking about

dress and how she adapted her clothing to suit her body while still feeling stylish. In her I poem she shares about her body throughout childhood and adolescence:

I think as a young girl

I liked my body

I was active in sports

I wasn't self conscious

I was like an only child

through high school I struggled

I only got my cycle when I was 16

I was always active

I learned to dress myself

I could look in my mind as good as anybody

Here Sherry alludes to how she made the choice to overcome her dissatisfaction with her body by focusing on how to present it in a certain way. While it is sad to hear about her discontent and struggle with her changing body, there is strength throughout Sherry's story when she chooses to shift her attitudes and focus. Her adaptability is also obvious in how she responds to another challenge she describes. After her husband was diagnosed with cancer when Sherry was 27, the priorities in her new family shifted towards health and taking care of the body in the best way possible. But throughout those years, with three young children at home, she maintained her interest in sports and being active. It was a few years later when Sherry was 30 that she describes herself as having a nervous breakdown. At that time, she remembers being immobilized by her anxiety. As a result she started a medication that caused her weight to increase rapidly. This posed a new challenge for Sherry as she struggled to accept and find

kindness for herself in her body. This reveals that Sherry's approval of her body is conditional, and in spite of being able to accept herself she would still prefer for her body to be thinner. In spite of this being a difficult journey, she chose once again to adapt to her circumstances and find a way to learn to accept her body. She describes this by saying she has chosen to see the medication as a gift; even though it has made her body change it is a tool which has helped her manage her illness, and for that she is thankful. She sums up her shift in priorities by saying, "it's all about perspective." In more recent years, Sherry has been able to identify the hypersexualisation of women's bodies in Western culture. This became more obvious to her when her son became a teenager and she saw how everyday media and advertising could influence his ideas of women's bodies. Sherry took the stance of an advocate, communicating her displeasure and power by writing to a popular lingerie company requesting they stop sending advertising to her home in order to protect her teenage son. Sherry's ability to advocate for her children, and women everywhere, is a strength of hers. This demonstrates her insight into the sociocultural values that influence women's values and ideals. Most of the time, Sherry feels like her body measures up, and she is able to move through her insecurities into acceptance, focusing on her values as a person instead of her appearance. She describes her relationship with her body in the last section of her I poem:

I think

I have a healthy body image

what really matters is what's inside

I accept myself, totally

'if you don't like your body this year, next year is not going to be different'

what you have is what you have

I'm much more accepting

I'm much more aware

When asked to answer the question “my body is” she takes her time to think about her response, and then says “my body is God’s temple.” She acknowledges the spirituality of her body, which has helped her continue on her journey of acceptance. Although she is mostly able to stay there, in the place of acceptance, it can be tentative at times. She goes on to say “if you asked me on [another day] I might go ‘my body is tired, my body is hungry’ there are lots of thing I could say to answer that’. This fluidity in her response captures her ability to speak honestly about her body in the moment, and respond with authenticity even if this is not necessarily embodied. Her awareness of culture shines through in how she answers the question “women’s bodies are....” She says “beautiful, and I wish they were less sex oriented, and rather respected.” She is able to acknowledge with accuracy that women’s bodies are beautiful but at times the focus on women’s beauty can lead to over- sexualisation and objectification. The careful interaction with media is a result of her spiritual beliefs, which seeks to honour women’s bodies and protect men’s preferences for real women. After thinking for a few second she then adds, “I don’t like that question, cause I’d like it to be ‘women are...’ or ‘women’s minds are...’ they’re not just bodies... why are we thinking that way? Society thinks that way, I don’t like to think like society.” In this response she captures powerfully her personal shift towards seeing women as an entity, whole, instead of just a body. Her resistance is clear, as she desires to think differently than culture and envisions a world in which women are seen for who they are as people, and not as sexual objects. This is situated beautifully in the context of her sensitivity for being a stay-at-home mom; even though she may not be able to describe the complex systems of oppression academically, she thinks critically of the world around her and makes the choices to

resist.

Similar to her body, Sherry's relationship with her mother has undergone many transitions. Because her mother was a teenager when Sherry was born, she remembers feeling more like a sister to her mother, than a daughter. In spite of this, her mother never took time to educate her about her body or women's bodies. She guesses that may have been because her grandmother did not assist her mother through puberty, but it was her grandfather who did that instead. It is important to note that Sherry feels satisfied that her mother did not take the time to speak with her about women's bodies, saying that her mother's actions were a sufficient means of communication. She describes it in this way, "I don't think she said anything, and I think that was perfect. She [communicated] by eating a balanced meal, and we exercised together, we played tennis, we were active." Sherry is careful to note that her mother could have dressed in a way that accentuated her young age, but instead she dressed respectfully. She describes her mother as being a good mother who was both protective and empowering, allowing her the freedom to explore the world. Recently, Sherry's grandfather died, and she noticed how that changed her relationship with her mother again. Sherry has seen her mother become more emotionally dependent on her, and Sherry has had to create boundaries which she feels will protect herself and her mother from becoming co-dependent. She wants to be able to care for her mother as she struggles with feeling isolated, but not at the expense of her other important relationships.

One of these important relationships is with her daughter Carlee. She describes creating a dynamic with Carlee that she felt she had with her mother when she was younger; one where Carlee feels valued but is free to express herself and have privacy. A few times in her interview she mentions being curious but also wanting to protect Carlee's space, saying "I don't pry, it's

not my place.” Ever since Carlee was young, Sherry remembers explaining that it was important to have a career and follow your dreams. This was a priority for Sherry as she wanted her children to know, especially the girls, that their value did not come from whom they married, but who they are as people. Although she was vocal about this, and was preparing Carlee to be independent, she believes she did not say much about body image. She can remember times of emphasizing acceptance, always reminding Carlee to accept herself as she is now, or she never will. These values are demonstrated in her I poem as she speaks about her daughter:

I prepared them

I remember saying to my girls: keep your last name, get a degree

I look back

I’m so grateful

I instilled in her:

You are a whole person, you are complete how you are

I’m just so thankful that I did that

In her reflections on how she raised Carlee, she included a memory of how she had paid Carlee to grow her hair. But Carlee chose to keep it short, preferring it that way. When Sherry describes this incident, she laughs, then acknowledges how it may have affected Carlee to have Sherry’s preferences put on her. In this example, Sherry captures the conflict of many mothers who struggle with how to let their daughters dress and express themselves in ways they choose, especially when it is different from what the mother prefers. In the story of Sherry and Carlee this appears to be an outlier, with most of Sherry’s interactions with Carlee creating freedom for expression and independent thought. About her daughter, she says in her I poem:

I think she’s got a very good self image

sense of her body

she was beautiful

we had strong values

the way she carries herself, her self confidence

she is happy to be who she is

She is proud of how she looks

The voices used in Sherry's story weave back and forth, capturing the intricacy of her story. When speaking about her relationship with her mother, she uses the voice of connection for the past, and the voice of differentiation for the present, identifying how she is currently renegotiating relationship boundaries with her mother. When speaking about her body image in the past, she uses the voice of silencing and occasionally the voice of embodiment, which highlights the complexity of her childhood self acceptance and puberty insecurity. She speaks now about her body with the voice of acceptance, and the voice of embodiment, navigating between the two as she cautiously explores her self-acceptance. Interestingly, in spite of her ongoing process to accept her body she often uses the voice of resistance. This happens most when speaking about the culture, and what she hopes for her children. She is confident of Carlee's embodiment, and uses the voice of embodiment when speaking about the person she herself is, and has always been. After reflecting on what she has done to raise her daughter well, she speaks in the voice of resistance as she explores ways to advocate for her grandchildren. She describes wanting to share with them about the importance of a healthy body image, in a way she had not with her own children, and adds how important it is to do this is for both the girls and boys.

**Carlee.** It is no surprise, given her mother's strength and resistance, that Carlee is also a

strong woman with a fierce and clear voice. She describes having felt her power from a young age, and enjoys it even now, especially while playing hockey. Carlee has a unique story, of always having felt accepting and proud of her body. She describes feeling that her body has always looked and felt the same to her, and that appearance has not been the focus. Instead, when meeting a person she attends to her intuition, listening to how she feels when she is around them. Reflecting on this she says “I’ve never been like that size two really thin... even once puberty hit I feel like I’ve always been the same size.” She describes knowing she would have womanly hips, and that this was something she was welcoming and proud of. Seeing her mother’s hips, and remembering that her mother had always had easy pregnancies, she connected these two. In an exquisite display of embodiment, Carlee speaks this way about hips: “I knew I’d get hips, my mom has hips. I thought ‘yes, I was meant to have children’ like, I’ve always wanted to have children, so I find that a powerful thing that I have hips, that I have curves.” Carlee has not only accepted her body, but she honours her body as life giving and ultimately good. Her embodiment has been reflected in various ways, both in how she chooses to express herself physically, and how she presents herself to the world. She says that sometimes she chooses to wear shorts over her bathing suit at the beach. Although this could be interpreted as insecurity or shame, she describes it as an act of modesty out of respect for herself.

An important extension of Carlee’s embodiment is seen in how she speaks about women’s bodies, and her body, to others. She tells a story about going to the gym with a friend who was trying to cancel a gym membership but was unable to do so, continually feeling pestered and pressured by the staff there. In support of her friend, and armed with her own self-confidence, she goes to the gym and confronts the male staff member, telling him that her friend wants to cancel the membership. The salesman begins trying to win Carlee over asking her “so

what's one area you'd really want to work on, you know, if you were to come here" and in response Carlee responds tenaciously "there is no area I really want to work on! I am completely happy with who I am. I exercise because it is good for me and it makes me feel good and it's a good release, but there're is not one area." Stunned, the man responds, "there's not one area?" and Carlee fiercely returns, "NO! There is not one area." Through advocating for her friend, she resists the pressure from the gym salesman and simultaneously addresses the cultural assumptions he has come to represent; there will always be something about their bodies that women will loathe. Interestingly, Carlee describes that there was a time in her relationship with her body where it was a struggle to love herself fully. She mentions that she has cellulite, and that in the past she was self-conscious about it. But, as she thought more about it, she came to the conclusion that if anyone else saw this as a barrier to loving her they would not be worth her time. She illustrates this, "sometimes I think that if I meet someone, and they don't want to be with me because I have cellulite on my legs, they're not worth it. NO! And if I'm friends with anyone who's like 'oh did you see her legs', like it's absurd, I am who I am, I love my body." Her ability to celebrate her body is described well in how she answers the question "my body is." She answers in a few ways, initially saying, "my body is made in [God's] image", and then says "perfectly imperfect" before finally landing on "precious" as an answer. In this response Carlee identifies how her faith influences her view of her body, seeing it as cherished creation with value. Her response "perfectly imperfect" also illuminates what she came to believe about herself through accepting her cellulite. Carlee is able to see that she is unique, and may not conform to the unattainable standards for women's bodies in society. Her body is not simply an object to be maintained and scrutinized, and because she and her body are one in the same, she is good enough and worthy of respect and esteem. When asked to reflect on how she might respond to

the sentence “women’s bodies are” she says that she would like to respond in the same way as she answered the previous question. With one addition: “they are not to be coveted.” While responding she struggles with how much emphasis these questions are placing on women’s bodies, instead of their whole selves, wondering if there is a way to emphasize all parts of a woman and not worship her appearance.

Without knowing, Carlee reacted to this hypothetical question identical to the way her mother did. As Carlee tells her story it becomes clear that her relationship with her mother had a large role in shaping her sense of self and how she sees her body. In her I poem she describes this:

I don't recall  
it was never like a focus  
I eat healthy  
for a better life style, a better life  
I exercise  
I play hockey  
I love playing hockey  
she would tell me I was beautiful  
I think she just built me up  
I was who I was  
I'm a little outspoken

Carlee speaks candidly about her mother and their relationship, saying how they have a strong and healthy relationship which is always evolving. When Carlee was young she remembers the freedom her mother gave her to dress in her brother’s clothes, and play sports

outside with the boys. Her mother always told her she was beautiful and found other ways to encourage her. Carlee says that this was done in just the right way, without appearance becoming a focus. She remembers that when she was about twelve she felt the need to perform perfectly in various arenas of her life. She can recall one time her mother sat her down and told her that she didn't need to be perfect, and that as her parents what they wanted was for her to find joy in life and whatever she was doing. She told Carlee that doing things perfectly would not make them love her any more. Hearing this was liberating for Carlee. She felt freed to be herself and to have more balance in her life, doing what she needs to while making space for pleasure. This had a lasting effect on Carlee "that carried on all through university, and still carries on now." Her mother also told her that she was beautiful. When she mentions this, she is careful to point out that it didn't happen so frequently that it became a focus, but it was "just enough." Carlee was able, however, to see past her mother's words and see how they conflicted with her own body image. Carlee is able to articulate having felt that her mother was dissatisfied with her body, but is unable to remember hearing comments to this effect. Instead she remembers her mother saying that she'd like to be more active, and saying to Carlee "if I am thin when I die, I'd like to be buried in my bikini." A powerful statement like this about the ideal body could be interpreted as such, however Carlee interprets this to mean that her mother wants other people to know if she's feeling confidence in herself. Perhaps, if Carlee felt differently about her body, she may have interpreted this comment differently. Overall, Carlee describes feeling close with her mother, knowing she was loved and cared for. She is especially thankful that her mother allowed her the space to be herself. Listen to a section of her I poem as she describes this:

I'm glad

I don't know

she didn't dress me like a little girl

she let me wear what I wanted

I'm very thankful

she wasn't telling me who I had to be

she was just letting me be me

I'm very thankful

The openness Carlee felt in her relationship with her mother is something she would like to be able to create if she has a daughter someday. For Carlee, this openness is specifically regarding gender scripts, and how she hopes little girls can learn to find confidence in who they are. She describes parenting the daughter she may have someday, to the young female students in her class. As a teacher she recognises her role in influencing the young women who watch her, and chooses to set an example of what it can mean to be a woman. For Carlee this means being comfortable as she is, demonstrating her strength and passion, and choosing to reject traditional gender roles if they restrict her ability to feel free and think critically. She describes an incident recently where, in a lesson about colours, she was able to demonstrate that she chooses to wear pants so she can play on the monkey bars at lunch with her students, in a way she wouldn't be able to if she was in a skirt. In another example, Carlee tells the story of how she encouraged a young girl to engage in a game of soccer with her classmates. The girl was timid and would step away from the ball when it was coming towards her, so she took the opportunity to encourage her to engage and remind her to not be limited by her fear of not doing things perfectly. When talking about raising a girl she emphasizes the importance of communicating the sacredness of bodies. Reminding girls that their bodies are created by God, causes people to treat others in a way that reflects the divinity that they carry. She includes wanting to engage her daughter in

critical reflection about media before she internalizes messages. She says, “they’re very unhealthy demoralizing sources, unfortunately now we’re at the point where it’s definitely necessary to talk to young girls about what they see out there.” She continues on, “looking like someone in a magazine isn’t going to bring you happiness... if you want to be accepted and valued for what you look like then you’re never going to be, there’s just no substance. You’re not valued for what you look like, you’re valued for who you are as a person and how you treat other people.”

Carlee’s story is dominated by the voice of embodiment and resistance. She speaks of her self in the voice of embodiment in both the past and the present, and uses the voice of resistance when speaking about her own attitudes, her peers, her future children, her students, and her family. Not surprisingly, her relationship with her mother is one described using the voice of connection, and at times she uses the voice of silencing to speak about what she interprets as her mother’s underlying body-dissatisfaction. As part of loving her body-self well, Carlee at times also uses the voice of functionality to describe practically how she honours her body. This voice also appears when she speaks about the family emphasis on health. Her story of embodiment is one of victory. She lives confidently in her body, able to resist the ideas and pressures all around her.

**Voices of Sherry and Carlee.** There is much to be learned from the narratives of Sherry and Carlee. In each of their stories there is resilience, strength, and resistance. Sherry made the effort to equip her daughter in such a way that she wouldn’t struggle as she has. This led Sherry to give Carlee an alternative definition of femininity, one where she was able to play hockey, have her own career, and feel confident regardless of how she looked. In spite of her desire to renegotiate her relationship with her mother, Sherry demonstrated healthy boundaries with

Carlee, giving her space to be her own person. This was productive as she also provided safety and a healthy closeness in which she was accessible and encouraging. In spite of what may be her own body dissatisfaction, Sherry was able to encourage Carlee and think critically about media. Carlee noticed the discrepancy between what her mother said about others, and what she said about herself. However, she also felt secure in her relationship with her mother, feeling cared for and validated.

Both Carlee and her mother took issue with the same question in the interview, struggling with why the question was “women’s bodies are...” instead of “women are.” By doing so, both mother and daughter demonstrated their desire to see women as whole people, not simply as bodies. It was encouraging to see Sherry’s journey towards acceptance, and that her daughter was able to love her body in ways her mother hasn’t fully arrived at. For both Carlee and Sherry, their faith shaped how they understood and valued their bodies, and consequently how that shaped their behaviour. At times this appeared dualistic, suggesting that their body was a vessel, although a holy vessel. In acknowledging the spirituality of the body and the wholeness of women, both of them identified the tendency for body-appreciation to transition to body-worship in a way that deified the body. In as much as they value the body, each of them implied this would be unhealthy.

Carlee’s healthy body image seems intricately tied to the way she was valued by her family. She draws a direct link between knowing that nothing she did would make her parents love her more, and being able to accept her body completely. She also describes sports being an important source of empowerment for her, reminding her she could be tenacious instead of passive. Her mother also encouraged her to be herself in ways that directly opposed traditional gender roles. Her mother modelled acceptance of the body, and the importance of faith and

healthy living. When Carlee spoke up, her mother welcomed her opinions instead of shutting her down. Her mother also engaged in criticism of cultural definitions of beauty, actively seeking ways change how the media affected her family. This was done courageously, although in contradiction with how she felt about her own body at times. Carlee is able to see her body as an important aspect of who she is. And, like her mother, she is able to see herself and other women as whole people. Their story is one of triumph. In spite of culture and insecurities, these women have been able to know who they are, advocating for themselves and others. In doing so they are creating a new map for what it means to be a woman.

**Bev.** Bev is the mother of 5 children who tells a complex narrative about being in her body. As a young woman, Bev remembers being very skinny and being teased as a result. This left her feeling helpless and insecure. As she reflects on this part of her life, she describes thinking later that she had been quite fortunate to be thin, because at least it wasn't as difficult as being large. There was another moment she remembers when speaking about her body as a young girl; she was wearing a bathing suit and a friend said to her "you have one hip bigger than the other." This sticks out to her because she describes herself as not having noticed those things then, but when she begins to share about her body now she indicates she is much more aware of all the things her body is not, and what she would like it to be. This shift may have occurred earlier for Bev, but she becomes more vocal about her body- dissatisfaction when she describes life in her thirties. She remembers at this time desiring to have larger breasts, and then stops her story to say, "don't we all?" This comment normalizes her dissatisfaction by addressing the idealized female body, and how the cultural script for women requires them to want larger breasts, while being eternally unsatisfied with the shape and size of their own breasts. Her feelings towards her body are captured in this section of her I poem:

I can remember, I was skinny

I mean I guess it could be

I was very thin

I realized

I was quite fortunate

I tend not to think about things

I don't remember

I remember once

I was wearing a bathing suit

I never noticed

I didn't even know

I wish I had bigger boobs, don't we all?

This period of her life required Bev to adjust to her new body, and mourning the loss of her old pre-motherhood body. She appears to have learned to accommodate it, by dressing “appropriately” for her body. In a way, she alludes to resignation and acceptance for these areas of dissatisfaction with her body when she says, “I don't worry about it too much, because it doesn't seem to matter what you do, it's going to be there.” Like several of the other mothers, menopause and aging have been difficult for Bev. She describes feeling frustrated, almost annoyed, with how her body is not keeping up in the way it used to. To Bev, her aging body has become an obstacle. She says about this, “there are things that let you down, but it's not, it just happens, wear and tear.” Instead of fighting her body, or learning to appreciate her body in this stage of life, she again appears to surrender to how her body is behaving, even if it feels like “its failing.” This tension in her relationship with her body is evident when she completes the

sentence “my body is”; she replies by saying, “its not perfect, but I’ll take it.” Her acceptance of her own body is provisional, contrasting sharply with her attitudes towards women’s bodies in general. They’re “amazing” she says, “just the way they work... and all they go through, and produce life, and it’s flabbergasting how wonderful they are.” Bev appears to want to believe she has a healthy body image, but when she reflects on why this might be, she explains that others around her stop her from criticizing her body and encourage her. She appears to have difficulty answering the question, and demonstrates in her response that she is coming to realize as she speaks that she in fact does not have a healthy body image, or that she has linked body image with appearance, confusing how she sees herself with how other people see her. Listen as she responds to my question, “do you think you have a healthy body image, and why or why not”; “I think for the most part it’s healthy. I don’t know, I mean my children tell me ‘oh mom come on’ when I complain about this they go ‘come on mom you look great’ or my husband of course thinks so too, so I have people around me who encourage me.”

Her difficulty responding to this question may be related to her comment earlier in the interview, about how the questions were making her think about her body in a new way, a way she doesn’t normally think about it. She suspects that may be a result of having five children, and always being so busy, leaving little time to reflect. Ironically, this was something Bev described her mother doing, which bothered her. Bev’s mother also had five children, and she recalls that her mother never took the time to speak with her about her body and women’s bodies. “My mother was in a different generation” she begins, “there wasn’t a whole lot of open dialogue about anything.” She remembers approaching her mother at times, only to have her mother switch topics and laugh it off. Bev later understood this as her mother’s inability to communicate openly, and remembers that at times this left her unprepared and feeling alone. This was

particularly the case when Bev experienced her first period. It took her all day to work up the courage to tell her mother, and when she finally did her mother assumed Bev knew what to do. When Bev responded that she didn't, her mother was surprised, and gave her a few sentences of information, and they never spoke of it again. She captures her mother's silencing in her I poem:

my mother was in a different generation

I would talk

she didn't know how

she kind of just laughed it off

I mean

I just think...

she wasn't modelled that either

she never discussed anything.

I remember the day that I got my period

I don't think she ever said anything

What her mother did do that Bev noticed was eat healthy garden-grown food, and abstain from dieting. From this Bev concluded her mother had a healthy body image, although she wishes her mother had been more open about her body and women's bodies. When she reflects back on her relationship with her mom, she admits she longed for her to be more open. In fact, she is able to speak about the balance of wanting to be like her mother, and also wanting to be her own person. For Bev, being different was a way for her to be better and more emotionally available for her children. This, she recognizes is a difficult task as a woman, and she describes wanting more for her life than to simply fear becoming her mother one day. Instead, she has tried to envision what she does want to be like. Bev worries at times, though, that she could have done

a better job at this, and sees how similar she is to her mother in so many ways.

Bev contrasts her silence, and the silence of her mother, when she begins to describe her daughter Sarah. Sarah was always vocal and opinionated, and was even able to draw Bev's voice out in a way that others weren't able to. Because of Sarah's panache, Bev describes her as the most difficult of her children to parent, but that in some ways it makes it sweeter to see the confident woman Sarah has become today. She identifies Sarah as always having been a free spirit, unconcerned with the media and how people saw her. When asked what she told Sarah about puberty and menstruation, Bev explains that it wasn't necessary to say anything because Sarah was taught that in school. She then slows down and informs me that that was not actually true, that she did speak to Sarah, but she is unable to remember about what and how often. Bev hopes that Sarah has learned from her how special women's bodies are, and that she hopes this was communicated through her actions and words. It is clear in Bev's story that she loves Sarah dearly, although it appears that at times Sarah's independence and free thinking were confusing for Bev. Although this seems to have become easier as Sarah is now her own woman, and her mother is proud of whom she has become. Bev also admires Sarah's body and considers her daughter to be an attractive woman. She describes Sarah as having a healthy body image, and says this is because she has a beautiful body and nothing to complain about. But like in her own story, she confuses Sarah's body image with how she looks on the outside.

In Bev's story, like in this instance where she describes her daughter's body, she speaks in the voice of idealized femininity. She uses this voice to speak about herself, and other women, and she is able to identify when women's bodies are attractive, and what it means to be a good woman. This is also connected to her frequent use of the voice of silencing, where she describes her discomfort in her body as a child, a new mom, and now as she ages. She also uses the voice

of functionality quite regularly to speak about her own body, and its health and service for her. She uses the voice of comparison as well, usually to compare her body to her daughter's, or other significant women in her life. When she speaks about her mother, she uses the voice of silencing, connection and differentiation; she felt close with her mom, but like her mother was silent. And now as she realizes how they are similar in so many ways, she wants to find out who she is, and be her own person instead of a replica of her mother. When Bev speaks about her daughter, she uses the voice of embodiment, capturing Sarah's outspoken comfort with herself and defiance of culture.

In Bev's story there are numerous storylines weaving together to form a complete picture of who she is today. She seems to want to believe her whole self (including her body) is beautiful, but has not yet arrived there, seeing instead how her body is not meeting her expectations. In ways she maybe afraid to see, she has also become the busy mother of five that her mother was, making it difficult at times for her to stop and reflect. She has come to admire Sarah's liveliness, even if this is different than what she wants for herself.

**Sarah.** When Sarah tells the story of her body, she is animated and authentic. Although her body image was not always the same as it is today, where she has ended up closely resembles where she began. As a child, Sarah remembers being oblivious of her body in a pure way, focusing instead on what she calls "kids stuff." As she approached puberty she began to notice how her body was different or similar to the bodies around her, specifically that she wasn't developing as quickly as some of her peers. This made her feel uncomfortable in her own skin, where she carried the felt sense of her difference from others. But Sarah was different from her peers in ways other than her appearance. When the young women around her began to engage in fat talk, and she tried to speak truthful and kind words about their bodies, she learned quickly

that this was unacceptable. It was particularly painful for Sarah because she has always been a petite woman, and when her friends were struggling with how their bodies were changing drastically, they excluded her from their circle simply because her body wasn't like theirs. There was literally no space for Sarah to enjoy her body or other women's bodies, and when she tried to do so she was excluded. She describes the tension between wanting to be accepted by them, but also not wanting to engage in body-bashing with the other girls. She remembers these incidents clearly, and describes knowing that her "Input wasn't allowed because [she] was thin." In a culture of women who dislike their bodies, she was alienated for feeling differently. Her affection for her body, which contrasted with how her peers saw their bodies, is evident in how she describes feeling about menstruation as a young woman. She says, "I can just remember thinking like, getting your period was like 'you're a woman' so I just remember thinking, like that would be so awesome to be a woman... [getting your period] is the epitome of being an adult." Eventually, she was able to find solace with a group of young women in her school who were also confident. She believes that having these other young women in her life added depth to the way she saw the world; they were able to connect in areas which surpassed the superficial conversations about calorie-counting that other young women their age were obsessed with. Several years later, after leaving the country for education and getting married, she got pregnant and gave birth to a girl. Through pregnancy and birth, Sarah's unique perspective on her body was once again visible. She describes how much she loved watching her body grow and get big, as she anticipated motherhood and what it would be like to birth a baby. Then during birth, she experienced a new level of her own courage and strength. She describes it as being challenging and painful, but that she was surprised at the display of her own ability, realizing more fully than ever what she was capable of when she was focused and supported. Sarah describes the

experience in the following way; “being pregnant and delivering a baby was un-believe-able.

Right away, right after she was out and I had her on me I was like ‘I want to do that again’ I just loved it. I loved that I could do that, I love that my body was made to do this, I loved that.”

Learning to love her body after the birth was another challenge for Sarah; for her it was the first time she felt she struggled to accept herself. She was also surprised by these feelings towards her body, even though she knew her body would look and feel differently after having a baby. For Sarah, it was less about how her body looked, and more about getting used to it feeling different to be in her own skin. Having her body change so rapidly in so many ways has required her to adjust mentally and learn to love herself as she is, even when that is different that what she had known before. Seeing her body be powerful directly effects her ability to accept it- she is willing to accept the stretch marks that go along with the life-giving experience of birth. She has also found it helpful to have a husband who has been supportive. He has encouraged her, and reminded her that he loves her for who she is, not how her body looks. This process of acceptance is depicted in her I poem:

since having my daughter

I just

I’ve never really struggled

my body’s always been the same

I think I was surprised by the way that I felt

I remember stretch marks,

I was like, I just, that was different

I’ve never

I want to be comfortable

I plan on having many more babies  
no loving husband cares

Now, Sarah is at a place where she has been able to find joy in how her body has changed. She even looks forward to aging, desiring to do so with grace and self-compassion, embracing each stage and change as part of the process of growth and life. To Sarah, embracing those changes will allow her to be more engaged in life, keeping her present, instead of always wishing she was a different version of herself. When speaking about her desire to age with kindness towards herself, she says sadly about her mother, “she’s missing out, and I don’t want to miss out.”

When Sarah speaks about her mother, she describes being able to see the discrepancy between what she says about other women’s bodies, and how she reflects on her own. She describes her mother’s comments as coming from “a dissatisfied place” of feeling uncomfortable in her own skin. When I asked Sarah what her mother communicated to her directly about women’s bodies, she remembers that her mother was mostly silent in these areas. On one occasion, her mother spoke to her about the cycle of menstruation, but remembered that her mother did that timidly, and that this kind of conversation only happened that one time. Curiously, Sarah describes her mother as quite outspoken in other ways, always being the person who says what everyone is thinking but doesn’t have the courage to say. Although these messages were communicated in less direct ways, Sarah remembers knowing clearly that her mother was unhappy with her own appearance. She remembers Bev making comments about her body looking unattractive after having five children, or worrying about aging. Speaking from a place of resistance, Sarah will take the opportunity when her mother says these things to speak up and remind her “no mom, you had five kids, it’s not going to be the same and it shouldn’t,

that's ok." On another occasion, Sarah went bathing suit shopping with her mother and after much unease, convinced her mother to get a bikini, and reminded her mother to take pride in her appearance no matter what. This interchange describes both her mother's body-insecurity, and Sarah's role as an advocate for her. In this excerpt of her I poem, she outlines how she has come to know her mother dislikes herself, and how that makes her feel hearing that:

I know  
she wasn't or isn't comfortable so much in her own skin  
I don't think she has a healthy body image  
She has a cultural one  
she'll... you know make comments  
I feel like it's coming from a dissatisfied place  
She is not comfortable  
I think about it  
she had just made some little comment  
her off the cuff comment  
when I think about it now... it bothers me  
I would never want that  
it upsets me  
just the way that she thinks

In spite of her ability to resist cultural scripts, her mother's body-dissatisfaction bothers Sarah. Since she was a young girl, trying to speak words of truth to her friends, she has demonstrated her desire to advocate for other women, desiring to help them see the truth about themselves. This is most obvious in her role as a mother. Sarah speaks passionately about setting

a positive example for her daughter, and to her this means watching the little things she says and does which communicate strong messages even if they are not intended to do so. For her to stand as a positive role model of womanhood for her daughter, she emphasises how important it is for her to have a non-cultural view of her body. For Sarah, this means finding her identity and beauty in who she believes God says she is, not in how she looks or how well she fits in. When she has unhealthy “cultural thoughts”, she challenges those thoughts by seeing how they measure up to what she knows to be true about herself spiritually. She describes the refining process of her faith, and how she has sought to see beauty in the way God sees beauty, not in the way the culture sees beauty. Recently, she’s begun to be more active in protecting her daughter from unhealthy cultural attitudes about women. This has been most significant in having conversations with members of her family and asking them to watch what they say. She describes how these conversations were difficult yet essential, and allowed her to begin acting more intentionally as her daughter’s protector. In this conversation with a family member, she spoke about what she wanted to protect her daughter from, facing the uncomfortable reality that speaking up might ostracize her from this family member, but choosing to do so in order to shield her daughter. By risking in this way, Sarah was also working against scripts that silence and disempower women.

Sarah is not waiting for her daughter to grow up to have conversations about bodies. Instead, Sarah is working even now while her daughter is still young to make sure that the values she hopes to communicate to her daughter are reflected congruently in her own actions and thoughts. In her desire to protect her daughter, she speaks using the voice of resistance. This voice is also used when she advocates for other women and for her mother, pointing out how the dominant narrative for women is harmful. When Sarah speaks about her mother, she often does so using the voice of silencing which captures how she has interpreted her mother’s insecurities.

When speaking about her own body, she uses the voice of embodiment most, and occasionally uses the voice of functionality to describe her body and how it works for her. When she recalls the process of learning to love her body in the postpartum year, she uses the voice of acceptance. There are a few occasions when Sarah uses the voice of connection. These occur most when she speaks about her husband, her relationship with God, her network of strong female friends, and her father. When speaking about her father, she often also uses the voice of comparison to demonstrate how his involvement in her life felt different to her than her mother's.

In many ways, Sarah's story is a powerful one. She is able to find beauty and strength in the areas of a woman's life where there is often the most fear: menarche and birth. Her perspectives on these significant and transforming events demonstrate the extent to which she enjoys her body, and women's bodies. She has had the courage to speak truthful words to other women, even when this has not been welcome, and her desire to protect her daughter appears to be a reflection of her desire to see all women free from the patriarchal gender scripts.

**Voices of Bev and Sarah.** In the story of Bev and Sarah, Bev's desire to be more present for her daughter is evident, particularly as she describes yearning for her own mother to be vocal and present in her life. Bev may have made gains on what her own mother was able to give her, but Sarah still perceived this to be mostly silence. This may be accentuated by Sarah's vocal and expressive personality, compared to her mother's more subdued demeanour. Although she says she has a healthy body image, in how she speaks in other parts of the interview, and in what Sarah remembers was being expressed most consistently, was that her mother was mostly unsatisfied with her body. Sarah's sensitivity allowed her to be perceptive to what her mother was conveying about her own body, in spite of saying otherwise. Because of Sarah's tenacity and rejection of cultural norms, she has been able to advocate for her mother at times, lending Bev

her own embodiment. This ferocity of spirit in Sarah may have made it difficult to parent her, but here she is able to use it help her mother love herself more, reminding her of what is true about her body. In spite of their differences, both mother and daughter reflected on the experience of birth when discussing women's bodies. In both instances, the ability for a woman to birth a child was a source of wonderment.

Sarah's rare perspective of women's bodies has allowed her to find joy in things that typically cause women fear. This is connected to her confidence in herself and her ability to know her own voice. Sarah actively resists what the culture says about her and her body. This has caused her to be rejected by some women, and embraced and celebrated by others. She chooses to find her identity and value in her spirituality. She speaks sincerely about how this has influenced her, saying that without this divine insight it may be impossible for women to love themselves in this culture, because of the impossibility high appearance standards. Faith was also something important to her mother. Bev is able to articulate these values cognitively, but seems to struggle with internalizing them. She does not yet know embodiment in the way her daughter does, but there is hope that she may one day. This is possible if Sarah continues to courageously teach her mother a different way of relating to her body. By doing this, Sarah is continuing to change not only her story and her mother's story, but also how women as a whole are able to experience their bodies.

**Diane.** When listening to Diane's story, it seems that she, like the other mothers, is having a difficult time accepting her body as it ages. She responded to the question "my body is" by saying, "getting older." As she talked about her body throughout her life, it became clear that with the exception of when she was very young, she has always struggled to love herself as she is. Listen as she describes when she shifted from experiencing herself freely, to feeling self-

conscious:

when I was a little girl, I was happy

I don't think I cared

I liked to dress up

I felt pretty and I looked pretty

my self esteem and my self-image went down

I just thought I was the ugliest thing on the planet

my posture changed

What caused this change for Diane was when she started being bullied at school. There seemed to be no reason for her to be bullied, other than that she was an “easy target.” As she speaks, she describes noticing her posture changed when she looked at photos, as if she was experiencing her body as if gazing from outside. The way she carried her shame about herself was in her body as well as her mind. Seeing herself as worthless was something that stuck with her for many years, and later in high school when she accidentally heard someone say how attractive she had become, she wasn’t able to believe it. Through high school, without her knowing, she had grown out of her childhood body, and had transformed into a young woman who was considered desirable by those around her. This resulted in her garnering attention from the young men in her school. Having them notice her gave her confidence, and made her feel good about herself. But her esteem was conditional on her feeling desired by others. After high school she moved out of her parent’s home to study nursing in university. She remembers dating a lot, and how good this made her feel. About this she says, “I felt attractive because I had all this male attention all the time, and I was attractive then... I relied on my looks so much, and I remember thinking, what do I do when they fade?” In this quote she demonstrates how her

appearance created a sense of value for her. She has a moment of insight when she realizes that appearances fade, and wonders how this might change how she feels about herself, where would her worth come from then. Similar to when she was a young girl and believed she was ugly because of what the bullies told her, Diane is only able to see herself the way she perceives others see her. At this point in her story, she was determined by outsiders to be attractive, and for her that felt good. She doesn't speak much about the next years of her story, and how she felt about her body then, but goes on to describe next how getting breast cancer later in life was challenging for her. She never believed it could happen to her, and always assumed she would get Alzheimer's like her mother did. She describes having cancer like getting a "wake up", and how it helped her realize how precious life is. Following her mastectomy she had her breast reconstructed, and describes her new breast with more tolerance than acceptance, "It happened at a time when everything else is falling apart so it's like 'what the heck' those suture lines don't really matter." Her struggle to accept her aging body is evident, and it is obvious that she has moved back into a place of dissatisfaction. This time, it is more about her body not working the way she wants it to:

I hate getting old

all these aches and pains

I had breast cancer

everything else is falling apart

I was surprised

I was shocked

I am really lucky to be here

I have that

it creaks and it

its stiff and it hurts

I'd love to trade it in

As seen in her I poem, her ability to celebrate her body is tentative, even after describing feeling grateful to be alive, Diane switches to speaking about how her body creaks and hurts, and how she would “love to trade it in.” She finishes the sentence “women’s bodies are” by saying “beautiful...but in North America, we really are getting overweight, we have to really pay attention.” Similar to how she sees her own body, her acceptance of women’s bodies is inconsistent. She is unable to say “beautiful”, but continues on speaking about how women need to be surveying themselves, guarding themselves against being overweight. It is obvious when she speaks that she says this from a place of concern for women’s health. However, her statement about other women’s bodies reflects her own feeling of needing to observe and maintain her body. This is particularly true for Diane if she has learned that how people see her body is a reflection of her worth as a person.

Diane’s insecurity closely reflects how her mother spoke about herself. Diane remembers her mother questioning if she was enough, “pretty enough, desirable enough.” She remembers knowing this early on, as her mother confided in her. They had a very close relationship, in which Diane and her mother were more like best friends than mother and daughter. When she speaks about her mother she does so with great affection. She calls it the most positive relationship she’s had in her life. But, upon reflection she is able to admit that being her mother’s confidant wasn’t necessarily a good thing. Her mother decided she would share everything with Diane, which was a heavy responsibility for Diane to carry as a child. Diane describes herself as “being privy to all her pain”, and knowing too much too early about how her father hurt her

mother through extra-marital affairs. But, Diane remained close with her mother. When she was bullied at school her mother tried to speak up for her, and would often say to her “you know that’s not true, you’re a pretty girl, those are lies” but she remembers thinking to herself “she loves me, she’s just saying that, they know the truth.” As difficult as it was to believe her mother when she was being bullied, Diane remembers her mother saying kind things to her, reminding often her how nice she looked. Other than that, she remembers her mother not saying much about bodies. She describes her as a hard worker who would choose to be silent and swallow her feelings instead of complaining. In this way, Diane says, she is like her mother; “I took that on, and sometimes to the detriment of my own family, the silence.” Instead of speaking about her feelings, she preferred to focus on getting things done and staying busy, and silencing herself like her mother had done. But, she describes feeling completely secure, knowing that no matter what, her mother would be there. When she speaks about her mother, she begins to cry. It has been difficult to talk about a woman she was so close with without feeling sadness that she is now gone.

Whether she knows it or not, she uses the same phrase to describe her daughter as her mother used to say about her, each calling her daughter “the light of my life.” She uses words like “genuine” and “inspirational” to describe her daughter Jaya. They too have a special relationship, which has only become more meaningful as Jaya has grown into being her own woman. She is pleased to talk about the incredible woman Jaya has become today, but struggles to take credit for it, conceding that she made many mistakes. Her delight in her daughter, in the context of her own insecurities, is demonstrated in this portion of her I poem:

she is so inspirational

she genuinely loves people

I can't say enough about her

I can't take the credit

I made a lot of mistakes

she managed to overcome those

I wanted her to know

women's bodies were precious, and beautiful.

I say a lot of negative things.

I think she's gorgeous,

I tell her whenever I can

She speaks about how close she was with Jaya when Jaya was young, and how this changed when she had another daughter, perhaps creating some jealousy. When Jaya was in what Diane called "a chubby phase" Jaya's father, Diane's ex-husband, was disrespectful to Jaya, calling her names and making fun of her body. This was unacceptable to Diane, but she was powerless in the relationship to speak up for her daughter. Instead, she did her best to make her daughter feel secure and loved, beautiful as she was. She remembers wanting to tell Jaya that she was beautiful whenever she had the opportunity. Even before Jaya had her first period, she recalls buying books to be able to better explain sexual development to Jaya. She also used the animals on the farm where they were living to describe sexuality and the physical transformation of puberty. She remembers being direct and engaged with Jaya about these topics, but admits she probably said some negative things to her daughter about her own body. She has noticed now that Jaya is an adult, that Jaya will stop her if she makes demeaning comments about herself. To this she says, "I know she's right, I should just be happy with what I've got, even if it's in a dilapidated state." Diane misses the irony here, speaking about accepting herself while putting

her body down again. In spite of all this, she hopes that somehow she communicated to Jaya that women's bodies are "precious and beautiful", even if it is difficult to feel that way about her own.

The dominant voices in Diane's story are the voice of idealized femininity, and the voice of silencing, as she tells the story of her insecurity and difficulty through life to accept herself. She uses these voices when speaking about her past and present relationship with her body, and often when speaking about other women as well. She also uses these voices when speaking about her mother, usually speaking also in the voice of connection as she shares how her mother was self-silencing, and yet they shared a special bond. At times Diane uses the voice of functionality to describe how her body is or is not working. And only after speaking about her experience of cancer is she able to speak in the voice of acceptance. When she speaks about Jaya, however, she uses the voice of embodiment, depicting Jaya's freedom in her body. The only time in her interview when she speaks in the voice of resistance, is when Diane describes her desire to speak up and defend her daughter to her husband at the time, wanting to protect her daughter and punish Jaya's father.

It became clear when speaking with Diane that she had experienced suffering in her life, perhaps in more ways than she was willing to disclose in the interview. From an early age she learned to silence her inner voice, choosing instead to trust what others said about her to be true. She had the strength and security of her mother, but also carried her mother's burdens at times. Unable to appreciate her own beauty, she was able to see beauty in her daughter and tell her this frequently. She was able to encourage her daughter towards knowing something she was never able to experience herself: that her body is beautiful and good.

**Jaya.** When Jaya speaks about herself it is with confidence and humility. It becomes

obvious very quickly when listening to Jaya that she is secure in who she is, yet full of grace and far from conceited. When she describes herself as a child she laughs and says, “I was a naked baby, I started off really fun and free.” Looking back on the photos she is able to refer to herself as being in a “chubby state”, but not knowing it. All she remembers is being happy and feeling pretty. This, she said, changed when she started to become aware of her body. She describes feeling insecure and lonely while going through puberty, feeling scared and out of control with what was happening in her body. With the arrival of her new more womanly exterior, she began to change how she dressed, choosing more revealing clothing. Doing this allowed her to feel sexy and get the attention of boys. At this time, she had a friend who was always telling her how beautiful and sexy she was. They would often go out dancing together, and Jaya’s friend would tell her how many men were attracted to her. In return, Jaya would always say to her friend ‘you’re beautiful, I see them checking you out too.’ When she looks back on this now, she sees with clarity how they were affirming each other’s beauty by identifying how attractive they were to other men. She is, however, glad that she had a friend who would always speak kindly about her body, and remind her of how beautiful she was, even if this was by objectifying each other. Having this experience of feeling sexy made Jaya feel powerful and embodied. She remembers that for the most part, her experience of sexiness was something she enjoyed for herself, and not for men. To her, being sexy was being proud of how she looked and feeling confident in her own skin. Her affection for herself is contagious as she speaks about being sexy in her I poem:

I think I’ve always just seen myself as quite lovely

it was acceptance

And to feel sexy

It was powerful

I feel sexy right now you know?

I would change the word 'sexy' to 'empowered', confident

my confidence was just 'I feel good'

These experiences of her own strength and beauty were solidified when the year after high school Jaya moved to Manhattan. While in New York, working as a nanny, Jaya began to see the culture in a new way. She describes feeling sick of the world she was living in before, and saw with clarity how “clubs [were] meat markets and cosmopolitan [magazines] advocates for just disgusting un-grabbable means of trying to live your life.” Instead, she turned her focus on art and classical paintings of women with full bodies. Through shifting her focus to art and more healthy portrayals of women’s bodies, Jaya was able to move away from the sexualisation of her body. This has been part of her goal to be healthy in all ways, not just in her body but also in her mind and in her spiritual life. She has seen how the various facets of her life are interrelated. When she struggles spiritually, she notices how that also affects how she sees her body. And when she isn’t able to be active, she sees how that changes her attitudes and ideas. This balance to her is a way of loving herself, and comes from a place of joy for her. Like others in this study, she believes that her identity is rooted in how God sees her, not how culture or men see her, or even how her body looks. She describes wanting to desire the things that God desires, and sees how this has transformed her: “Jesus has taught me about how to connect with him and what He desires for me, He has been a huge teacher for how I connect with things like food and how I look at myself in the mirror, and how I exercise and how I talk with people.” When she describes her attitudes about appearances now, she speaks passionately about desiring authentic beauty, both in herself and in other women. She has seen how her pursuit and appreciation of authentic beauty is displayed in her behaviour; “once in a while when I’m about to put my

mascara on I'm like 'I don't need to wear this to make my eyes look pretty, I'll wear this because it's nice every once in a while' I love authentic beauty." Her story is consistent throughout, and her affection for herself is summarized in her response to the question "my body is", she says, "my body is the temple of God, it is beautiful, it has an aroma that is lovely, it is not accepted by everybody but it is just right." When speaking about women's bodies she says "they are desirable, and special, they are unique."

Jaya's desire for authentic beauty is mirrored in how she speaks about her mother growing up. She remembers living on the farm and seeing her mother with her hands in the dirt chasing chickens. To Jaya, the way her mother did life on the farm was organic beauty, unstructured and free. When her mother wears her hair in a pony-tail now it reminds Jaya of when they lived on the farm and her mother's beauty was displayed without trying to emphasize it. Like Diane, Jaya speaks about her relationship as one of the best relationship in her life. She recalls having this closeness with her mother even from when she was a baby. During puberty her mother made the point of speaking to her directly about the changes she would experience, but for the most part Jaya felt like she did "puberty alone", and that her mother was in the background cheering her on. At this time Jaya was having difficulties in school, and her mother tenaciously fought for her to get the support she needed, and by doing so was able to advocate for her daughter in a way her mother was never able to do for her. Around the time Jaya started to become aware of her sex appeal she remembers how a rift began to occur in her relationship with Diane. She explains this by saying they went in different directions, and although her mom did not agree with some of the choices she was making, she chose to make them anyway and this naturally caused a divide between them. This was the state of their relationship until Jaya moved to Manhattan. She describes really missing her mom, and realizing then for the first time how

much she needed her mom and longed for relationship with her. Her mother came to visit her in New York, after which they became closer than ever.

Jaya remembers that her mother always told her she was beautiful, and was an advocate for her. Diane told her daughter frequently “you have a beautiful mind, you have a beautiful heart, you have a beautiful body, you have a beautiful face, you have beautiful hair.” That when her mother spoke to her about beauty, it was always about the many ways her beauty is expressed as a woman, not solely in her appearance. But, even as she said these things to her, Jaya remembers knowing that her mother never felt the same way about herself. She says of her mother “all her life “men told her she wasn’t good enough... she believed a lot of lies and [has] just taken it to heart, even now.” This discrepancy was something Jaya noticed how her mother found it difficult to accept compliments, and will make comments about hiding her body, or carrying too much weight in her midsection. When Diane makes these comments, Jaya advocates for her, speaking up and reminding her that she too is beautiful, and that her beauty is in part how she look but also in her attitude, behaviour, and mind. She tells a story of buying her mother a sexy dress recently and how satisfying it was to see her mother wear it, carrying herself in a way that Jaya knew her mother felt good about herself. She shares about her perspective of her mother’s body image in her I poem:

I think that she, I think that she just

I never distinguished beauty as a body

she didn’t live out what she was saying about others:

she left herself out of that equation.

Her words weren’t as weighty

I didn’t trust her words as much

They weren't followed through

I try to just, I say:

'lets look at you, your body, your attitude, look at how beautiful you are'

I bought her a dress; it's this beautiful little saucy thing

She rocks it, and she knows it

If Jaya is able to have a daughter one day, she would like to do many of the things for her child that her mother did for her. By doing so she would hope to teach her daughter that beauty is about more than appearance. She hopes to share art with her, showing her different perspectives of beauty, while also making time to sit down with her daughter and discuss cosmopolitan magazines and how to be critical of the images of women in the media. Jaya wants her daughter to know that she loves her own body, and takes pride in being healthy. She wants her daughter to know that her value and identity comes from who she is in God, and not in how other people see her. And, that she has no intention of ever trying to measure up in a world where the standards for women are unattainable. She hopes she is able to do this both in word and in action. She seems to be done speaking about her daughter, but then adds with a laugh that she hopes to be able to be firm with her daughter. After I ask how this relates to her mother, she says that her mother was never consistent with her, and if Diane said 'no' to something, she would eventually let Jaya do it anyway without there being any consequence. Jaya hopes that she can be for her daughter, what her mother was for her, only more embodied and outspoken about the beauty of women, including herself.

Jaya's narrative was overwhelmingly spoken in the voices of embodiment and resistance, identifying how she sees herself and her place in the world. She mostly uses the voices to speak about her own body, and the bodies of other women. On a few occasions, she uses other voices

when discussing her body; the voice of silencing to describe her insecurity about puberty, and the voice of the idealized femininity when she remembers using her body to earn attention from men. When she speaks about her mother, Jaya uses one of two voices: the voice of connection or the voice of silencing. Jaya feels close to her mother, and secure in their relationship, but has noticed how her mother is insecure in herself. In one instance, Jaya speaks in the voice of resistance, identifying how her mother has believed lies about her worth and beauty, spoken particularly by abusive and misogynistic men in her life. She is able to do this because knows what to be true about herself as a woman.

**Voices of Jaya and Diane.** Diane displayed courage in how she parented Jaya. Although she was unable to accept herself fully, she sought to speak kindly about Jaya, reminding her she was beautiful. When Jaya was in “her chubby phase” as a child, Diane intentionally did not discuss it with her, choosing instead to focus on healthy eating and playing outdoors. She was more vocal with Jaya about women’s bodies than her own mother was, and did her best to protect Jaya from suffering in school the way she did. This meant teaching her daughter about life and sex through everyday farm life, and speaking up for her daughter in the school system. Jaya saw, however, that her mother didn’t believe in her own beauty, and remembers her mother saying things about herself that indicated how unsatisfied she was. Jaya feels saddened by her mother’s dissatisfaction with herself, and wishes that her mother could celebrate her own beauty in the way she celebrated the beauty of others. Even though Jaya has been able to love herself fully, she says that she would have trusted her mother’s words more if she knew her mother believed them herself. She says she wishes “that she would follow through, by believing herself and acknowledging that she is beautiful. I think I would have put more weight into believing what she said to me when she encouraged me.” When asked why she

believes Jay has a healthy body image, Diane says that they have an attractive family. In her statement, it is clear that Diane is neither able to think about what she has done right as a mother, nor take credit for any of it. After suggesting her family's genetics as contributing to Jaya's healthy view of herself, she says quickly that she also passed on to Jaya a lot of negative things. But in those instances Jaya speaks up and asks her mother to stop. By doing so, she is acting as her mother's protector, protecting her mother not from a physical attack, but from her own internalization of unhealthy social scripts.

When listening to the story of Jaya and Diane, it becomes clear that Diane's insecurity clouds her ability to see what she did well as a mother. But, Jaya is able to identify several things her mother did which helped her develop a healthy body image. She mentions her mother's constant encouragement and advocacy, their close relationship, and her subtle ways of teaching about bodies. Jaya also first saw authentic beauty in the way her mother was at ease with herself on the family farm. Seeing how her mother had been hurt by others made Jaya attuned to the times when her mother's natural beauty was expressed effortlessly compared to when mother was working hard to appear beautiful. But, when asked to identify why she has a healthy body image, Jaya can only explain it through the lens of her faith. She says "I feel like I've been plucked and chosen and I don't deserve it... I know that God has very clearly protected me and has given me a good mother to love me and show me that beauty does not just consist of your body." Jaya's experience of her own body was not limited to her mother's own experience of self-esteem. Instead she has been able to come into a healthier relationship with herself than her mother has been able to so far in her life. In addition to knowing her body in a way her mother has not yet been able to, Jaya has been able to advocate for others in her life, and see critically the cultural values of women. By doing so, she has been able to stir in her those around her the

courage to see themselves lovingly, creating the opportunity for women to honour themselves and their bodies.

The voices heard in participants' stories were best understood when viewed on a continuum of relationship with one another. On one side of the continuum are voices women used when describing wholeness in relationship with themselves and other women, while on the other side women describe experiences disconnection from themselves and others, seeing how their body does not measure up in comparison to others. The voices most related to one another are placed closest together, such as the voices of resistance and embodiment. The voice of functionality was placed between the voices of silencing and embodiment on the continuum because although it did not capture full embodiment, for some women it demonstrated how they cared for and honoured their bodies. For other women, the voice of functionality was used to describe how their body was failing them, and wasn't working like it used to. The voice of acceptance is also placed in between silencing and embodiment as it demonstrates the process of moving away from silencing towards embodiment. Some of the women who used the voice of acceptance were closer to embodiment, while other women were able to identify that embodiment is what they would like to experience while acknowledging that they were still learning how to arrive there. Figure 2 represents visually the continuum of voices.

When each woman answered the questions "my body is" and "women's bodies are", their responses captured how they saw themselves, and how that was similar or different to how they saw other women. These questions were designed to quickly understand the participant's experiences in their physical selves, and were not meant to imply that they are as women only their bodies, as this would reinforce patriarchal values about women's appearances and roles. These questions helped us identify how these women understood their bodies, and how



Barbara they are “varied”, and to Becky they are “useful.” These responses capture the essence of both Barbara and Becky’s narratives, and the common theme of health and purposefulness of the body. Another interesting similarity between mother and daughter was in how Sherry and her daughter Carlee spoke about their own bodies and women’s bodies. Sherry, unlike the other mothers, spoke of the spiritual nature of her body, calling it “God’s temple.” This fit well with how she spoke about other women’s bodies, which she described as “beautiful.” Sherry and Carlee both took issue with the questions presented, expressing their dissatisfaction with how the they were worded. They both spoke about wishing instead for the questions to read, “I am...” and “Women are...”, shifting the focus away from the physical dimension of women’s selves, to encompass the whole self, thereby also implying that the self is also the body. As mentioned earlier, these questions were intended to focus on the physical dimension of the self, and capture how these women see their bodies, in order to better understand how this is different than women with unhealthy body image. However, in their disagreement with these questions, Sherry and Carlee reflected their experience of embodiment in their cognitive understanding of the body. Although perhaps not aware of the political nature of their responses, both mother and daughter demonstrated how their understanding of their bodies was indecipherable from their experience of self, as opposed to the self and the body being different or opposing. Both mother and daughter were able to do this, without knowing that the other had also responded in an identical manner. Not surprisingly, this was also the dyad where both mother and daughter acknowledged the negative influence of the media in shaping women’s experiences, and described several times when they each had resisted cultural pressure in their own lives, and on behalf of others.

Through each participant’s unique narrative, and their dyadic relationship, similarities emerge in the stories of young women’s with healthy body image. In the following chapter, the

results of this study are discussed in order to better understand how mothers supported their daughters towards healthy body image.

<b>Name</b>	<b>My body is...</b>	<b>Women's bodies are...</b>
1: Anne	Getting worn down	Beautiful
1: Grace	Sacred	Sacred
2: Barbara	Functional	Varied
2: Becky	Healthy	Useful
3: Shery	God's temple	Beautiful
3: Carlee	Perfectly imperfect, precious	Same... to be respected
4: Bev	Not perfect, but I'll take it	Amazing
4: Sarah	Freckle-y	Awesome, all unique and different
5: Diane	Getting older	Beautiful...? Overweight in North America
5:Jaya	My body is the temple of God, it is beautiful, it has an aroma that is lovely, it is not accepted and loved by everybody, but it is just right	Desirable, special, unique

*Figure 3.* Comparison of mothers' and daughters' responses. This table includes responses of all participants to the questions "my body is" and "women's bodies are." Participants with the same number before their name are part of the same dyad. Mothers' responses are recorded first, in the dark grey rows, followed by their daughters' responses, in the white rows.

## CHAPTER 5: DISCUSSION

The purpose of this study was to understand a mother's role in the development of her daughter's body image. We believed that in conducting this study, we would discover more about what occurs in the mother-daughter dyad that contributes to the daughter's embodiment. All mothers spoke positively about their daughters' bodies. However, upon further analysis, the complexity of each daughter's body image development was revealed. We discovered that although the mother's role was important, more occurred than simple verbal encouragement to support her daughter towards embodiment. Through the in-depth analysis process of the Listening Guide, where the research team was encourage to relate deeply and personally to the lived experience of the participants, a more complete narrative was revealed, illuminating the landscape of body image development for each participant. Although the story of each woman, and within each dyad, was unique, we heard common themes and patterns amongst participants' narratives. This chapter will be used to present these common themes and patterns as they relate to the relevant literature. This will be followed by a description of the study's implications for research and clinical work, strengths and limitations, and possible future directions for research.

As it was described in the earlier literature review, body image is a person's evaluation of his or her physical shape, weight, or size (Jones, 2011), which is influenced by cultural expectations of acceptable bodies (Gleeson & Frith, 2006). Although a person's body image is explained as his or her own evaluation and investment of the body, this evaluation and investment is inherently shaped by socio-cultural and the political landscape within which that person lives. More specifically, the cultural values that shape a young woman's perception of her body are most often disseminated through the media, peers, and her parents (Hardit & Hannum, 2012). Mothers have been found to be particularly influential in how their children come to

experience their bodies (Cooley, Toray, Wang, & Valdez, 2008). The study of healthy body image is a relatively new facet in the literature on body image, with much unknown about how healthy body image is expressed and developed (Avalos, Tylka, & Wood-Barcalow, 2005). It is known, however, that when women have a healthy body image they report more satisfaction with their appearance, less body image distress, and are more likely to feel that their relationship with their body had a positive influence on all areas of their life and functioning. Women with healthy body image were also more likely to have positive coping strategies, higher levels of optimism, self-esteem, and lower levels of appearance perfectionism.

For all of the mothers in this study, their own mothers had been silent about physical and sexual development, and body image, either never speaking about these things, or only doing so in a negative way. Some of the mothers commented on how their mothers were from a different generation, where the focus on family life was survival and health. Interestingly, all mothers in this study reported struggling with their body image in the past, or were still struggling with a negative body image today. It is difficult to determine if this is a causal relationship between their mother's silence, and their own struggle to accept their bodies. However the literature suggests that it is important for girls to be informed about their bodies, and be shown how to accept and appreciate their bodies, and see their own strength (Piran & Teall, 2012). This is particularly important as girls develop physically, and need to be modelled how to care for themselves and embrace their sexuality and desires in healthy ways.

In this study, all mothers spoke about their body insecurity growing up, speaking mostly in the voice of silencing themselves. Although some mothers had begun to move towards acceptance of themselves, which they described using the voice of acceptance, all mothers made body-disparaging comments that their daughters remember them making. All mothers, however,

desired to be more vocal with their daughters about body image and sexuality, than their mothers were with them. And when a mother had suffered or struggled with a particular issue, it was her focus to ensure her daughter did not struggle in the same way. Even though the mothers struggled with their bodies, and were not necessarily able to name or identify this struggle, they appeared to be aware of it to some degree, as they desire for their daughters to have a healthier body image. The desire these mothers showed to protect their daughters from their own struggles was something we came to understand using the phrase ‘standing on their shoulders’. The mothers desired for their daughters to stand on their stories like a platform for growth, going further and reaching higher than they were ever able to. In this way, the mothers were giving a gift to their daughters, desiring more for them than they were able to experience; that their daughters were experience more freedom and health.

The mothers metaphorically lifted their daughters on their shoulders when they made the intentional decision to protect their daughters, to be more vocal, and to say kind things about their daughter’s bodies, even when they were not able to say kind things about their own. The mothers were intentional about reminding their daughters that they saw them as beautiful, healthy, and lovely just as they were. They sought to be more involved and present in their daughters’ lives, cultivating relationship through safety and reassurance. Although the mothers were intentional about having more open communication with their daughters, this did not always occur in the way they intended. In spite of this silence, the daughters did believe that their mothers saw their daughters’ bodies as beautiful and strong. This demonstrates the significance of implicit communication, and how words do not always need to be said out loud for messages to be communicated between mothers and daughters. The importance of maternal non-verbal communication is documented in the literature as it relates most often to negative messages

communicated from mothers to their children (Couthard, Blissett, & Harris, 2004). Even perception of their parents' attitudes alone has been found to influence young women's body image (Bardone-Cone, Harney, & Sayen, 2011).

The daughters also felt safe in their relationships with their mothers, even though this too was not communicated explicitly in the dyad. Whether they chose to do so or not, they always felt able to go to their mother for anything they needed, physical or emotional. All the daughters knew that they were accepted fully by their mother, regardless of their appearance or if they disagreed with their mother. When they spoke about themselves in the present, the daughters used the voice embodiment most often. At times they also used the voice of functionality, but this was used to express how they cared practically for their bodies, as an expression of their embodiment. When the women spoke about their bodies they said kind and affirming things, describing their strength, and their choice to appreciate their own beauty, while not allowing their appearance alone to define their identity. Although they experienced embodiment now, almost all daughters used the voice of silencing to describe their body in the past. When this occurred, it was to speak about puberty, and the challenge of feeling out of control and scared by how quickly and unpredictably their body had changed. In some cases, the voice of silencing was used to describe their insecurity when their bodies did not change or develop at the same rate as their peers. The body-insecurity girls experience during puberty is documented as a common experience (Flaake, 2005). It is a particularly important time of development where girls encounter the sexualisation of their bodies, and learn from culture that their new more womanly bodies define their worth as women (Flaake, 2005; Piran & Cormier, 2005; Wolf, 1991). This disruption of embodiment during adolescence is normal, and does not prevent a woman from experiencing re-embodiment after adolescence (Piran, Carter, Thompson, & Pajouhandeh, 2002).

Unlike many young women, who learn to see their bodies through the eyes of the culture (Smolak & Murnen, 2011), the daughters in this study were able to anchor their identity in areas other than their appearance, which allowed them to resist experienced of body-shame.

Although it is difficult to say why they were able to identify themselves as more than their looks, two themes emerged which may explain why this happened for these young women: their mothers encouraged them to focus on other areas of life, such as health, and they had strong sense of identity in their spiritual life. In a number of stories the women shared that their mother's apparent silence was not always seen as a negative thing, and even emphasized that too much focus on body image would have been unhelpful, even if it was meant to be protective. The daughters were not selected for inclusion in this study based on their spiritual or religious beliefs, but all dyads had faith practices which created in them a sense of security in their worth and value, which superseded what culture said about them. Together, the alternate focus, and the sense of identity in spirituality may have supported these women through the challenge of puberty into a healthy relationship with their body as adult women.

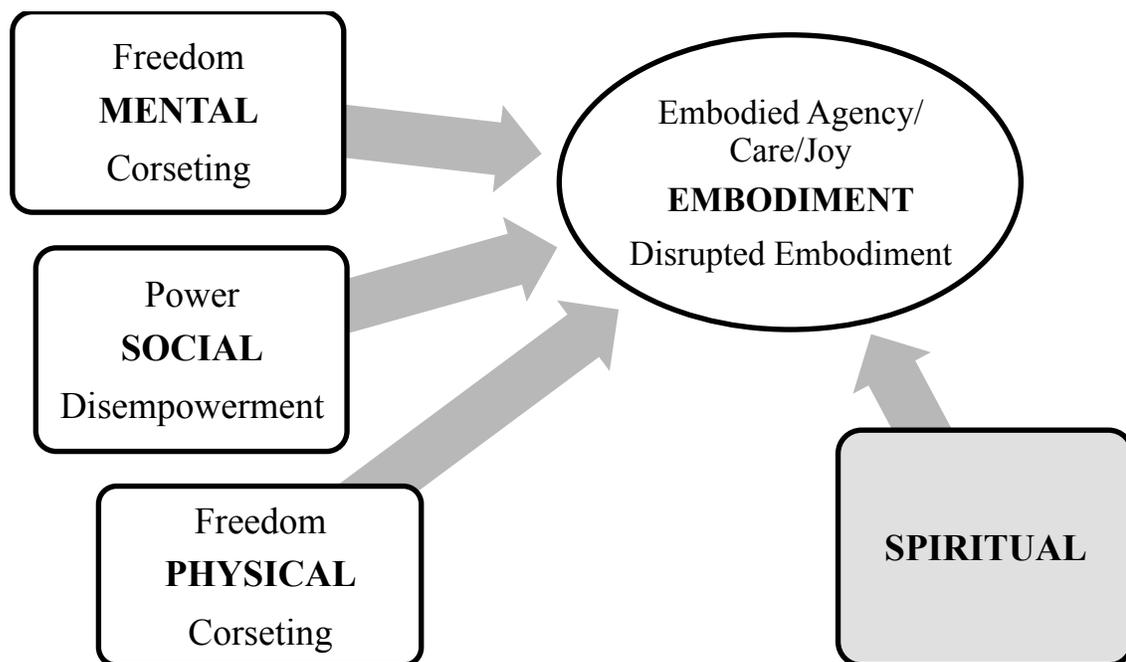
Because of their security in themselves, and their awareness of their mother's body-insecurity, all daughters have advocated for their mothers at some point. Most of then this occurs when the mother makes a commented identifying her insecurity with her body, and her daughter would speak up, reminding her how untrue the statement was, or asking her to stop speaking about herself using such unkind words. This advocacy was not restricted to the mother-daughter relationship, but all daughters remember speaking up for others, usually peers or younger relatives, reminding those around them that beauty is not in appearance alone. All the daughters were able to think critically about media, and how it acts as vehicle of communication for unhealthy messages about women. Being able to interact with media intellectually is an

important component of developing and maintaining a healthy body image, in addition to preventing disordered eating (Espinoza, Penelo, & Raich, 2013). The overwhelming presence of the media was an important point for all daughters as they imagined having daughters themselves one day too. Although their own mothers did not do this for them, all daughters hoped to teach their own daughters to think critically about media, and be able to identify it as a prominent source of dissemination of harmful messages. With the exception of one mother, all mothers were unable to identify media in this way.

The results of this study indicated that mothers supported healthy body image development in their daughters by creating relational safety, seeing their daughters as individuals, being encouraging about their appearance whenever appropriate, and focusing on healthy living and eating. The mothers encouraged their daughters to play sports, emphasized non-appearance related components of their daughters' identities, and fostered in them a deep sense of spiritual meaning and belonging. These pathways are consistent with Piran and Teall's (2012) Developmental Theory of Embodiment (DTE). In the DTE, there are three domains through which a person may lead to embodiment or disrupted embodiment; physical domain, mental domain, and social power. The mothers in this study encouraged their daughters to experienced freedom in the physical domain through encouraging them to participate in sports and feel strong. In the mental domain, the daughters were able to challenge gender roles, often playing sports as a child instead of with dolls, and were part of a heritage of strong women who took pride in working hard, often on a farm. Interestingly, the mothers did not explicitly communicate about social power to their daughters, and often struggled with it themselves, seeing their identity as intimately linked to their appearance or youthfulness. However, as all mothers and daughters were from upper-middle class families, the daughters did not struggle

with the added challenge of poverty, and how that can lead to greater experiences of oppression for a woman. However, three of the daughters were able to verbally describe how women experience oppression and disempowerment in Westernized cultures.

The DTE fits well with the findings of this study, particularly when combined with the tripartite model, which highlights how mothers may be one of the key resources daughters need to better experience social power, and mental and physical freedom. Neither of these models, however, acknowledges the importance of spirituality as a significant influence. In the narratives of the daughter participants, spirituality and religious practices were hugely influential in supporting both their self-worth and identity security, and their intellectual assessment of cultural messages. The addition of spirituality as a fourth domain in the development of embodiment is demonstrated in Figure 4.



*Figure 4.* Developmental Theory of Embodiment with addition of spiritual domain. This figure presents the original DTE with the addition of the fourth domain found in this study to contribute to women's embodiment.

The relationships seen between the voices used by participants were also important. The research team initially saw the voice of functionality as a minimizing and disembodied voice, characterized by dualistic separation from the body. The voice of functionality, however, was often used to speak about how women cared for their bodies. This is similar to how Piran and Teall (2012) speak about embodiment and physical freedom, in which a woman is in tune with the needs of her bodies, and listening to the desires and appetites of the body. Embodiment can also be a way to care for the body, even if the way these women spoke about their bodies at times made them sound like they felt outside of their bodies. Caring for the body through practices like family meals, healthy eating and home cooking has been identified as being both preventative and curative of disordered eating (Eisenberg, Olson, Neumark-Sztainer, Story, & Bearinger, 2004; Neumark-Sztainer, Eisenberg, Faulkerson, Story, & Larson, 2008; Videon & Manning, 2003). As dualistic as this may have appeared, the mothers were teaching their daughters reverence for the divine in the body, by teaching them to care for their bodies well through nourishment and healthy living. The mothers taught their daughters to be guardians and good stewards of their bodies, cherishing the body as a gift.

The relationship between the voice of embodiment and the voice of connection was also an important finding. It was discovered that when women spoke about their bodies using the voice of embodiment, there was often also the voice of connection present, indicating how women who feel secure in their bodies are able to connect in non-competitive ways with other women. Alternately, it was the experience of safety in relationship and non-judgment that allowed the women to come into their bodies more fully, accepting themselves as they felt accepted by others. This is similar to how Gilligan (1982) describes relationship; in order to be in relationship a person must be able to listen to him or herself and also listen to the other.

Embodiment is similar, although it includes a physical dimension of relationship with the self; embodiment requires connection with one's own body and listening to the needs and desires of the body (Piran & Teall, 2012). This interaction between embodiment and connection was not limited to the participants' stories, but was something I too experienced through connection with these embodied women. By connecting with them, and hearing their stories of self-acceptance and honouring of the body, I too was encouraged to accept myself and honour my body. This made their embodiment feel contagious at times. In addition to my own experience, whenever I have shared the results of this study with other women, they too have expressed the desire to feel a sense of compassionate oneness with their body, learning from these young women about the empowerment of being in one's body.

Adopting feminist values has been shown to help both the development and preservation of healthy body image in women (Holmqvist & Frisen, 2012; Myers & Crowther, 2007; Rubin, Nemeroff, & Russo, 2004). When women identify with feminist values, they are able to identify the harmful discourse about women's bodies, resist this narrative, and find an alternative way of perceiving their bodies. The findings of this study confirmed this, as the women who spoke most in the voice of embodiment (the daughters) also spoke most in the voice of resistance, addressed media as a potentially harmful influence, and the importance of resistance dominant scripts about women's bodies. The women were able to resist themselves, both in their words and in their everyday actions. When doing this, the women were able to appreciate their beauty, but cultivate a sense of identity consisting of more than their appearance. These reflect feminist values and interactions with the sociocultural backdrop of their lives, but their spiritual practices and identity in God took the place of their appearance in determining their value as women.

As mentioned earlier, it was anticipated during the early stages of study development that

it would be difficult to recruit participants. This was thought to be the case given the prevalence of body-dissatisfaction in North American women, and how few women are thought to love their bodies. This, however, was not the case, as participants with healthy body image appeared to be readily available and eager to participate. It was initially unclear why this may be. Through the analysis stage of this study the daughter participants frequently reported feeling refreshed by being able to have a conversation in which they felt welcome to express the love they had for their bodies. When they said this they were also addressing the cultural norm to fat-talk as women, and how it would be socially inappropriate for them to say kind things about their bodies in the presence of other women. One woman included in her narrative how her refusal to participate in this dialogue excluded her from friendship with other women, and ostracized her within her peer group. This led us to believe that there are women who are in healthy relationship with their body, but feel unable to say these things aloud. They literally feel their words of body-compassion will be silenced culturally which contributes ultimately to the dominant discourse of body-hatred among women, as an alternative dialogue about bodies is muzzled. The narratives of these women, even as we selected them for participation, illuminated a need for women to speak kindly about themselves in the presence of other women. It is possible that sustaining this dialogue in the public space will remind other women that they too have the opportunity to opposed body hatred and choose a new way to relate to their bodies.

The surprise of having participants readily available also demonstrated both the importance of the research question, and the quality of the method selected. Through the women's willingness to participate in this study, and their responses to having the opportunity to discuss their sense of self and their bodies, the method proved to be rigorous. It was also revealed in how my own experience as a researcher, in addition to other members of the analysis

team, mirrored the experiences of the daughters: through connection and relationship, there was an opportunity for the voice of embodiment to emerge.

### **Implications**

**Clinical.** As previously identified, it is important for an alternative dialogue for women to be created for women to speak about their bodies. This was noted in both the interviews and in the pre-interview screening with women. The literature documents an overwhelming proportion of women are dissatisfied with their bodies, yet women who are satisfied with their bodies do not have the opportunity to vocalize this. Clinicians need to create occasions for women to speak about their bodies in this way. This may be in individual counselling, group or workshop settings, or through social advocacy. The source of the problems stem from patriarchal narratives of women, and in order to address these oppressive scripts, it is important for clinicians to make contributions in the public area, going beyond individual work and seeking to shift the dominant discourse.

The results of this study also yield valuable information for working with mothers. When clinicians are able to see mothers as a positive influence, this empowers mothers, and encourages them to participate in the lives of their daughters from a place of strength. Mothers no longer need to be blamed for how their children struggle, and certainly not without also being praised for how they work for the good of their children. The mothers in this study were not without fault, but did their best to protect their daughters from experiencing the same challenges they did. Seeing how the daughters were embodied, even though their mothers weren't, creates hope for the mother-daughter relationship, and reminds clinicians that body image and the development of young women is not as deterministic as once thought. There is always hope for young women to experience embodiment even if their mothers have not.

The most significant implications for clinical work relate to the prevention of disordered eating through the promotion of resilience and health. This is relevant for clinical work with mothers, daughters, and families. Clinicians should reinforce the importance of relational safety in the mother-daughter dyad, in order to allow daughters to experience themselves without feeling shamed or judged. This will allow the daughters to develop an identity rooted in who they are as people, not in their appearance. It was also heard in all dyads that mothers emphasized family meals, eating healthy, and cooking at home together. For some families this even included growing their own food. Mothers and families would benefit from having support from clinicians to engage in healthy meal preparation and cooking with their daughters. This is important for modeling and practicing normal eating behaviours, but it also serves as a way for mothers to connect with their daughters through time spent together. Through connection with their mothers, the daughters were able to feel safety in their identities and their bodies. It is important for clinicians to seek to foster strong and healthy mother-daughter relationships, particularly since they may contribute to women's healthy embodiment.

**Research.** The qualitative method used in this study created opportunities for women to share their experiences. For the daughters, this was particularly empowering as they longed for a venue to share their encounters with embodiment. This study demonstrates the strength of the Listening Guide method for allowing women the opportunities to speak, either finding or using their voices. This is a strength of the method, however because of its depth, there were other related experiences of women's embodiment which were not included in this present study. These include menarche and menstruation, birthing and menopause. In order to best capture these experiences of women, and create opportunities for them to speak freely about themselves, it is important for future research addressing women's experiences to be conducted using

qualitative methods.

Spirituality was seen as a protective factor for women against body-dissatisfaction. However, there is an absence of literature addressing faith or religious practices in this way. It is important to better understand how faith can act together with other sources of influence to empower or protect women, particularly from internalizing silencing gender scripts. Further studies could be conducted to assess how spirituality fits with the Developmental Theory of Embodiment, or the Tripartite Model. Conversely, it would be interesting to explore the development of embodiment of women who had no faith or religious practices.

All the mothers and daughters included in this study are biologically related. This study may have yielded different results if the mothers and daughters were not biologically related, but the mothers were adoptive or foster parents. The biological mother-daughter relationship may have contributed to the daughters' felt sense of safety and identity within their families. However, it is important to understand the relational dynamics in non-biological mother-daughter dyads in which the daughters are embodied and have experienced healthy attachment and secure sense of identity. Further areas of study may include recreating this study with non-biological mother-daughter dyads, or dyads of varying socio-economic status and culture. Additionally, this study could be recreated examining the relationship between embodied women and their fathers or peer group.

Mothers were not included in this study based on their body image. All mothers included struggled with negative body image in some way, and it is unclear how the stories of the daughters may have been different had their mothers felt differently. More would be understood about the mother-daughter relationship, as it relates to the daughter's healthy body image, if the mother also was embodied. Through a study of this nature, more could be understood about the

potential for progressive gains in embodiment: if a mother is embodied does her daughter still experience more embodiment, or is there a limit or ceiling to the experience of embodiment?

**Strengths and Limitations.** The relational nature of the qualitative method allowed me as a researcher to engage with participants on a personal level, getting to know their stories through their own voices. This adds depth to the information learned, while also empowering the women to share their stories. This was validating for the women, and created an opportunity for them to share and reflect in a way that they had not been able to before. It is often assumed that qualitative analysis limits sample size, and a small samples size prevents generalizability. The ideographic complexity revealed in these five dyads gave us a window into understanding the process of developing embodiment and ways that healthy embodiment can be fostered in the mother-daughter dyad. This allowed us to better understand the construct of embodiment with depth and thoroughness, even though it does not speak to statistically significant protective and risk factors. Because mothers are identified as an important influence on their daughters, it is important to emphasize the mother-daughter relationship component of body image development. This, however, neglects the other important factors that contribute to body image development. It may have limited the participant's reflection to their interaction with their mothers, or over-emphasized the importance of this relationship without creating opportunities for the daughters to explore other people or sources of influence.

The mothers' scores for the BAS and MBSRQ were unknown. As a result, the status of the mothers' body image was assumed based on how they spoke about themselves in the interview and with their daughters. This limits our understanding of the mothers' body image as it relates specifically to the daughters' body image, and how varying body image scores may be representative of how the mothers' spoke, and which voices they used or how often.

For some readers who prefer to read studies for inferential statistics, the sample size of this study may appear as a limitation; all participants were Caucasian and from upper-middle class Mennonite families. The intention of the study, rather, is to better understand with depth and richness the experiences of a group of women. The women included in this study, although each with unique narratives, share a life context in which exposure to media and sociocultural ideals of femininity are pervasive. The purpose is not to seek generalizability, but to understand what helped these women thrive, building a bridge of information empowerment and awareness for others.

While conducting the study, we were able to identify that certain details of the study design were limitations. As mentioned previously, the wording of certain questions at times implied the bifurcation of the body and self. This appeared to reinforce a dualistic conceptualization of the body presented popularized by Descartes, in which the body and self are two separate entities (Bordo, 1993; Piran & Teall, 2012). This emerged in questions such as “my body is” and “women’s bodies are”, and when asking women to describe their relationship to and with their bodies. These questions may have influenced the participant’s responses, reinforcing a dualistic experience of themselves. Through the process of conducting the study and completing analysis of the interviews, this bifurcation became more pronounced, as I found myself writing about “women and their bodies”, as opposed to just referring to “women” as a whole. These statements were meant to identify women, both in the study and globally, and then clarify about which dimension of their lives I was speaking, and not to imply that women’s selves and women’s bodies are different. However, through the process of conducting this study it became clear that the disconnection of the mind and body is a popular conceptualization of self, and it even influenced the design of the study. Though this was a limitation of the study design, myself

and other members of the research team experienced embodiment through understanding the participant's expressions of embodiment when listening to their voices. This shifted both our understanding and experiences of the self in a way that allowed us to see the complexity and wholeness of embodiment. This demonstrates the strength of the method while also highlighting the openness of analysis team, as together we allow the ourselves to hear the voices of the participants, allowing their stories, the data, to influence our own experiences and understandings.

### **Conclusions**

The research describing North American women's experiences of their bodies is frightening; more now than ever before, younger and younger girls are feeling dissatisfied with their bodies. They are learning to internalize the feminine ideal at an early age, discovering how the culture sees women's bodies, and how that affects their value in society. As a result, eating disorders as well as general body dissatisfaction are pervasive. The severity of the problem has triggered a necessary response from the academic and clinical community to better understand and treat disordered eating. This, however, has left academics, clinicians, and lay people hyper-focused on disordered eating and without an understanding of what it means, and takes, for young women to love their bodies.

My hope for this study was to learn more about women who have been able to see their bodies compassionately, and in doing so have rejected the cultural norms of body-hatred and self-deprecating dialogue. By dialoguing with these women and listening to their voices, I became hopeful that women do experience embodiment in a culture that urges them to do otherwise. In their journey towards embodiment, these women have wrestled with the dominant discourse about their appearance, and have ultimately chosen to see themselves differently. They

were supported on this journey by their mothers, who taught them about health and caring for their bodies, and created safety for the daughters to feel confident in who they are. Although the mothers were not perfect, they made gains to prevent their daughters from struggling in the ways they had. The daughters were able to know and feel assured in their mother's love, and have the courage to think critically about the world around them. They anchored their identity in how they believe God sees them, not in what the culture says about their appearance. In knowing themselves, and having a sense of what was true about them as women, the daughters were able to advocate for others, including their mothers, and dream of the day when they may be able to advocate for the children they may one day have. Their stories were full of connection with self and with others, and the hope of desiring to create a different world: a world where women's beauty is appreciated, but their bodies are not objectified and sexualized, and her appearance does not define a woman's worth.

Sue Monk Kidd (1996) opens her book *The Dance of the Dissident Daughter* with the following quote by Sarah Gilbert and Susan Gubar, "Women will starve in silence until new stories are created which confer on them the power of naming themselves" (p. i). The dominant discourse in North America is silencing and oppressive to women. It keeps women trapped, chasing an unattainable ideal feminine body, in order to secure an identity and status. As long as women feel there is no alternative dialogue, they will continue to experience silencing and oppression under these damaging patriarchal scripts. It is time for women to re-write the collective story of our bodies, to change the discourse to create freedom for ourselves, and for the women who will come after us.

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## APPENDIX A

## Online Screening Consent Form

**INTERGENERATIONAL VOICES: EXPLORING BODY IMAGE TRANSMISSION IN THE MOTHER-DAUGHTER DYAD**

**Principal Investigator:** Hillary L. McBride, M.A. Student in Counselling Psychology, Trinity Western University. Contact number 604.833.4574. Contact email address: hillary.grams@mytwu.ca

**Supervisor:** Janelle Kwee, PsyD, Faculty of Graduate Studies, Counselling Psychology, Trinity Western University. Contact number 604.513-2034 x 3870 or 778.823.0347. Contact email address: janelle.kwee@twu.ca

**Purpose:** The purpose of this study is to investigate young women's experience of healthy body image, and how it was shaped by their relationship with their mothers, and her mother's own body image. Due to the rarity of young women with healthy body image in Westernized cultures, researchers will seek to understand what took place in the mother-daughter relationship that contributed to the daughter's development of a healthy relationship with her body. This study is designed to inform the academic community, the community of clinicians, and most importantly young women and mothers, with the purpose of helping women develop resilience against unhealthy body image and disordered eating.

**Procedures:** The method chosen to conduct this research values the unique experience and input of each woman and the way each individual women speaks about her relationships with her body and the women in her life who helped shaped her relationship to her body. To be able to participate in the interview portion of this study, you must be a woman between the ages of 18 and 30. Based on your answers to the following questionnaire, you may be selected to participate in phase two of study- the interview portion. For the interview portion of this study, you will participate in a semi-structured interview where the researcher will ask you questions about your relationship with your mother, your perception of her body image, your own body image, and what contributed to the development of your body image. This interview will take place in the location of your choice, where you feel comfortable sharing with the researcher about your life. This interview will last between 1 and 1 ½ hours and will be audio-taped for transcription at a later time. If you are selected to participate in phase two of the study, you will be contacted by phone or email, and more details about the next phase of the study will be provided at that time.

**Potential Risks and Discomforts:** Participating in this first phase of the study may be uncomfortable, should you desire to participate in the study but are not selected to continue in phase two. Not receiving an invitation could occur for a variety of reasons, as the researchers are looking for women with specific criteria, one of which may be a score which is not significant enough to demonstrate the presence of a healthy body image. Should you not receive an invitation to participate in phase two of the study but wish you know your score, you will be able

to contact the researcher. If at that time the score you received creates emotional discomfort, a referral for counselling will be provided from the researcher.

**Potential Benefits to Participants and/or to Society:** Based on your self-selection to participate in the first phase of the study, you believe you have a healthy body image. That is something considered rare and unusual in Western Culture, and is something to be celebrated. For this reason, completing the questionnaire may help you think further about your acceptance of your own body, and how that has shaped you as a woman. Participating in this study will assist the researchers to better understand how healthy body image develops in women, and how it has been shaped by women's relationships with their mothers. This will not only help to better inform other clinicians and researchers about healthy body image, but will help to better understand healthy body image as a method of preventing disordered eating in women.

**Confidentiality:** *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 or as required by law.* If you are not asked to participate in phase two of the study, your scores and information will be kept in a locked filing cabinet in the researcher's locked office until completion of the study, upon which time they will be securely destroyed. Should you be invited to participate further in the study, your interviews will be recorded for transcription. Further details will be provided should you continue in the study.

"Please note that the online survey is hosted by "Survey Monkey" which is a web survey company located in the USA. All responses to the survey will be stored and accessed in the USA. This company is subject to U.S. laws, in particular, to the U.S. Patriot Act that allows authorities access to the records of internet service providers. If you choose to participate in the survey you understand that your responses to the questions will be stored and accessed in the USA. The security and privacy policy for Survey Monkey can be viewed at <http://www.surveymonkey.com/> "

**Remuneration/Compensation:** Upon completion of the online survey, participants will be asked if they would like to send their email address to the researcher, upon which time their name will be entered into a draw for a Starbucks gift card. There will be further compensation for participation in the interview portion of the study.

**Contact for information about the study:** If you have any questions or desire further information with respect to this study, you may contact Hillary McBride (604. 833.4574, [hillary.grams@mytwu.ca](mailto:hillary.grams@mytwu.ca)) or her researcher supervisor, Dr. Janelle Kwee, at (604.513.2034 x 3870 or 778.823.0347, [Janelle.Kwee@twu.ca](mailto:Janelle.Kwee@twu.ca)).

**Contact for concerns about the rights of research participants:** If you have any concerns about your treatment or rights as a research participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University at 604-513-2142 or [sue.funk@twu.ca](mailto:sue.funk@twu.ca).

**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time. However, your withdrawal from the first phase of the study will prevent you from participation in the second phase of the study.

By clicking `continue` you are indicating that you consent to participate in this study and that your responses will be used to determine if you are invited to participate in the second phase of

the study. Your contact information will be used to contact you should you qualify to continue with the study, and will otherwise be destroyed.

## APPENDIX B

## Consent Form

**INTERGENERATIONAL VOICES: EXPLORING BODY IMAGE TRANSMISSION IN THE MOTHER-DAUGHTER DYAD**

**Principal Investigator:** Hillary L. McBride, M.A. Student in Counselling Psychology, Trinity Western University. Contact number 604.833.4574. Contact email address: hillary.grams@mytwu.ca

**Supervisor:** Janelle Kwee, PsyD, Faculty of Graduate Studies, Counselling Psychology, Trinity Western University. Contact number 604.513-2034 x 3870 or 778.823.0347. Contact email address: janelle.kwee@twu.ca

**Purpose:** The purpose of this study is to investigate young women's experience of healthy body image, and how it was shaped by their relationship with their mothers, and her mother's own body image. Due to the rarity of young women with healthy body image in Westernized cultures, researchers will seek to understand what took place in the mother-daughter relationship that contributed to the daughter's development of a healthy relationship with her body. This study was designed to inform the academic community, the community of clinicians, and most importantly young women and mothers, with the purpose of helping women develop resilience against unhealthy body image and disordered eating.

**Procedures:** The method chosen to conduct this research values the unique experience and input of each woman and the way each individual woman speaks about her relationships with her body and the women in her life who helped shape her relationship to her body. To be able to participate in the interview portion of this study, you must be a woman between the ages of 18 and 30, and have completed the screening phase of the study verifying you have a healthy relationship with your body. Alternately, you may be the mother of a daughter between the ages of 18 and 30 who has already been selected for participation in the study. For the interview portion of this study, you will participate in a semi-structured interview where the researcher will ask you questions about your relationship with your mother, your perception of her body image, your own body image, and what contributed to the development of your body image. This interview will take place in the location of your choice, where you feel comfortable sharing with the researcher about your life. This interview will last between 1 and 1 ½ hours and will be audio-taped for transcription at a later time. During transcription, all the details which may identify you will be removed if you would like, during which time you will be able to choose the name to identify your story during the final research report. After the interviews of all the participants have been collected and reviewed by the research team, the results of the initial interviews will be shared with you. At this time, you will be given the opportunity to respond, and ask for changes to be made. When the study is completed, the results will be made available if you would like.

**Potential Risks and Discomforts:** Participating in this study may be challenging for you for a number of reasons. Although the study is about something positive, healthy body image, you may experience some emotional discomfort while sharing about your life, particularly if your relationship with your mother/daughter has been or is still challenging. All interviews are conducted by the primary researcher, who has training in counselling psychology. The primary researcher will not provide counselling herself, but her training will enable her to create a safe place for you to share your experience. The researcher will also provide you with a referral to a clinical counsellor should any emotional distress arise.

**Potential Benefits to Participants and/or to Society:** Participating in this study will assist the researchers to better understand how healthy body image develops in women, and how it has been shaped by women's relationships with their mothers. This will not only help to better inform other clinicians and researchers about healthy body image, but will help to better understand healthy body image as a method of preventing disordered eating in women. In addition, it is an opportunity to celebrate your body, to discuss how you've come to love your body, what has challenged your body image, and what you think may help others love their bodies.

**Confidentiality:** *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 or as required by law. For example, audio tapes and transcripts will be kept in a password protected folder on the researcher's computer. Paper copies of transcripts will be kept in a locked filing cabinet, which is located within the researcher's locked office. Audio tapes and transcripts will be kept until the completion of the research, and Trinity Western University has approved this study as meeting all its requirements for completion of a thesis for the Masters of Arts in Counselling Psychology program. However, because your experience of your body is exemplary, short audio clips describing significant details of your journey to healthy body image, or how your healthy body image has been maintained, are requested to be kept indefinitely by the research team for use in further research or for the promotion of healthy body image among women. These clips will not include any identifying information, and will be separated from the rest of your audio recorded interview which will be destroyed.*

**Remuneration/Compensation:** To thank you for participating in this study, you will be given a gift certificate of \$30.00 to a local book store or cafe (a few choices will be provided when setting up the interview time and place), or have the opportunity to choose to have the funds allotted for your gift card to be donated to the Looking Glass Foundation. You will also have the option of forgoing your individual compensation, for a \$60.00 gift card for a local restaurant to share with your mother (if you are the daughter participant of the pair) or your daughter (if you are the mother participant of the pair) to be able to share a meal together.

**Contact for information about the study:** If you have any questions or desire further information with respect to this study, you may contact Hillary McBride (604. 833.4574, [hillary.grams@mytwu.ca](mailto:hillary.grams@mytwu.ca)) or her researcher supervisor, Dr. Janelle Kwee, at (604.513.2034 x 3870 or 778.823.0347, [Janelle.Kwee@twu.ca](mailto:Janelle.Kwee@twu.ca)).

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**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without losing your reward. Your withdrawal from this study is not possible after the researcher has removed all the information which may identify you, as it will then be impossible to identify who you are. If you choose to keep your own name as identification for your story in this research, you will be unable to withdraw from the study after the data has been integrated into the data set. However, requests to change your name for publication of the research will be honoured.

### Signatures

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

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Research Participant Signature

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Date

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Printed Name of the Research Participant signing above

## APPENDIX C

## Interview Questions for Mothers

**Section 1: Mother`s body image**

- Tell me about your relationship with your mother
- Tell me what you remember your mother told you about her body, your body, women's bodies
- Tell me about what your mom did that either confirmed or contradicted what she said about women's bodies, or her body
- Do you think your mother had health or unhealthy body image? Why or why not?
- Is there anything she said or did that you wished she hadn't, specifically as it relates to how you see your body, her body, or women's bodies?

**Section 2: Personal body image**

- Tell me how you feel about your own body
- Tell me how what your mother said influenced your own body, and how you feel about your body
- Tell me about what your mother did that influenced your own body, and how you feel about your body
- How did your relationship with your mother shape your relationship to your body? What about women's bodies in general?
- Do you think you have healthy or unhealthy body image? Why or why not?

**Section 3: Daughter`s body image**

- Tell me about your relationship with your daughter
- Did you ever think explicitly about what you wanted to communicate to her about her body, your body, women's bodies?
- Tell me what you've explicitly communicated to her about your own body, her body, and women's bodies
- Tell me what you think you may have communicated without meaning to, about your body, her body, women's bodies
- If you could do it all over again, Tell me about the things you wish you communicated, but didn't?
- If you could do it all over again, tell me about the things you didn't communicate, but wish you had?
- How do you think your body image/relationship to your body influenced her and her relationship to her body/body image?
- Do you think she has healthy body image? Why or why not?

My body is: \_\_\_\_\_

Women`s bodies are: \_\_\_\_\_

## APPENDIX D

## Interview Questions for Daughters

**Section 1: Mother's body image**

- Tell me about your relationship with your mother
- Tell me what you remember your mother told you about her body, your body, women's bodies
- Tell me about what your mom did that either confirmed or contradicted what she said about women's bodies, or her body
- Do you think your mother had health or unhealthy body image? Why or why not?
- Is there anything she said or did that you wished she hadn't, specifically as it relates to how you see your body, her body, or women's bodies?

**Section 2: Personal body image**

- Tell me how you feel about your own body
- Tell me how what your mother said influenced your own body, and how you feel about your body
- Tell me about what your mother did that influenced your own body, and how you feel about your body
- How did your relationship with your mother shape your relationship to your body? What about women's bodies in general?
- You were selected to participate in this study because you have a healthy body image. Why do you think you have a healthy body image? Why do you think you have a healthy body image?

**Section 3: Daughter's body image**

- If you were to have a daughter one day, have you thought about how your relationship to your body /body image may influence her?
- If you were to have a daughter- what would you like them to know about your body? Your body image? Women's bodies in general?
- If you were to have a daughter, what would you like them not to know about your body? Your body image? Women's bodies in general?
- How would you help her achieve healthy body image?

My body is: \_\_\_\_\_

Women's bodies are: \_\_\_\_\_