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MOTHER MAY I?

FOOD, POWER AND CONTROL IN MOTHERS AND DAUGHTERS

by

LISA BORELLO

Under the Direction of Layli Phillips

ABSTRACT

Fourteen women in the United States were interviewed to determine the role mothers played in shaping their daughters' attitudes toward their bodies and eating, and the extent to which women negotiated the messages they received from their family and larger culture concerning weight and appearance. Results of this study complicated existing theories concerning the factors that most influence women's self-esteem and body image. The results demonstrated that the women within this sample engaged in a variety of disordered eating patterns, but did not recognize their own actions as out-of-the-ordinary; rather they re-produced familial and cultural messages about women's "normative body discontent." Despite their seeming adherence to cultural and familial pressures, women in this sample also demonstrated the ability to be agents and practice resistance within the boundaries and limitations of cultural structure. A number of strategies for gaining family or personal power were introduced.

INDEX WORDS: Body image, Food, Control, Disordered eating, Mother-Daughter relationships, Culture

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by

LISA BORELLO

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2006

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2006

MOTHER MAY I? FOOD, POWER AND CONTROL IN MOTHERS AND
DAUGHTERS

By

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Introduction

Feminist theorists have argued that a woman's body is the site of complex social and political struggles – that her body becomes the physical mechanism by which a culture's battles are fought. In this way, a woman's body is a carrier of multiple meanings, serving as a marker of femininity, a physical expression of racial and class expectations, of cultural restraints and of personal conflicts.

As a conduit of meaning, a woman's body has a particularly unique function within the family, serving as a tool to both receive and deliver messages concerning appropriate feminine behaviors and cultural values. In Western society, dominant ideology heralds ideals of slenderness, youth and whiteness; women receive these messages from numerous sources, including their own mothers. An examination of mother-daughter relationships can, therefore, provide a forum for discovering ways in which women navigate message concerning appearance, and the tactics they employ to protest or mirror social conventions.

Given the growth of eating disorders within the United States, prevailing discourse on women's body dissatisfaction, as well as omissions in theories about women's bodies, this remains an important topic of study. This study did not seek to universalize the experiences of all women. Not all women regularly diet and discipline their bodies, and not all women have poor body image or low self-esteem. And, certainly, not all women have emotionally unhealthy relationships with their mothers. However, this study did seek to interview a diverse group of women on the topics of their bodies, food and eating, and their family relationships, in order to examine the differences and

similarities among them. In letting women speak to their own experiences, the study demonstrated the flaws in existing theories on women's bodies, particularly those that examine the factors that influence women's self esteem. By incorporating an intentionally diverse sample of participants, this study also sought to include women who have previously been excluded from research on this topic. This study also explored the range of eating patterns, rather than focusing on a specific, diagnosed eating disorder. Results of this study complicated existing theoretical frameworks that dichotomize diagnosable eating disorders from all other "normal" patterns of eating. The results demonstrated that the women within this sample engaged in a variety of disordered eating patterns, but did not recognize their own actions of out-of-the-ordinary; rather they re-produced familial and cultural messages about women's "normative body discontent." Despite their seeming adherence to cultural and familial pressures concerning ideal female beauty, women in this sample also demonstrated the ability to be agents and practice resistance within the boundaries and limitations of cultural structure. The long-term hope of this project was to learn from the individual experiences of these women, in order to help generate new strategies that may help other women – both mothers and daughters alike – negotiate the complexities of living in culturally/socially/politically constructed body.

This study looked specifically at the mother-daughter relationship for several reasons. Although it was important not to dismiss the role of the father (if there is a male figure present), or other family members within the household, the mother-daughter relationship represented a unique site in which women learn about appropriate feminine roles and can be an important tool for looking at broader gender constructions and female relationships within the larger culture. Because of the preponderance of literature on the

role mothers play in their children's psychological attachments and identity construction, the mother-daughter dynamic can be another avenue to test whether mothers do indeed have a considerable role in developing a woman's positive or negative body image and self-esteem, or whether culture and a woman's race, class, sexual orientation and other identifiers play a more significant role. Finally, this particular relationship dynamic provides a useful site to explore the ways in which women can use their bodies to exercise agency or to be compliant, 'docile' bodies, and how their actions impact power structures within the family (Foucault, 1979).

This study sought to examine what role, if any, mothers or mother figures play in shaping their daughter's attitudes toward their bodies and eating, and the extent to which daughters negotiated the messages they receive from their family and larger culture. This study also sought to explore the ways in which women used their bodies and eating habits to seek family or personal power, and the strategies they employed in response to multiple, and sometimes, competing messages about their bodies.

The Social Construction of the Body

Theorists have argued that the human body is a cultural construct, rather than a single biologic entity. As a medium of cultural norms and restraints, the body plays an important role in modern power relations.

Nancy Scheper-Hughes and Margaret M. Lock (1987) write: "cultures are disciplines that provide codes and social scripts for the domestication of the individual body in conformity to the needs of the social and political order" (p. 26) As social and politicized bodies, individuals are inscribed with a culture's value system; these "cultural

constructions of and about the body are useful in sustaining particular views of society and social relations” (Scheper-Hughes and Lock, 1987, p. 19). For example, bodies in Western society are inscribed to reflect “the core values of autonomy, toughness, competitiveness, youth and self-control” (p. 23). Bodies – whether gendered, raced or classed – become a means to “signal, manage, and negotiate information about power and status” (Martin, 2003, p. 220).

Mary Douglas (1970) first introduced the idea that the body carries tremendous symbolic significance. Douglas argued that the body is a “text” in which complex cultural meanings are inscribed. The body as a symbol and conduit of social meaning became popularized in feminist discourse about the construction of the body beautiful. Eugenia Kaw (2003) argues that “bodily manipulation and adornment are symbolic mediums most directly and concretely concerned with the construction of the individual as social actor or cultural subject” (p. 185).

In *Discipline and Punish*, Foucault (1979) introduces the concept of ‘docile’ bodies, in which bodies become practiced entities, embodying social values (p.138). Much like the panopticon, in which prisons are designed to give the impression of an ever-watchful eye monitoring the actions of prisoners, other cultural institutions, such as schools, train bodies to act within a narrow range of normalizing behaviors. Subtle physical and mental disciplinary practices become a means of social control. In this way, Foucault argues that modern power is “maintained not through physical restraint and coercion, but through individual self-surveillance and self-correction to norms,” (quoted in Bordo, 1993a, p.191).

Feminists have expanded on this analysis by politicizing women's bodies and the ways in which they are manipulated by culture. Inscribed with homogenous standards of appropriate feminine behavior and idealized female beauty, the female body is a reflection of both existing social hierarchies and shared cultural anxieties over women's attainment of power. When a community or society's power is threatened, it responds by "expanding the number of social controls regulating the group's boundaries" (Scheper-Hughes and Lock, 1987, p.24). Allison Jaggar and Susan Bordo (1989) argue that women are trained in the "exacting and normalizing disciplines of diet, make-up and dress" in order to distract them from asserting their rights and battling social oppression (p.14).

Achieving Power through Discipline?

The traditional feminist model of the body set out to disrupt the notion that women's vanities are to blame for their own oppression, arguing that culture plays a large role in dictating women's "choices" concerning appearance. Feminists further complicate this theory by taking into account both the ways women are participating in their own sexism and the ways that shaping and decorating the body can be pleasurable and potentially subversive (Bordo, 1993a, pp.190-193).

Real "choice" in exercising discipline has been questioned by a number of theorists. Bordo (1993a) asks:

Do we really choose the appearance that we reconstruct for ourselves? The images of beauty, power and success, which dominate in U.S. culture are generated out of Anglo-Saxon identification and preferences and are images which, with some variations, are globally influential through the mass media (p.196).

Although Naomi Wolf (1991) believes that pleasure and playfulness are essential for a “pro-woman definition of beauty,” it becomes difficult to discern to what extent women seek pleasure from practices that are potentially harmful to them, particularly those who may undergo painful cosmetic surgery or other forms of bodily manipulation (p. 290).

On the level of the individual, power is attained by being in control of one’s body, though Bordo (1993a) argues that the “heady experience of feeling powerful, or ‘in control,’ [is] far from ... a necessarily accurate reflection of one’s actual social position.” (p.192) But the disciplined, slender body can be a source of individual and institutional power, since non-resistance can have very real rewards for women and, to some extent, in individual families.

The Idealization of Slenderness

As a type of practiced or disciplined body, the slender body is a reflection of social norms and existing power relations. Although standards of beauty have morphed to correspond with the times, the prevailing Western standard idealizes thinness. This belief is so pervasive that it “almost seems natural to assume that a thin body is aesthetically preferable to a corpulent one,” despite historical periods in which the opposite was heralded (Reischer & Koo, 2004, p.299).

Popular discourse suggests the link between disciplined bodies and self-control. In this framework, slenderness is a manifestation of this ability to exercise control, while obesity represents a transgression, a loss of control and failure at the individual level. Theorists (Bordo, 1993b; Scheper-Hughes and Lock, 1987; Thomsson, 1994) argue that Western culture has normalized the idea that, given enough self-control, all individuals

can change their bodies to meet the ideal – particularly through the purchase of products. Overweight women are then blamed for their own “moral failure to embrace ‘discipline’ and ‘will power’” (Dykewomon, 2002, p.454). “Weightism” remains a culturally accepted form of discrimination in the U.S. (Maine, 2000).

How we present our bodies is how we wish the world to see us. If women discipline their bodies to assert a type of social status, it becomes possible, then, that women will attempt to manipulate the bodies of their own daughters as a means to reinforce this standing. In this way, daughters speak not for themselves, but are a reflection on their mothers and their family’s status. Women who have “failed” to successfully create beautiful, thin, wealthy bodies in themselves may too attempt to negotiate via power strata vis-à-vis their daughters. Becky Thompson (1994) argues that a familial desire for a daughter to be thin may be a response to the “forms of economic, racial, ethnic, and religious discrimination they have encountered” themselves (p. 44). A push to adopt the white, middle-class standard can also be a manifestation of internalized racism or other form of oppression. Controlling their children’s body and appearance may also become another “choice” women of color make in “negotiating the complicated relationship of preparing children to fit into, yet resist, systems of racial dominance” (Collins, 1999, p. 209).

The family – both as its own institution of power, and as a subset of larger cultural power structures – can provide an opportunity to examine the extent to which resistance and agency are possible. An examination of the mother-daughter relationship may reveal the strategies women employ to move within and manipulate power

structures. The use of the physical body itself within the family structure may be seen as a tool to de-stabilize those structures.

Causes of Eating Disorders

In spite of evidence suggesting that other parts of the world are seeing a rise in disordered eating – possibly as a response to the influence of Western media – eating disorders are believed to be a “culture-bound” syndrome specific to Western society. Though statistics vary, it is estimated that as many as 8 million girls and women and 1 million men have been diagnosed with eating disorders, though the figure is believed to be highly underreported (Eating Disorders Coalition for Research, Policy & Action, 2006).

Researchers disagree over who or what is to “blame” for individuals who develop anorexia, bulimia, binge eating or other types of eating disorders; popular theories name individual psychology, the influence of family or the roles of the media, or a combination of these factors, as responsible for the epidemic. Some studies (National Eating Disorders Association, 2002; National Women's Health Information Center, 2004; Whitmire, 2006) are now suggesting the link between eating disorders and biology, claiming some women are genetically pre-determined to develop anorexia, bulimia, or another form of eating disorder.

Feminists have popularized the notion that eating disorders are a response to a culture obsessed with thinness and bombarded with mass-mediated image of idealized female beauty. However, they have traditionally excluded women of color, lesbians and those of lower socio-economic status, from their examination of this phenomenon,

working to wrongly universalize women's experiences based on the data from one group. Thompson (1994) further criticizes this "culture-of-thinness model" because it works to de-legitimize the experience of women of color, poor women, lesbians, and others who have struggled with disordered eating (p. 9). According to Thompson, the "depiction of middle-class women as vain and obsessed with appearance" is linked to assumptions about race, class and sexual orientation (p.12). This serves to normalize the idea that, because women are poor, black, or attracted to other women, for example, they are "not susceptible to eating problems" (p.12). Obsession with appearance also oversimplifies the varied reasons why women develop eating disorders, according to Thompson. She argues that many women develop disordered eating as a coping mechanism to emotionally deal with trauma; she states: "for many women, bingeing, purging and dieting begin as creative coping mechanisms in highly 'disordered' circumstances" (p.6).

Current theories surrounding eating disorders fail to uncover the ways in which the family – because it is a primary site for negotiating cultural messages and values – has the opportunity to reinforce or challenge rigid beauty standards. Individuals who attempt to disrupt family rules and standards about eating and appearance may be attempting to exercise agency within their only available forum. In other words, women may not be able to create change within a larger social structure, but within the family, their actions may initiate change, or at least disrupt, family roles and power differentials. Families may also use its members to disrupt existing social hierarchies, using women's bodies as a mechanism for negotiating or surviving within these systems.

Food and Power

Food and the act of eating are not simply reflections of biological necessity; rather, they are laced with complex cultural meaning. Food remains central in the social organization of most stratified cultures, and has evolved into an expression of global power differentials between genders, races, and classes. Women are assigned an enormous cultural responsibility as primary caretakers in the preparation and distribution of food, yet they are simultaneously socialized to reject food and the act of eating and to suppress their own needs and hungers. As an important dynamic in social relationships, particularly in mother-child relationships, the giving and receiving of food is intricately linked to intimacy and love.

Carole Counihan (1998a) argues that food and the process of eating are two of the ways in which power is negotiated and maintained, both at the family level and within the larger society. Conversely, “hunger is the clearest sign of powerlessness” (Counihan, 1998a, p.2) Being unable to satisfy one’s most primal needs reflects the individual’s lack of social power; hierarchical systems based on class, race and gender remain in place partially through “differential control over and access to food.” (p.2) Access to this power is highly gendered – in most cultures, it is men who are permitted to eat, to indulge their appetites and satisfy their hunger. This ability is a reflection of their standing both within the larger culture and within the family structure, and is further stratified by their culture, race and class.

On the surface, women’s control over the family’s health and nutrition vis-à-vis their meals seems a powerful role and yields them the opportunity to exert influence within the family. Positioned as the family “gatekeeper,” women control what is

purchased, prepared and eaten (McIntosh & Zey, 1998, p.128). But Counihan (1998a) argues that in their position of satisfying and serving others, women are ultimately placed in a position of subordination. Alex McIntosh and Mary Zey (1998) further argue that because men traditionally control the family's finances, they ultimately control the family's food decisions, further diminishing women's power within the family structure.

Denial of social power forces women to seek power and control through their over- or under-consumption of food. According to Counihan (1998b), "overeating and self-starvation are ways of asserting control, demanding attention and expressing anger" (p.155). Through these private actions, women violently and creatively express their lack of social and family power – these actions become their source of personal power.

Food and Idealized Motherhood

As mothers, women are made responsible for the physical and emotional health of their families – and ultimately, the nation as a whole. Food, as both a means of sustenance and a type of social glue, has thus been pivotal to the social construction of the "ideal" mother. In *Unbearable Weight*, Susan Bordo (1993b) argues that it is through the "denial of the self and the feeding of others" that women achieve this idealized status (p.118). Throughout most cultures, food becomes a visible and malleable symbol of maternal self-sacrifice and love.

The importance of the domestic sphere and the family sharing meals together first became popularized during the post-World War II era, and particularly during the 1950s, when "Leave it to Beaver" sitcom families were idealized (Bordo, 1993b; Coontz, 2000). Stephanie Coontz (2000) argues that this "traditional" family model – which involved

two-parent middle-class households, with husband as breadwinner – were heavily fictionalized, and failed to account for the diversity and realities between and among families. Though most families today no longer (or never had) have formal meal times, the act, at least symbolically, continues to have significant meaning. Within the microcosm of the household, the meal and the ritualized act of eating come to symbolize the “emotional needs and social stability of the family” (McIntosh & Zey, 1998, p. 127). In preparing the meals, women are charged with bringing the family together, of creating environment and atmosphere conducive to producing “harmonious family life” (McIntosh & Zey, 1998, p. 130). It is through the very preparation and serving of food that women “speak the language of love and care” (Bordo, 1993b, p.123). In this framework, women’s own emotional needs are met through the giving of food and they “receive their gratification through nourishing others” (p.123).

However, the unequal distribution and consumption of this food also symbolizes women’s lesser role within the family structure. Women are taught to sacrifice their own needs for their families, specifically male family members. In many cultures, both as an expression of economics and patriarchal social relations, mothers would “eat after other family members, or she would select a smaller and less desirable portions to herself” (Orbach, 1986, p.60). Women reproduce unequal power dynamics by breastfeeding their sons longer than their daughters and by saving “choice pieces of meat for the ‘man of the house’ or ‘growing boys’ more often than for their growing daughters or themselves” (Steinem, 1995, p.209). Though this may not be normative across families and cultures, it relays important messages about women’s needs. It may reinforce normative ideas that women don’t need the same nourishment as men, or that women’s “own families may

consider female bodies to be less deserving, less needy and less valuable” (Steinem, 1995, p.208). Steinem further argues that women’s hunger and sacrifice works to reproduce larger social inequalities – women’s deprivation, in turn, “decrease[s] the energy for rebellion among wives and daughters” (p.210). There is little opportunity to challenge or change social conventions when one’s mind and body are starved.

Food and Love

Food and the very concept of what and who a mother is are deeply interwoven – it is a fundamental part of family dynamics and the nature of relationships. In this way, food is the most powerful symbolic mediator of maternal love.

Feeding and the ritual of eating becomes a metaphor of “experiences of closeness and intimacy” (Orbach, 1986, p.52). In *The Art of Eating* (1976), M.F.K. Fisher writes: “Our three basic needs, for food and security and love, are so mixed and mingled and entwined that we cannot straightly think of one without the other” (p. 353). And it is the very presence of food that invokes the image of “mother” (Orbach, 1986, p. 99).

If food is the way mothers show love, then it is also how women receive it from their families. Family members relay how they feel about each other through the accepting of food, and how they express its receipt. The family’s appreciation and “positive receptivity” to the meal she has prepared plays an important role in a woman’s self-worth, according to Orbach (1996, p.55). In giving food, mothers expect some type of gratitude from those they feed – in short, they too are looking for love and intimacy.

Because of the connection between food and maternal love, food and the process of eating then can become a powerful mediator of our feelings toward our mothers. We

demonstrate a range of emotions – from anger to loneliness – through what we eat and how we chose to eat it, conveying deep messages of how we, in turn, feel about our intimate relationships and ourselves. Deborah Lupton (1986) argues that food and eating transcend biological urges to nourish ourselves; instead they are both “central to our subjectivity or sense of self, and our experience of embodiment, or the ways that we live in and through our bodies” (p.1). Because mothers are responsible for feeding their children, the means by which they serve, present, restrict or indulge them is pivotal in constructing their children’s attitude toward food, and, in turn, their psychological attachments (Orbach, 1986).

In times of crisis or duress, we seek food to appease loneliness and fear; seeking it: for the same comfort and reassurance it brought us in childhood” (Orbach, 1986, p.98). Our rage toward our mothers is also expressed toward food, driving us to “bite, gobble, devour and tear” as a means of mitigating our intense feelings (Orbach, 1986, p.98). Orbach (1986) writes: “the child who lives through and loves with the mouth is already constructing that hunger knot in which identity, the beginnings of the mother-separation struggle, love, rage, food, and the female body are entangled” (p.99).

It is within this context that women develop a distorted approach to eating and are unable to discern between their physical appetites and their emotional hunger. Over-eating can be an avenue to swallow hurt or anger, or restricting can be a means to numb these feelings. Mary Pipher (1995) argues that rejecting food can also be a means of rejecting or punishing the person offering it. Susan Haworth-Hoeppe (2000) argues that children typically use food – and specifically refusal to eat food – as a means to rebel against their families. In her study of white, middle-class women, both with and without

eating disorders, Haworth-Hoeppner discovered that women's refusal to eat was employed as a "strategy to gain control over their environment during childhood" (p. 224). Though limited in its generalizability because of its sample, Haworth-Hoeppner theorizes that "food restriction or weight control can be a mode of adaptation that functions as both a method of self-improvement and a form of resistance (to parental authority)" (p.224).

In the mother-daughter relationship, a daughter's rejection of her mother's food also takes place in a social context in which women take value in the feeding of others. Refusal of food can thus be a powerful means of relaying complex feelings and asserting subjectivity. Consciously or subconsciously, women may use food to negotiate their feelings toward their families.

Gender Essentialism and the Social Construction of Motherhood

Dominant Western ideology concerning motherhood purports that "all women need to be mothers, all mothers need their children and all children need their mothers" (Tong, 1998, p.80). Though feminists, particularly radical-libertarian feminists, have argued that the idea that children need their mothers to become well-adjusted, functional adults is "the most oppressive feature of the myth of biological motherhood," it remains a pervasive concept (Tong, 1998, p.81).

Classical theories, including attachment and psychoanalytic theories, have sustained the notion that biology is responsible for the mother-child bond (van Mens-Verhulst, 1995). Because only women can have children, they are "natural" mothers who possess a powerful and instinctive bond with their offspring. These constructions that

relegate women to mother-first, human second status assign them the sole responsibility of meeting all their children's needs – and sacrificing their own. Women who do not conform to these rules, or who chose to construct their identity beyond that simply “mother,” are pathologized as “degenerate or unwomanly” and labeled as selfish or as failures (van Mens-Verhulst, 1995, p.527).

Anthropologist Nancy Scheper-Hughes (1985) complicates the idea of biological motherhood and “mother love” in her research with Brazilian Alto women who are socialized to be estranged from their children because of the community's high infant mortality rates. Scheper-Hughes argues that the “theories of innate maternal scripts such as ‘bonding,’ ‘maternal thinking,’ or ‘maternal instincts’ are both culture and history bound” (p.310). Alto women, like other Third World women, develop new strategies to motherhood in response to their economic condition; motherhood becomes about ensuring survival, rather than “bonding” or “loving” their children in the Western sense. Still, most theories about motherhood are based within a limited framework of “middle-class, white, Protestant, capitalist, patriarchal America” (Scheper-Hughes, 1987, p.309).

Despite feminist theoretical attempts to complicate the “naturalness” of motherhood and critically examine the nature of the household that confines women to subordinate roles, Janneke van Mens-Verhulst argues that theorists continued to perpetuate the myth of a “perfect mother who can satisfy human desires for love, nurture, empathy, and needs for protection and reassurance, and who relieves anxieties, discontents, loneliness and self-responsibility” (pp.527-528). These depictions of idealized femininity and motherhood are inherently linked to class and race – excluding a large number of women who do not meet these white, middle-class standards. However,

it is important to note that even the majority of white, middle-class women are unable to meet this idealized concept of the “perfect” mother. Patricia Hill Collins (1999) further argues that the traditional feminist framework theorizing motherhood inadequately address the complexities and oppressions facing women of color. The model, which relies on the male-in-public, women-in-private dichotomy, and thus the two-parent household, “distorts the experiences of women in alternative family structures with quite different political economies” (p.198). According to Collins, “for women of color, the subjective experience of mothering/motherhood is inextricably linked to the sociocultural concern of racial ethnic communities – one does not exist without the other” (p.198). Rayna Rapp (1999) further suggests that “women’s experience with the family varies systematically by class because class expresses the material and social relations upon which their household bases rest” (p.193). Because of women’s “varying placement in systems of privilege, whether race, class, sexuality, or age,” they form “divergent experiences with motherhood” (Collins, 1999, p.213).

The Re-production of Gendered Expectations

Feminist theorists state that it is within the context of the family structure that its members learn their proper roles and are socialized to behave in gender-appropriate ways. The mother-daughter relationship then becomes the primary way in which women learn about femininity. Orbach (1986) argues that while this structure forces the mother to take the lead role in directing her daughter to what is considered culturally appropriate for females, the mother does this with a type of ambivalence. She states: “the mother who herself lived a circumscribed life in patriarchy, has the unenviable task of directing

her daughter to take up the very same position she has occupied” (p.43). In reinforcing patriarchal limitations on womanhood, mothers have the ability to reproduce their own oppression in their daughters. But if women chose to not reinforce this range of “normative” behaviors – from restricting their appetites to serving others first – they leave their daughters “adrift in a hostile world without survival strategies” (Debold et al., 1993, p. xv). In teaching their daughters to submit to cultural expectations they protect their daughters from being “cast as a misfit” – but at the expense of their daughter’s subjectivity (Orbach, 1986, p.43). But the question remains, who benefits from this act? And what do mothers gain from this social training?

Still, Orbach fails to paint an accurate picture of the role of mothers in socializing their daughters, since it is written from the white, middle-class mother-daughter perspective. “Survival strategies” vary greatly depending on the circumstances of the specific family. Collins argues motherhood is a “subjective experience,” depending largely on one’s place of power or subordination (p.198). Penington’s (2004) study of African-American and European American mother-daughter relationships further demonstrates the strong need among African-American mothers to “protect their daughters”; whereas European American mothers were less likely to express this as an important function of their roles as mothers (p. 30).

The mother-daughter relationship becomes the central site in which these “good” mother/“bad” mother dynamics play out. In this culture, mother-daughter relationships are constructed as naturally contemptuous and competitive; it is considered normative that this relationship is charged with “mutual powerlessness, avoidance and blaming” (van Mens-Verhaulst, 1995, p.535). The relationship becomes “reconstructed as a space

in which daughters and mothers both have to struggle for their subjectivity” (van Mens-Verhaulst, 1995, p.533), in which daughters are urged to direct their own “anger toward and hatred of women’s oppression at [their] mothers” (Debold et al., 1993, p.25).

Food – as a metaphor for the mother, intimacy and attachment – can serve as the focal point in this relationship (Chernin, 1985, p.101). The daughter will assert her need for independence and autonomy through her body, and her consumption of food. To reject food through restriction is a way to reject the mother. Overeating can be seen as a rejection of the patterns of eating and of the types of food presented by the mother. It can also be viewed as a rejection of the mother. Food becomes a very powerful mediator in these power struggles, with the daughter “aim[ing] her mother-rage at her own body” (Chernin, 1985, p.93).

Pelican et al. (2005) argue that, though rare, women exercise resistance by refusing to adopt the negative attitudes of themselves conveyed by other people, including their own mothers. However, the authors attribute women’s ability to reject negative influences – such as the urge to diet – because of their own critical thinking or problem-solving skills, or their personality traits of rebelliousness or protective strategies. While this theory does give women some level of control at the individual level, it suggests that resistance is an exception, rather than commonplace. It also suggests that non-resistance is an irrational, passive act that yields women no control or power.

Sharing Anxieties, Shaping Appetites

Food is inherently linked to the cultural concept of motherhood – one does not exist without the other. If the idealized mother is associated with mealtimes and food

preparation, this responsibility ultimately trickles down to the daughter. In socializing their daughters to behave in gender-appropriate ways, mothers also play a large role in teaching their daughters about hunger and fullness. Like femininity, hunger is a social construction that “operates as a practical ‘discipline’ that trains female bodies in the knowledge of their limits and possibilities” (Bordo, 1993b, p.130). To deny oneself food and to choose not to satisfy one’s appetite becomes an important lesson in learning proper femininity.

As gatekeepers of food and their family’s needs, the mother may replicate the limitations of femininity to her daughter. Bordo (1993b) states that “mothers unwittingly communicate to their daughters that feminine needs are excessive and bad and they must be contained” (p.326). This lesson is intended to train girls within the essentialist framework – reinforcing that women are “natural” caretakers who attend to others’ needs before their own. To be a “good” woman and mother, women must curb their own emotional needs. This virtue of self-sacrifice embodies the role women take on in their intimate relationships. In this way, to feed others before yourself is to give and receive love; to be loved, a woman “must hide her emotional cravings, her disappointment and her angers, her fighting spirit” (Bordo, 1993b, p.326). Some women learn – and teach – that there is inherently “something wrong with what she wants and what she needs” (p.326).

Thompson (1994) further argues that a “girl’s body may become the battleground where parents and other relatives play out their own anxieties” (p.28). Messages women receive from their own families can be a powerful influence, and they can relay important rules about a family’s culture, race, and class-based value systems. Thompson states: “it

is through these familial and cultural lenses that young girls make judgments about their bodies and their appetite” (1994, p.28). But the extent to which these actions of monitoring, guiding and directing, are conscious or unconscious is difficult to discern.

Mothers relay their own anxieties about eating vis-à-vis their daughters and reinforce patriarchal notions of the idealized, slender body by encouraging their daughters to restrict their own food or to diet for the first time (Orbach, 1986).

According to Orbach (1986):

The mother herself, the recipient of daily messages to restrain her desire for food so that she can be the right size for today, brings a version of that worry to her daughter. She wishes to feed her well and healthily, but at the same time such attempts may be undermined by concerns that the children may turn out too ‘greedy’ and want too much. Other mothers, unable to feed themselves appropriately, engage with their daughter’s food needs to the point of obsessiveness. Through the process of projective identification, they encourage their daughters to eat whenever they want, thus reaping some narcissistic gratification in the process (pp.80-81).

In directing their daughters’ appetites, mothers lead their children without the ability to develop their own gauge of hunger and satisfaction. Women with eating disorders report an intense fear of food and eating, suggesting that their “early eating experiences were tense and problematic” (Orbach, 1986, p.64) Orbach’s research shows that women with anorexia or anorexic-like tendencies report that, as children, meals at home were centered on “rigid order or chaotic confusion” (p.64).

Pipher (1995) argues that it is in refusing to eat or restricting their appetites that women feel they have control over their lives (p.11). It is perhaps within this framework, in the control over their own appetites, that women can begin to exercise resistance. But in the process of dieting, many women lose touch with their own internal cues about hunger and fullness, setting them up for a lifetime of disordered eating (Pipher, 1995).

And ultimately, as Thompson argues, “some methods of coping may serve women in the short term but may be counterproductive psychically or physically over the long term.” She states: “the progression of eating problems is a powerful example of how and why eating is not a strategy of liberation” (p.106).

Teaching Body Acceptance

Because of their socialized role as primary caretaker – whether that is the reality of the specific family structure or not – mothers can play an important role in guiding their daughters to accept their bodies. Rather than becoming another critical voice girls hear – from their male peers, female friends and media images – a mother has the power to promote her daughter’s sense of self. However, Debold et al. (1993) argue that this stands contrary to what most women are socialized to do – be harshly critical of themselves and other women’s appearances (p.208).

On the other hand, daughters who resist these messages may disrupt normative family rules, in addition to cultural messages. Mothers who teach body acceptance may arm their daughters with the strategies needed to disrupt dominant discourse on the body – or their efforts may fail to overshadow culture’s influence.

Significance of Project

Current studies have failed to adequately address the ways in which women negotiate the complexities of cultural and family messages concerning food and their bodies. Specifically, emphasis has been placed on either the family or the culture as contributing to women’s body dissatisfaction. Studies that provide the perspective of

daughters only work to sustain mother-blaming by placing tremendous importance on the mother's role. Other studies de-emphasize the role of the mother, or make a concerted effort to ensure women are not responsible for the pain of their daughters. In being overly cautious to resist mother-blaming, these theorists blame the culture that binds women to lesser roles; in this framework, women are simply bound by social conventions that require them to teach their daughters to discipline their bodies. This approach paints women as simply victims of patriarchal standards of beauty, and fails to adequately address the ways women both contribute to and comply with this structure, and the ways in which they can fiercely resist. Studies, for the most part, are also likely to be written from a white, middle-class perspective, and fail to account for the diversity of backgrounds of women, and the role race, class, sexual orientation, religion and other markers of identity, influence a woman's body image. An over-examination of white, middle-class women tends to generalize women's experiences as being beauty- and body-centered, dismissing the role a woman's race or class has in her identity formation. Lastly, existing studies are more likely to explore the extremes of a woman's response to cultural or family expectations; specifically, an emphasis on either anorexia or over-eating dichotomizes the experiences of women who experience a range of disordered eating habits or behaviors.

This study sought, not to universalize women's experiences, but to account for some of the gaps and flaws in the existing literature. Results of the study demonstrated that a woman's body image was influenced by a number of factors, countering existing theories that argue women's self-esteem is impacted by either the family or larger culture. The study also complicated theories about eating disorders, which construct a polarizing

belief that there is a “normal” way to eat. The results demonstrated that all women engaged in some type of disordered eating pattern; however, the messages they received by both the family and larger culture about how women should be unhappy with their bodies normalized and justified their own actions. This led women to re-image “safe” or “healthy” eating as an avoidance or “extreme” patterns, such as anorexia or obesity. The study also showed that, despite women’s seeming compliance with cultural structures, they generated strategies to survive within and disrupt these systems, practicing agency and resistance as opposed to being victimized.

Chapter 1

Methodology

This study aimed to examine how women's relationships with their mothers and/or daughters have been constructed around food and body image. This study explored the extent to which mothers influence their daughters' attitude toward food and their bodies. This study also sought to understand how mothers and daughters have attempted to use food and/or their bodies to gain personal, social or family power. By interviewing women, who identified as "daughters" and some that identified as "mothers" (though they are also daughters), the research sought to explore the ways in which women negotiate messages they received within the broader culture, and those they receive within the home. This study also sought to uncover the strategies women employed to resist familial and/or cultural pressures.

Criteria for the inclusion in the study were: a) women are of adult age and living in the United States (country of origin could be outside U.S.); b) women identified as "daughters" have been raised primarily by a female, whether biological, adoptive, relative or other descriptor, and have no biological or adoptive children of their own; and c) the women identified as "mothers" were likewise raised primarily by a female; in addition, they are raising or have raised a female child or children. This child could be biological, adoptive, related or some other relationship defined by the participant. This study was limited to women who had female models raise them, in order to study the direct influence of mothers on their daughters' habits concerning food. Mother-daughter pairs were not examined, in order to prevent family-specific conclusions. This study instead

aimed to examine how families, in general, operated within the framework of larger society.

Recruitment

Participants were contacted in two main ways for inclusion in this study: a) through network sampling; and b) through chain referrals from mothers or daughters participating in the study. “Snowball sampling” is a type of network sampling method traditionally used to study hard-to-find populations (Bernard, 2006, p.192). In this approach, key informants are identified and asked to name potential participants until the sampling framework is saturated (Bernard, 2006).

An attempt was made to ensure there was a diverse sample of women interviewed, in terms of socio-economic status, race, age, religion and sexual orientation, in both the “mother” and “daughter” categories. Women with diagnosed eating disorders were not specifically recruited for this study, but did comprise some of the sample participants. This allowed the researcher to examine the broad range of experiences, both positive and negative, concerning food, power and intimacy within the mother-daughter relationship.

The majority (eight of 14) of the women interviewed for this study were professional or personal friends of the student researcher; they were directly contacted by the researcher either in person, or via telephone or e-mail to solicit their participation and schedule a face-to-face interview. Two of the women (both “mothers”) interviewed were personal friends of one of the study participants who contacted them on behalf of the researcher to inquire about their willingness to participate. The researcher then contacted each of those participants directly over the phone to tell them more about the study and

schedule an interview. Several of the “daughters” were recruited via a personal friend of the researcher who herself was not interviewed for this study. Again, the researcher contacted them directly to arrange the interview. Both of these participants then asked each of their female partners to participate in the study; we coordinated the interviews to take place directly after one another based on the availability of both women. I choose to interview both personal contacts and those I had no prior relationship with in order to diversify the sample, in terms of background and range of experiences.

No biological mother-daughter pairs were interviewed for this study; in several instances, participants voluntarily offered to contact their daughter, mother or other female relative on the researcher’s behalf for additional subjects. The researcher specifically chose not to interview related women, in order to avoid an emphasis on family-specific issues, as opposed to larger cultural issues. However, the sample did include two sets of same-sex couples who were both interviewed for this study. The researcher interviewed each woman separately in order to prevent influencing the data or skewing the woman’s responses. During those individual interviews, these women did make references to their partners, as did the majority of the women participating in the study.

The women were not compensated for their participation. Women were informed of the study’s purpose, procedures, as well risks and benefits through the use of an informed consent form, which they were required to sign. Based on a model developed by Georgia State University’s Office of Research Integrity, the form explained the scope of the project, the requirements of participation and included information on how participant confidentiality would be maintained by the researcher (Appendix A).

The Interviews

Fourteen women were interviewed for this study; interviews took place during May and June 2006. Interviews took an average of 1 hour and 23 minutes and were audio-taped. The shortest interview was 35 minutes; the longest was two hours and nine minutes. The “daughter” interviews ranged from one hour to two hours and nine minutes; the average length of all “daughter” interviews was 99 minutes. The “mother” interviews ranged from 35 minutes to one hour and 40 minutes (100 minutes); the average length of the “mother” interviews was 67 minutes. A total of 1,162 minutes, or 19 hours were recorded and transcribed.

Unstructured interviews were used in this study. This type of interviewing, which uses open-ended questions, “maximizes discovery and description,” allowed the researcher to generate theory and account for the diversity of women’s experiences (Reinharz, 1992, pp.18-19). This technique allows participants to speak to their “lived experience,” which can be particularly useful in studying sensitive issues (Bernard, 2006, p. 213). According to Russell Bernard, effective probing is a critical element of successful interviewing; the objective is to “stimulate a respondent to produce more information, without injecting yourself so much into the interaction that you only get a reflection of yourself in the data” (p.217). The interview questions were divided into the following groups: a) personal background, b) body image, c) hunger/fullness and attitudes toward food and d) relationship with mother and/or relationship with daughter (Appendix B). Follow-up prompts were used, as needed, to clarify a question or elicit more of a response from the women.

The researcher had initially intended to interview a total of 20 women – 10 “daughters” and 10 “mothers.” However, the researcher believed data saturation had been reached prior to meeting that numeric target (Glaser & Strauss, 1967). As a result, a total of 14 women were interviewed.

Concerning personal background, women were asked to define themselves demographically, in terms of race, ethnicity, class, education, and occupation; women were then asked to talk about their families. In terms of body image, women were asked to describe their body image and self-esteem now and discuss whether that had changed over time; they were also asked to name the factors that contributed most to that concept. With hunger/fullness and attitudes toward food, women were asked to describe some of their current eating habits, their eating habits as children, and the types of emotions or events they associated with some of those patterns. Finally, women were asked about the relationship they had with their mother; “mothers” were also asked to talk about their relationship with their daughters and their own mothers. They were asked what types of messages they received from their mothers and/or delivered to their own children concerning their bodies, food and eating.

The study protocol was approved by the Institutional Review Board at Georgia State University prior to the start of the interviews. The researcher received online human subject training prior to approval of the study. Successful completion of the “Course in the Protection of Human Research Subjects” was a requirement for conducting this type of social behavior research.

Informed consent was obtained from each of the participants who signed a pre-approved consent form outlining the purpose, risks, and benefits of the study. Participants

were given a copy of the informed consent for their records; the informed consent also included contact information for the student P.I. and faculty advisor, should participants have any additional questions concerning the research.

Participants were asked to self-assign their own aliases. In one instance, two women (one “mother” and one “daughter”) selected the same name; in order to differentiate, I asked one of the women to choose an initial for a last name. Throughout the interviews, participants referred to family members by first name; in order to protect confidentiality, the names of children, parents or siblings are not included in these narratives. Rather, they are replaced by a neutral descriptor, such as “her mother” or “youngest daughter” placed in brackets within the text. In some cases, a woman’s race, sexuality or class is noted in order to provide context within the narrative. In addition, a “D” for “daughter” or “M” for “mother” is placed next to a participant’s alias in order to help the reader understand the levels and experiences each woman was speaking from.

All interviews took place in person in a number of different settings. Each of the participants was asked to choose where they would prefer to have the interview take place, and were told by the researcher in advance to choose a location where they felt most comfortable, since they would be discussing their personal experiences. Most of the interviews took place in the participant’s private home; three were conducted in an office setting; and three took place in restaurants of the participant’s choosing. One of the interviews took place in the researcher’s private home; and one of the interviews took place in a public play area, in order for the “mother” to supervise her child.

In interviewing both friends and strangers, I had a level of concern that women with whom I had a prior relationship would be less willing to be candid, because they felt

uncomfortable revealing personal details about themselves to someone they would see on a regular basis. I also had concern that women I had not previously met would be less open with someone they didn't know or didn't know if they could trust. In interviewing women of differing backgrounds, in terms of race, class and sexuality, I was also concerned some women would be less-forthcoming because of that division. As a qualitative study, women's willingness to be open was a key part of generating data and deriving theory for this research; I felt it was critical to the validity of this study that women felt comfortable with me as an individual and felt they could trust me. In both cases, I tried to ameliorate some of this by reinforcing the strict confidentiality of the study and providing assurance that any identifying details about the participants would not be attached to their names in the completed study. With those I had not met before the interview, I talked to them on a personal level for several minutes prior to the beginning of the interview, in order to build a rapport with them. Despite my attempts to mitigate any discomfort or uneasiness, it was likely that some of the women did withhold information or personal details. I believe, overall, the women were extremely open and willing to share their personal experiences with me.

The Participants

As the researcher, I made an attempt to ensure the sample was diverse, in terms of race, socio-economic level, relationship status, age, sexual orientation and other identifiers (See Appendix C). Prior knowledge of the participants, whether personally or as communicated through an informant, provided a means to assure diversity within this sample. Though the sample is not completely monolithic, the inclusion of difference is

not intended to justify universalizing the experiences of all women both in this study and in larger culture.

The majority (10) of the participants self-identified as Caucasian; two identified as African-American; and two identified as bi-racial (African American and Latino). One of the Caucasian participants was in an interracial relationship and was raising two bi-racial children.

Four of the women self-identified as lesbian or bi-sexual. One of the women was divorced; two women were seeking a separation from their male spouses. Three of the women had previously been divorced and had re-married. One was single (had never been married) and the remainder were married or in a committed monogamous relationship.

Women ranged in age from 25 to 51. “Daughters” ranged in age from 25 to 48; “Mothers” ranged in age from 25 to 51.

All of the “mothers” interviewed for this study had at least one female child; several of the women had more than one daughter and several also had one male child. One of the “mothers” was also pregnant at the time of the interview. Their children ranged in age from 2 to 25 years old.

Six of the seven “daughters” interviewed were raised with male or female siblings. Two of the “mothers” were raised as only children; the remainder had siblings or step-brothers and step-sisters.

The majority of the women considered their current economic status to be “middle class,” though a number of them did not consider their actual income to reflect their lifestyle (reported living above actual means). Several reported they were currently

“upper middle class” and two self-reported as “working class.” A number of the women reported being raised in “affluent” families but now considered themselves to be of a lower economic status; several of the women reported they grew up “poor” or “working class” but had since elevated their personal socio-economic status.

All of the participants had graduated from high school. Eight of the participants had received college degrees; of those, three had received advanced academic degrees, ranging from master’s to doctorate. A number of the participants also reported having attended some college but had not completed their degree.

The women’s occupations varied. Six of the women were employed by universities in the metropolitan Atlanta area in various administrative and teaching roles. Several of the women worked in marketing or a creative field and two worked in the hospitality industry. Two of the women were stay-at-home moms.

All of the participants were living in Georgia at the time of the interview. The majority were born and raised in the Southeastern United States; several had relocated from other parts of the United States but had been living in Georgia at least 10 years prior to the interview.

Six of the seven “daughters” were raised in two-parent households; one was raised solely by her mother and had little to no contact with her biological father. The majority of “mothers” were raised by a single mother, or raised jointly by their biological mother and step-parent. Two of the women interviewed had a mother who passed away prior to the interview.

A number of women used the terms “battered heads” or “co-dependent” to describe the relationship they had with their mothers. Some described their mothers as “distant”

or “controlling.” Some of the women described their mother as their “best friend.” One of the women was the full-time caretaker for her terminally ill mother at the time of the interview.

In describing their relationships with their own children, a number of the women said they were “close” or were “best buddies” with their daughters; most women said their current relationship with their own children was much more intimate or closer than they had with their own mother. Both mothers and daughters alike described how the relationship with their mothers have improved over time or evolved into a more “friend” or “sister” dynamic; many attributed therapy to these improved relationships.

The majority of the “daughters” self-disclosed that they had sought or were currently receiving therapy from a trained counselor; one of the “mothers” self-disclosed she had sought treatment. One of the women disclosed she was recovering from an eating disorder; one of the participants had an immediate female relative with a diagnosed eating disorder. The majority of the women interviewed reported that they were currently on a diet or were actively trying to lose weight. The majority of the women, including those who were not dieting at the time of the interview, self-reported that they were unhappy or dissatisfied with their current weight.

Analytic Technique

Interviews were analyzed using thematic analysis. Thematic analysis is a qualitative form of analysis and is defined as a process-oriented approach that involves using a systematic technique of identifying and coding themes.

Richard Boyatzis (1998) defines a theme as a “pattern found in information that at minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon” (p. 4) Boyatzis states that thematic analysis has a variety of purposes and can be utilized as: “a way of seeing; a way of making sense out of seemingly unrelated material; a way of analyzing qualitative information; a way of systematically observing a person, an interaction, a group, a situation, an organization, or a culture; or as a way of converting qualitative information into quantitative data” (p.4-5).

Using thematic analysis requires the researcher to develop four distinct abilities, as outlined by Boyatzis. There are the abilities to: sense themes; recognize codes and encode them reliably; develop codes; and interpret the information within a theoretical context or conceptual framework.

Thematic analysis is used by scholars in the humanities and social sciences, such as sociology, psychology, cultural anthropology and a number of other fields, including the hard sciences. Some researchers consider the use of thematic analysis to be problematic in that the methodology allows for greater researcher error than other qualitative methods. Boyatzis states that the process of categorization, classification and interpretation may be skewed by: the researcher’s own value system or opinions (projection); “convenience” sampling techniques; and the researcher’s own fatigue and boredom during data collection and coding process. He offers a number of remedies to preventing or lessening the impact of these obstacles (p.12-16).

For this study, I developed themes systematically using an inductive approach, rather than generating themes deductively from theory and previous research. Also known as data-driven codes, this method allowed the researcher to construct a theory

from the raw information (p. 30). The benefit of using this approach is that its proximity to the raw data increases the reliability of the code.

In this process, I first reduced the raw information to a manageable level. In this step, the transcripts for each unit of analysis were read and re-read in order to process and condense the information. A summary outline was then created from each transcript. Themes were then identified within the sample and compared for patterns and similarities within the subgroups (“daughters” and “mothers”). After identifying these patterns a list of preliminary themes was generated.

Several main themes emerged from the data. These were: influences on body images and self-esteem; messages about body, weight and appearance; food and control; and strategies for negotiating a gendered body. Within each of those four main areas, sub-themes emerged from the data, which are explored in further detail in each chapter.

The results of this study are thus not meant to be generalizable, since they offer an interpretation of meaning. The comprehension of meaning is linked to one’s subjective experience, both of the researcher and of the participants. Rather, this research can be seen as a beginning tool for examining the experiences of a variety of women in the areas of body, weight and appearance.

At the conclusion of the interview, participants were asked if they had anything they wished to add or clarify to the topic; a number of participants expanded on previous statements or suggested areas for future research. Participants were also told to contact the researcher should they decide at a later time they wanted to add any additional comments.

A number of participants directly asked to be given a copy of the study upon its completion; upon hearing the first request, I offered to provide all participants a copy of the completed study. I also asked them to feel free to share their feedback about the study findings. As a feminist researcher, I felt it was important the participants were involved with the entire process, and understood that their input was valuable to me and my future research.

Interviews were audio-taped using a digital voice recorder; the researcher also took notes throughout the interview. Each participant's interview was transcribed and typed verbatim, with grammatical errors, by the researcher.

The interviews were heavily quoted throughout the chapters, in order to allow women to speak to their own experiences.

Chapter 2

Influences on Body Image and Self-esteem

Body image can be defined as an “individual’s subjective evaluation of her size, weight, or any other aspect of physical appearance” that is highly personal in nature (Wolzson, 1998, p.546). Theories concerning the factors that influence women’s body image and self-esteem focus on the role of the family and the role of culture as the main avenues through which women develop their senses of self.

Because of the construction of mothers as natural caretakers within culture, they are often considered pivotal in constructing their children’s attitude toward food, and, in turn, their psychological attachments (Orbach, 1986). How women feel about their bodies – and a range of other emotions – is often seen as the responsibility of the mother (van Mens-Verhulst, 1995). Research on eating disorders has likewise demonstrated the impact mothers have on their daughters’ body image. Other studies (Pelican et. al, 2005) examining body image discussed how women’s low self-esteem was linked directly to a critical parent.

In contrast, the socio-cultural perspective hypothesizes that culture plays a predominant role in shaping women’s self-esteem. Specifically, Western feminists (Bordo, 1993b; Kilbourne, 1994; Wolf, 1991) argue that culture creates a narrow standard of female beauty that most women “fail” at achieving, reproducing cycles of self-hatred. In this perspective, there is emphasis placed on the role of the media and advertising industry in perpetuating unrealistic standards for beauty among women.

These same theorists argue that an over-emphasis on the role of mothers helps to sustain cultural mother-bashing.

However, the participants in this study did not articulate how they felt about their bodies within the limitations of these two frameworks of analysis. Instead, the women most often described their own sense of self-esteem as fluid and changing drastically at different points in their life, depending on their personal circumstances. Most women did not consider one single factor or person to be responsible for how they viewed their bodies. Rather, they recounted experiences or influences happening in tandem that impacted their self-esteem.

Participants discussed a number of factors that contributed collectively to their current sense of self-esteem and body image. The factors most commonly named were specific individuals, recognition of body difference, periods of weight gain and loss, and the influence of cultural standards of beauty. Each of these areas will be further explored within this chapter.

Individual Influences

Women named individual persons as having a large impact on their notion of self; they most-often talked about the direct influence of family members, peers, and a partner or spouse. Under family members, participants most frequently discussed the importance of their mother in shaping their self-image, either in a positive or negative way.

She always positive never negative, if I did say something negative about myself she was like there's nothing wrong with you...when I first got a mole on my face, I thought I was going to die and my mom was like it's going to be OK... (Tasha, M)

having a critical mother who used to talk about everyone's body and what they looked like and when she would see people on TV and say she's gaining weight, so that kind of stuff. I would hear all of that and anyone she would see she would say that. She wouldn't even think that she was being critical because that's just what everyone did that she knew. (Sheila, D)

Among all individuals named, mothers were central in delivering and responding to messages about their daughters' bodies; most women also discussed the overall impact their mothers had in shaping other aspects of their identity. Most participants, including those who were raised in two-parent households, indicated their fathers had little influence over how they viewed themselves. One participant discussed the presence of a stepfather as having a significant negative influence over her body image.

Only a few of the women described how a critical partner affected their image. Emma (M) talked about how her ex-husband was hyper-critical of her weight gain following childbirth and her self-esteem "plummeted" as a result. However, most of the women described how, despite a negative person or presence in their life, they often found a partner that was affirming. Linda (M) said her husband "would treat me the same, love me the same" no matter what size she was; Amy (M) said even during periods of dramatic weight loss and gain, her husband is supportive "because the weight is not who I am." Only three of the women described wanting to alter their bodies to appear sexually attractive. Often, women expected a partner to be accepting of their bodies as is. However, despite this positive presence, many of the women continued to have anxiety about their weight.

Recognition of Difference

Most often, women in this sample were more concerned with their own immediate surroundings, rather than culture-at-large, in terms of how they viewed their bodies. All of the women in this sample discussed comparing themselves to other women around them, which either raised or diminished their own self-esteem. Women's recognition that their bodies were different and somehow not "normal" or "beautiful" largely impacted their self-esteem. Often it was someone else – usually a parent – who pointed out difference and drew dichotomies about who or what was beautiful.

In their search for comparable bodies, a number of the women addressed the role siblings and other relatives had in shaping their body image. They were not viewed necessarily as an outward critical voice, but rather as a visible sign of comparison and difference. For example, they saw a brother or sister as a familiar and present body by which to gauge their own; often it was a parent that pointed out the differences between them and their siblings. Jayne (D) described how she was made to feel different than her brother:

[my brother] was almost encouraged to eat and it got to the point where I was almost discouraged from eating...I have one memory – that I'm sure my mother wouldn't remember or at least deny – one Easter, I don't remember how old I was, but I had two other cousins and one was girl and other was a boy, and the girl was like my brother, high metabolism and very thin. All the other kids got Easter baskets with chocolate and M&Ms, those big pound bags of M&Ms and I got books, which is great because I love books, but I think I was on a diet at the time, I honestly don't remember, but I got books and fruit,. That shaped my childhood, those are the kinds of things I remember. (Jayne, D)

Another participant recounted a similar experience with her stepfather treating her half-sister differently in terms of the foods he would allow.

he was never that way with my sister. She was going to be a lot taller, and in his genetics, since he wasn't my biological father, people tend to be skinnier, so he was no where near as hard on her, so she got to eat whatever she wanted. He would go to the McDonald's after picking her up from day care and get her a coke and fries. (Emma, M)

In both examples, food was used to draw divisions and mark "abnormal" bodies. In contrast, women recognized if their own bodies were seen as "beautiful" as compared to someone else's. Maryann (D) described herself as immune from her mother's criticism because she was "incredibly blessed with my mother's body type." Her sister, who had a different body type, did not have that experience.

she would very much praise me for how slender and tall I was and not even realize that she wasn't praising my sister. (Maryann, D)

As the recipient continual praise, she was able to develop strong self-esteem and confidence.

Women also expressed there were simultaneous factors that contributed to how they felt about their bodies and themselves. This forced them to have to negotiate among numerous critical and negative influences. Jayne (D) talked about how her mom's criticism, coupled with developing earlier than most of the girls in her school, made her feel that her body was "freakish." Being and feeling "different" contributed to her body discontent.

Many of the women described not having a true sense of their size or bodies until they had children and witnessed their bodies changing. Danielle S. (M) described how having children, and subsequently gaining weight as a result, negatively affected her body image. She also recalled not having an awareness of her body size until after childbirth.

...so my body image is definitely negative because I need to lose weight... I was just always really tiny, never thought anything of it...Maybe because I was always so little and I never had to try, and so it was something I never gave any thought to, but then the older I get, the more conscious I am of it. (Danielle S., M)

In negotiating her newly discovered feminine body, in her ability to have children, Danielle S., like other mothers in the sample, were likely to experience a drop in their self-image.

Recognition of difference was also filtered within the context of consumer culture. The act of shopping was commonly seen as a negative trigger for women, in terms of how they felt about their bodies – it created a space in which women were reminded or recognized that they did not meet cultural standards, and should thus not feel good about their bodies. Specifically shopping for clothes and bathing suits were seen as acts that diminished women's self-confidence.

I can be a size 12 or size 16 and still feel good about the way I look but it's frustrating because it's kind of like the minority issue comes into it when you go shopping in stores and there's only so many, I mean the size are very limited, so that bums you out, you think, man, I'm having a hard time finding something and then I get something in my size and it's like a tent and I don't want to wear that...(Katherine, D)

The standard that women compared themselves to was almost always decided by someone else, often their own family members. In witnessing their family members' reaction to their bodies in opposition to another's, the women came to view their own bodies with contempt. In watching their own bodies change – developing curves or shape – they felt more different and ashamed. Further attempts to elevate their own sense of self were also further diminished by recognition they didn't "fit" cultural ideals.

Weight Loss and Gain

The majority of the women in this sample directly linked their self-esteem to their weight. The heavier a woman thought she was, the less likely she was to have a high self-esteem. Conversely, women who experienced extensive weight loss had a more-positive body image. In both cases, women had internalized larger cultural standards about the importance of thinness as a measure of self-worth.

Nina described how a period of weight gain made her “hate” herself:

When I got married I was at 230 and I was horribly overweight, I just felt awful about myself and felt awful about life, I thought I lost years of my life because I was so unhappy with my body, I didn’t care what I put on it, what I put in it, I hated everything, I hated myself, I hated people who liked me, I hated feeling the way I did, I hated not being pretty, I hated everything and I was really miserable. (Nina, D)

Periods of weight gain were seen as major self-esteem crushing moments, in which a woman’s weight and physical appearance surpassed any internal value she had about herself. Full body acceptance was also contingent on losing more weight. Even among the women in the sample who articulated that they had a “pretty good” self-image, they all expressed an interest in losing weight. Conversely, women who experienced significant weight loss – often following a relationship break-up – defined that time in their lives as one of the happiest with themselves, in terms of body image, though one of unhappiest on an emotional level.

Other women described being unhappy with their body changing with the aging process, specifically their metabolism slowing down and making weight loss more difficult. In these cases, as in with their pre-childbirth bodies, many women seemed to describe a feeling of nostalgia for their “former” bodies, even though most didn’t express a desire to achieve that particular physique again. Rather, it was viewed as a type of

individual accomplishment and a reminder of what their bodies were capable of looking like.

Culture

In this sample, none of the women discussed feeling directly affected by mainstream media images, but did acknowledge the potential of unrealistic standards of beauty as disruptive to a woman's self-esteem. Several of the mothers discussed their concerns over how media images were negatively impacting their daughters.

Instead, a number of participants described how their self-esteem was largely tied to their membership in a sub-culture or non-mainstream racial group. These participants placed more emphasis on the messages that were relayed to them from others within their subgroup, rather than "mainstream" messages about weight and beauty.

One participant described how not meeting a certain standard of beauty within the African-American community could adversely affect a woman's self-esteem.

...To me, society needs to accept females for the size that they are because everyone has different body shapes. As far as the African American community, they don't need to be just looking at the butt because the butt is not the only thing in a female and that's where our community looks at more than anything. It makes a female's self-esteem go down a little bit because if she doesn't have that big butt... (Danielle, D)

Tori (M) described how, despite her mom playing a positive role in building and reinforcing her self-esteem, her bi-racial identity made her feel "different" than her African-American mother.

My mom was true brown and she would get her hair done every two weeks and my hair would only go in a ponytail and she had a booty and all I had was boobs, but, you know, I wanted what she had, I wanted what I thought was attractive...my mom's friends always told me I was beautiful, my mom always told me too, but I was still comparing myself to her at that point.

She then described how a move during childhood to the South increased her body satisfaction because she more closely fit in with the regional standard of beauty.

...and then I moved here and it was great. Where I went to school there's a standard in the black community, light skin and long hair, so somehow I was supposed to be better... (Tori, M)

In this case, she identified primarily with her African-American mother, which guided how she viewed her own body. As she shifted locations to a community that embraced a varying standard of beauty, she was able to feel more confident in her body because she mirrored that beauty standard.

Abby (D) likewise described how her identification as a lesbian and involvement within that social network affected the way she felt about her body. Although she found the lesbian community “more accepting” in terms of variety of body types, she struggled with finding where she “fit” along the spectrum:

...and so once I finally found my place, found where I was supposed to be, that's when all the bad shit happens that everyone's always talking about little girls growing up with. I don't give a shit if Barbie's skinny, it's like apples and oranges, that doesn't compute to me, but show me Shane from 'the L Word' [television show] and the rest of that cast and now I have 7 points of comparison to see how I want to look – and how I definitely can't look...

As a teen-ager exploring her sexuality, she didn't see mainstream, heterosexual culture as a viable marker by which to measure herself, and thus didn't identify with those standards. Her identification as a gay woman didn't protect her from feeling pressure to look a certain way – rather, it provided a different standard with which she had to negotiate.

These examples demonstrate both that “culture” is a subjective thing, and that each culture has its own appearance standards. Since no one culture operates in isolation,

its standards may or may not be influenced by another value system. “Culture” in this sense was defined as the woman’s immediate surroundings and how she defined her core identity. How women identified themselves played a role in what types of messages became the most influential over their self-esteem. However, accepting or rejecting those messages was further negotiated and stratified by their other identity as a sexed body. The more layers to a woman’s core identity, the more cultural messages about beauty she had to navigate through.

Theories about women’s bodies have perpetuated the idea that either all women are susceptible to white, middle class standards of beauty, or are somehow immune to these messages because of their membership in a sub-culture. The universalization of all women’s experiences further oversimplifies the reasons why women engage in disordered eating or have low self-esteem (Thompson, 1994). But even generalizing the concept of a woman’s self-esteem as linked to weight can be problematic because it diminishes the importance of other markers of beauty or value within a culture. For example, research supports the idea that African-American women, as a whole, tend to have a higher self-esteem than white women, regardless of their weight (Lovejoy, 2001). However, this too works to universalize women’s experiences within this group, and ignores that there are standards of beauty within the sub-culture that women aspire to attain. Several women in this sample discussed the cultural aesthetic value of having large, well-shaped buttocks within the African-American community, and described feeling “a-cultural” because they didn’t meet those standards (Linda, M).

All cultural groups have their own standards of beauty – they may be seen as more accepting or less-oppressive compared to white, middle class standards of beauty,

but for those within the subculture who don't meet those standards, their self of self-esteem could be negatively impacted. Negotiating your own sense of self between and among these cultures reinforces the need to adapt to and survive among various pressures and messages about weight, beauty and appearance.

In this chapter, the main influences affecting a woman's self-esteem and body image were explored. The women within this sample identified individuals, usually critical parents, as highly influential. They also considered their relationship with their bodies to be fluid and their self-esteem to be impacted by a multitude of different factors. Recognition that their bodies were "different," on both an immediate and larger cultural level, as well as periods of weight loss and/or weight gain, diminished or elevated their body image. The issue of appearance standards within various cultural groups was then discussed.

These findings pointed to a gap in existing theories about the factors that influence a woman's body image. Rather than supporting theories that either mothers or culture plays a predominant role, these women's experiences demonstrated a myriad of influences working in conjunction to affect their never-static view of themselves.

The mother's direct role in communicating messages about a daughter's body, weight, and appearance are further addressed in the next chapter.

Chapter 3

Messages about Body, Weight and Appearance

Normalization of the female body remains an “amazingly durable and flexible strategy of social control” that exists, though in varying degrees, across racial, cultural and socio-economic lines (Jaggar & Bordo, 1989, p.14). Naomi Wolf (1991) names this social control “the beauty myth,” arguing that images of female beauty are used as a “political weapon against women’s advancements” (p.10). Other theorists (Faludi, 1991; Weitz, 2003; Jaggar & Bordo, 1989) argue that demands on women’s physical appearance are part of a counter assault on women’s rights, a backlash to retract victories of the feminist movement.

In addition to signaling messages about morality and self-control, “beautiful” bodies – thereby trim, slender bodies – relay information about socio-economic status. Women who don’t fall into this narrow standard may still internalize mass media messages of white beauty standards. Kaw (2003) argues that “racial minorities may internalize body image produced by the dominant culture’s racial ideology and, because of it, begin to loathe, mutilate and revise parts of their body” (p. 185). This argument concerning racial self-hatred, however, is not always valid or a typical experience for women of color. For some women, adherence to a cultural standard of beauty and slenderness can allow them to actualize fantasies of social distinction, despite their current social position. For other women, disciplining the body through diet and exercise can also be seen as a normative part of “performing” their current class status.

Theorists (Orbach, 1986; Debold et. al., 1993) have argued that, in their desire to teach their daughters to survive in a culture that values slenderness and narrow standards of beauty, mothers teach their daughters to guide their lives by the “never too thin” mantra. Some theorists have argued that women of color have likewise internalized these standards as an expression of or avoidance of oppression (Thompson, 1994). Adherence to mainstream cultural norms, such as the “cult of slenderness”, is considered a core family value and is vital to a women’s upward social mobility.

As demonstrated by both the mothers and daughters in this sample, mothers served as the family’s primary vehicle for relaying messages about normative female beauty, bodies, weight and appearance. Within this sample, mothers most often reinforced cultural ideals of slenderness and normative female body discontent in both overt, vocal ways and implicitly through their actions. However, mothers also attempted to counter negative messages their daughters received. Both mothers and daughters recognized the conflicting position in which mothers were placed in culture, in wanting to protect their children and prepare them for living within a culture with little space for resistance.

First, the types of messages mothers relayed about cultural disdain for “fat” will be discussed. Then, the manipulation of women’s bodies as a way to attain social power is addressed. Next, the concept of how body discontent was constructed as a normative condition among women is examined. Lastly, the role of mothers in mediating these cultural messages concerning their daughter’s weight and appearance are addressed, from the perspective of both mothers and daughters.

Fat Hatred

Cultural disdain for “fat” or overweight bodies was replicated within the households of the majority of the women in this study, regardless of background. In this sample, mothers or female relatives, for the most part, reinforced societal notions that fat equals bad and that, with enough discipline, anyone can and should change their body. This most often took the form of direct criticism to their daughters or a vocalized discomfort for overweight people.

Women recounted experiences when their mothers verbalized to them that they needed to lose weight or watch what they were eating:

...mother, every time I would do that [gain weight], would let me know that I was getting too fat and needed to go on a diet and that’s when the restriction would start. (Sheila, D)

I get upset sometimes when she says it’s going to go to your hips. It gets old after a while. (Danielle, D)

She’d say you got fat and she wouldn’t say anything else, she’d say you got fat, what are we going to do about it, and she’d pay for Weight Watchers and pay and sign me up for a gym or something to encourage me. (Linda, M)

Almost all of the women in the study, regardless of background, could recall at least one instance in which their mothers directed a negative comment to them about their weight. Even suggestions that their daughter should “minimize” or “suck in” were interpreted as critical messages by the women in this sample, though the extent to which they took them seriously varied based on how they felt about their mother. Women also discussed how they felt as though their mothers were watching or monitoring their bodies. Jayne (D) described how, even though she wasn’t sure her mother was actually doing it, she “would always feel like she was watching my body and sizing me up.”

Women also recalled various experiences in which their own mothers or other female relatives verbalized their disdain for people who were overweight. Some of the women then internalized these messages and repeated the cycles or passed along their own judgments about fatness and obesity.

...this weekend we went shopping...we would park near Macy's and come up through the plus size department and she would always say 'This is the big momma's section.' There was always a little something negative about people who were fatter and sloppier, and so being fat was a negative thing to my mother, even though she doesn't, I don't know that she would consciously know that she was doing that...but absolutely my mother's a judger anyway, it's very easy for her to judge people like that and she'll make a comment about people we didn't even know, just walking around.
(Maryann, D)

She discussed how she tried to avoid making those same judgments about individuals but found it difficult at times because "there's so much of my mother in my head that is like that, I try not to be a judger of people and it's harder because I still have all those things that she would say in my head."

Sheila (D) talked about how her mother's own low self-esteem made her overtly critical of overweight women: "for mother, it's uncomfortable to see someone that's heavy, because of her own self-identity, she can't tolerate it, so she has to make a comment about it." Several of the women described how anxiety over appearance and weight gain became an intergenerational concern that was passed along to them by the women in their family. Nina (D) described how her grandmother's verbal hatred for overweight people had a large influence in how she viewed her own mother's weight:

I don't want to see her [my mother] so overweight anymore. When I see her and she comes for a visit the first thing I saw – the first thing I see when I see her is her weight – and I get very upset. I was very upset when I saw her this last time because she was heavier and I was pissed. My grandmother hated overweight people – overweight was bad, bad...My grandmother was always a very petite lady and she took great pride in

being a petite lady and she would talk to me about my aunt and she would be like ‘that just disgusts me, it grosses me out,’ she would say that she just wished my aunt would move away and she hates that she’s so big and she just doesn’t want to touch her. Basically everything I would say about my mom, my grandmother would say about my aunt. (Nina, D)

However, a number of the women did recognize these negative patterns and had made or were trying to make attempts to not replicate the kinds of judgment they had learned.

Other women also discussed how they, as adults, confronted their mothers when they would continue to make comments.

Social Mobility

The marking of class on the physical body serves to reflect and re-produce social inequalities (Bourdieu, 1984). Classed bodies thus hold distinct social and symbolic meaning – certain behaviors or appearances become associated with varying economic status (Williams & Bendelow, 1998). Sandra Bartky (2003) likewise argues that women’s mastery of the idealized feminine body is a “way of announcing one’s economic level and social status” (p.37). In conforming to this white, middle-class standard of beauty, having a slender body is an essential part of earning “cultural capital.” Other measures of bodily discipline can likewise be employed to gain social power. In her study of Asian-Americans who undergo “double-eyelid” surgery to appear more Western, Kaw (2003) found that the women who elected this procedure did so not for aesthetic purposes, but “almost always for improving their social status as women who are racial minorities” (p. 188). The surgery became a “means by which they hope to acquire ‘symbolic capital’ in the form of a look that holds more prestige” (Kaw, 2003, p.188). Becky Thompson (1994) likewise argues that a family’s desire for a daughter to be thin may be a response

to the “forms of economic, racial, ethnic, and religious discrimination they have encountered” themselves (p. 44).

In this sample, the majority of the women reinforced cultural ideas that a women’s body was the key to her upward social mobility. The body was a tool by which to communicate the family’s social standing – either as it existed or what it aspired to be.

Many of the messages women received about weight and appearance were linked to their mother’s concerns about them surviving in the professional world. Many of the women discussed how excess weight was relayed as something that would inhibit them from being successful.

My mother was never shy about it – she said there was no way anyone could be fat and successful. She said America was built on impressions and a lot of it was smoke and mirrors and in order to get ahead, you had to look the part...Her whole philosophy is you’ve got to be smart enough to back it up, but your smartness, you have to come across as someone who looks sharp and is sharp...She put the fear of God into me about getting fat on a daily basis – I used to dread picking her up from the airport if I had gained weight. We’re not talking she wanted you to be reed thin, but she did not want any fat at all...and she never got fat, she’s absolutely gorgeous. (Linda, M)

Linda (M) said this philosophy was supposed to prepare her for surviving in the “cruel” world. Another participant stated: “when you go for jobs, they take you more seriously when you’re a smaller person or have a small frame than a bigger frame” (Danielle, D).

This message was communicated by her mother, a successful African-American businesswoman. Collins (1999) has argued that a mother’s attempt to control their children’s body and appearance may also become another “choice” women of color make in “negotiating the complicated relationship of preparing children to fit into, yet resist, systems of racial dominance” (p. 209). An emphasis on weight may also be a reflection of obesity as a major health problem within the African-American community (Lovejoy

2001). The experiences of some of the women of color within this sample seemed to have affirmed Collins' theory. However, the majority of the women throughout this sample had learned or had taught similar messages, regardless of their background. Still, it should be noted that most often weight was not necessarily specifically linked to success, but rather that a woman's appearance, in general, was important to success. One of the participants described how she conveyed that message to her daughter:

Some of it is, in the professional world, you know, to me, if you want to succeed professionally you have to put your best foot forward and that means looking the best that you can – you look nice, you look presentable when you go for an interview, you dress appropriately for whatever job you're doing. I've told that to [my daughter] - sometimes she'll get out of bed and not want to put makeup on and I'm like it appears that you don't care how you present yourself to the public or don't care how the public sees you, and in a job that's important. (Danielle S., M)

In this way, messages delivered and received about appearance reinforced cultural ideals of normative femininity and appropriate gender roles. Always wearing makeup in public was commonly emphasized and reinforced, and a number of women recalled being forced to wear "frilly dresses" (Amy, M) or were explicitly told by their mothers to "not leave the house with a baseball cap on" (Katherine, D). Within their daughters, mothers were re-producing the ideal female body and training them in proper feminine roles (Tong, 1998).

The importance of appearance was often considered a core family value and many of the women talked about the expenses their families would willingly incur to "improve" their appearance. Many of the women talked about how their families sacrificed financially in order to provide braces or other "corrective" treatments for them or their children. Maryann talked about how her family spared no expense for her acne treatment:

I remember having this conversation, like, should we spend this money – it was like \$3000 and all that stuff – and so we did, that’s how much my mother wanted me to be perfect. And it was like should we do this and my mother was like substitute teaching at the time and my father was self-employed and not guaranteed the business to do well or whatever and that’s how much she wanted me to look perfect, that they were willing to pay whatever it was. (Maryann, D)

The majority of the women in this sample internalized the importance of appearance. For those women who didn’t have the financial means for various treatments, there was still an emphasis on appearance in other ways, such as makeup or clothes.

Most often, women embraced – whether consciously or not – those values about dieting and body maintenance, on some level, whether as children or adults. Most of the women had recognized that their bodies were reflections of their mothers – and thus were supposed to communicate their family’s social standing. Maryann discussed how her physical resemblance to her mother added an increased pressure on her in terms of appearance and action. To her mother, being “classy” was an important value, whereas to “look cheap or like trailer trash” was “the worst thing in the world to be.”

it’s like the ultimate compliment is someone tells me I’m classy, it’s better than anything you could tell me, it’s such a common word that she used, it’s so important to her, not that I necessarily be the skinniest person or what, but it’s that I carry myself and dress well and speak well because I absolutely represent her. (Maryann, D)

Many of the women also described how their mothers tried to ensure their daughters had everything they didn’t have growing up – and often that included more “feminine” things or experiences. One woman described how her mother made clothes for her dolls or enrolled her in beauty pageants – all the things she didn’t have as a young girl in a poor farming town. Another woman talked about how her mother enrolled her in a “nice,

expensive modeling school” because she thought it was a “good education and discipline” (Katherine, D).

In contrast, one of the participants described how, despite her mother’s emphasis on appearance and looking like a “lady,” she felt immune from pressures to maintain a certain “image” because of her social class. Body maintenance was seen as something undertaken by people “with more money.”

We didn’t have a whole lot of money, so I wasn’t like I have to have this shirt or these kind of shoes. I was more socially active than worried about what I looked like. (Amy, M)

However, this example is somewhat of an anomaly among the sample. Across the sample, being of a lower economic standing didn’t necessarily mean a woman was less focused on appearance, nor did women with higher income levels report being more appearance-oriented. Regardless of position – including lower income – the majority of the women received messages about the importance of body appearance, demonstrating the pervasiveness of thinness and performing proper femininity as widespread cultural values.

Normative Body Discontent

Within the family structure, most of the women in this sample reported being taught, both in overt and subtle ways, that, because they were women, they should be unhappy with their bodies. This was communicated in several ways: *implicitly* through their mother’s own body discontent and visible body maintenance, and *explicitly* through the process of actively “sharing” diets or body frustrations with their children.

These messages often included ideas that body discontent was a normal part of being female and that dieting was something to share or engage in with other people.

Jayne discussed her mother's attitudes about dieting, which mirrored a number of other women's comments:

... it's almost like engrained in her that it wasn't a big deal, that watching your weight and things like that and being such a monitor of it, it was just normal to her, to her it was just a normal woman thing and not something that made me special or different. (D)

Interestingly, this normative discontent seemed so pervasive that one of the women stated feeling "guilty" that she did not share the same body anxiety as her family, friends and partners. Maryann (D) stated: "So I've almost felt guilty because I don't have to do that, you know what I mean, because I've never had to worry about my weight."

Because of this common discontent, dieting became a critical "bonding" activity within female relationships. Other women discussed sharing diet tips or their frustration over their weight with their mothers.

I think my mom has the same struggles I do and I've seen her do the same patterns, kind of, with her weight. I mean there were times when, there have been maybe 2 or 3 times when we've passed clothes back and forth to each other because one of us has been heavier, so I think she's had maybe the same struggles as me, but I think maybe mine has been more extreme than hers. (Katherine, D)

...as soon I told her I was interested in it [Weight Watchers] she was all running around to help me to get started. (Abby, D)

Since dieting and my mom are linked, it was always like we're doing this dieting thing together, it was never like I would go on a diet and she would not, it was always this project, 'let's go on a diet.' (Jayne, D)

Women also often discussed how they preferred to go on a diet with a daughter, friend or partner, often describing the importance of having someone else for "support" or "encouragement." In this way, the act of sharing dieting tips or body anxiety was made more normative and reinforced as an important aspect of an intimate relationship.

Some of the women also talked about how their mothers often vocalized unhappiness with their current weight. Often, the anxiety the mothers had manifested into critical comments to their daughters, or resulted in placing the family on diets.

She's been the same size, as she says, the same since high school, before she had kids she maybe gained 10 to 15 pounds since she's been out of high school and that's with two kids. So she's never had a weight problem. She says that she needs to lose 5 pounds but I'm trying to figure out where. She's still skinny and everything but she still says 'no I have to get to this certain weight.' The ideal weight she says is about 140, and she's about 143, 144. (Danielle, D)

My mom was concerned about her own weight, and, I might add, she was not a heavy woman – she is 5'5 and maybe the most she ever weighed was 145, but it was always her goal to weigh 121. She probably read a chart somewhere that said that was exactly what she was supposed to weigh. It was and still is this constant struggle to be as near that number as you could and she would always put the family on whatever diet was out, and when I say the family, I mean everyone but my brother. (Jayne, D)

This supports previous theories that argue women's anxieties over their own bodies transfer to their daughters. In this way, women who have their own experiences with weight gain may become "watchful" and "preoccupied" with their own daughter's bodies (Orbach, 1986 p.47). The issue of class can be further examined within this context. Among the women who discussed their mother's own body discontent, a number also described how their mothers had come from low-income families and had since elevated themselves to a higher socio-economic position. This emphasis on maintaining their bodies – and those of their daughters – can be seen as a reflection of their current class standing, reinforcing theories on how the body serves as a means to mark social class (Bourdieu, 1994; Williams and Bendelow, 1998; Bartky, 2003).

Some of the mothers in this sample also recognized that their children had mirrored their own unhappiness with their bodies. Danielle S. (M) talked about how her

attempts to diet and her own body anxiety were patterned in her adult son, but not in her daughters.

I think if there's anything that I worry about that they've picked up from me is trying every diet under the sun. And it's funny, I see that more in [my son] than I do the girls - he's very conscious of being overweight and he's not at all now, he's really thin, but there was a period of time when he was...So I worry more about him not eating or not eating right...he'll just not eat, he'll say 'no, I'm not eating because I'm too fat' or maybe he'll eat one meal in the day and not eat anything else.

Though little research has been done on the impact mothers have over their sons in terms of body image, it is a significant example of the influential role mothers have over their children – significant enough to break the supposed gender barrier on body maintenance.

Conversely, women whose own mothers were self-accepting also considered themselves to have a high self-esteem. Women who didn't witness their mothers going on diets or expressing dissatisfaction with their own weight were more likely to be comfortable with their bodies or avoid dieting.

My mother is overweight but she's not one of those people who will like dwell on it. I don't want to say she's content with her weight, but she's not always on a diet or saying I can't eat this...She has a good attitude about herself – that was great growing up, she was so positive and I was around her most of the time. (Tasha, M)

Well, I think pretty high of myself so I can't see someone thinking any higher of myself. My mom was like that, my mom thinks she knows more than anyone in the world. So I figure I know more than anyone, too. I don't know, that's probably where I got it from. (Tori, M)

Within, this sample, women were very much aware of their mother's disdain for their own bodies, which sometimes trickled down to how they were treated within the family structure. Women who grew up with positive models were more likely to feel comfortable with their bodies. However, even positive role modeling was not necessarily a complete barrier to other external influences about women's bodies.

Counter Messages

The majority of the women in this study were likely to name their mother as their primary source for learning cultural messages about weight and the importance of discipline and body maintenance. However, both mothers and daughter in this sample recognized the unenviable position their mothers were in as designated cultural mediums by virtue of their gender.

The “mothers” in this study described several instances in which their children came home from school upset because a peer had criticized them. Amy (M) talked about her 5-year-old daughter asking her: “‘mommy, do I look fat in this?’” Tasha (M) recalled a similar experience involving her 4-year-old daughter being told by a boy in her class that she had a “fat stomach.”

But ever since then she has this thing about her stomach...I wanted to cry...I just want her to feel good about herself and not base the way she feels about herself on her friends or whatever people say about her. You could tell it bothered her and she’s only 4-years-old, if it didn’t bother her she wouldn’t have asked me about it. I tell her ‘you’re just right, you’re just the way God wants you to be.’

Mothers also talked about the difficulties of trying to “go against” their daughter’s anxieties about her body because of the multiple pressures she was facing, including their own internal critical voices.

it’s like you’re battling against the wind...I’m going against what her daddy tells her, I’m going against what society tells her, I’m going against what other girls look like ... I know there’s no pressure coming out of this house on her appearance...but I’m kind of at a loss with her. (Emma, M)

It’s a paradox – you want your children to be free to be human, but you also know what she’ll face if she doesn’t conform to society’s ideals. So I think making people aware there is an ideal and there is a push to conform to it is important, but then what they do with that information? That’s where the paradox lies. I don’t know what to do with that because do you say ‘OK forget these people’ or conform? (Linda, M)

Women also expressed being put in the position – because of their biological/social mother status – of having to both steer their children towards healthy behaviors without seeming too critical. One of the participants described this process as “wanting to try to say the right thing and not to say something that will flip her out” (Danielle S., M).

Overall, mothers described a conflict within their roles as social mother –having to navigate their daughters through competing messages without adding hurt to the situation. Often, these struggles are within the context of a mother’s own anxieties over her body.

Some of the daughters recognized their mothers had reinforced certain core values and attitudes about the body as a mean of protection.

there were tangible instances of people in my age group calling me out for being a little bigger and I think my mom didn’t want to see her kid get hurt, so she tried to make it better, it’s a simple as that, and she would always have, she would say she always had my best interest at heart and she just wanted me to be happy (Jayne, D)

I think that’s why she really tries to have me watch my weight, because diabetes runs in the family, heart disease runs in the family and high blood pressure. I think that’s probably the reason why – she doesn’t want me to go through all of that...she just wants me to be happy, that’s all that matters to her. (Danielle, D)

Danielle also rationalized her mother’s actions on the basis of her trying to prevent health problems. In this way, her essentialist or socially constructed understanding of her mother’s role in the household was to ensure the physical well-being of the family and her comments or judgments fell appropriately within those parameters. However, it is difficult to parcel out concern for health verses concern over appearance in this social context because the results often overlap.

These mothers' accounts did reflect theories about the conflict mothers face in preparing their daughters for life outside the home in larger culture and teaching their daughters to submit to cultural expectations (Orbach, 1986, Debold, et. al, 1993; Chernin, 1985; Pennington, 2004). However, theorists have also argued that responsibilities assigned to mothers via cultural norms may create conflict within the mother-daughter relationship, particularly within a patriarchal culture that sustains mother-blaming. Chernin (1985) argues that, throughout history, transcending race, class and ethnicity, mothers have been "blamed for the pain their children experience in trying to fit the narrow roles that the culture demands" (p.21). As "natural" caretakers charged with protecting and nurturing, they are inevitably also deemed the sole cause of their "children's psychological distress" and "bad" mothers or mothering is the "automatic answer" for a variety of social ills and problems (Chernin, 1985, pp. 21-22). Theorists further argue that this is particularly blatant in beliefs about poor women and women of color. Mothers – rather than systems of gender, racial and class oppression – are to blame for the acts of their children.

Rather than reinforce practices that sustain mother-blaming, these women's narratives demonstrated a keen awareness – by both mothers and daughters – of the conflict mothers face within culture, in protecting their children by preparing for life outside the home with narrow definitions of female beauty. Neither mothers nor daughters were willing to perpetuate this mother-bashing. Even among those daughters whose mothers negatively impacted their body image, there was a sense of forgiveness and acceptance that their mothers themselves were likewise gendered bodies. This involved recognition of the pressures all women endure in specific cultural contexts.

The mothers and daughters in this study recognized the cultural role mothers had in relaying and instilling a positive sense of self to their daughters, internalizing their essentialist identity as social mothers. In this sense, all the women had an awareness that they would have to compete against multiple negative influences in helping their daughters gain confidence and self-esteem.

This chapter presented some of the main messages women receive from their mothers regarding weight, body and appearance. Within their families, women – both mothers and daughters – internalized messages about slenderness as an ideal, and the importance of being thin to succeed professionally. Women also learned and taught messages about appropriate feminine conduct and the ways in which bodies can be manipulated to gain social standing. They also learned about normative female body discontent, both implicitly and explicitly. Lastly, the mother's role in serving as a medium of cultural values was addressed.

The next chapter examines a reoccurring theme of seeking power and control vis-à-vis food. The specific measures women took to control their food and their bodies are addressed and the issue of disordered eating is explored.

Chapter 4

Food and Control

Food is a vital part of women's biological and socially constructed identity – as sexed bodies, they are solely able to physically feed their children, and as socialized mothers, they are considered primary caretakers and are charged with nurturing and feeding others. They are also responsible for using food to create social meaning, to serve as a central or binding social force, and to guide familial memories and traditions.

Food is also a powerful means by which women communicate their own feelings and assert power within the household. Because of its significance within both larger culture and the family, an examination of how women manipulate food to feel in control of their bodies remains an important area of study.

A number of theorists (Orbach, 1986; Lupton, 1986; Counihan, 1998b; Haworth-Hoeppe, 2000) assert that women's lack of social or family power forces them to seek power and control through their over- or under-consumption of food. Food control is also considered a common trait among women with eating disorders. Within the framework of this sample, all of the women had attempted to gain power on some level through food control, or believed that attaining control over food and their eating habits would lead to personal power. Within this sample, women's attempts to control food were almost always attributable to feeling out-of-control as children, in terms of what or how much they ate, or in response to an unstable family environment.

First, women's specific responses to environments where food was highly restricted are addressed. Then, the types of techniques women developed – which I

collectively termed ‘food rules’ – to negotiate the mixed messages they received about food and eating are examined. Lastly, disordered eating, within the context of this sample, is discussed.

Responses to Control

Within this sample, mothers were overwhelmingly responsible for preparing the family’s meals. Food was frequently discussed in terms of how women showed affection and care to their families, reinforcing theories about the connection between motherhood and love (Bordo, 1993b; McIntosh & Zey, 1998). Mothers saw food as a way to control a family member’s health or well-being. This seemed pervasive across the sample, regardless of background. Often they, or another parent, used this authority to control or restrict certain foods within the household, or control their children’s portions or choice of foods.

Within the entire segment, women undertook specific responses to food restriction, both as children and as adults, as a means to seek personal power or assert control within the family structure. In environments where a woman’s food intake was closely monitored, the response was sometimes to overeat or engage in underground eating. Some women, who were restricted from having certain foods as children, actively sought “choice” in their daily food routines, or took control in their adulthood by intentionally selecting foods that were previously barred to them in their own childhood. Controlling food was also a way to ensure stability within their adult lives.

Among the women in this sample, sneaking food was commonly a direct response to criticism and a heavily restricted diet. This coincided with theories about women’s

response to controlling environments. Emma (M) talked about how she engaged in “underground eating” as a response to her stepfather controlling her food intake.

...when I say control I mean that I don't think I ever learned the right way to eat on my own in terms of portions and things like that. That forced me into underground eating and I had to do it quietly and hide food and stash it because I didn't want him to know that I had eaten it...[I would] literally stop by the gas station and clean out my car so he [step dad] didn't see any evidence of receipts of chicken nugget boxes. It evolved into my marriage again and it was a nice safety net to fall back into and I would hide the food again, I just had to be a little more creative. (M)

She also said she couldn't act out in that way on a regular basis, because her weight was carefully monitored. Still, it remained her means of coping within that environment; she later relied on that coping mechanism during stressful times in her marriage. At times, Jayne (D) said she hid food as a child, often because she was “hungry.” She discussed being placed on diets by her mother since she was 7-years-old.

...we had candy somewhere in the house and I was dieting or something, but I wasn't allowed to have it, and it was like little mounds bars or something, and I don't even like mounds bars, but it was like sugar and sweet I think I was home after school and I ate like 6 of them, and I don't know why I did this, but I kept the wrappers and I like shoved them in the bread box or something, but it was a place where it obviously wasn't the trash, it wouldn't get taken away, but my mom found them and she was like ‘did you eat these?’ and I was like ‘[my boyfriend] ate them’ and I lied about it and blamed it on him. I think she bought it, but I think later it had come up that no I had eaten them and there was this shame. (D)

The idea of shame or guilt associated with food was prevalent throughout her childhood, as was for a number of other participants. Jayne also talked about being “caught” by her mother eating peach frozen yogurt as a snack. She stated: “she acted like she caught me with crack.” In this way, food was stigmatized in the same way as drugs – eating a snack was arguably viewed as a worse “crime.” These types of experiences, in which women are taught to be ashamed of their hunger, supports existing theories about how women are

trained to confine their own appetites – and to be ashamed of them (Bordo, 1993b).

Bordo argues that women are socialized to consider deprivation as a normalized part of their existence; feeding the self, physically or emotionally, is seen as “greedy and excessive” (p. 171).

Other women recalled memories of verbally refusing to eat certain foods at family meal times. However, both of these responses – overeating or refusing to eat – were employed only on rare occasions. These brief moments of resistance were overshadowed by the women’s overall attempts to placate their families and avoid punishment. Many of the women discussed not wanting to be “bad” or wanting to avoid conflict. The need to please their parents generally prevented them from practicing continual resistance as children. One participant, who described being punished for not cleaning her plate, said she engaged in these minor acts of rebellion only on rare occasions because she “hated being yelled at” (Nina, D).

Rather, it was most often in adulthood that women began to exercise true resistance, in which they felt more in control of their actions and behaviors. Jayne (D) discussed how going away to college allowed her to take control of her body and provided her the freedom to eat what she liked.

I always felt like this diet thing was the one thing I couldn’t do and it was like this nemesis all my life. When I went to college, I was like, ‘you know what, like screw it’...so when I went to college I think I was like ‘I’m going to eat whatever I want because I spent at least 10 years having to restrict myself and I’m not doing that, I’m just not’...

As a child, Nina (D) said she “never fought back” – as an adult, living independently of her family, she stated: “I’m much more willing to fight back now” The ability to resist as adults made them feel powerful and in control.

Another common response to restriction as children – in which there was little space for resistance – was to assert control as adults, in terms of the foods women would purchase for themselves and their families. Many women in this sample echoed that they tended to intentionally buy the specific items, such as soda and candy that had previously been restricted to them as children.

Sugar cereals – never allowed to have them, and I eat them more now than when I was a kid because it's like holy crap I can buy this, and they let me out the store?...Still when I walk out the door at Publix, I expect to be tackled, that I'm stealing something, because I'm not allowed to eat sugar cereal and so I'm like 'is it really OK for me to eat this?' I almost expect to be reprimanded by the check out girl or something. (Nina, D)

...fast food was only on rare occasions, and because of that, when I went to college freshmen year, I ate fast food everyday for 2 weeks and I got sick, because I could eat it, I had my choice to eat it and then I realized that what she was saying was true. (Linda, M)

...it wasn't until I had kids that I started keeping that crap in the house, because they wanted it, so I thought, 'cool, my mom never let me have it so I'm going to get it for them.' (Maureen, M)

In these examples, their status as adults or of having physical distance from their families provided the space and opportunity to “choose” and assert control in areas where they previously could not.

Women who described having their foods prepared or dictated for them were careful not to “forbid” items for their children – but still tried to ensure their children felt in control of their bodies. However, mothers also stated the danger in giving their children too much choice over their meals, out of concern their children wouldn't choose or to eat healthy foods.

Food Rules

Just as food and eating transcend biological necessity and are laced with social meaning, men's and women's appetites are likewise reflections of social constructs. In Western culture, individual satiety is manipulated by conflicting messages regarding food; opulence and availability of foods (particularly unhealthy foods) exist simultaneously alongside images of slender models. The wide-spread availability of fast food and prepared meals encourages consumption, yet over-consumption can have enormous health impacts.

Roberta Seid (1989) argues that the mixed messages concerning food have constructed a dangerous paradox: Americans were positioned in a land of abundance, yet “they were ordered to taste only, never to feast” (p. 127). Appetites were then seen as “unsavory symptom[s] of neuroses and infantile longings” (Seid, 1989, p. 126). Bordo (1993b) further argues that these messages are highly gendered. The male appetite – constructed as voracious and insatiable – is normalized; however it is “women's cravings [that] are a dirty, shameful secret, to be indulged in only when no one is looking” (p.129). In this social context, women are supposed to sacrifice their own needs and hungers for others. Bordo (1993b) states that “denying oneself food becomes the central micro-practice in the education of feminine self-restraint and containment of impulse” (p.130).

Most participants likewise described receiving mixed messages about food and nutrition from both their families and culture growing up – this seemed to be the area women in this sample wrestled with most. It was in this space of ambiguity that mothers and daughters alike struggled for direction and control.

Many of the women discussed the specific strategies they undertook to feel in control of their eating habits and their environments. These measures often took the form of “food rules” which I define as conscious or subconscious self-imposed regulations which ranged from restricting certain foods and portion control to controlling their access to certain types of foods. These rules also took the form of disrupting “normal” food behavior, such as meal times and frequency of eating. Most often these strategies were developed as a way to lose weight or maintain their weight, although some women did discuss food control as a function of being healthy or improving their health. However, it is difficult to differentiate between a focus on appearance and a focus on improved health, since they are inherently intertwined. Those women who emphasized health often talked about weight loss or appearance “improvement” as a result of having a healthy diet, rather than the primary motivation. These rules helped women feel more in control of their bodies, particularly in the face of multiple, conflicting cultural messages about food. It also made them feel in control of their immediate environment, allowing them to create structure when there was previously no stability.

Controlling access to “bad” foods was also commonly discussed among the women as a type of rule. Most of the women in this sample discussed not purchasing items they felt they would overeat, or not having food readily available during times of stress or boredom. Women discussed their fears about their tendency to overeat and described how they created strategies to control their portions and the ways in which they manipulated their hunger and fullness levels to feel more in control.

I love to eat but I don't like to eat a lot of food. I just eat enough to get myself full...maybe I'll eat a little bit of food and maybe I do want seconds, I'm not really full, but not a lot, I just won't eat it, because I don't want to overeat, I'm afraid I'm going to overeat, so I eat enough just

to get me full. There are times when I feel OK when I get up from the table but maybe 2 hours later I'll be hungry, but I won't eat because I know I don't need to eat anymore because...if I do, that weight will come back. (Danielle, D)

In contrast, a number of the women did the opposite – they tended to purchase so-called forbidden foods and then chose not to eat them. Maryann (D) described how she keeps excess food around in order to better respond to her cravings – and control how much of something she wants.

I have whatever I want here and that makes me not want it because it's here, because I have the ability to have it, so it's not a craving. I don't really crave the eating part, I crave the 'I want to have it.' I don't want to be restricted from being able to make a cake or have the ability to make cupcakes or have ice cream...Knowing that I have it is enough to make me not want it. I just like the fact that I have it, that I don't have to go buy it and I don't have to go anywhere except in my refrigerator if I wanted to and it's very comforting.

Although she was not trying to watch her weight, she stated that having large amounts of food around also served as a way to alleviate concerns she had as a child that she wasn't going to get "enough" of a food she liked. Whereas most women talked about not trusting themselves around food, among those who intentionally sought it out – and didn't eat it – there was a level of comfort and security in being surrounded by food, and a level of power in resisting it.

Women negotiated cultural messages about their appetites and cravings, developing specific rules that allowed women to feel in control of their body's urges.

I found the more I deny myself – like if I want a piece of chocolate and I say no and I say no and I say no it just gets worse, where if I have a piece of chocolate when I want it, I have it, then it's over and it's done with and I probably won't think about it tomorrow. Where if I don't have it now, I think about it tonight and I think about it tomorrow and sometimes just easier to cave into the craving and be done with it. (Danielle S., M)

Occasionally I'll get a craving for a hamburger, but I try not to eat them unless I'm really craving them. I guess that's my rule, allow myself to eat whatever I want, but I have to crave it, I have to be cognizant of what I want, I can't just be grazing just to graze. (Nina, D)

Sheila (D) discussed how she would “reward” herself with a piece of chocolate – but only if she had worked out that day, and “eaten all of her fruits that day and her 8 glasses of water.” This rule was developed as an adult within the framework of a childhood environment in which she was punished for “wasting” food, yet often fed unhealthy meals. Though she was both punished for refusing to eat and criticized for gaining weight, she described a typical childhood meal as “everything fried, deep fried and breaded in cornmeal” and that her mother would often make “buttermilk biscuits with chocolate syrup” or “hot Twinkies out of the oven” for breakfast.

Women discussed how having a structured or regimented diet, such as following Weight Watchers or Jenny Craig, also allowed them to feel more in control of their cravings. For these women, eliminating choice was a way they felt most secure and in control; external control was more trustworthy than their own abilities to monitor their eating.

It's like someone's got to control what I eat and I have a hard time doing it myself unless there aren't any other options, unless that's the only thing in the house...but I recognize that having control, knowing what points I had, knowing how many points I had left, being able to add points back on when I exercised, that made me feel secure with how I was conducting my eating... (Abby, D)

Probably when go out, I make poor choices. A hamburger is OK, but skip the fries, order a side salad instead – that's what I don't do...if I'm accountable to someone else, I do so much better. When I was part of Weight Watchers or Jenny Craig and I had to go every week and report into somebody, I always did very well. (Maureen, M)

Though women whose food intake was carefully monitored shifted in the opposite direction and tended to overeat as adults, in cases where food was more structured and regular, as opposed to restricted, women felt most confident in highly structured eating routines as adults, intentionally mimicking those patterns. They also described themselves as “visual eaters.” As children, they had lost touch with their internal cues toward hunger and fullness and as adults were looking for someone else to provide that stability for them. Abby (D) described that what she chooses to eat is not a result of biological want or need: “it’s not organic, it doesn’t come from within, it’s all what I see.”

Across the sample, there seemed to be a general unawareness of what or how much women should eat. Many of the women felt they ate “too much” and were looking for ways to control the quantity of food they allowed themselves to consume; rules became a way to dictate what they subjectively viewed as what their bodies needed or should have. This supports the theoretical idea that “the amount [of food] that qualifies as ‘too much’ depends on the intersection of cultural values and bodily experience” (MacPhee, 2004, p.389).

Many of the women asserted their individual choice or agency in their attempts to lose weight or control their food, or discussed how they are motivated over health concerns, rather than vanity or conforming to the “cult of slenderness.” They reiterated that they, and no one else, were in control of their bodies.

...I sat there in the mirror and decided it was time to lose the weight and I did it for myself I didn’t do it for anybody and I won’t do it for anybody.
(Danielle, D)

To me, if I lose weight or look better that’s a bonus. My motivation now is health. (Maureen, M)

I want to be healthier. I don't want to have health problems and sugar problems, I don't want that. (Emma, M)

This “for me” or “for health” philosophy or rationalization was the grounds by which women developed some of their rules about food restriction. The shift from appearance to improved health as a motivation was often discussed within the context of the family, either being healthy for the benefit of their children or not wanting to repeat family cycles of poor health caused by obesity. Sometimes this was discussed within the context of a previous weight-related health condition or an intimate observation of a family member with a weight-related health condition, such as diabetes or high blood pressure.

Regardless of the reasoning, the women in this sample frequently addressed the importance of maintaining control of their bodies and environment via food. Because of the essentialist connection between women and food, their efforts to control their lives through their main source of cultural power – food – seemed a normative response.

The ‘Gray Zone’

A number of theorists (Chernin, 1981; Orbach, 1986; Haworth-Hoepfner, 2000) have described eating disorders as an expression of women's loss of control in some aspects of their lives. Others (Bordo, S. 1993b; Brumberg, 1997; Hesse-Biber, Marino & Watts-Roy 1999) point to a spectrum of disordered eating, arguing that women may exhibit symptoms of several disordered eating patterns throughout their lifetime.

While the majority of American women are believed to have or had experienced body dissatisfaction at some point in their lives, only a small percentage are diagnosed with eating disorders (Pelican et. al., 2005; Maine, 2000). There is further disagreement

on whether the family or culture holds the strongest influence over whether this dissatisfaction – which is seen as a normalized part of all women’s experiences – will materialize into a life-threatening eating disorder.

Though Haworth-Hoepfner (2000) found that eating disorders “emerged under condition of a critical family environment, coercive parental control and a main discourse on weight” she argues that no one factor was solely responsible (p.222). As an extension of culture, the family serves as a mediator of dominant messages on beauty; how the individual family interprets and teaches these messages plays a role in disordered eating (Haworth-Hoepfner, 2000). However, Pipher (1995) cautions that an over-emphasis on families as responsible or as sources for eating disorders dismisses the larger cultural context in which disordered eating occurs, particularly with saturation of media images about ideal female beauty. Socio-cultural feminists have popularized the notion that eating disorders are a response to a culture obsessed with thinness and bombarded with mass-mediated image of idealized female beauty.

Within the context of this study, only one of the women reported she had an eating disorder at one point in her life. Interestingly, none reported feeling influenced by media messages in their development of self-esteem, though a number reported growing up in critical home environments. However, most reported patterns of excessive dieting or exercise or a type of disordered eating behavior, such as binge eating.

Theorists have argued that “anorexia nervosa and bulimia may be the extreme end of a continuum of a person’s relationship to food and their body”; and that a “wide range of attitudes and behaviors related to the food and body image exist in the ‘gray zone’ all along the two ends of the continuum” (Hesse-Biber, Marino & Watts-Roys 1999, p.386).

The question is, what keeps some women in the ‘gray zone’ and what causes others to be pushed to another extreme?

The literature (Pipher, 1995; Thompson 1994) on eating disorders discusses some of the circumstances that could provide an environment in which a person develops an eating disorder, such as sexual abuse, trauma, and critical parents. However, at least one participant, who was the victim of childhood sexual abuse, defied this connection. Instead of developing an eating disorder, she used her body to engage in sexual promiscuity. This does, however, reaffirm existing theories about how women use their bodies strategically to communicate their emotions and experiences. Wearing your pain on your body can take multiple forms; for many of the women in the study, a relationship break-up often resulted in extreme weight loss or gain.

It is commonly accepted that women use food to mitigate their emotions and respond to stressful situations, and within this sample, women confirmed this. Over-eating or restricting thus become a means to deal with negative feelings; women, in particular look to food as a “temporary escape” from emotional pain, much in the same way alcoholics do (Pipher, p.11). Thompson (1994) also addresses the “power of food to buffer pain” (p.96). In her study of women with eating problems, Thompson found commonalities among women from various races, economic classes, and sexual orientation: they all “began to diet or to binge to help them numb difficult emotions – rage, anger, loneliness, anxiety, fear” (p.96). The majority of women in this sample likewise described eating as soothing or food as or an addictive “drug.” Women commonly named chocolate as a food they sought for comfort. They most often linked

overeating to anger or as a response to a stressful workday or situation, sometimes as a reward.

...for me it's either I'm ravenously pounding it down or I could go all day without eating. I think that sometimes it's hunger because I haven't balanced out meals properly, but I think sometimes it is that soothing kind of, it's the drug of food in a way; for me it's drug of food. (Katherine, D)

I didn't do drugs, I ate food. (Jayne, D)

I just gave up and I thought, well, if he's going to do this and it's not going to matter what I do then I'm just going to eat, so food literally became the only consoling thing in my life. (Emma, M)

Under extreme emotional stress, such as a death of a loved one or a relationship break-up, most of the women described how they were unable to eat. The term "stress diet" was commonly used by the women in this study. A number of the women discussed associating food with socializing and happy moments or memories, reiterating cultural beliefs about food as a type of social glue. In a depressed state, they did not want to be around people or socialize, which led to them not eating or losing all pleasure or enjoyment in food. Many women talked about being so emotionally distraught they "didn't have an appetite" (Abby, D).

The lack of or need to "control" is also largely accepted as one of the causes of eating disorders. Food is considered the means by which women seek to gain control of their environments. The women in this sample likewise discussed the techniques they utilized to gain control of their weight or difficult environments or situations, ranging from developing "food rules" to overeating or restricting in response to emotional stress.

One could argue that many of the women in this sample experienced, at some point in their lives, some of the same behaviors at one point as someone with a diagnosable eating disorder, but perhaps they themselves didn't view it in that fashion.

Rather, they were recreating the common female experience of body dissatisfaction and radical attempts to lose weight; they didn't consider their actions to be out of the norm, and within this sample, they were not.

Interestingly, a number of the women in the study expressed envy over those with eating disorders or acknowledged they could be susceptible to an eating disorder under different circumstances. In some ways, they believed they lacked the "discipline" to have an eating disorder. Jayne (D) stated:

there was one period on my life where I used to wish I had an eating disorder like anorexia or bulimia that would allow me to stay thin, I wish that I was bulimic because then I could eat and it wouldn't be a problem, and that's sick, but I recognize it. I wanted so badly to look a certain way but also be able to eat. I know I wasn't anorexic because I didn't have the discipline.

Nina (D) expressed a similar desire: "I would love to be like bones sticking out thin, I would really love to do that, but I'm never going to be that way, I'm never ever going to be that way." Abby admits: "if I were a little crazier I could have an eating disorder I think, if I was pushed over the edge somehow." (D) Many of the mothers also did not think their daughters were vulnerable to an eating disorder. One mother talked about how her daughter's school is actively teaching students about "how scary eating disorders can be" (Maureen, M). One participant described how her mother used to say "you're too smart for an eating disorder" (Maryann, D). Some also stated being afraid to make critical comments to their daughters for fear they would "do something stupid and starve themselves to death" (Danielle S., M)

In spite of some glamorized notions of women with eating disorders echoed by a number of the women, most actively chose to distance themselves from it. They most often described how having a level of intelligence or being educated on the topic were

types of preventative measures from developing an eating disorder. Many of the women recognized their own dangerous patterns or didn't want to appear anorexic-looking. Danielle talked about losing 42 pounds in four weeks after a period of "working out more than I was eating every day of the week." But she said she "had to gain some of the weight back because I was too small" and her friends told her she "looked anorexic." This dissociation could also have been a result of their own misconceptions about women with eating disorders. With the exception of a few of the women, the majority of the sample didn't know anyone with a diagnosed eating disorder. To these women, for the most part, eating disorders were a very visible problem they would "know" about. They also spoke mainly about anorexia as the "main" eating disorder; this further demonstrated their lack of regarding disordered eating as a range of different behaviors.

Most of the women in this study made a clear effort to differentiate from "extremes." In addition to distancing themselves from women with anorexic-looking bodies, many women in this sample also consciously separated themselves from those they considered extremely overweight or obese. Sheila (D) talked about trying to separate herself socially from her college roommate, a friend from home who was obese: "I wanted people to know me for me instead of just meeting me through her. So therefore, I didn't want to be fat either, I didn't want to have that connection." Many discussed using obese family members to gauge how they didn't want to be; there was always a measure of "too big" or a size they were unwilling to let themselves reach. Even for those who weren't actively trying to lose weight, the presence of a visibly out-of-control body was in some ways comforting to these women, even if they were unhappy with their own size.

Despite a number of women engaging in radical dieting or bingeing out of anger or stress, many were unwilling to consider their own actions as disordered. Rather, they perpetuated the idea of normative female discontent with their bodies. Dieting and exercise were simply a way to manifest the cultural message that with enough discipline one can radically change their body, even surpassing the importance of biological disposition to be a certain weight or frame.

However, I argue that the women in this sample were, for the most part, performing femininity “correctly” – they engaged in female body maintenance without outwardly revealing it. In other words, despite their sometimes verbalized envy of women with anorexia or bulimia, they didn’t want to actually be those women because, in some ways, those women have “failed” by being too radical, too extreme or not “smart” enough. In this sense, pushing your body to one extreme of the continuum, to the point of near starvation was a narrow line; all women pushed themselves towards the edge, but truly “sick” women were “caught” or failed by affecting their health. Correct femininity is having a trim, fit body – performing femininity incorrectly is having a body “out of control” and too visibly offensive, either an overweight body or noticeably anorexic body.

This chapter explored the ways women used food to gain control over their bodies and their environments. Direct responses to restriction were addressed and the issue of resistance in childhood and adulthood was discussed. Next, the concept of ‘food rules’ was addressed; these rules were specifically undertaken to draw boundaries and assert control over food and their bodies. Lastly, the concept of a continuum of disordered

eating was explored and a theory was introduced to explain for the gap between those with diagnosed eating disorders and those remaining in the 'gray zone.'

The next chapter explores the strategies and methods women – mothers and daughters alike – undertake to negotiate gendered bodies and assert power and agency at the individual level and within the family. In recognizing the active ways in which women try to negotiate among and within family and social systems, there becomes another level in which women can control their lives or immediate situation, rather than relying on food or disordered eating.

Chapter 5

Resistance: Strategies for Negotiating a Gendered Body

Individuals both attempt to gain power and concede to power structures vis-à-vis their bodies. For women, their participation in culturally-relegated disciplinary practices – from dieting to cosmetic surgery – can earn them the ability to achieve individual or social power. But, the extent to which it does translate to real social power remains in question.

Kathy Davis (1991) argues that self-modification, whether through diet, exercise or cosmetic surgery, can serve as a means by which women exercise agency and take control of their lives and improve their social status. Other theorists (Bordo, 1993a; Morgan, 2003; Wolszon, 1998) have argued that women have no real “choice” in a culture that places so much emphasis on beauty.

For some women, discipline can be a means by which they can use their bodies to shift and reassign codes and attempt to gain power. However, Foucault (1994b) complicates this notion by questioning the extent to which power systems are easily dismantled. According to Foucault, power is a “strategic relation which has been stabilized through institutions” – these institutions are so engrained and fixed within our culture that mobility within them is “limited,” if not impossible (p. 169).

Feminists have argued that Foucault’s concept of ‘docile bodies’ leaves little room for resistance, agency or the ability to disrupt power systems. Rather than viewing women as passive victims of patriarchy, feminist theorists have challenged Foucault’s notion of obedience to social norms, arguing instead that the body can be the site of

defiance to the “normalizing power and government of the individual” (Rabinow, 1994, p. 197). This standpoint allows the possibility for resistance – even if women don’t make transformations at the macro level. Feminists argue that “fatness” can be seen as purposeful resistance to cultural ideals of slenderness; in choosing or accepting a body that is seen as “ugly,” some women can individually resist societal pressure (Brazier & Lebesco, 2001; Lebesco, 2004). For some women, non-resistance or docility to cultural pressures may be a type of resistance at the individual level. In this way, even choosing to conform to narrow cultural standards of beauty can be “personally liberating and/or culturally transforming” (Bordo, 1993a, p.192).

Still, these frameworks leave few options for women to navigate as gendered bodies in our culture – to resist or comply. It was the intent of this study to examine what strategies women engage in to counter multiple, sometimes competing, messages they receive within the family and within larger culture about body, weight and appearance. It is my contention that women are never really passive, docile bodies susceptible to cultural influences and normative values. Rather, they intentionally engage in a number of tactics to counter messages and survive as gendered bodies. I describe these strategies as forms of resistance at an individual level. These strategies have the potential for the subversion and resistance of larger systems.

Many of the women discussed personal strategies they developed to mitigate the messages relayed to them about their bodies, weight and ideal femininity, as well as messages about race, class and/or sexuality. Though these women didn’t define these methods as strategies per se, they were integral practices or responses they incorporated into their lives in order to respond to negative messages they received about their bodies.

They can also be described as strategies women employed in order to survive as a gendered body within a culture with narrow ideas about female beauty.

These strategies were all forms of resistance or asserting power on an individual or family level. These women were not interested in radical widespread social change or engaging in activism per se. Rather, they imagined resistance on an individual level, as a means to function and thrive in their immediate environments; teaching that to their children became a way of starting positive change within the family sub-culture.

Survival, in some senses, can be viewed as a form of resistance. Personal empowerment was a critical part of these resistance efforts. These strategies can be further sub-classified into purposeful acts to: 1) reject social pressures; 2) create spatial or psychic separation; 3) de-emphasize importance of body/appearance; 4) learn and teach self-acceptance; and 5) re-negotiate their bodies on their own terms. Often women shifted between and among strategies.

Reject Social Pressures

A number of the women discussed how they developed a “don’t care” attitude, in order to resist social or family pressures to look a certain way or conform to mainstream attitudes about ideal female beauty. Part of this involved recognizing the pressures around them and making a conscious choice to counter them, whether emotionally or psychically.

I just never really cared, I thought it was oppressive to care about what other people thought I looked like. I was so all about being above that – and a lot of that is my mother, of that don’t care what people think about you. (Maryann, D)

I don’t care enough. I want to eat when I want to eat and if I don’t want to eat, I won’t, and if I want to dress half naked after I’ve eaten a lot all

winter, then I'll do it, it doesn't matter to me. If I'm not, I'd be unhappy all the time for no reason, and I don't have time to be unhappy all the time. (Tori, M)

A number of the women also talked about “opting out” and making a concerted effort to not repeat cycles of radical dieting they were previously engaged in.

...a lot of people I know, half of them are always on a diet, but I probably used to be one of them too. My best friend – she's not even big at all – she's like always on some kind of diet, a 3-day diet, a Detox diet, South Beach diet and she has three children. It annoys me sometimes because there's nothing wrong with her. I can't imagine ever doing a three-day diet ever again. (Tasha, M)

I always come back to 'I've always opted out,' and I'm not saying that it's a healthy attitude, because it's not necessarily, but I just don't play that game anymore...I kind of view dieting as a cop-out. I think it's disingenuous. But do I want to weigh 130 pounds – damn right – but do I want to go through all the crap I would have to to be? No, I'm not willing to do that... (Jayne, D)

These 'don't care' behaviors directly countered the types of messages women are taught to adhere to or value. They can be seen as a drastic rejection of the messages women are bombarded with in larger culture and within their families.

Create Spatial/Psychic Separation

Part of this strategy involved spatial or psychic separation from a critical voice, or choosing not to involve oneself with people or situations that promoted self-defeating attitudes among women. One participant described how she intentionally distanced herself from her critical mother:

I never really took her [mom] too seriously. Sure there were times when I felt like 'ommgood, I'm going to be big as a cow because I did this' – the guilt factor, because she was so good at guilt. But, you know, that's just what you had to go through as a child and therefore I moved away and started to realize that 'hey, those weren't my thoughts, those were her

thoughts’ and then started to distinguish between the two – but you didn’t know that until you got away from it, I mean, how would you? (Sheila, D)

This strategy also involved a cognitive recognition that even those within your family can negatively affect how you see yourself – separation allowed women the space and freedom to develop their own beliefs and value systems – and to rebuild their own self-esteem. Separating oneself from negative people or searching for “positive energy” can serve as a barrier to messages that women receive about their bodies. Developing social circles in which women didn’t self-deprecate or share diet tips was a way to avoid their own body discontent.

I got to have that positive energy – I’m a true believer of no negative energy in life...if you’re projecting a positive attitude about who are and what you look like, it’s contagious. If anything, if you feel good about yourself, it can only help people feel good about themselves. If you get around a bunch of negative people and they’re talking about how they failed or they hurt it’s like ‘ewww, go away.’ It wears you out because then you’re constantly like ‘no you’re not.’ (Maureen, M)

I was extremely involved in the church, so I had a support group there. Their self-image attitudes in the Mormon church are pretty much self-acceptance, if you can accept yourself than they’re going to accept you as well. My little hen parties were more about getting together with other sisters than ‘did you start a new diet?’ – we never did that, that helped a lot too. (Amy, M)

Some of this strategy also involved righting the wrongs of past, of making a conscious effort to not repeat bad habits or cycles. Often, this involved reasserting control within the mother-daughter dynamic and confronting behaviors they felt were inappropriate or hurtful.

De-emphasize Importance of Body and Appearance

A number of women discussed how they actively sought to de-emphasize the importance of the body, both as individuals and as mothers relaying that message to their daughters. Even though some of the women stated there were things about their bodies they wanted to change, they placed more personal importance of other qualities, such as their intelligence, competence or happiness.

It doesn't matter a whole lot to me, I like intelligence, so physical attributes don't really mean a whole lot to me. I really aspire to have a certain level of knowledge or a certain level of wisdom on whatever the subject is or whatever the topic is. Body, sex, hair – it's stupid. (Tori, M)

...I'm probably a lot kinder to my body now because it was really just a tool for my brain. (Linda, M)

I'm at my heaviest and at my happiest in life. (Sheila, D)

Some of the women discussed the importance of relaying messages to their own children that the body was not the most important or critical part of a person's identity.

I'm just trying to quit focusing so much on her body – there are so many other things that she needs to be focusing on. I'm not saying she shouldn't focus on good health, but the body is not where it's all at, but at that age I think that where their whole focus is on...I'm trying to get her to focus on her future, the 'what do you see yourself doing in 10 years,' and hoping to take her mind off her body, that's my goal. (Emma, M)

To this participant, her daughter's energy should be focused on her education and her future, rather than her outward appearance. She saw her role, as mother, as relying the importance mind over body. This was echoed by other mothers in the study and was considered as something that operated alongside self-acceptance.

Learn and Teach Self-acceptance

One of the strategies involved learning and teaching self-acceptance. Some of the women also described this as adopting a more “realistic” idea of beauty and their body’s capabilities. Some of it also involved embracing motherhood and the reality that their bodies have changed.

...to me, hair is an accessory. I’ve gotten to the point that if I can’t do it in less than 10 minutes then it’s the wrong style. I’m very practical about stuff, the way I look, the makeup I use, it’s got to be practical, I think has come from my mother, it’s not flip through the magazines and say ‘oh god why don’t I look like that.’ You wonder, yeah, gosh I would like to wear that, but I’m pretty realistic, I’m not going to make myself into someone that I’m not physically anyway. (Maureen, M)

...before I had children you couldn’t tell me anybody anything, I just always had to be well-groomed and my nails had to be done all the time, and now I’m used to somebody using my pants as a napkin or wiping their mouth all over me. Before I was real prissy and now I’m like ‘I’m a mom.’ (Tasha, M)

Many of the mothers named teaching self-acceptance was an important aspect of their role as parents and in helping their daughters negotiate multiple messages they may get about their bodies from various sources. This involved recognition by the mothers that their daughters “had more pressures” on their appearance than they did as children. Teaching their daughters how to be “happy” or find “value” within themselves was part of this strategy – as was learning self acceptance themselves. In order to model a healthy attitude toward their weight, bodies and eating, women had to learn to accept their own bodies.

She’s got to be happy with herself, period. She’s got to learn to be able to look in that mirror and say she has a lot to offer. She’s got to learn how to be happy with where she is right now because even if she could lose 15 or 20 pounds, it’s not going to matter because it’s never going to be enough if you don’t like who you are now. That’s a concept that I’ve had to learn. (Emma, M)

A number of the women addressed the importance of teaching their daughters to “find herself” and be “comfortable” in their bodies; they saw having self-acceptance as a type of resilience that would protect them from adversity.

[self-acceptance] it’s definitely important because it allows her to be a solid person because adversity is going to come her way and I think the more solid you are, the quicker you snap back from adversity – it’s almost like a preventive armor. Because if you start feeling bad and you don’t know who you are, I think you can get lost. (Linda, M)

I want them to be comfortable in whatever it is. I don’t want them to try to mold themselves to something else. (Tori, M)

I want her to be more comfortable with herself because when you’re not comfortable with yourself, you spend too much time trying to figure out what it is you want to be or what it is you want to do, and you make the wrong choices because there’s not a whole lot of confidence in those choices. (Amy, M)

Often, this was articulated as both a reflection of and prevention of their own struggles with adversity as teenagers.

Women discussed teaching their daughters to re-create their own idea of female beauty. This involved recognizing social pressures and disrupting the discourse on women’s bodies on an individual level. Some mothers discussed openly talking to their daughters about media messages and distorted beauty standards for women.

As a future black woman, she needed to hear from someone that, even though what’s shown on television has no resemblance to her, that there is beauty inside her and there’s a standard of beauty she can set for herself and it truly comes from within. (Linda, M)

...you want them to get those standards from you and not anyone else. It’s like, you don’t want them to look at a magazine full of models and think that that’s the way they have to be. (Danielle S., M)

Women recognized the importance of modeling healthy habits, rather than allowing their children to fall into the trap of habitual dieting or body maintenance. They also talked about not rewarding unhealthy behaviors, like dieting.

Re-negotiate Body on Own Terms

In living in social bodies with multiple levels of identity, women discussed how they worked to defy culture-specific messages or stereotypes. They talked about using their bodies strategically to shift codes and to perform in different spaces. The women took power in their ability to manipulate their body, sometimes consciously trying to “conform” to cultural messages about beauty standards. These negotiations and re-negotiations of their physical selves were pursued on behalf of their personal and professional best interests.

I don't want to be overweight only because some of the stuff I want to do professionally requires me to be around people, and I do know that there's a major prejudice against overweight women especially. And I have been on conversations with people who feel real comfortable telling me things like black women are all fat, so you better watch out... (Linda, M)

Linda had recognized the power of her body to both elevate her professional standing and defy negative stereotypes about African-American women. She talked about negotiating her body in different ways, depending on the situation: “I don't really notice what I look like until I get around other people who may have an opportunity to affect my future.”

As she became more comfortable with her sexuality and began acknowledging her own abilities, Sheila said she was able to weave between different versions of herself on her own terms.

I was trying to fit into what I thought that I was supposed to be, what I thought my role was, but once I found that my talents and who I am what I

do for people were much more important I found that ommigod there's much more to life and these are the things I am and I can still be the woman that I am, whatever that may be, I can be a woman with makeup one day and not another, but finally, once a relief, once I came to that conclusion, I was like OK, this is what I'm all about and was able to tell world and not have to play the role of something I wasn't. (Sheila, D)

In this way, "playing a role" was reconfigured to mean being true to your core self, in whatever form you desired. In choosing to play all the different versions of yourself, individual power can be attained.

Even adopting a "traditional" feminine role was discussed as a conscious choice. Some women discussed wanting to distance themselves from stereotypes they did not feel comfortable reproducing, whether for professional or personal interests. Often, this involved losing weight and appearing more "feminine," in order to disrupt others' misconceptions.

For the most part, I'm a pretty confident person, but I'm very self-conscious about my appearance because of my weight, because I never want to come across as the stereotypical overweight person. People think that those of us who are overweight are sloppy, we don't care about our hygiene, we sit around eating bags of chips. So I think it makes me more self-conscious of my appearance. When I leave my home, unless it's an emergency, you won't ever see me walk out that door without my hair done or without makeup on. When I walk out that door, I'm together because I'm very self-conscious about my weight. (Emma, M)

...I think there's an issue too of being gay and being heavy because there are so many big dyke gay women, I'm sorry to say, but there are, and I don't want to fit that stereotype. So it's a stereotype that I fight, I always try to be feminine and wear makeup and lipstick, I'm very sensitive about that, so when you're heavier it's harder to pull that off I think. (Katherine, D)

One could argue that these women were internalizing cultural disdain for overweight people; however, I would argue that this approach was a means to prevent misjudgments within the framework they could individually control. These varying strategies or re-

negotiations of the body were among intentional actions and mentalities women adopted to survive as gendered, raced and classed bodies within culture. Women employed these tactics either individually or adopted several simultaneously to counter multiple negative messages about female bodies.

‘Differential Consciousness’

Though I do not wish to necessarily equate these actions with social movements undertaken by feminists of color, I believe the concept of “differential consciousness” can provide a useful framework for examining the individual power of women in the study of body image and mother-daughter relationships.

All social movements, according to Chela Sandoval (2000), operate within the “five-location topography of consciousness,” (equal rights, revolutionary, supremacist, separatist and differential forms of consciousness-in-opposition) in order to resist domination and disrupt ideology (p. 55). While hegemonic feminist movements have failed to see the connections among the different modes of consciousness, subordinated groups in the United States, specifically women of color, developed the theory and method of differential consciousness in an effort to “‘break within ideology’ while at the same time, speaking, in, and from within ideology” (p.44). Like an automobile clutch, differential consciousness serves as the gear shift, the medium through which the equal rights, revolutionary, supremacist, and separatist forms operate, which is “crucial for shaping effective and ongoing oppositional struggle” (p.45, p.58). The differential form of consciousness and social movement, the fifth form, as suggested by Sandoval, creates new possibilities for coalitions and activism that resist dominant discourse and bring

about profound change. According to Sandoval: “when enacted in dialectical relation to one another and not as separated ideologies, each oppositional mode of consciousness, each ideology-praxis, is transformed into tactical weaponry for intervening in shifting currents of power” (p.58).

If one is to consider body discontent and ideals of feminine beauty as types of ideology, developing strategies for negotiating this ideology can disrupt systems and lead to transformation, at least on an individual level. For the women in this study, I noted several reoccurring strategies they employed in order to counter negative messages about their bodies. I classified these as methods they developed to: reject social pressures (revolutionary); spatial/psychic separation (separatist), de-emphasis importance of body/appearance (supremacist) and learn and teach self-acceptance (equal rights). The last method, ‘re-negotiate their bodies on their own terms’ is what I define as the differential.

This differential consciousness can be considered a means of brokering power on an individual or family level, and, in some cases a larger social level, by strategically using their bodies to shift social discourse or gain elevated social status. Functioning both within and against ideology, the women made conscious choices to reject the idea of normative female discontent or forces that were pushing them toward self-hatred.

This also involved a close reading of their environments and actively “choosing and adopting the ideological stand best suited to push against its configurations” (Sandoval, p. 60). This allowed them to survive in multiple settings and levels – and battle against their own body discontent. Some of these methods can be seen as daily re-negotiations with themselves, meaning enacting one strategy over or with others was a

reflection of their relative peace they had with themselves and their bodies. This fits within the ways women described their own self-esteem as a fluid process.

This consciousness can create a “repoliticized citizen-warrior” – a new form of woman who has an intensified awareness of the power of her individual body (Sandoval, p.179).

Chapter 6

Conclusions

The central question this research sought to examine was what role, if any, mothers played in shaping their daughter's body image and eating habits. Some of the literature on this subject argues that culture plays a more profound role, while other research sustains mother-blaming discourse. The women in this study reported that mothers do indeed have a significant impact on their daughter's self-esteem and eating habits – as do a myriad of other factors. Whether or not mothers actually played a substantial role was not the issue – rather, it was that they *should* play that role *because* they were mothers. Women in this study talked about how they associated their mothers with teaching them about their bodies, proper eating habits and other essentialized care-taking duties – and often described feeling somewhat cheated when their mother didn't fulfill that role, or did so in what they considered a non-supportive way. Mothers themselves perpetuated the idea that their key role was to prepare their children for life in the social world – helping them develop the self-esteem and confidence was the means by which they intended to ready them. Reinforcing self-esteem in their children seemed a core responsibility among the women in this study, regardless of race, class or sexuality.

Having that initial resilience helped women defy a number of obstacles and barriers – but it didn't protect them from moments of self-doubt or body hatred, nor did it isolate them from cultural messages about female bodies and quick-fix diets. Not having that foundation made some of the women more self-critical, but it didn't stop them from

achieving overall happiness or success; often, if they weren't provided the initial armor or self-esteem, they found a means or individual to provide it for them. Women in this study expressed an understanding of having to negotiate in conflicted space. They still served as gendered, social bodies and were not immune from broader ideas about femininity and women's bodies.

Within this sample, women considered their families and their immediate peers to be the most influential in their lives; their exposure to culture was through the micro lens of their families and communicated to them vis-à-vis their mothers. This sample collectively learned lessons about performing proper femininity, which often included ideas of appearance, body maintenance and essentialized care-taking roles. How they interpreted those messages varied based on their own experiences and their membership in a minority sub-culture.

A number of other key issues and themes emerged in this study, concerning the types of messages being delivered about body and appearance, the use of food to gain control and the ways women develop counter strategies to navigate their bodies among multiple settings and identities.

Food was an important area to discuss within the context of this study because women's relationship with food was intrinsically tied to how they felt about themselves and their bodies. The more in control women felt over their food choices and habits, the more confident they were in themselves. Women – both mothers and daughters – in this study felt it was their mother's responsibility to teach them how to eat, and how to navigate varying conflicting cultural messages about food.

Because they associated mothers with food and eating, daughters perpetuated ideological notions that women were responsible for their good or poor habits as adults. While women showed an overall understanding for the difficult positions mothers are placed in within culture, they held their mother most accountable for the bad eating and exercise habits they acquired. Even among those women who didn't discuss their mom as influencing their habits, they were conscious of their own importance in giving their children (or future children) the "right" foods or providing a healthy example. Many of the women recognized the need to teach their own children healthier habits or to consciously not repeat some of the same "critical boo-boos" (Jayne, D) their parents did, in terms of yo-yo dieting or restricting certain foods. They often discussed their efforts to teach their daughters how to eat "normal." The idea of modeling physical activity, as opposed to food restriction, was considered part of raising daughters to have a healthier approach to food and their eating habits. Again, these women re-produced gender ideologies that the mother is the parent responsible for ensuring the health of the family.

Across the sample, daughters were more often critical of the messages their mothers conveyed to them, though many of the mothers did not necessarily view their own patterns or actions as potentially harmful to their children. Not expressing they had a negative influence seemed to be a reflection of how they themselves internalized cultural messages concerning weight, food and women's bodies. Because of this, they were unable to see how they were reproducing ideas about fat hatred, appropriate femininity and food restriction implicitly through their own actions. However, as women collectively demonstrated throughout this sample, children are very much aware of the behaviors, beliefs and anxieties of their mothers. Acknowledgement of this disconnect

can be a tremendous step in dismantling messages that train women to repeat cycles of self-hatred. Enactment of a toolkit to survive as a gendered body within and outside the context of the family can be part of the process toward de-valuing cultural beauty standards and de-stabilizing oppressive cultural institutions.

Areas of Future Study

In an effort to ensure multiple perspectives were offered on this topic, women of varying backgrounds were interviewed. Results showed more similarity than difference between and among the group, in terms of body image and eating habits. However, this study should be seen as an initial starting point to begin further exploration of this topic and is not intended to be generalizable of all women's experiences. Replication of this study should include a larger sample and more-defined participant groups, in terms of race, class and sexuality. This may provide the space to begin making more informed theoretical conclusions about the broader topic of food, power and control in women. There are still large sub-groups of women who continue to be almost entirely excluded from research on this topic; studies on Asian women and immigrant women, for example, are largely unexplored. In addition, a future area of study may take into account the role of religion in determining a woman's attitude toward food and their bodies. Several of the women made reference to the importance of their religion in guiding how they viewed their bodies, or discussed how their own or family's own religious beliefs reinforced aspects of food restriction or food moderation and either body modesty or body acceptance. Additional study on this topic might also account for more diversity in terms of geography; since the majority of the women in this sample were from or had lived in

the South, their experiences could be indicative more so of regional differences or traditions concerning types of food, and a woman's role in the household. A number of the participants discussed an interest in the connection between mothers and sons, in terms of their influence on body image and eating and exercise habits. One participant mentioned an interest in replicating this study for transgender individuals.

Though there is little space to draw definitive conclusions, this research can also be an initial study on the concept of 'food rules' and the patterns of disordered eating among women. A more contemporary feminist ethnographic approach might be more insightful in a closer study of this topic; allowing women to document their daily food habits and 'rules' along with observation could provide a more comprehensive understanding of this behavior and the circumstances that enable it.

Lastly, women's agency within the family and culture-at-large has largely been unexplored. The concept of applying a set of methodologies to negotiate between different forces and competing messages and expectations is a beginning point. Further test and application of the value of these strategies in the long term or beyond an individual's consciousness is needed. The hope is that this and future studies will assist women in developing a healthy sense of self, a better approach to eating and a more solid relationship with their mothers and daughters.

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APPENDICES

APPENDIX A
INFORMED CONSENT

Georgia State University
Women's Studies Institute

“Mother May I? Food, Power and Control in Mothers and Daughters

Principal Investigator: Dr. Cassandra White, Faculty Advisor
 Lisa Borello, Student PI

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to examine what influence, if any, mothers have in shaping their daughter's attitudes toward their bodies and eating. This study also seek to examine the various ways women respond to the messages they receive from their family and from the larger culture concerning their appearance. You are invited to participate because you are either a “daughter” or “mother,” as defined for the purposes of this study. A total of 20 participants will be recruited for this study. Participation will require 1-2 hours of your time over over a one-day period, at a date of your convenience between May and June. Your participation is voluntary.

II. Procedures:

If you decide to participate, you will be asked to have a one-time interview with the Student P.I. This interview will take place during the months of May and June, at a date and time scheduled at your convenience. The interview will also take place at a location of your choice (home, office, neutral meeting place or over the telephone). The interview will be audio-taped for transcription. The interview consists of about 12 questions and is expected to last 1-2 hours; no other time commitment will be asked of you.

III. Risks:

There is the possibility that participation in this study may cause you some emotional discomfort. The researcher will make every effort to prevent this and will continually ask throughout the interview if you are comfortable with the questions and if you would like to stop or continue the interview. If you experience some discomfort, the researcher will discontinue the interview immediately. Records of the interview will then be destroyed. The researcher will also provide you, at your request and at the time of the interview, with a list of follow-up resources should you choose to seek additional medical or therapeutic assistance.

IV. Benefits:

Participation in this study may not benefit you personally. However, it may provide an opportunity for self-reflection in a safe, confidential forum. Overall, we hope to gain information about how women respond to the messages they received from their families and culture concerning food and their bodies. The expectation is that the results of the project may help other women develop

strategies that can lead to body acceptance.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You have the right to not be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. If you decide to not participate, records of your interview will be destroyed. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. We will use an alias, rather than your name, on study records. You will select your own pseudonym. Only the Student PI, Lisa Borello, and Faculty Advisor, Dr. Cassandra White, will have access to the information you provide. The interview will be audio-taped for transcription. The digital audio file from your recorded interview will be stored on a firewall-protected computer; paper copies of the transcribed interview will be stored in a locked file cabinet in the Student PI's office. Only the Student PI or a professionally-trained transcriber will have access to the audio files; however, the professional transcriber will not have access to your name or any personal information, only your alias. A key identifying your name and self-selected alias will be stored separately from the data to protect your privacy. This list will be stored in a locked file cabinet, located in the Faculty Advisor's office. After six months, the key will be destroyed; however, the audio files with your alias will be kept for future research. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons:

Call Dr. Cassandra White at (404) 651-1758 or via e-mail at cwhite@gsu.edu, or contact Lisa Borello, Student PI at (404) 457-0277 or via e-mail at ljboello@yahoo.com, if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-463-0674 or svogtner1@gsu.edu. At your request, the Student PI will also provide you with a list of resources for additional medical or therapeutic assistance.

III. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep. Your signature means you agree to be interviewed and you agree to have the interview audio-taped. If you are willing to volunteer for this research, please sign below.

Participant

Date

PI or Researcher Obtaining Consent

Date

APPENDIX B
Interview Questions
“Daughters”

Background

1. Describe your family and background, such as where you grew up, what your family was like and if you have any siblings.
2. Share some details about yourself, such as your education level, age, occupation, sexual orientation, race, marital/relationship status and economic status, or anything else you think is important for people to know about you.

Body Image

1. Describe your physical self or appearance now. Do you think you have a positive or negative image of your body? Has that image changed or been pretty consistent through the years?
2. What are some of the things that have influenced how you feel about yourself and your body? Talk about whether any one factor or person played an especially important role.
3. Talk about if you’ve had any pressures, either now or in the past, concerning your appearance. How have you responded to those pressures? Talk about whether you think your response has been personally helpful to you.

Hunger/Fullness and Attitudes Toward Food

1. Talk about some of your eating patterns or habits, both now and when you were growing up. Talk about whether there’s anything you’d like to change, or anything you’re particularly proud of when it comes to those habits.
2. Talk about whether you or anyone you’re close to has ever had an eating disorder or a major struggle with their weight and eating.
3. Think about your typical eating habits and patterns on an average day. Talk about any triggers or feelings that might cause you to eat or not eat certain foods, or to not eat even when you’re hungry, or eat even when you’re not.

Relationship with Mother/Relationship with Daughter

1. Talk about what kind of relationship you have with your mom (or primary mother figure), both when you were growing up and now.
2. How would you describe your mother’s eating and exercising habits? How would you describe her sense of self-esteem?
3. Talk about the kinds of messages that your mother gave/gives you about your body and your own eating habits. What were some of your responses to those messages?
4. If you have or had a daughter, what types of things would you like to teach her about food and her body?

APPENDIX B
Interview Questions
“Mothers”

Background

1. Describe your family and background, such as where you grew up, what your family was like and if you have any siblings. Talk about your family now, including your children.
2. Share some details about yourself, such as your education level, age, occupation, sexual orientation, race, marital/relationship status and economic status, or anything else you think is important for people to know about you.

Body Image

1. Describe your physical self or appearance now. Do you think you have a positive or negative image of your body? Has that image changed or been pretty consistent through the years?
2. What are some of the things that have influenced how you feel about yourself and your body? Talk about whether any one factor or person played an especially important role.
3. Talk about if you’ve had any pressures, either now or in the past, concerning your appearance. How have you responded to those pressures? Talk about whether you think your own daughter has had similar or different pressures.

Hunger/Fullness and Attitudes Toward Food

1. Talk about some of your eating patterns or habits, both now and in the past.
2. Talk about whether you or anyone you’re close to has ever had an eating disorder or a major struggle with their weight and eating.
3. Think about your typical eating habits and patterns on an average day. Talk about any triggers or feelings that might cause you to eat or not eat certain foods, or to not eat even when you’re hungry, or eat even when you’re not.

Relationship with Mother/Relationship with Daughter

1. Talk about what kind of relationship you have with your daughter(s), and any of your other children. Talk about any similarities or differences between the relationship you have with your own children and the relationship you have had with your own mom.
2. How would you describe your daughter’s eating and exercising habits? How would you describe her sense of self-esteem? Talk about any differences or similarities between yourself and your children in eating, exercise and self-esteem.
3. Talk about the kinds of messages you have tried to convey to your daughter(s), or wish to convey to her, concerning her body, eating habits and self-esteem. Talk about whether you think you’ve had an influence over her concerning her appearance.
4. Talk about whether there’s anything you’d like to change about those messages. Talk about whether you think it’s important for women, in general, to have a healthy self-esteem and body image. Talk about what you see as your role, as a mother, in shaping those attitudes.

APPENDIX C

Description of Participants

“Daughters”*

Abby (D), 25; Caucasian; middle-class (raised middle-class); lesbian; committed relationship; raised in two-parent household; 1 brother; office administration; college graduate; raised Catholic, but not practicing

Danielle (D), 28; African-American; upper-middle class (raised upper-middle class); heterosexual; single; raised in two-parent household; 1 brother; university administration; college graduate; Baptist

Jayne (D), 28; Caucasian; middle-class (raised upper-middle class); heterosexual; married; raised in two-parent household; 1 brother; writer/editor; college graduate; raised Presbyterian, but not practicing

Katherine (D), 42; Caucasian, middle-class (raised upper-middle class); lesbian; committed relationship; raised in two-parent household; 3 half-sisters, 1 half-brother; hospitality industry; college graduate; Agnostic

Maryann (D), 25; Caucasian; middle-class (raised affluent); bi-sexual; committed relationship; raised in two-parent household; 1 sister; sales/marketing; some college; Agnostic

Nina (D), 28; Caucasian; middle-class (raised working class); heterosexual; separated from husband; raised by single mom; only child; graduate student/teaching assistant; advanced academic degree; raised Catholic, but not confirmed

Sheila (D), 48; Caucasian; middle class (raised working class); lesbian; committed relationship; raised in two-parent household; 2 brothers; sales/marketing; college graduate; raised Mormon, but not practicing

** Note: None of the “daughters” had children of their own.*

“Mothers”

Amy (M), 30, Caucasian, working class (raised working class); heterosexual; re-married; 2 daughters (5y.o. and 12y.o.); hospitality; high school graduate; Mormon

Emma (M), 36; Caucasian; working class (raised lower-middle class); heterosexual; divorced; 1 daughter (15y.o.), 1 son (11y.o.); office professional; some college; Christian

Linda (M), 46, African-American and Latino; middle-class (raised middle-class); heterosexual; re-married; 1 daughter (16); professor; advanced academic degrees; Catholic

Maureen (M), 51, Caucasian; middle-class (raised middle class); heterosexual; married; 1 daughter (15y.o.), 1 son (13y.o.); professor; advanced academic degree; Catholic

Danielle S. (M), 44, Caucasian; middle class (raised lower-middle class); heterosexual; re-married; 2 daughters (25y.o. and 21y.o.), 1 son (20y.o.); university administration; high school graduate; Protestant

Tasha (M), 29; African-American; middle-class (raised-lower middle class); heterosexual; married; 1 daughter (4y.o.), pregnant; stay-home mom; some college; Baptist

Tori (M), 25; African-American and Latino; middle-class (raised lower-middle class); heterosexual; separated; 2 daughters (8y.o. and 2y.o.), 1 son (4y.o.); stay-home mom; some college; Christian