The Development of Body Image in School-Aged Girls: A Review of the Literature from Sociocultural, Social Learning Theory, Psychoanalytic, and Attachment Theory Perspectives

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This paper outlines the research that has been conducted on the development of body image in young children, particularly in girls. Beginning with a detailed understanding of the developmental progression of body image, and its relationship to self-concept in early life, this review continues to explore the various theoretical perspectives on how body image and body esteem develop at young ages. The research from attachment theory and other psychoanalytic theories, social learning theory, and sociocultural perspectives are reviewed in detail. The review of this literature explains the multiple influential factors on body image and body satisfaction throughout the lifespan. This paper also highlights the need for more empirical research regarding the influence of early parent-child relationships on the full spectrum of body image dissatisfaction, which has become so prevalent amongst women and girls in Western society.

Keywords: body image, attachment theory, self-concept

Throughout development, the body plays an important role in psychological growth. Physical attributes and associated changes, social environments, and societal messages are all powerful influences regarding the way we think and feel about our bodies. The various mental representations that we form about our bodies in different stages of life and contexts constitute the *body image*, which has a profound impact on self-esteem, identity, mental health, and social functioning. This important fact has been studied extensively by cognitive psychologists, philosophers, psychoanalysts, sociologists, behavioral psychologists, neuropsychologists, and developmental psychologists (Cooley, 1902; Harter, 2012; Kernberg, 2007; Krueger, 2002a; Lemma, 2010; Meissner, 1997). Integrating the literature from these various fields, this paper will discuss various components of body image: theories on its early developmental trajectory, evidence for its robust link with self-esteem, powerful sociocultural influences, and its intergenerational transmission within families.

Body image is a term used to describe the subjective mental representations an individual develops regarding his or her body based on "sensory, motor, and affect (both pleasurable and unpleasureable) body experiences" (Meissner, 1997, p. 428). Researchers have identified two components of body image: perceptual and attitudinal (Gardner, 2002). The perceptual component refers to the accuracy of an individual's perception of his or her body size and shape; the attitudinal component refers to the emotions associated with these perceptions. These perceptual and attitudinal body representations develop over time and ideally become integrated, forming a cohesive body image. Psychoanalytic theorists believe these images begin to form during infancy, in interaction with caregivers, and are the foundation for self-concept (Kernberg, 2007; Krueger, 2002a; Meissner, 1997; Winnicott, 1971). Freud's assertion that "the ego is first and foremost a bodily ego" demonstrates this historical understanding of the body being a very crucial component of the self (S. Freud, 1923, p. 26).

The significant relationship between body esteem and more global evaluations of self-worth has been established by research on individuals of all ages

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(Harter, 2012; Smolak, 2002). In her assessments of the relationships amongst various domains of self-esteem in children and adolescents, Susan Harter (2000) found that "at every developmental level, the evaluation of one's looks takes precedence over other domains as the Number 1 predictor of self-esteem" (p. 134). Children as young as five and six years old have been identified as having some level of body dissatisfaction, a notion of a slender body ideal that exists, and an awareness of the concept of dieting (Davison, Markey, & Birch, 2003; Lowes & Tiggeman, 2003; Smolak, 2002). Body image disturbance at young ages can predict the later development of eating disorders, and is a risk factor for low self-esteem and poor psychosocial functioning (Harter, 2012). In addition, the development of a healthy body image is essential for the cohesive development of a sense of self and a sense of identity (Buhl-Neilsen, 2006; Krueger, 2002a).

Body image is frequently mentioned in the context of body image dissatisfaction, having been identified as a normative discontent amongst women in Western society, and a growing issue for men as well. In this society, slenderness of the female figure is generally preferred, and being overweight, "obese," or "fat" comes with a range of negative connotations and social implications (Grogan, 2007). The media presents to the public an extraordinarily slender female as the ideal body type, an impossible body for most women to achieve. In perceiving one's own body compared to an impossible ideal, most women experience some dissonance, and subsequently, dissatisfaction (Lemma, 2010). Women receive messages that they need to be doing more to achieve the ideal, that "their corporeal bodies are unacceptable" needing constant "sanitizing, deodorizing, exfoliating, and denuding" (Harter, 2012, p. 167). Women's bodies are also sexualized – in the media and in daily interactions – in a "culture [that] is saturated by heterosexuality" (Fredrickson & Roberts, 1997, p. 175). As a result of existing within this objectifying society, women experience themselves as objects – internalizing the gaze of the other. As such, it is more common for a woman to wonder, "How do I look?" than "How do I feel?" (Fredrickson & Roberts, 1997).

While body image concerns are often not considered pathological unless disordered eating habits are involved, there is strong evidence that body image maintains a powerful influence on overall self-esteem and thus, mental health and social functioning (Harter, 2012; Tantleff-Dunn & Lindner, 2011). With this in mind, it is important to consider the wide range of experiences of body image dissatisfaction amongst women, as we identify the contributing factors, risk factors, and protective factors of this normative discontent. It is also important to consider the negative implications that body dissatisfaction can have on an individual's mental health at any point on this spectrum of dissatisfaction and at various stages of development.

The Development of Self-Concept and the Body

The term *the looking glass self* refers to the way in which people see themselves through interaction with the other – evaluating themselves based upon how others might perceive them (Cooley, 1902). In Susan Harter's (2012) words: "We gaze at ourselves in real mirrors and we anticipate the evaluations of others, as social mirrors" (p. 159). The term highlights the influence of body image on self-concept, because we begin to think about what others see when we look at ourselves in the looking glass (or mirror) at a young age. William James (1890), too, described a state of self-evaluation that involves seeing the self as both the subject (from your own perspective) and as an object (from another perspective). The "Social Self," as he termed it, consists of two parts: the "Me-Self," referring to the awareness of the self as an object, versus the "I-Self," which refers to a subjective self-awareness. These concepts draw on the idea that we see ourselves from varying perspectives – namely our own self-view and the perceived view of the other. This ability to take the perspective of others has a developmental progression, beginning with the development of preliminary self-awareness in toddlerhood and later self-conscious emotions (such as pride, shame, and embarrassment), and ultimately the capacity for mentalization (Rochat, 2003). The child goes through cognitive and psychological developmental phases that define her self-image and body image from infancy through middle childhood, and have important implications for later developments in body esteem and self-esteem. All of these stages of development involve interactions

with significant others – it is the dynamic relationship between caregiver and child, and the child's later interactions with peers and social environments, that facilitate and influence the development of one's body and self-awareness.

In order to discuss the developmental pathways of self-awareness and body image, we must start at the beginning – at birth. There are various views on the experience of the newborn infant and the degree of self-awareness that she possesses. Classical psychoanalysis tends to view the newborn infant as "fairly asocial," interpreting the mother-infant interactions as mostly matters of physiological regulations (Stern, 1985, p. 44). Anna Freud (1989) suggested that the infant wishes to be merged with the mother in the very early months of her life, possessing no sense of a boundary around herself, understanding the mother's body parts as simply an extension of her own due to the fact that "in early life the distinctions between the internal and external world are based not on objective reality but on the subjective experiences of pleasure and unpleasure" (p. 69). Cognitive psychologist Phillippe Rochat (2003) argues that this earliest stage (which he labels "Confusion") is the lowest level of self-awareness and, contrary to Anna Freud's theory, is characterized by the ability to differentiate between one's own body and another's body, between oneself and one's environment. There is certainly some disagreement regarding the experience of the very young infant, but, at the very least, the boundaries between self and other are blurry and confused for the newborn infant. As Daniel Stern (1985) writes, "All of these clinical theories have a common assertion: That infants have a very active subjective life, filled with changing passions and confusions, and that they experience a state of undifferentiation by struggling with blurred social events that presumably are seen as unconnected and unintegrated" (p. 44).

By two months of age, the infant is already exploring the environment and can observe the impact of her actions on the environment (Rochat, 2003). This period is also characterized by interactions with the caregiver, and the infant develops an awareness of her body through the tactile sensations she experiences when being held, fed, changed, and touched by her mother. The experience of being touched by her caregiver helps the infant shape her body boundaries, knowing where her body surface begins and ends. This is the very beginning of body image development (Krueger, 2002b).

During the first year, the child begins to develop an understanding of herself and her body as separate and autonomous, within the context of her caregiving environment, and she begins to integrate her inner sensations with external experiences (Krueger, 2002a; Mahler, Pine, & Bergman, 1975). During this period, the infant begins to observe her external environment and is definitively able to differentiate between her own body and her mother's, even beginning to compare strangers to her mother (A. Freud, 1989; Mahler et al., 1975). Lemche (1998) refers to this period as the "Cohesion versus Fragmentation Phase," during which the infant experiences a sense of body wholeness, which is quite dependent on the mother's attunement:

> [The infant] explores his objective surroundings, feels the body of his mother in exchanges, or playfully touches his own body parts. The sensations that arise from this contribute, for example, to his experiencing his feet as belonging to his body, far away though they may be. (p. 233)

Lemche goes on to describe that a feeling of cohesiveness only comes from the mother's ability to sufficiently match the child's affect, and without this matching, the child experiences fragmentation of body image. Throughout the stages of development discussed here, affect attunement by the caregiver is a key component to optimal development.

By the end of the first year and the beginning of the second year, there are two separate but simultaneous developmental paths: separation and individuation. Individuation involves the development of autonomy and cognition, while separation involves boundary formation and differentiation (Mahler et al., 1975). "All of these structuralization processes will eventually culminate in internalized self-representations as distinct from internal object representations" (Mahler et al., 1975, p. 63). In other words, the development of the child's autonomy and differentiation from the caregiver are essential in order for her to begin to

form representations of her self that are distinct from representations of the object/caregiver.

The contingency between inner proprioception and outer movements is another important contribution to the child's development of a cohesive body experience and body image during the first year of life (Lemche, 1998; Lemma, 2010). The infant's awareness of her internal body sensations and how they affect her external movements helps her develop a coherent body image – involving both the inside and the outside of her body. By 15-months, the infant is also able to recognize her body as a "container" of her psychological self (Krueger, 2002a). This stage, according to Krueger (2002a), is characterized by the ability to possess a "stable, integrated, cohesive mental representation of one's body" (p. 31).

By age two, self-recognition is accomplished, which is interpreted as representing the development of self-conscious emotions and an *objective self-awareness* (Lewis, 1991). This self-recognition has been demonstrated in various studies using the mirror mark test, a task that requires self-recognition in the mirror as well as an understanding of contingency between the self and the reflection (Lewis, Sullivan, Stanger, & Weiss, 1989). This capacity requires the toddler to see herself as both the subject, existing in her own body (William James' "I-Self"), as well as an object, seeing and recognizing her body from the outside (William James' "Me-Self"). It is in the latter half of the second year of life that the child develops *body awareness* – that is the ability to observe how her body interacts with her environment (Brownell, Zerwas, & Ramani, 2007; Moore, Mealiea, Garon, & Povinelli, 2007). Brownell and colleagues (2007) assessed body awareness using tasks that required the toddler to accurately assess her own body size and perceive her body as an obstacle, finding that the earliest mastery of these tasks occurred at 27 months, but errors continued at 30 months for many. This stage is described by the authors as "a developmental bridge between the kinesthetically based awareness and discrimination of one's own body evident in infancy and the more complex psychological self that develops over childhood and adolescence" (pp. 1427-1428).

By age three, the child is able to grasp the concept of an *enduring self* (meaning that she understands that she is the same person she was yesterday and will be the same person tomorrow), can grasp the concept of a *body image* (i.e., an internal representation of her body shape and size), and is able to symbolically represent aspects of her body using language (Lemche, 1998; Rochat, 2003; Tremblay, Lovsin, Secevic, & Lariviére, 2011). Tremblay and colleagues (2011) conducted a study with three-year-old girls that evaluated the accuracy of their body representations compared with adult representations of their bodies, in order to assess whether inaccuracies regarding body size perception were due to developmental limitations. Because children's body size perceptions, measured by a simplified figure rating scale, were as frequently inaccurate as their parents' perceptions of their body size, the authors concluded that 3-year-old children are as capable of representing their body size as adults are, and therefore have a concept of body image (Tremblay et al., 2011). Lemche (1998) describes the three-year old's experience of her body as the "introspection phase" during which "the small child acquires the possibility to refer directly to his inner experience within the outer boundaries of the body image" (p. 245). In other words, she can now use words to describe her inner sensations and mental states (i.e., wanting, liking, loving, being afraid), thereby further establishing her coherent sense of self and body.

At the ages of four to five, the child begins to develop higher levels of self-awareness, which Rochat (2003) refers to as *evaluative and meta-cognitive self-awareness*. It is at this stage that we see the more sophisticated development of Cooley's (1902) *looking glass self*.

> The process of imagining what others might perceive or judge about the self, whether this imagination is implicitly or explicitly expressed, is linked to the cognitive ability of running a simulation of others' minds as they encounter the self. There is a fantasy and phantasms involved, the stuff that feeds the self-conscious mind and characterizes the meta-cognitive level of self-awareness (Rochat, 2003, p. 728).

Here, Rochat describes the capacity for a theory of mind or mentalization, and how this cognitive

capacity influences the developing sense of self. Fonagy, Gerbely, Jurist, and Target (2004) explain this capacity for theory of mind as developing from the capacity to understand the representational nature of others' *intentional mind states*. This capacity has been linked to the simultaneously developing capacity for autobiographical memories – the child's personal experiences begin to become encoded as exactly that – her personal experiences. Her personal memories become more solidified and contextualized, having implications for the developing self and body representations. Her memories begin to more clearly shape how she views herself and her interactions with others.

By ages six and seven, the child is more highly aware of the perspectives and the evaluative nature of others, and begins to internalize these evaluations further, integrating the perceived views of others into an overall sense of self, self-esteem, and identity (Harter, 2012; Selman, 2003). The beginning of concrete operations at this age also allows for a more accurate body image, with an increased capacity for abstract reasoning (Krueger, 2002b). The further development of the capacity to mentalize helps children to "conceive of others' feelings, intents, desires, knowledge, beliefs, and thinking, [which] leads to an integration of the body self. This integration contributes significantly to affect and tension regulation, impulse control, self-monitoring, and the emergence of self-agency" (Krueger, 2002b, p. 31). Interpersonal interactions, initially with caregivers and later with peers and others, facilitate the development of reflective capacities in children. This capacity for reflective functioning, along with a solidifying representation of one's body, continues to develop in relation to the social environment. At the same time that children are becoming aware of the evaluative nature of others, and thus evaluating themselves, they are also becoming aware that there is a body type that is considered ideal by society's standards (Dohnt & Tiggeman, 2005). In addition, they are learning that there is a societal bias against overweight people, interacting more with peers at school, being increasingly exposed to media (and better understanding its messages), and becoming increasingly self-aware and self-conscious. It would be no surprise, then, that this newly forming process

of self-evaluation would not only apply to the self but also specifically to the body.

This brief outline of the development of self-awareness from infancy to middle childhood describes the trajectory from confusion to separation-individuation to objective self-awareness to mentalization. The final stage of mentalization, as it relates to self-awareness and self-evaluation, continues to develop past middle childhood and influences the individual's growing sense of self and body self. It has been found in various studies that children begin expressing body image dissatisfaction at around ages five and six, when this mentalizing capacity begins to emerge (Dohnt & Tiggeman, 2006a; Smolak, 2011). Body dissatisfaction has been found to increase with age in children and adolescents (Harter, 2012), but it seems that the stage is set early on in the child's life with regard to how she will feel about herself and her body, and how her body image will develop along with her growing physical body.

Body Image, Attachment Theory, and Self-Esteem

The body, as the container of the psychological self, plays a crucial role in the development of self-concept and identity. When all is going well in development, one's body representations make up a cohesive body image, which in turn helps the individual develop a cohesive sense of self (Buhl-Neilsen, 2006). With a fragmented body image or a sense of the body as being ugly or disgusting, the self, too, is felt to be fragmented or ugly. Empirical research has repeatedly established the link between body esteem and self-esteem, illustrating the important role the body plays (at varying stages of development) in overall self-evaluation (Allen, Byrne, Blair, & Davis, 2006; Blond et al., 2008; Harter, 2000; Harter, 2012).

Self-esteem is a broad concept, which refers to overall feelings of self-worth, often formulated by taking the perspectives of others (Rosenberg, Schooler, & Schoenbach, 1989). This construct is understood as a global evaluation of the self, made up of various domain-specific evaluations (e.g., appearance, athletic ability, intellect). Of all of the many different domains, appearance seems to consistently be the most powerful influence over global evaluations of self (Harter, 1999, 2012). Harter (2012) has found

this powerful association between global self-esteem and appearance related self-esteem to be true in various studies of children and adolescents at every developmental stage. In addition, this relationship between self-esteem and body esteem is stronger for girls, and beginning in middle childhood (increasing throughout development) perceptions of physical appearance are more negative for girls than boys (Harter, 2000).

The inextricable link between self-esteem and body esteem can be traced back to the early models of self developed during infancy and childhood, in relation to their caregivers. In his formulation of attachment theory, John Bowlby (1988) described the child's attachment behaviors (e.g., clinging to mom when afraid) serving a distinct biological purpose: to be protected. By appropriately and sensitively attuning to the child and tending to his or her needs, the caregiver can create a "secure base" from which the child can explore, as well as a "safe haven" to return to when she is in need of protection. "How well attachment relationships can fulfill these safe-haven and secure-base functions, however, turns not only on attachment partners' actual behaviors, but on the translation of their interaction patterns into relationship representations – or, as Bowlby termed them, 'internal working models'" (Bretherton & Munholland, 1999, p. 90). Bowlby's (1988) concept of internal working models (IWM) refers to the cognitive maps of the self and other, developed during infancy. They are self-representations formed from how acceptable children feel in the eyes of their primary attachment figures (Buhl-Neilsen, 2006). From the child's experience with her caregivers, she develops expectations of how she will be cared for, as well as thoughts about the kind of care that she deserves. As such, IWMs have a clear relationship with the development of a child's feelings of self-worth, and as it is conceptualized as a model developed early on in the brain, it continues to influence relationship patterns and self-esteem throughout development, though not without the opportunities for change (Bowlby, 1973).

Importantly, the child's IWMs also have a good deal to do with his or her body, as "attachment needs are first and foremost body based needs" (Krueger, 2002a, p. 4). The kind of care, attention, physical touch, gaze, and holding the child receives from the caregiver will influence the way she thinks about her own body, feels in her body, treats her own body, and expects others to treat and view her body. Alessandra Lemma (2010) emphasizes the degree of the mother's "desire" for the baby and the baby's body: "The too-desiring or the not desiring enough mother inscribes the body and profoundly shapes the development of the body self" (p. 2). These body-specific interactions with caregivers may inform body-specific IWMs, influencing the individual's sense of her body's worth, attractiveness, and desirability. Krueger (2002a) hypothesizes that another process may also occur, influencing body esteem from these early stages. He explains that the more general feelings about the self, developed from early interactions with caregivers (i.e., internal working models) get funneled into feelings about the body: "The conclusions from unmet developmental needs and core organizing assumptions of the self, if they are of inadequacy and defectiveness, may be woven into body image" (Krueger, 2002a, p. 115). By this account, it is the direct care and attention our bodies receive as infants, as well as the emotional needs that are or are not met, that influence both a global sense of self-worth as well as body esteem.

It is clear that the development of body esteem and self-esteem are linked from early stages. Harter (2012) provides another explanation why appearance is so frequently the subject of self-evaluation, even in the early years when self-evaluative processes are just beginning to emerge, writing that appearance "is an omnipresent feature of the self, it is always on display for others, or for the self, to observe, scrutinize, and judge" (p. 159). Harter (2012) adds that another important reason why our appearances are under so much "self-scrutiny" is because of the cultural and societal attention towards certain standards of beauty and weight in the media. When understanding Harter's (2012) rationale for why appearance esteem has such a strong impact on global self-esteem, we can also refer to Objectification Theory, which highlights the particular salience of the body for women and girls, even more than overall appearance (Fredrickson & Roberts, 1997). As previously described, Fredrickson and Robert's (1997) theory posits that the societal sexualizing of female bodies causes women to self-objectify – that is, to view their own bodies as the

objects that others see. Women are thus particularly focused on how they appear to others, and they are situated in a society that views them as objects, thereby making their external appearances seemingly more important than their internal worlds or other aspects of the self.

While there is a clear association between body esteem and global self-esteem, there are mixed results in the literature pertaining to the directionality of this relationship – whether it is dissatisfaction with one's body that causes one to feel bad about him or herself in totality, or a low overall sense of self-worth that contributes to the negative evaluations of one's body. According to Krueger (2002a), a sense of self-hatred, low self-esteem, and shame are often manifested in body image and low body esteem, suggesting that a low opinion of oneself overall leads to low body esteem. He writes: "Shame may reflect core fantasies about the self that may manifest in body image" (Krueger, 2002a, p. 115). However, the combined results of various empirical studies show that there are individual differences in the directionality of this process (Harter, 2012). Several longitudinal studies have shown that BMI coupled with negative perceptions of physical appearance are precursors of later negative global self-esteem (Harter, 2012; O'Dea, 2006; Tiggeman, 2005). Additionally, in a study of subjective self-reports regarding the directionality of appearance perception on self-esteem, the mental health consequences were direr for female adolescents endorsing the case of appearance influencing self-esteem. Such adolescents had higher occurrences of depression and negative affect (Harter, 2012). From this finding, it can be concluded that when emphasis is placed on appearances such that it causes global evaluations of the self to be negative, the individual will suffer more than if overall low self-esteem influences low body esteem.

Body Image in Children: Sociocultural Influences

The thinness mandate for females includes clear directives that beauty is a woman's principle project in life and that slenderness is crucial for success and to attract the interest of males. From a biological growth perspective, the cultural ideal of long legs, thinness, and low percentage of body fat is closer to the first stages of puberty than the end of puberty, bringing wider hips and more body fat. Attempts to adhere to the cultural ideal of beauty, therefore, derails…girls from normal, healthy development.
–Susan Harter, 2012, p. 166

The societal pressures on women to achieve a specific ideal body type are so pervasive that children begin to hear, internalize, and express such messages at young ages, beginning at around age five or six (Davison et al., 2003; Dohnt & Tiggeman, 2005, 2006a, 2006b; Smolak, 2002, 2011; Tremblay et al., 2011). Sociocultural influences – namely the media, certain types of toys, parents, and peers – have been identified as having a powerful impact on the child's internalization of cultural beauty ideals (Tiggeman, 2011). Studies of body image in children use assessment measures that include silhouette figure rating scales, body size estimation techniques, interviews, and questionnaires to determine children's perceptions of and attitudes toward their bodies (Gardner, 2002). Many of these studies, too, employ assessments of the child's exposure to media and the child's interactions with and perceptions of peers in order to better understand the various sociocultural influences on the child's body esteem. Family also plays an important role as a sociocultural transmitter of body ideals. The multifaceted ways in which family influences body image will be further discussed in the following section.

To assess the power of certain toys as sociocultural transmitters of body image ideals, Dittmar, Halliwell, & Ive (2006) investigated the effects of exposure to images of Barbie dolls on the child's desire for thinness. In this study, 5 to 8-year-old girls were exposed to images of Barbie dolls, neutral images (control condition), and Emme dolls (made to represent a size 16 woman). Girls showed decreased body esteem and an increased desire for thinness after being exposed to Barbie images, whereas this effect was not found in the other two conditions. This effect was stronger in younger girls (ages 5 ½ to 7 ½) than in older girls (7 ½ to 8 ½). This latter finding was interpreted by the authors as demonstrating the susceptibility of younger children to the influence of dolls, whereas for the older children it is thought that the messages about thinness and body ideals have

already likely been internalized, thereby limiting the added influence of the doll's body shape. The authors concluded that the experimental condition had more of an effect on the children who have not yet had the chance to internalize these messages as completely. This study represents the effect that a toy can have on a young girl, and is explained as having a rather profound impact due to the fact that children use this toy in fantasy play, thus taking the perspective of the doll, taking on her identity, and inevitably desiring her physical qualities (Dittmar et al., 2006).

In addition to Barbie dolls, the influence of peers and various forms of media (e.g., magazines and television) have also been established as being major contributors to the early emergence of body image dissatisfaction. Dohnt and Tiggeman (2005) evaluated the effect of peers on body image dissatisfaction and dieting awareness in girls in the first three years of school (ages 5 to 8). They found that older girls (mean age 7.11) expressed a greater understanding of dieting, but dieting awareness was correlated at all ages with the child's body dissatisfaction, her peer's (perceived) body dissatisfaction, awareness of teasing based on weight, and awareness of likeability based on weight. When running a regression, the authors found that peer's body dissatisfaction was the only significant predictor of the child's own body dissatisfaction. These same authors conducted a study evaluating the causal role of peers and media on body dissatisfaction of girls ages 5 to 8 in a longitudinal study (Dohnt & Tiggeman, 2006a). The child's body satisfaction was evaluated, as well as her global self-esteem, perception of and imitation of peers, and exposure to the media. Participants were invited for two visits twelve months apart to determine the temporal effect of these influences. The effect of media exposure on body satisfaction was not significant. However, the girls who perceived that their peers desired a thinner body at their initial assessment showed less body satisfaction twelve months later. This finding indicated the significant effect that a child's perception of her peers can have on her own body ideals, above and beyond the effect of exposure to the media.

While Dohnt and Tiggeman (2006a) did not find a significant effect of the *amount* of media consumed by children on their body dissatisfaction, Hargreaves and Tiggeman (2003) found that the type of media attended to by children did have an effect on body satisfaction. In their study, adolescent girls and boys (ages 13-15) were divided in two groups – one group was shown beauty- and appearance-oriented commercials and the other was shown non-appearance-oriented commercials. Girls, not boys, who watched the appearance-oriented commercials showed more body dissatisfaction. This study shows the specific effect of media with certain appearance-oriented content, as well as gender differences regarding the internalization of this content. These gender differences may be explained by Jung and Peterson's (2007) study evaluating what girls are attending to when they are watching television or reading magazines, and how this differs from boys. Jung and Peterson conducted a study with 8- to 11-year-old girls and boys, evaluating their body dissatisfaction, BMI, and media habits (i.e., frequency, content, and preferences). With regard to media preferences, they found that boys paid attention to athletic ability and muscularity, whereas girls showed more interest in beauty and relationships. At this prepubertal stage, boys expressed on a silhouette figure rating scale that they desired a heavier body type than their actual body as measured by BMI (but not heavier than their perceived body type – indicating that they often perceived themselves as having reached the ideal, showing no body dissatisfaction). Girls, however, "exemplified a deluded perception skewed toward being thinner even though they were at their ideal" (Jung & Peterson, 2007, p. 51). They expressed a desire to be three BMI units less than their current perceived body type; however, their ideal body type almost exactly matched their actual body type as measured by their BMI. The authors concluded that these gender differences in body perception and ideal body types are related to the gender differences in media consumption habits.

While the societal ideals presented in the media have been shown to have a powerful effect on body image satisfaction throughout development, particularly in women, this effect varies greatly, as indicated by the wide spectrum of body image dissatisfaction that is exhibited amongst women and girls. The mechanisms that mediate the link between societal ideals and body dissatisfaction

have been identified as internalization of ideals, social comparison, and perceived pressure from the media (Tiggeman, 2011). Bell and Dittmar (2011) conducted a study with adolescent girls showing the important role of the individual's *identification* with the thin female characters presented in the media and subsequent internalization of body ideals and body image dissatisfaction. The authors evaluated participants' media consumption habits, body dissatisfaction, and how much they identified with female models in the media (internalizing their thinness as a personal goal). The findings revealed that the amount of media consumption and type of media consumed did not significantly predict body dissatisfaction, but identification with the thin female model did predict body dissatisfaction across all genres. Cheng and Mallinckrodt (2009) conducted a study with young adult women with the aim of identifying whether positive parental relationships served as a protective factor in the process of internalization of media messages. They found that warm memories of parents led to a secure adult attachment style, which in turn led to less internalization of media messages. This finding is an example of how parenting can contribute to or buffer against the internalization of what is presented in the media. Clearly the *tripartite model* – parents, media, and peers – suggested by the theories of sociocultural influences on body image interact in complex ways (Tiggeman, 2011; Rodgers, Paxton, & Chabrol, 2009).

Family Influences on Body Image: Social Learning Theory

As previously stated, family is considered one important part of the sociocultural theory of the development of body image dissatisfaction. Parents are considered important sociocultural transmitters of messages about the body. There are two main theories about how parents directly influence their child's body image: (1) parents model body image and eating behaviors for their children and (2) parents express specific attitudes toward the child's weight – i.e., teasing, criticizing, or encouraging (Rodgers et al., 2009). The first of these theories is aligned with Social Learning Theory. "In the social learning system, new patterns of behavior can be acquired through direct experience or by observing the behavior

of others" (Bandura, 1971, p. 3). Other theories about parental influence on the development of body image focus on more indirect mechanisms of transmission – the quality of the parent-child relationship itself and the early nonverbal interactions between mother and infant being important factors in the development of body image.

Research has been conducted on the intergenerational transmission of dietary habits and eating disturbance, which is often related to body image dissatisfaction. The assumption is often that parental modeling and direct commentary play a major role in this transmission, though some studies point to other underlying factors that need to be further explored. Hill and Franklin (1998) conducted a study with 11-year-old girls, half of whom had high restraint dietary practices. Findings indicated that mothers of the high restraint girls rated their daughters significantly less attractive than mothers in the comparison group. Additionally, high restraint dieters had less family cohesion, organization, and moral-religious emphasis in their families. The findings of this study suggest that the mother's view of the daughter's appearance affected her eating habits and weight concerns in some way. Additionally, a more chaotic and fragmented family environment may have more indirectly shaped the eating habits of these pre-adolescent girls (Hill & Franklin, 1998). Davison and colleagues (2003) conducted a study with five-year-old girls and their parents to investigate whether there were associations between parents' weight concerns and body image dissatisfaction and their daughter's body image and weight concerns. They found a positive association between mother and daughter weight concerns (but not the father's), independent of the child's weight status and body image dissatisfaction. This study emphasizes the direct transmission of weight concerns from mother to daughter, as separate from body image dissatisfaction. In a study of girls and boys (ages 5 to 8), Lowes and Tiggeman (2003) found that gender (i.e., identifying as female) and perception of mother's body dissatisfaction were predictors of body dissatisfaction, and girls perceived more parental control over eating than boys did. Another study, conducted by Fulkerson and colleagues (2002), found the effects of diet encouragement from mothers to be

stronger for adolescent boys than girls, interpreted by the authors as suggesting that girls at this age were already exposed to many weight concerns and dieting behaviors, and are thereby less vulnerable to parental comments. Boys, however, who were encouraged to diet by their mothers were more at risk for exhibiting unhealthy eating habits such as dieting, binge-eating, fasting, and skipping meals. This result is in contrast with the results from Smolak, Levine, and Schermer (1999), who found that maternal comments had more of an effect on girls than boys in a fourth and fifth grade sample. This study also found that the mother's direct commenting was a stronger predictor of daughter's concern about body shape than mother's modeling of behaviors. In a study of undergraduate students that used a retrospective measure of parental influences, Abraczinskas, Fisak, and Barnes (2012) determined that both parental modeling and "direct influence" were associated with eating disordered behaviors – specifically a drive for thinness and bulimia symptomology. These correlations remained significant even after controlling for the influence of media and peers, suggesting a unique pathway for the influence of parenting on development of disordered eating behaviors.

Taken together, the literature suggests that both parental modeling and commenting about weight and bodies affects child eating behaviors and body dissatisfaction. Differential effects have been noted with regard to the gender of the child, as well as the influence of mothers versus fathers, though these patterns are not consistent across all studies.

Family Influences on Body Image: Attachment Theory and Psychoanalytic Perspectives

While social learning theories emphasize the direct impact of parents on their children, attachment theory and other psychoanalytic theories emphasize the very early, preverbal impact that caregivers have on their children with regard to body image. Object relations theory refers to the infant's fantasy of the caregivers' availability or lack of responsiveness as internal objects ("good object" and "bad object"). Bowlby (1979) reframes this concept in the notion of the internal working model, essentially reducing the emphasis on the child's fantasy life, and putting more emphasis on the real and long term effect of

the actual sensitivity, responsiveness, and attunement in the caregiving environment. Bowlby (1979) writes: "The concept of a working model of the self comprehends data at present conceived in terms of self-image, self-esteem, etc." (p. 140). These models form the foundation for self-esteem – a growing understanding of how we should expect to be cared for by others, and the subsequent conclusion of what kind of care we deserve. Bowlby (1979) described attachment needs as fundamentally body-based needs. The caregiver-infant relationship initially relies on physiological needs being met and the quality of tactile sensations that the infant experiences. The infant can feel, from very early on, whether her body is cared for sensitively or not. This is often conveyed in very subtle ways, and has to do with maternal responsiveness to the infant's physiological needs and affect states (Krueger, 2002a; Stern, 1985).

Winnicott (1971) describes this important role of the mother in the baby's life as a "mirror role." He explains that the baby looks at the mother and the mother's face reflects how he is feeling. The baby, therefore, sees himself in his mother. Winnicott describes dire consequences if this mirroring process is not present (in other words if the mother is not responsive), and explains that this will profoundly affect the way the child develops his or her self-concept, and how he or she approaches actual mirrors in the future. He writes: "A baby so treated will grow up puzzled about mirrors and what the mirror has to offer. If the mother's face is unresponsive, then a mirror is a thing to be looked at but not to be looked into" (Winnicott, 1971, p. 152).

Daniel Stern (1985) refers to this type of necessary caregiver attunement as *affect attunement*, explaining that the mother is not exactly a mirror, but she communicates affect and understanding of the child's affects in various subtle ways. Stern uses the term *vitality affects* to describe the various interactions that may not qualify as affective responses according to our traditional understandings of affect, but they are felt by the infant as such. Simple actions performed by the caregiver, such as picking up the baby, folding diapers, brushing her own hair – these can be felt by the baby as affective interactions. It is hypothesized that this early affect attunement and maternal mirroring profoundly affects the child's sense of self, and specifically her

sense of her own body, body boundaries, and self-esteem. Krueger (2002a) describes what happens when the mirroring and attunement from the caregiver is inappropriate, drawing from Winnicott's (1971) concept of the "false self." "These individuals describe the sense of never having lived in their own bodies, never having authentically inhabited them. Their bodies never seem to be their own, and do not become integrated as a seamless aspect of the self" (Krueger, 2002a, p. 114).

There have been few studies conducted exploring the relationship between attachment representations and body image in adults; and even fewer evaluating this relationship in children. In Cheng and Mallinckrodt's (2009) study with female college students, the authors evaluated the interactions amongst body satisfaction, romantic adult attachment, memories of parental care, and internalization of the media. They found that memories of warmth and acceptance in parents led to less internalization of media ideals and subsequently lower rates of body image dissatisfaction. Additionally, they found a direct relationship between memories of warm and accepting maternal care and body image satisfaction, whereas this relationship did not exist for memories of father care. In a study of adolescent females, Patton, Beaujean, and Benedict (2014) also found that a strong, positive relationship with one's mother was positively associated with body satisfaction. Additionally, perceived mother and father care were indirectly associated with less media internalization (which was linked to body satisfaction) through a positive relationship with friends. In other words, a secure attachment to parents influences the security felt in friendships during adolescence, and these peer relationships serve as a protective factor against the media influences.

Other studies have looked at the relationship between attachment classifications and eating disorders to further explain this transmission. Ward and colleagues (2001) explored this line of research with Eating Disorder (ED) patients, using the Adult Attachment Interview (AAI) to evaluate the patient's attachment representations of their own childhood experiences. The authors found that 95% of their sample of ED patients were insecurely attached (75% classified as *dismissing* and 20% classified as

preoccupied). AAIs were also administered to the patients' mothers, and they, too, were mostly classified as insecure. This study illustrates the common pattern of attachment for individuals with severe body image disturbance, in addition to the patterns of their mothers, suggesting an intergenerational transmission of body representations through the mechanism of attachment representations.

Troisi and colleagues (2006) conducted a study with women diagnosed with EDs, measuring level of body dissatisfaction, self-reported childhood separation anxiety, level of depression, and adult attachment styles as determined by the Attachment Style Questionnaire (ASQ). Controlling for BMI and depression in a hierarchical regression model, the results showed a direct effect of insecure adult attachment and separation anxiety on body image dissatisfaction (Troisi et al., 2006). The authors described the insecurely attached individuals as having "high levels of anxiety about rejection and abandonment" and being acutely sensitive to societal ideals due to their "need for approval" (p. 452). These are the factors that likely contribute to body dissatisfaction.

The studies just mentioned have established a link between body image dissatisfaction and quality of attachment with ED patients. They did not examine how attachment patterns can be linked to a wider range of feelings about body image. Several studies conducted by The Center for Attachment Research Body Group use an assessment tool, The Mirror Interview, that assesses a wide range of body image perceptions and attitudes in children and adults. The Mirror Interview was developed as a clinical tool by Dr. Paulina Kernberg (2007) and Dr. Bernadette Buhl-Nielsen (2006). The theoretical foundation of this paradigm developed from Winnicott's (1971) theory of the important mirroring function of the mother. Drawing from this theory, it was hypothesized that children would be reminded of their mothers when looking at their own reflections in the mirror, due to their mothers having been their very first mirrors. As Winnicott writes: "When the average girl studies her face in the mirror she is reassuring herself that the mother-image is there and that the mother can see her and that the mother is in rapport with her" (p. 152). This attachment connection to one's own reflection

is hypothesized to last through adulthood (Kernberg, 2007). Kernberg further developed this theory from observing children seeming to feel comforted by their images in the mirror when mothers stepped out of the room. This seemed to imply that the child found some security and safety in her own reflection, just as she might find in the presence of her parent. One such child is described in the following clinical observation:

> I observed a verbal, affectionate 21-month-old little girl whose mother was well attuned to her and seemed to enjoy interactions with her daughter. When the mother was asked to leave the room, she left her purse next to the little girl and said she would return in a few minutes. I would have expected to see signs of the child missing the mother – burrowing in the mother's lab to prevent her from leaving, going to the door, following, calling, looking, or clinging to a familiar object. In contrast, I found that this particular child did not go to the door in search of her mother but instead when to a nearby freestanding, full-length mirror, clutched it with her two hands, and attempted to go into the mirror as if it were a door. Finally, she hid behind the mirror muttering, "Mommy, Mommy." Then she settled down to play until her mother came back into the room. All the while, the child showed a positive, pleasant expression on her face. (Kernberg, 2007, p. 5)

From further observations of children in front of the mirror, as well as observing them interacting with their parents, Kernberg found that children who exhibited secure attachment and exploratory behaviors with their mothers also exhibited "pleasurable self-recognition" and "active attempts to integrate the experience" when interacting with the mirror (p. 88). Additionally, she found that the child's positive affect in front of the mirror was associated with self-recognition, positively relating to the mirror image, and exploration. This tells us something about the effect of the mother-child interaction on the child's feelings about her self, through her reactions to her own mirror image. Kernberg hypothesized that

children whose mothers were securely attached would have more positive engagement in the mirror. While there wasn't an empirical published study that emerged from this work, her observations were consistent with her hypothesis.

For her dissertation, Kristin Tosi (2014) formulated a manual based on Kernberg's (2007) observations as well as other developmental literature regarding toddler mirror responses, contingency, and self-recognition. This manual was used for an empirical study linking toddler mirror behaviors to maternal attachment patterns, as measured by the Adult Attachment Interview (AAI). The findings of the study represented a mid-range model, with children of securely attached mothers showing moderate involvement in the mirror, children of preoccupied mothers showing over-involvement in the mirror (sometimes including aggressive behaviors; often limiting involvement with the mother who was also in the room), and children of dismissing mothers showing limited involvement in the mirror. Children of mothers who were unresolved on the AAI showed even more heightened involvement with the mirror. The toddler mirror behaviors, interpreted as the child's level of comfort with her own mirror reflection and awareness of herself and her body, seemed related to her mother's own attachment patterns.

Tiffany Haick (2012) used The Mirror Interview (MI) to evaluate the links between body representations and attachment representations in adults. The Mirror Interview requires the adult to stand in front of the mirror while answering questions about how she feels about herself and her body. This unique paradigm simultaneously asks the subject to consider her self and her body as a subject and an object. "The subject is…required to coordinate what they see with how they feel at the same time taking into account of how they imagine others see and feel about them" (Buhl-Neilsen, 2006, p. 88). Haick administered The Mirror Interview (MI; Kernberg, 2007) and the Adult Attachment Interview (AAI) to adult women. Findings indicated that securely attached women expressed a more positive view of themselves in the MI and had more coherent and reflective narratives while in front of the mirror than insecurely attached women. These findings suggest that there is a relationship between attachment representations and self-view,

as well as the ability to coherently speak about one's self while confronted with one's mirror reflection. There was also a significant relationship between self-reported eating concerns and the expression of a negative self-view, negative affect, and a negative paternal representation when in front of the mirror. These results are consistent with previous research that has established the connection between eating/weight concerns and self-esteem and depression. These findings also establish the particular influence of perceived criticism and harshness of father on self-esteem, eating concerns, and negative affect.

Much of the research that has been done on the links between body image and attachment explores adult attachment *styles* – that is the individual's attachment style with regard to current relationships – rather than assessing the adult's experience of her own early childhood (using the AAI). By using the AAI, as was done in Haick's (2012) dissertation study, early childhood experiences and representations of self and other within that caregiving environment can be assessed and directly associated to the development of body image dissatisfaction. To our knowledge, there is no previous research exploring the relationship between the adult's attachment representations and the effect this has on her own child's body image. This is an area of research that would help elucidate the mechanisms of body image transmission.

Conclusions

Body image dissatisfaction has been studied extensively, and it's widespread impact on mental health across gender and age spectrums have been well-recognized. It has been noted that though sociocultural influences have a significant impact on the development of body image dissatisfaction throughout childhood and adulthood, the foundation for this attitude toward the body can be traced back to earlier points in development. Body representations and internal working models begin to form in infancy through repeated affective interactions with caregivers. The caregiver's sensitivity to the infant's needs and body profoundly influences how that child's body image might develop later in life.

Attachment theory and other psychoanalytic theories provide a foundation for understanding the importance of the child-caregiver interactions in the formation of a sense of self. Social learning theories demonstrate how parents can have a more direct impact on children's weight-related behaviors and body satisfaction through modeling or verbalizing comments about appearance. Sociocultural theorists have evidenced the complex relationship amongst family, media, and peer influences, indicating that the development of body image dissatisfaction cannot simply be attributed to one of these external factors more than another. These theorists have also elaborated on the mechanisms involved that increase the power of media influences – internalization and identification, social comparison, and perceived pressure. In other words, there are certain people who are more vulnerable to media influences than others. This vulnerability can be explained by attachment theory – that secure relationships with caregivers can be a protective factor in a society filled with superficial messages about not being beautiful enough. From the reviewed literature on body image development and satisfaction, it is clear that the different models and theories interact in complex ways, helping us to create a more coherent picture of multiple influential factors throughout the lifespan. While some research has been conducted on the relationship between eating disorders and attachment representations, as well as the relationship between parental care and body image, more research needs to be done to understand the complete role of attachment in the intergenerational transmission of body image across the lifespan, and how attachment theory interacts with and explains other theoretical models of the development of body image.

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