

Friends, family, and their influence on body image dissatisfaction

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Abstract

Body image dissatisfaction (BID) is common in New Zealand, as in much of the Western world. It is a particular issue for young women, with the potential for extremely negative consequences. While the role of the media has been relatively well-researched, the influence of family and friends on young women's body image dissatisfaction is deserving of further examination, especially in New Zealand, where such research is lacking, while body image dissatisfaction may be particularly high, especially among young Pakeha/European women. The current exploratory research combined a journal-writing task with in-depth interviews with four young women. Though small, this project provided a wealth of data about the influence of family and friends in young women's lives and their contribution to BID. While several factors impact on BID, this research suggests that family and friends have significant, and often unrecognised, influence. A key finding is the prevalence of 'fat-talk', and the relative unimportance of its intention; for example, participants spoke about friends' observations of others, friends' advice, well-meaning behaviour by family members and mothers' self-criticism as sources of their own dissatisfaction. This research has also emphasised the unquestioning internalisation of the thin ideal as a result of the behaviour of family and friends, to the extent that the participants considered their BID to be appropriate.

Keywords

body image, fat-talk, thin ideal, self-esteem, body dissatisfaction, depression

Body image dissatisfaction (BID) is common in many countries. Dissatisfaction with one's body is so prevalent within Western and Westernised societies that it has been termed 'normative discontent' (Hardit & Hannum, 2012; Sarwer et al., 1998). While BID is something that affects both genders and varying ages, it is particularly prevalent among young women (Hardit & Hannum, 2012; Salk & Engeln-Maddox, 2012).

Body image dissatisfaction can be defined as the inconsistency between how a person perceives their body, and how they would like their ideal body to be (Maxwell & Cole, 2012). A person may be dissatisfied with a particular body part, or their general shape, or they may be discontented with their body as a whole. It is often linked to concerns about excessive weight, though the individual need not fit common definitions (for example, as determined by the Body Mass Index) of 'overweight' in order to be dissatisfied with their body.

Hoyt and Kogan (2001) found that women tend to be dissatisfied with their abdomen, waist, buttocks, and thighs, and desire to reduce the size of these 'fat' body parts or re-shape their lower body, regardless of actual weight. Further, it has been found that the *perception* of being overweight – one's 'weight identity' – is linked to more psychological problems than actually being overweight (Maxwell & Cole, 2012; Muennig, Jia, Lee & Lubetkin, 2008). Women tend to rate themselves as heavier than they actually are, and to view this negatively. In addition, weight appears to be a salient aspect of identity. This does not appear to be the case with men – or at least not to the same extent (Grover, Keel, & Mitchell, 2003). We acknowledge that not all overweight people will experience BID and, in particular, that underweight people may also experience this dissatisfaction. However, BID *is* linked to actual body mass, insofar as being overweight is linked to increased likelihood of BID (Fitzgibbon, Blackman & Avellone, 2000;

Calzo, Sonnevile, Haines, Blood, Field & Austin, 2012). Therefore, BID may encompass several dimensions: body shape, perception of being overweight, and actual weight.

This paper explores BID among young New Zealand women. As mentioned above, though this dissatisfaction need not be weight-related, the research suggests that the two are overwhelmingly linked – and influenced by the ‘thin ideal’¹. In addition, there is a tendency in the literature not to differentiate between BID that is weight-related and that which is not. Therefore the untangling of these aspects in the following literature review is often not possible.

We begin by discussing the prevalence of such dissatisfaction. We then examine the extant literature with regard to negative consequences of BID, followed by sources of messages, both explicit and implicit, that drive dissatisfaction. We suggest that, despite the preponderance of research on media influences, the role of social influences – specifically friends and family – has received relatively little attention. We then move on to discuss the current study.

Prevalence of body image dissatisfaction

Prevalence estimates vary across gender and ethnicity. A gender difference appears well-established; for example, Feingold and Mazzella’s meta-analysis of gender differences in body image used 222 studies over a 50-year period, finding dramatic increases in the numbers of women who have poor body image (1998). Similar results are found in more recent research (for example, Forrester-Knauss & Zemp Stutz, 2012; Lokken, Ferraro, Kirchner & Bowling, 2003). Thompson and Smolak (2001) found that 30-50% of their sample of adolescent girls (in the USA) were concerned about their weight or actually dieting, while a study across 24 countries found that BID was significantly higher among female adolescents than males and varied from 34.1% of girls (in the Netherlands) to 61.8% (Czech Republic), with an average of 46.4% (Al Sabbah et al., 2009).

Body image dissatisfaction appears to be more common among European/Pakeha women than any other group, both in New Zealand (Talwar, Carter, & Gleaves, 2012; Utter, et al., 2008) and elsewhere (such as the United States; see, for example, Altabe, 1998; Kronenfeld, Reba-Harrelson, Von Holle, Reyes, & Bulik, 2010; Miller, et al., 2000; Vander Wal & Thomas, 2004), though some recent research suggests that this difference may be decreasing in the United States (Gillen & Lefkowitz, 2012; van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010, for example).

Cultural ideals may be a factor underlying this dissatisfaction. Within Western societies, girls and women may be subjected to a culture that values and idealises being thin (Green & Ohrt, 2013), creating social pressures for women to have and maintain a smaller body (Hardit & Hannum, 2012). Since the 1980s researchers have drawn links between these pressures and various – sometimes fatal – health impacts, with McCarthy coining the term ‘thin ideal’ to describe the phenomenon whereby women typically believe that they are heavier than the ideal and heavier than what is most attractive to the opposite sex (McCarthy, 1990). The internalisation of the thin ideal then leads to body dissatisfaction (Cafri, Yamamiya, Brannick, & Thompson, 2005).

BID may be particularly prevalent during adolescence because of the changes that girls go through when facing puberty. For example, the average youth gains approximately 50% of their total adult body weight during this time (Maxwell & Cole, 2012). This can be a particularly difficult time as puberty may rapidly push some further away from their ideal. There may also be an increased vulnerability to the cultural ideals and increased social pressure to be thin at this stage of development, when conformity is important to win approval from others (Hardit & Hannum, 2012).

Body image dissatisfaction in New Zealand

Miller and Halberstadt (2005) suggest that three-quarters of New Zealand female adolescents want to be thinner. In the 'Health and Wellbeing of New Zealand Secondary School Students in 2012' survey (The Adolescent Health Research Group, 2013), 31.6% of the young women surveyed said that they were either unhappy, or very unhappy, with their weight, and 75% reported that they were worried about gaining weight. Talwar, Carter, & Gleaves (2012) found that 65% of Maori participants and 75% of Europeans would prefer a smaller body. Approximately half of the female participants in Utter et al.'s research were actively trying to lose weight at the time of the study. These figures suggest that young New Zealand women (particularly Pakeha women) may suffer from weight-related BID at higher rates than their counterparts overseas.

Consequences of body image dissatisfaction

Body image dissatisfaction is linked to a number of negative consequences. These range from poor self-esteem, depression and eating disturbances (Hardit & Hannum, 2012; Maxwell & Cole, 2012; Sarwer et al., 1998) to suicidal ideation (Brausch & Muechlenkamp, 2007; Eaton, Lowry, Brener, Galuska, & Crosby, 2005; Whetstone, Morrissey, & Cummings, 2007). In addition to psychological impacts, the thinness that is shown in the media is difficult for women to maintain while still remaining physically healthy (Green & Ohrt, 2012). Adolescents who are dissatisfied with their body may diet unnecessarily, take pills to lose weight, and over-exercise, sometimes at damaging levels (Forrest & Stuhldreher, 2007; Maxwell & Cole, 2012).

Although unusual, DeLeel, Hughes, Miller, Hipwell, and Theodore (2009) report serious eating disturbances in girls as young as five years of age, with girls reporting concern about excess weight and BID that persisted as they aged; 35% of children aged nine and 38% of children aged ten selected ideal figures that were smaller than their real figures.

Sources of body image dissatisfaction

Messages that come from the media, family, and peers may all contribute to a strong drive for thinness and BID (Cafri et al., 2005). The media plays a significant and important role in creating beauty ideals and influences how girls and women feel about their bodies by reminding them that their bodies are far from the beauty ideal that is being portrayed (see, for example, Cafri et al., 2005; Jackson & Lyons, 2012; Miller & Halberstadt, 2005).

The influence of friends and family

The home and family environment have been found to be an important influence when it comes to young people's body image; both explicit weight-related comments and implicit parental modelling may have adverse effects on adolescents (Neumark-Sztainer et al., 2010). Negative communication regarding body image from family members, including critical comments, teasing, and encouragement to diet, have been associated with the development of BID and eating disorder symptomatology (Hardit & Hannum, 2012; Kichler & Crowther, 2009). Kichler and Crowther (2009) found that even infrequent or rare comments made by family members can have a negative impact, while, according to Hardit and Hannum (2012), more positive memories of parental care are associated with lower levels of body dissatisfaction.

Bailey and Ricciardelli (2010) came to the conclusion that young women who receive negative weight-related comments tend to compare themselves to others negatively and are more likely to develop BID. Neumark-Sztainer et al. (2010) also found that family teasing about weight is common, with more than half the young women in their study reporting being teased by family members in the previous year, and in no instances was parent weight-talk or family

weight-teasing associated with better outcomes for young girls. Comments that are intended to be positive can also cause negative body image (Kluck, 2010).

As discussed by Kluck (2010), a family who has a general tendency towards focusing on appearance and attractiveness can, in turn, cause their daughters to become focused on and concerned about their weight. This focus on appearance may be as a result of the parents' dissatisfaction with their own bodies. This may send messages to their daughters that their parents value thinness which can then result in the daughters engaging in dieting and other coping behaviours to deal with their body dissatisfaction (Kluck, 2010).

Peers may either inadvertently or purposefully promote the thin ideal and BID through teasing or modelling of weight concerns (Hardit & Hannum, 2012; Kichler & Crowther, 2009). Young women will often compare themselves to their peers, putting themselves at greater risk of BID and eating disturbances than those who do not engage in social comparison (Hardit & Hannum, 2012).

Fat-talk is a social phenomenon in which girls and young women speak about their bodies with each other in a negative way, and is something that is common within Western societies. In fact, fat-talk is seen to be more typical than positive body talk and the more fat-talk that someone hears, the more likely they are to participate in it (Salk & Engeln-Maddox, 2012). It has been argued that women may feel pressure to talk about their bodies in a negative way because of social norms (Warren, Holland, Billings, & Parker, 2012). Salk and Engeln-Maddox (2012) found that when an individual hears and engages in fat-talk they experience higher levels of BID, guilt and shame. Another negative consequence of fat-talk is that when a woman is of a size generally considered to fit within the norms of 'healthy' (for example within the 'healthy' range of the BMI), but complains that she is fat to someone of a similar size, it sends the message that the second person should also be unhappy with her body.

Aims of the current research

Previous research has shown how serious the issue of BID can be, particularly for younger women and girls. However, literature searches suggest that the majority of research focuses on the media and how this influences body image, with less research focussed on other areas such as how peers and family contribute to body image and the consequences this may have. Indeed, Ferguson, Munoz, Garza and Galindo (2014) estimate that more than 200 articles on media influences on BID have been published, yet peer influences may be stronger. Additionally, most research has focussed on quantitative studies, with very few studies looking at body image qualitatively. In particular, very little research has been done on this topic within the New Zealand context.

New Zealand research appears to be somewhat lacking compared to other countries; given the cultural differences and possibility that BID is particularly high among young Pakeha New Zealand women, this seems an important lack. Miller and Halberstadt noted in 2005 that at that time there had been just one study published in the previous decade which focused specifically on body image in New Zealand. More recently, New Zealand research has focused on particular aspects of BID, such as prevalence (The Adolescent Health Research Group, 2013; Utter et al., 2008), ethnic comparisons (Ngamanu's Masters thesis in 2006, Talwar et al., 2012; Turangi-Joseph's Masters thesis in 1998), or related issues, such as Pausé's work on fat and stigma (2012) and Jackson and Lyon's work on media representations of ideals (2012).

In order to address the relative paucity of local research especially with regard to the interpersonal factors underlying the development of BID, the current study will examine the personal experiences of several young New Zealand women who experience BID, with the

focus being on the influence of peers and family members. As we are particularly interested in investigating young women's perspectives of these issues, qualitative methods are used.

Method

Most research on BID has used quantitative methods; qualitative methods were used in this study so that in-depth information on participants' thoughts, feelings and experiences could be gathered. A multi-method case study approach was chosen: participant autobiography/journaling followed by in-depth interviews. These methods allowed for particularly rich data to be gathered from a small number of young women. Approval for this research was given by the Ethics Committee of the School of Psychology, University of Waikato.

The participant journaling aspect has parallels with, but also differences from, autobiographical methodology employed to research similar topics (see, for example, Longhurst, 2012). Autobiographical research has often been restricted to 'author as researcher'; in this research, however, four participants unknown to the researchers undertook a brief autobiographical task, later supplemented with in-depth interviews. As discussed by Jacelon and Imperio (2005), such journals can provide a rich source of data about the day-to-day lives of participants. They provide both positive and less positive autobiographical reflections about their life worlds (Kenten, 2010). A subsequent interview that includes discussion of a journal (or diary) provides a richer, deeper and contextualised understanding of the participants' views and experiences. Such interviews offer an opportunity to explore the entries further as well as providing the opportunity to discuss a narrative and see how this has developed or concluded since the solicited diary was completed (Kenten, 2010).

In addition, participants may benefit from their involvement in qualitative research through the opportunity to discuss issues important to them, and journaling for this purpose is therefore a method of inquiry that can serve the interests of participants and researchers alike: it attends to the well-being of research participants whilst providing researchers with access to rich data (Elizabeth, 2008).

The solicited diaries were guided by a set of open-ended questions designed to encourage participants to focus on the topics of interest. The participants were asked to record any conversations or thoughts experienced during the course of the day concerning body image, weight or shape. They were also asked to note the context of the conversation – whom the conversation was with and who initiated it, where they were at the time, and how they felt during and after these conversations. This task allowed the participants to focus on the areas of BID that they saw to be relevant, and to be able to do this in a reflective way. The participants were asked to write in their journals for seven consecutive nights. At the completion of the seven days, and within one week of the participants completing the task, the participants were to email their journals to the researcher. An interview then took place. This allowed for deep, reflective descriptions by four young women and also afforded an opportunity for comparison of their experiences.

Recruitment

A purposive approach was taken to recruitment (Patton, 1990); we wished to specifically explore the experiences of young Pakeha women with regard to BID. A recruitment flyer containing the essential information and an information sheet outlining the research aims and what was expected of participants were displayed in notices aimed at psychology students. Because of the sensitive nature of the research topic, the information sheet also included the contact details of several mental health services in the area. These materials requested that interested

women contact the researcher for further information. Course credits were offered to those who took part in the research as an acknowledgement of their contribution.

An initial meeting was arranged between each participant and the second author, at a mutually convenient time and place, to further explain the research process and address ethical issues such as anonymity and the right to withdraw from the research. During these meetings the participants were given a pamphlet that provided information on the topic of BID. They were also given a sheet outlining what was required for the autobiographical writing task and this was discussed to ensure that participants were completely clear about the research. All the prospective participants elected to continue with the research, completing their journals and taking part in an interview.

As will be discussed in relation to the findings, it is interesting to note that although it was made clear to potential participants that we were interested in exploring BID, and all were dissatisfied with their bodies, they did not necessarily consider this dissatisfaction to be negative or problematic.

Participants

As discussed above, BID is particularly prevalent among women of European descent (or within Western cultures). Four female participants took part in this research. All were within the 18-25 year age range and identified as Pakeha. Socio-economic status varied somewhat; while two of the participants had experienced limited family incomes while growing up, all could currently be described as lower-middle class. The participants were not weighed, but all subjectively appeared to be within a statistically normative weight range (though with some variation).

Interview process

Individual interviews were held in a quiet, private room on campus. The participant and researcher were the only people present in the room at the time of the interview. Participants were asked, prior to the interview beginning, whether they were comfortable with the interview being recorded and, upon consent being given, the interviews were recorded using an iPod. The interviews ran for an average of 52 minutes. Open-ended questions were asked covering topics such as family lifestyle growing up, for example, whether there was a major focus on playing sports and eating healthily, whether any comments were made from family members about weight/body shape, and what effect this had on dieting, exercise, and self-esteem, what their responses were to peers who talked negatively about their looks, and the situations in which the body image conversations typically occurred. Individual interviews were also tailored according to journal contents, that is, topics of particular interest, or that required clarification were discussed further in the interview.

During the interview, participants were able to refuse to answer any questions that they did not wish to answer. There were certain topics that the researchers anticipated would be covered during the interview, but by using open-ended questions, the participants were able to include additional information which allowed for richer data to be gathered. Each participant was only interviewed once; however, they were told that they could contact the researcher if they had any other questions about the research after the interview had been conducted.

Once the interviews were completed, the recordings were transcribed, ready to be used for interpretation. A copy of the transcription was emailed to participants so that they could validate the information recorded and request changes or additions. No changes were requested.

An inductive approach was taken, using thematic analysis (Braun & Clarke, 2006; Curtis & Curtis, 2011). Once all the interviews had been held and the journals were received from

the participants, the interview transcripts and journal entries were coded into different themes. These initial themes were then grouped under broader categories which were initially steered by the interview guide (which had been informed by the review of the literature), such as eating and exercise habits, dissatisfaction with weight and shape, body image conversations, and response to body image comments. The data were then examined for relationships and patterns across themes. This examination of the data included exploring similarities and differences among the participants' experiences, particularly the influences that family members and peers had on the participant's body image, and how they viewed themselves.

Limitations

The primary limitation of this research is that the participants were all undergraduate students taking a psychology paper. Though this has not been particularly unusual among psychology studies, we acknowledge the potential for this to bias the results – psychology undergraduates may share particular characteristics that are less common in the general population. However, we would suggest that psychology students at this university are a relatively diverse group, compared to much of the research criticised in this regard².

Secondly, and in a similar vein, the sample size might be considered small. However, given the aims of the research, combination of methods and the richness of the resultant data, we consider the data amassed to be appropriate and believe saturation was achieved.

We also acknowledge the possibility that participants thought about and discussed body dissatisfaction and related issues more frequently while completing the writing task than they normally would have. We consider this possibility an advantage and have not attempted to inappropriately quantify the data.

Findings

We begin our discussion of the current study with the participants' experiences of BID in general. We then move on to the other main themes that were developed from the analysis, which will be discussed in turn. These relate to body-related social comparisons; others' influence on eating and exercise habits; and impression management. Though all of these themes include some elements of fat-talk, we conclude the section with an explicit discussion of fat-talk in the context of body image conversations, including responses to negative comments. These topics will be discussed below with reference to the relevant literature.

Body image dissatisfaction

Feeling dissatisfied with one's body was a daily occurrence for the young women in this study, had been for some years, and showed no signs of decreasing in the near future. Though the exact nature of the dissatisfaction varied, there was a commonality in the sources of dissatisfaction and internalisation of the need for an ideal body. That body was not necessarily thin, though it certainly could not be fat.

Past research has shown that some women are dissatisfied with a particular body part, and others are dissatisfied with their entire body (Sarwer et al., 1998). Dissatisfaction with body weight and shape was seen as a normal and expected part of life among the participants in the current study. However, the participants differed as to what they were dissatisfied with (though with such a small number of participants such conclusions must be treated with caution). Some desired a larger bust and buttocks; it would appear that a somewhat curvaceous figure was acceptable, but it must include a small waist and slim limbs. Those who were larger felt that they needed to lose weight in general. Whatever the size, it was apparent that the current body was not ideal.

Conversations about weight and shape among female friends seemed to occur frequently, as will be discussed in more detail below. The discussions were largely centred on the dissatisfaction that they felt about their body. For example, Pam³ would lament the weight-gain she has experienced since marriage. It has been found in other research that talking about weight and shape in a negative manner is common among young women within Westernised cultures (Warren et al., 2012).

The focus seemed to be on obtaining the ideal figure, rather than on any other attributes that the individual may have. One explanation for this comes from the objectification theory, which suggests that women live in an appearance-obsessed culture which reduces their personal worth to their ability to conform to societal standards of beauty (Green & Ohrt, 2013). When so much value is placed on appearance, it may indeed be considered helpful for a family member or friend to assist with conformity to these ideals. This then discounts other attributes that women may hold. It was felt by participants that even peers who were of a normal weight or slim build still expressed that they themselves were overweight and needed to do something about it.

Another commonality among participants was that their mothers often expressed dissatisfaction and distress about their weight. The daughters provided reassurance to their mothers, and offered support. As Fiona said; ‘I feel kind of like “oh stop worrying Mum” because she’s Mum and she’s had four kids... you get older and you don’t need to worry so much anymore’. Their mother’s concern also reinforced the message that concern about weight is appropriate: ‘... your mum’s so beautiful to you ... and then when they start doubting themselves you’re like “oh do I have to look at myself now?”’. Despite feeling that their mothers should not be concerned about their weight, two of the participants said that they encouraged their mothers to exercise to reduce their weight, and tried to be supportive by offering to help through exercising with them. It is note-worthy that though participants felt that their mothers should accept their bodies, this belief in self-acceptance did not extend to themselves.

The mirror was often used as a way to critique the body. Most participants expressed that when they felt unhappy, they were more likely to focus on parts of their body they are dissatisfied with, rather than on their body as a whole, or parts with which they were content. This fits with the research of Farrell, Shafran and Fairburn (2004), who also found a relationship between time spent looking in the mirror and BID.

Overall, it is clear that participants experienced BID frequently, regardless of their current size.

Body-related social comparisons and judgements

According to participants, peers would often criticise those that they did not like with regard to their body weight and shape. Rochelle felt that these appearance-based judgements were why many women have body image issues.

Today I went to a house-warming [party] and people were talking about individuals they didn’t like in very negative ways, including their body shape and form. No wonder females have issues with their bodies when they hear other people being described in such a negative way by virtue of their physical characteristics.

Being overweight was considered disgusting, and there appeared to be a great deal of stigma surrounding being overweight. According to Puhl and Heuer (2009) and others, those who are overweight are often stigmatised and discriminated against. Weight also becomes the source of jokes at the expense of others.

When watching television with family or friends, judgements were often made about the appearance of those on television, rather than talents such as singing ability if it was a talent

program. While participants sometimes disagreed with these comments when made by others, they would rarely say so. It was seen as acceptable to judge others, whether people in the media, family or peers, though all participants stated that they did not judge their mothers on their weight or shape.

Comparisons between the self and others were frequent. It has been shown that making these comparisons is at times automatic (Kinley, 2010). The majority of the participants compared themselves to their friends, something that frequently occurred after hearing friends' negative comments about themselves. Hearing these comments often cast doubt on how the participants felt about their own bodies, and led the participants to wonder whether there was anything that they needed to do to look better. This was especially the case if the friend was considered physically attractive. Pam reported that she often felt like the 'ugly duckling' of the group when out with her friends, all of whom appear preoccupied with their looks and being slim. Salk and Engeln-Maddox (2012) also found that when a young woman of a healthy size talked negatively about her body to another woman of a similar size, it sent the message to that person that she also should be dissatisfied with her body.

Sometimes comparisons were made with other family members. Pam frequently compared herself to her sister, who was always 'slim', whereas Pam felt she put on weight easily. Jealousy may also be felt when seeing a family member lose weight, as it may act as a reminder of their own weight. It can become frustrating to see other people with the perceived ideal figure, especially when the one who is eating healthily and taking part in frequent exercise cannot see results. For example, Samantha became frustrated when seeing her flatmates eating whatever foods they wanted without gaining any weight, while she and her other flatmate struggled with weight gain. Here we see evidence of implicit messages impacting on body image and self-esteem.

Exercise and eating habits

The participants in this study had a wide range of experiences when it came to food, eating and exercise habits while growing up, with parents exerting a great deal of influence. These experiences frequently had long-term impacts on their body image and/or long term relationship with food and exercise. For Fiona, exercise was portrayed as something that would enhance attractiveness. While exercise and sports can have a positive influence on the health of a child, the way parents approach this issue seems to make a difference.

Conversations centring on body image, with either family members or friends, resulted in the participants feeling the need to exercise and tone up. These conversations also cultivated feelings of dissatisfaction with their bodies, and the need to resolve their unhappiness. Previous research has shown that those who are dissatisfied with their bodies are more likely to use strategies such as diet and exercise in order to lose weight, and are more likely to feel stressed and depressed (Forrest & Stuhldreher, 2007). For participants in this research, exercise was often used as a tool to improve mood when dissatisfied with their body. For example, for Samantha, being around 'slim' peers could, at times, be a trigger for feeling as though she needed to exercise.

Comments that are made regarding eating habits were, at times, said with the main focus about health, rather than appearance. For example, Fiona was encouraged by her parents to have a balanced and healthy diet, with treats given as rewards. Murimi (2004) found that half the children surveyed in her research felt a sense of guilt after eating something they considered unhealthy. This corresponded with the findings of the current study in which participants sometimes felt that eating these particular foods needed to be hidden from others. With that came a sense of guilt and worry about being judged, as illustrated in the following quote from Rochelle:

... I bought a truck-load of chocolate ... because it was cheap ... I was going to hide half of it from my partner because he can be really critical of what I eat sometimes, he only wants the best for me, including me being healthy and happy. I felt bad about wanting to keep it a secret though and told him how much chocolate I bought when he asked.

It is unclear whether Rochelle considered that a relationship in which she felt it necessary to be secretive about her eating may itself be unhealthy, though her unsolicited explanation that 'he only wants the best for me' may portray some unease with this situation. Pam talked about how comments regarding weight made when she was younger continue to impact her food choices and desire to be slim. These examples show that the opinions of peers and family members can make a difference in someone's eating habits. It has been found that the cognitive processing of comments that are framed negatively can contribute to the development and solidification of weight-related beliefs that later have an influence on how people perceive, think and feel about issues relating to weight, such as food and eating habits (Kichler & Crowther, 2009).

Impression management

For the young women in this research, clothing, make-up and fashion choices were an important aspect of ameliorating BID and creating an attractive impression. These resources can also be something that makes a young woman feel positive about her body, potentially increasing self-esteem (Kinley, 2010). However, participants also discussed how clothing and overall 'look' was something by which young women were judged. Though peers may exert pressure to dress in a particular way, in this research parents also influenced clothing and style choices. Fiona felt that she was influenced heavily in terms of personal style by her mother, who had a love of fashion. This was a shared interest but also stressed the importance of appearance. Fiona was taught that she should make an effort to present herself well through her weight, shape and how she dressed. She considered this influence to be positive, as she dresses according to her taste rather than the influence of peers.

While Fiona's mother appeared to be well-meaning, other mothers took a more negative approach. Rochelle remembered being discouraged from wearing certain clothing when she was younger: 'my mum has always been at us about wearing tight tops... 'cause she reckons it shows off too much'. These comments have had the effect of creating concern about wearing certain clothing, and how it would make her body look, though this concern is centred on hiding 'fat rolls' rather than creating an overtly sexualised impression. Negative feedback about appearance from a parent can lead to increased levels of BID in daughters (Kluck, 2010). It was not until Rochelle started university and noticed other young women wearing tighter clothing that she decided it was acceptable to wear what she wanted.

Peers frequently pass judgement on clothing choices. Samantha stated that her friends had a different style to her, and often attempted to influence her clothing choices regardless of Samantha's preferences. However, sometimes opinions from friends were seen as being positive. Participants felt that if they were told that something did not look 'good', after changing their outfit, they felt less self-conscious and more confident. There was no apparent recognition of the fact that very often they had exchanged their parents' expectations of appropriate clothing for their peers' – that despite being independent women, something as fundamental as their clothing choices was largely dictated by others.

Participants found that going clothes shopping could, at times, become a frustrating and demoralising experience, particularly if going with friends who were slimmer than themselves. The primary reason for this was that it became upsetting when friends were able to pick up an item of clothing knowing that it would fit and look good while they struggled to find something in the store that suited them.

When we go shopping they just pick whatever they want but I've gotta look down the rack and ... then I've got to try it on. But they just buy it, ... so I'm just like, standing there watching them. It kinda makes me feel stink (Samantha)

According to Kim and Damhorst (2010), fashion stores display clothing on mannequins that represent small body types. Therefore, seeing friends fit these may reinforce the societal thin ideal and the fact that they do not fit this ideal. Despite this, friends were often seen as being a support system when going shopping, and gave encouragement to try on different clothes, or to try shopping at different stores.

All participants discussed how conversations with peers often centred on how to look attractive to men. When getting dressed, clothing choices were often made in order to gain male attention. It has been argued that female heterosexuality requires women to make themselves passive objects for men, and that it is this constant demand that can lead women to feeling estranged from their bodies, resulting in them becoming powerless and weak (Jackson & Lyons, 2012). Attempting to garner male attention often became competitive among friends, and Samantha stated that she felt 'down' and less attractive if her friends were the ones gaining all the male attention. Pam, on the other hand, felt that since getting married there was not as much pressure to impress men, so she was able to relax and focus on looking good for herself, though this contradicts a discussion in which she expressed upset about her weight-gain since marriage.

Jackson and Lyons (2012) stated that young women often take part in practices that are aimed at altering their appearance and physique in order to gain social acceptance. Fiona talked about her friends' pre-occupation with trying to change aspects of themselves, including their looks, to impress their peers. Despite this, Fiona tried to adhere to the values that she was taught by her parents and portrays herself in a way that she is comfortable with, rather than moulding herself to fit others' perception of attractiveness. In this case, positive family values acted as a buffer against the thin ideal and societal ideals of beauty.

It is clear from these accounts that impression management is an important and time-consuming pre-occupation. The women described several reasons to 'look good': for their friends, to attract male attention, and to bolster their self-esteem. They also spoke about the anxiety induced by being uncertain about whether one 'looks good'. All participants discussed pressure from their peers to look attractive, even if that meant being uncomfortable, for example, with a revealing style of clothing. Messages about 'being healthy' (as opposed to 'being attractive') were more likely to have come from family members during childhood.

Body image conversations

Conversations related to body image can be prompted by related topics such as eating and exercise or clothing choices, as shown above. Explicit body image conversations can also occur in a wide variety of situations only indirectly related to body image, such as watching television, or in general conversation. It seemed normal to participants to join in these conversations, and to share opinions about one's own body, or the weight and shape of others. As with previous research (Warren et al., 2012), negative body talk was much more common than positive talk. It was felt by participants in the current research that conversations that occur with friends are often focused on what they disliked about themselves. Sometimes negative comments were made in an attempt to seek reassurance from friends, in order that their friends will tell them that what they think about their weight and shape is not true.

All participants had experienced negative comments from family members regarding weight, potentially giving rise to a sense of depression and decreased self-confidence. A study by Kichler and Crowther (2009) also showed that negative communication from family mem-

bers is significantly associated with BID, with some suggestion that even infrequent negative comments could have a significant impact.

Often humour was used when making comments which may be perceived as negative. One reason for doing this was to 'take the sting out' of the comment that was being made. However, while this may partially work at the time the comment is made, participants reported that these comments still produced feelings of hurt later when they reflected on what had been said. Humour may also be used as a coping mechanism when hurtful comments are aimed towards them. For example, Samantha expressed how 'I've learnt to just brush it off, just make a joke about it, laugh about it and move on'. Giving a joking reply may be an attempt to lessen the pain that is caused by the comment.

Humour may also be used to make fun of oneself to others such as peers. This may be a way of covering up feelings about their body and avoiding serious conversation on this sensitive topic. Negative comments about others using humour may be used to boost self-esteem, through downward social comparison: pointing out others' flaws encourages a sense of relative positivity about oneself.

It was felt by some of the participants that negative comments that had been made by family members when they were younger had some positive outcomes. Samantha felt that such comments had prepared her for those she might receive later in life. As she had worked through most of the negative emotions when she was younger, she felt stronger and better able to cope with negative comments as an adult. Pam felt that comments made to her by her parents as she was growing up acted as a catalyst for her to ensure she did not put on too much weight now. She also considered that although the comments that were made by her sister regarding weight gain were viewed as harsh at the time, she still respected her for making these comments. This differed to findings from Neumark-Sztainer et al.'s study (2010) which found no positive outcomes for young girls as a result of parental weight talk or family weight teasing. However, despite participants' views, the value of developing a focus on weight and insensitivity to negative remarks is debatable.

Bullying played a part in how these young women felt about their bodies, and the degree of dissatisfaction. Research has further found that weight-related bullying is fairly common (Brixval, Rayce, Rasmussen, Holstein, & Due, 2011) and that those who had been teased were more highly dissatisfied with their bodies than those who had not been teased (Cash, Winstead, and Janda, 1986).

Having support from friends and family, and being able to provide this support was seen to be helpful when having conversations about weight and shape. However, support or encouragement to be less concerned about one's weight or shape seemed to be less common than encouragement to change. Support may mean helping with exercise motivation if someone felt dissatisfied about their weight and exercising with them. It might also mean having someone remind them of their personal goals. For example, Pam talked about how her husband would remind her of her weight loss goals as he knew she was unhappy with her weight; this was done in a supportive and gentle manner. Giving compliments about weight, shape and appearance were also seen as supportive, but it was considered necessary to balance this by providing honesty and encouragement if there was a perceived problem. Rochelle said that she found it quite difficult to balance providing support for her sister who was overweight and bullied at school, while trying to motivate her to make changes in her eating.

Response to negative comments

When negative body image comments were made, there were several ways in which participants responded. A negative comment made by peers about their own body image may elicit

a negative response by others with a similar comment about themselves. This was illustrated by this quote from Samantha: ‘...they’re just like “oh my thighs are so huge” and I’m like “bro, my arms, they’re the size of your thighs so shut up”’. The women seem to find this self-denigration to be a fairly normal and acceptable part of conversation. Salk and Engeln-Maddox (2012) argue that young women may feel pressure to make negative comments about their bodies because of perceived social norms.

Another way to respond was to point out the individual’s positive attributes instead. However, participants reported that when replying in this manner, often the response was for the person to further emphasise their flaws, frustrating the person attempting to give compliments.

If the comment directed towards them was negative, the participants might not respond, instead releasing negative emotions later, by eating or exercising. Previous research on using food to negate negative emotions has been mixed, with some studies finding support for this notion, while others do not (Sproesser, Strohbach, Schupp, & Renner, 2011). However, participants in this study reported that comfort-eating was occasionally used as a coping mechanism after someone had made a negative comment towards them. For example, Samantha received a telephone call from her grandmother, in which her grandmother called her ‘boom boom’, resulting in her ordering extra chocolate sauce on her sundae. Her friend, who was with her at the time, thought that this comment was funny. This resulted in Samantha feeling depressed after this encounter, and it subsequently led her to eat more unhealthy food when she got home. This example illustrates how body image conversations may lead to eating as a tool to cope with their negative emotions, despite it being clearly counter-productive.

Somewhat contradictorily, the intention and type of relationship was seen to be an important aspect of negative comments. A good relationship with friends and family members meant that honest comments about body weight and shape could be made, with these being received well by the person they were aimed towards. While honesty was seen as important, friends and family were more likely to be receptive to comments if they were framed in a positive manner. Though this appeared to be at odds with findings that even positive comments could have negative consequences, the key is that these remarks did reinforce BID, but in such a way that participants were grateful for it – so ingrained is the belief that one must strive for the ideal. Although comments could be hurtful to hear, it was felt that it was better to hear these comments so that they knew what to work on. As an example, Pam saw comments regarding weight gain from a friend as a positive thing as she was able to then make changes to her lifestyle. It is striking that none of these young women felt that there was an excessive amount of social pressure to be thin or considered that accepting oneself was a possibility.

Discussion

The young women in this research experienced body dissatisfaction on a daily basis. Though (as noted above) dissatisfaction may relate to facial features (e.g., see Bohrnstedt, Hatfield, & Berscheid, 2014), or the desire for a bigger body part, especially breasts or buttocks (Koff, Lucas, Migliorini, & Grossmith, 2010) or a more curvaceous shape (Ferguson, Winegard & Winegard, 2011), it is most often associated with the ‘thin ideal’, and that is the case in the current research. Family and friends promote the thin ideal through teasing, negative comments, and modelling of weight concerns. Clearly, messages about the ‘ideal’ body, whether implicit or explicit, have serious and ongoing impacts on body image, which is an important part of young women’s self-esteem. However, the context and intent of these messages – and indeed whether there is an intention – is complex.

All participants had at some stage experienced negative comments and/or teasing about their weight or body shape. The participants felt that comments made by their parents were

made without the intention of being hurtful whilst some comments made by extended family members were said with the intention of hurting. It would appear that negative comments directed at the individual were more likely to have come from family members whereas messages from friends were usually more subtle, implicit or interpreted as helpful. These messages were in the form of general fat-talk, comments on their own body, or suggestions on how to be more attractive. Irrespective of the intention, the comments all had a negative effect on body image satisfaction.

In the family context, mothers in particular seemed to have an effect on how their daughters perceived their bodies. Hearing their mothers passing negative comments about their own bodies caused the daughters to reflect on themselves. Though the participants felt that their mothers should no longer be concerned about body image, some 'assisted' their mothers to lose weight by exercising with them. Presumably this had the effect of reinforcing the mothers' perceptions that they need to lose weight. Here we see a reciprocal arrangement in which both parties appear to feel that the other should be less concerned about body image, yet both reinforce that concern.

Participants also experienced dissatisfaction with their bodies when hearing a friend of a similar or smaller size talking negatively about their body, and it was common for participants to compare themselves to their peers. Friends were more likely than family members to make encouraging and positive remarks, but nonetheless the prevalence of fat-talk, denigration of 'fat people', others' pre-occupation with their own appearance and well-intentioned information on looking more 'attractive' served to emphasise the thin ideal. From statements made by the participants in this study, the use of humour seemed to be fairly common both when making negative body image comments, and when responding to them. Attempts at using humour as a way of decreasing the negative impact of these comments did not seem to be very effective. These comments continued to lead to increased BID.

Knowledge about good nutrition with a focus on health *may* become a protective factor against high levels of BID. For example, participants in this study who lacked insight into nutrition were more likely to struggle with food and body weight than if their parents had been supportive and knowledgeable in this area. In general, a more positive approach to parenting, whether this is in regards to eating and exercise habits or body image in general, appears to be indicative of lower levels of body dissatisfaction, both in the extant literature and the current research. Having support from friends and family members also appears to help in the receptiveness to comments that may be made about body image.

It is striking that none of the participants considered that there was too much attention paid to body image (despite it being clear that the research was about BID), and at times they had been grateful that their 'need' to lose weight was called to their attention, despite all appearing to be within a healthy weight range.

In addition, as mentioned in the literature review, BID and weight dissatisfaction are often conflated in the literature. However, while some overweight women *are not* dissatisfied and some underweight women *are* dissatisfied, there is also a clear relationship between the two – overweight women are significantly more likely to suffer from dissatisfaction than underweight women (see, for example, Cafri, Yamamiya, Brannick, & Thompson, 2005; Calzo, Sonnevile, Haines, Blood, Field & Austin, 2012; Fitzgibbon, Blackman & Avellone, 2000; Green & Ohrt, 2013; Hardit & Hannum, 2012; McCarthy, 1990). Women may also be dissatisfied with a body part or general shape (Calzo, et al., 2012; Fitzgibbon, Blackman & Avellone, 2000; Grover, Keel, & Mitchell, 2003; Hoyt & Kogan (2001)). The findings of the current study reflect this. The participants generally constituted BID and weight dissatisfaction as the same thing, with 'thin' being seen as 'good' and both their own comments and observations of others' comments

on weight or fatness being far more common than comments on underweight or shape. As discussed above, this desire for thinness among women of European descent is strongly reflected in the literature. The increased focus on obesity in recent years may be exacerbating this (Puhl & Heuer, 2009), but there was no evidence for this in the current study. Yet some participants also mentioned a desire to re-shape their bodies, for example, decreasing their waist (but not their breasts), alongside losing weight in general (and, to a lesser extent, they were careful to conform to peers' ideas of attractiveness via clothing and make-up choices).

In conclusion, a review of relevant literature indicates a high level of BID across Western societies, particularly prevalent amongst young women. While many of the findings of the current research are in accordance with previous research, this study makes several contributions, both with regard to New Zealand women, but also of relevance internationally.

While several factors appear to impact on BID, this research suggests that family and friends have considerable, and often unrecognised, influence. A key finding is not only the prevalence of fat-talk, but also the unimportance of the *intention* of fat-talk – a relatively new finding. Fat-talk increased BID as it encouraged the participants to focus on and find fault with themselves, regardless of whether comments were positive or negative, and who the object of discussion was. That is, the general denigration of 'fat people' impacted on BID.

While general pejorative discussion of overweight was common, the participants also discussed comments specifically directed at them. It is particularly note-worthy that the participants believed their BID and focus on weight-reduction to be appropriate and often considered others' comments to be helpful, even though those comments may be hurtful. There appeared to be very little, if any, perception that there was undue emphasis placed on body image. The exception to this was with regard to their mothers, who the participants believed should be able to 'relax' about such issues. At the same time, they encouraged or assisted their mothers to lose weight, seemingly prioritising the mothers' dissatisfaction over their own views and thereby maintaining BID.

This research has emphasised the power of weight-related BID and fat-talk, and the unquestioning internalisation of the thin ideal through the (often unwitting, or indeed well-intentioned) behaviour of family and friends.

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Notes

1 McCarthy (1990) proposed that a cultural ideal of thinness for women causes depression at a higher rate than among men. This is discussed later in the article.

2 That is, while tertiary education may once have been indicative of privilege, nearly half of all 18 and 19 year olds, and one-third of 20-24 year-old New Zealanders, are engaged in tertiary education (with Bachelors degrees being by far the most common), with even higher rates for European women (Education Counts, 2014). This suggests that the current population of students in this provincial university are likely to be more similar to the general population than in earlier research conducted overseas, when and where university access was (or is) less egalitarian. In addition, many students majoring in other disciplines take an elective psychology paper, also suggesting greater diversity than may at first appear. Lastly, as with most qualitative studies, we

believe that any potential limitation with regard to generalisability is counter-balanced by specificity: a rich body of data was collected that represents the experiences of these particular women, and the phenomenon of interest, very well.

3 All names have been changed.

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