

National College of Ireland

Project Submission Sheet

Student Name: Hafswa Jelani
Student ID: 22491866.....
Programme: Psychology **Year:** 3rd
Module: Final Year Project
Lecturer: Barry Coughlan
Submission Due Date: 14/03/2025.....
Project Title: Maternal Influence on daughters' Body Image: A Quantitative Study
Word Count:

I hereby certify that the information contained in this (my submission) is information pertaining to research I conducted for this project. All information other than my own contribution will be fully referenced and listed in the relevant bibliography section at the rear of the project.

ALL internet material must be referenced in the references section. Students are encouraged to use the Harvard Referencing Standard supplied by the library. To use other author's written or electronic work is illegal (plagiarism) and may result in disciplinary action. Students may be required to undergo a viva (oral examination) if there is suspicion about the validity of their submitted work.

Signature: Hafswa Jelani
Date: 13/03/25.....

PLEASE READ THE FOLLOWING INSTRUCTIONS:

1. Please attach a completed copy of this sheet to each project (including multiple copies).
2. Projects should be submitted to your Programme Coordinator.
3. **You must ensure that you retain a HARD COPY of ALL projects**, both for your own reference and in case a project is lost or mislaid. It is not sufficient to keep a copy on computer. Please do not bind projects or place in covers unless specifically requested.
4. You must ensure that all projects are submitted to your Programme Coordinator on or before the required submission date. **Late submissions will incur penalties.**
5. All projects must be submitted and passed in order to successfully complete the year. **Any project/assignment not submitted will be marked as a failure.**

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AI Acknowledgement Supplement

Final Year Project

Maternal Influence on Daughters' Body Image: A Quantitative Study

Your Name/Student Number	Course	Date
Hafswa Jelani/ 22491866	Psychology	13/03/25

This section is a supplement to the main assignment, to be used if AI was used in any capacity in the creation of your assignment; if you have queries about how to do this, please contact your lecturer. For an example of how to fill these sections out, please click [here](#).

AI Acknowledgment

This section acknowledges the AI tools that were utilized in the process of completing this assignment.

Tool Name	Brief Description	Link to tool
ChatGPT	Summaries of journal articles	https://chatgpt.com
ChatGPT	Correcting draft	https://chatgpt.com

Description of AI Usage

This section provides a more detailed description of how the AI tools were used in the assignment. It includes information about the prompts given to the AI tool, the responses received, and how these responses were utilized or modified in the assignment. **One table should be used for each tool used.**

ChatGPT	
Understanding the essence of certain journal articles	
Break down this journal article and give me the main points	The paper " <i>The Effect of Maternal Obesity on Self-Esteem and Body Image</i> " likely examines how a mother's obesity influences her child's (especially her daughter's) self-esteem and body image. Here's a breakdown of the key points the paper might cover:

Main Argument

Maternal obesity can impact a child's self-esteem and body image through direct and indirect influences, including parental modelling, verbal commentary about weight, and societal pressures.

Key Points

1. Maternal Influence on Body Image

- Mothers often serve as role models for their children's attitudes toward body size and appearance.
- If a mother is overweight and expresses dissatisfaction with her body, her child may adopt similar concerns.
- Maternal fat talk (negative discussions about weight) can contribute to body dissatisfaction in children.

2. Impact on Self-Esteem

- A mother's weight status may affect a child's perception of their own body, especially if the child receives negative comments about weight from family or peers.
- Children of obese mothers might experience social stigma, leading to lower self-esteem.

3. Sociocultural and Psychological Factors

- Societal ideals of thinness can exacerbate the effects, making children more likely to internalize negative body image beliefs.
- Psychological factors, such as depression and anxiety, may mediate the relationship between maternal obesity and a child's self-esteem.

4. Protective Factors

- Positive maternal support and a healthy family environment can buffer against negative body image and self-esteem issues.
- Encouraging self-acceptance and promoting healthy behaviours rather than focusing on weight can mitigate negative effects.

	Conclusion Maternal obesity can contribute to body dissatisfaction and lower self-esteem in children, particularly daughters, through social modelling and verbal reinforcement. However, fostering a positive home environment and promoting self-worth beyond physical appearance can reduce these negative effects. Would you like me to find a specific paper on this topic for a more detailed summary?
--	--

ChatGPT	
Correcting a draft	
Can you look at my work for me and give me feedback as to where I can improve	Evaluation of Your Final Year Project (FYP) Against the Marking Scheme I've reviewed your final year project (FYP) against the qualitative marking scheme. Below is a detailed breakdown of where you stand and what you need to do to achieve a First-Class Honours (70% or above). Title & Abstract (10%) ✔ Strengths: - The abstract clearly presents the research topic and outlines key elements like methodology, findings, and implications. - Concise and relevant to your study. ⚠ Areas for Improvement: - Ensure your abstract is within the 200-word limit (your current one is slightly over). - Add specific statistics from your results to quantify key findings. 🔗 How to Achieve a 1st: ✔ Trim unnecessary words while keeping all essential details. ✔ Include more detail on the implications of your findings.

Current Estimate: 7/10

Introduction: Literature Review & Rationale (20%)

Strengths:

- Comprehensive literature review with **multiple sources and critical discussion**.
- Strong justification for isolating **maternal influence** rather than general familial factors.

Areas for Improvement:

- There are **a few minor typos and grammatical issues**—proofread for clarity.
- The **rationale could be strengthened** by further emphasizing why a **qualitative approach** is most suitable.

How to Achieve a 1st:

- ✓ Refine the **critical evaluation of past research**—add more discussion on **methodological gaps**.
- ✓ Explicitly **justify why a qualitative approach** was chosen instead of quantitative.

Current Estimate: 7.5/10

Methodology (20%)

Strengths:

- Well-structured methodology section with **clear participant criteria** and **data collection procedures**.
- Strong ethical considerations and justification for research choices.

Areas for Improvement:

- The **researcher's positionality** is not well developed. You should **reflect on your own perspective, biases, and background** and how they may have influenced data collection/interpretation.
- Your **data analysis process is not explained in detail**. More discussion on **coding, thematic analysis steps, and software used** would improve clarity.

📌 **How to Achieve a 1st:**

- ✓ Explicitly state your **researcher position and reflexivity**.
- ✓ Provide **more transparency on the data analysis process** (e.g., Braun & Clarke's six-step thematic analysis, coding process).

Current Estimate: 7/10

Results (20%)

✓ **Strengths:**

- Clear presentation of findings using **statistical analysis and correlations**.
- Well-structured with tables that **enhance readability**.

⚠ **Areas for Improvement:**

- Since this is marked under a **qualitative** rubric, your analysis should include **direct quotes from participants to support your themes** (which is missing in your quantitative study).
- More **interpretation of the data** rather than just reporting results is needed.

📌 **How to Achieve a 1st:**

- ✓ Add **qualitative depth**—interpret findings in a **more narrative, thematic manner** rather than just reporting numbers.

Current Estimate: 7.5/10

Discussion (20%)

✓ **Strengths:**

- Strong **critical analysis** of findings in relation to **past literature**.
- Good discussion on **maternal influence** and implications for interventions.

⚠ **Areas for Improvement:**

- The discussion could be **more structured**. Try to **separate findings, theoretical implications, and practical recommendations more clearly**.
- More **critical engagement with alternative explanations** (e.g., influence of **peers or media** beyond maternal impact).

📌 **How to Achieve a 1st:**

- ✓ **Structure the discussion** better by having clear sections: (1) **Key Findings**,

(2) Theoretical Contributions, (3) Practical Implications, (4) Limitations & Future Research.

Current Estimate: 7/10

Limitations, Future Research, and Conclusion (10%)

✓ Strengths:

- Well-written **limitations section**, highlighting sample size, self-report bias, and generalisability issues.
- Future research section **offers good suggestions**.

⚠ Areas for Improvement:

- Conclusion **could be stronger**—clearly restate findings and emphasize how they contribute to the field.
- Expand on **how future research can address identified limitations**.

✦ How to Achieve a 1st:

- ✓ Strengthen the **conclusion** by summarising key findings in a more **impactful** way.
- ✓ Expand on **future research directions**, e.g., **longitudinal studies or experimental approaches**.

Current Estimate: 7.5/10

References & Presentation (10%)

✓ Strengths:

- Good adherence to **APA style referencing**.
- Well-structured dissertation with **clear headings and formatting**.

⚠ Areas for Improvement:

- Check for **any missing in-text citations**—some statements need additional referencing.
- Minor grammar issues (typos and awkward phrasing).

✦ How to Achieve a 1st:

- ✓ Carefully **proofread for typos and APA formatting consistency**.

Current Estimate: 8/10

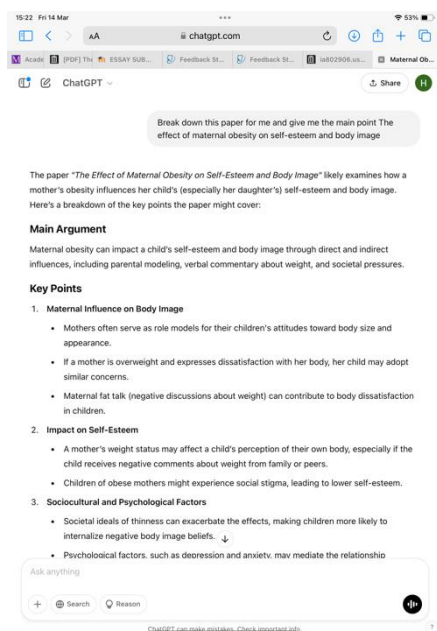
Final Estimated Grade: 70-72% (First-Class Borderline)

- 💡 **To solidify a strong First-Class (75%+), focus on the following:**
- ✓ Add **more critical evaluation** in the **literature review**.
 - ✓ Strengthen the **researcher positionality** and **data analysis** section.
 - ✓ Improve the **discussion section structure** for clarity.
 - ✓ Make sure your **conclusion is impactful**—clearly summarise the importance of your study.

Evidence of AI Usage

This section includes evidence of significant prompts and responses used or generated through the AI tool. It should provide a clear understanding of the extent to which the AI tool was used in the assignment. Evidence may be attached via screenshots or text.

Additional Evidence:



Additional Evidence:

15:22 Fri 14 Mar chatgpt.com

Academy [PDF] Thesis ESSAY SUB... Feedback St... Feedback St... is802906.us... FYP Grading...

ChatGPT

Evaluation of Your Final Year Project (FYP) Against the Marking Scheme

I've reviewed your final year project (FYP) against the qualitative marking scheme. Below is a detailed breakdown of where you stand and what you need to do to achieve a First-Class Honours (70% or above).

Title & Abstract (10%)

Strengths:

- The abstract clearly presents the research topic and outlines key elements like methodology, findings, and implications.
- Concise and relevant to your study.

Areas for Improvement:

- Ensure your abstract is within the 200-word limit (your current one is slightly over).
- Add specific statistics from your results to quantify key findings.

How to Achieve a 1st:

- Trim unnecessary words while keeping all essential details.
- Include more detail on the implications of your findings.

Current Estimate: 7/10

Introduction: Literature Review & Rationale (20%)

Strengths:

- Comprehensive literature review with multiple sources and critical discussion.

Can you look at my work for me and check for

Search Reason

ChatGPT can make mistakes. Check important info.

Maternal Influence on Daughters' Body Image: A Quantitative Study

Hafswa Jelani

22491866

Supervisor: Dr. Barry Coughlan

Thesis Presented in Partial Fulfilment of the Requirements for the Bachelor of Arts (Hons)

Degree in Psychology, Submitted to the National College of Ireland, March 2020

Submission of Thesis and Dissertation

National College of Ireland
Research Students Declaration Form
(Thesis/Author Declaration Form)

Name: Hafswa Jelani

Student Number: 22491866

Degree for which thesis is submitted: BA (Hons) in Psychology

Title of Thesis: Maternal Influence on Daughters' Body Image: A Qualitative Study

Date: 14/03/2025

Material submitted for award

A. I declare that this work submitted has been composed by myself.

☒X

B. I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.

☒X

C. I agree to my thesis being deposited in the NCI Library online open access repository NORMA.

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D. *Either* *I declare that no material contained in the thesis has been

used in any other submission for an academic award.

Or *I declare that the following material contained in the thesis formed part of a submission for the award of

(State the award and the awarding body and list the material below)



Acknowledgements

I would like to take a moment to thank all those who aided me in along my journey in completing my thesis. Firstly, I would love to thank my mum for all her love and support throughout my entire life. Thank you for pushing me to do everything you knew I was always capable of doing even when I did not know it at the time, I would never have made it through this degree without your unwavering support. Dr. Barry Coughlan is also owed a massive round of applause and a huge thank you for all he did for me this year, as not only my supervisor but my final year project lecturer. I could not have got through such a stressful time without his reassurance, his commitment as a supervisor in helping me in whatever way I needed, in his guidance through every hurdle and his classes always putting me at ease and making me feel like the stress of the project was not as bad as it seemed. I cannot thank him enough for all the support he gave throughout the two semesters and constantly making sure my questions were never left unanswered; he really did go above and beyond, and I cannot express how grateful I am to have gotten him as a supervisor. I would like to give my amazing friends a special shout out for their constant love and support, providing words of comfort and wisdom whenever I needed it and keeping me motivated. I would never have made it through this project or the last three years of college without you all. I am forever indebted to you all for always listening to my worries and always knowing what to say to keep me going even in times I did not want to. Finally, I would love to extend my appreciation to all my participants who took time out of their days to make my project possible. A final sincere thank you to everyone once again.

Abstract

This study explores the impact mothers have on their daughters' body image through maternal factors, such as, maternal pressures, maternal fat talk, appearance comparisons and the internalisation of the thin ideal. Building on prior research, this study seeks to address a gap in the isolation of maternal influences rather than broader factors. A quantitative, cross-sectional design was employed, with a sample of 90 female participants, aged 18-24, having completed an online survey. Measures included the internalisation of thin ideals subscale and the family pressures subscale taken from the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4R), the Family Fat Talk Questionnaire (FFTQ), the Physical Appearance Comparison Scale-Revised (PACS-R), and the Dissatisfaction subscale of The Multifaceted Instrument for Body image Disturbance (MI-BoD). Pearson's correlations and multiple regression analyses revealed that maternal fat talk, maternal pressures and the internalisation of thin ideals significantly predicted body dissatisfaction ($R^2 = .44$, $p < .001$), while appearance comparisons did not yield significant results. These findings highlight the substantial role of maternal communication and modelling in shaping young women's body perceptions, underscoring the need for interventions targeting mother-daughter dynamics. The study contributes to existing literature by addressing gaps in research that focus solely on maternal influence, rather than familial or media influences collectively. Future research should further explore the mechanisms through which maternal behaviours contribute to body dissatisfaction to inform preventive strategies for fostering positive body image development.

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1. Introduction

1.1. Body Image

Body image is a multifaceted psychological construct influenced by personal perceptions that varies significantly from one individual to another. Body image is shaped by an individual's interpretations of their thoughts and feelings about their physical appearance (Grogan 2007). Women are particularly susceptible to societal stereotypes of physical attractiveness, for example, the Western ideal of a thin figure, emphasising thinness as an indicator for attractiveness (Nitchter & Nitcher, 1991; Thompson & Stice, 2001). Cultural influences, familial interactions especially, tend to show the most effective in reinforcing this ideal. This aligns with the findings of Alipour et al (2015) where they demonstrate how this cultural ideal lines up with their self-perceptions and aspirations to have a thin body type. Additionally, this study highlights the consequences of an individual not feeling satisfied with one's appearance as they are prone to developing a negative body image (Alipour et al., 2015). The evidence suggests that a mother's behaviour and beliefs towards her appearance and body image may be mirrored and adapted by their daughters (Rodgers & Chabrol, 2009). This perspective is supported by daughters who have a greater likelihood of body dissatisfaction and heightened appearance comparison tendencies in homes where appearance is highly valued. As adolescents and young adults emerge into the critical stages of self-concept formation and identity development, they are at their most vulnerable to such influences. To better understand these complex dynamics, it is essential to examine the relationship between maternal influence, such as physical appearance comparisons, maternal pressures, maternal fat talk and the internalisation of thin ideals and body dissatisfaction. Valuable insights into the intergenerational transmission of body image can be provided through the investigation of these maternal factors, as well as identifying the broader psychological impacts.

1.2. Maternal Influence on Body Image

Several lines of evidence suggests that body-related behaviours and attitudes are significantly influenced by family members with a strong focus female family members, such as mothers, in relation to young women. Using social reinforcement and behaviour modelling, mothers have been shown to play an immense role in the development of body dissatisfaction (Keery et al., 2004; Rodgers et al., 2011). A mother's influence is particularly impactful on the development of body image as they have a gender-linked bond with their daughters (Brun et al., 2020). Balantekin (2019) suggests that the internalisation of body ideals which daughters develop over time is strongly associated with the indirect comments and behaviours their mother's showcase, such as fat talk. "Fat talk" is defined as negativity commenting on a person's weight or body image (Nichter & Vuckovic, 1994), and can include, but is not limited to comments about appearance, exercise and eating habits, weight, appearance comparisons, expressing fears of being overweight or creating plans to change appearance (Ousley et al., 2007). Despite the need to examine the impact the mother-daughter relationship has on body image, the isolation of maternal influence alone, rather than familial influence, has yet to be researched at lengths (McCabe & Ricciardelli, 2003). Due to past research focusing on a family unit rather than examining different relationship dynamics separately, combined with the methodological challenges that may arise from isolating a singular relationship dynamic from the broader family dynamics, a gap has been left in research on maternal influence alone (Smith & Johnson, 2020). Exploring the dynamics of the mother-daughter relationship could give crucial insights into the development of body image in young women. Maternal influence can have significantly detrimental effects on daughters' body image. Several studies have highlighted the crucial role mother's play in shaping their daughter's body image (Davison et al., 2000; Elfhag & Linné, 2005; Lowes &

Tiggemann, 2003; Wertheim et al., 2002). As a mother is typically seen to be the primary caregiver, she can directly and indirectly effect their daughters' body image perceptions with comments about eating habits and weight (Ackard & Neumark-Sztainer, 2001). Lowes & Tiggemann, (2003) have also highlighted that the internalisation of body-related behaviours found in daughters can be linked back to the mother-daughter bond. The reinforcement of ideals about thinness can be unintentionally imposed, despite a mother's desire to promote healthy eating which can lead to body dissatisfaction (Brun et al., 2020; Evans & Grange, 1995). However, the extent of maternal influence on body perception is argued amongst some researchers who deem other external factors as more influential. Some researchers suggest focusing on media and peers in terms of body dissatisfaction will present with greater findings (McCabe & Ricciardelli, 2003). Whilst the benefits of exploring other external factors are substantial, the mother-daughter dynamic can undoubtedly influence body image in a way that has yet to be closely examined.

1.3. Physical Appearance Comparisons in Young Women

Physical appearance comparisons are seen to play a crucial role in the contribution leading towards the shaping of one's body image. The Tripartite Influence Model is a framework which allows for an understanding of familial influence on body dissatisfaction, in highlighting how body image can be shaped by parents, peers, and media (Thompson et al., 1999). According to the Tripartite Influence Model, using appearance comparisons and internalisation of societal ideals, media, peers and parents can influence one's body image (Schaefer & Thompson, 2014). Studies have illustrated that a who is daughter engaging in appearance comparisons and internalised beauty standards typically have learned the behaviour from how their mother views and interacts with her own body (Evans & Grange, 1995; Kroon Van Diest et al., 2018). This dynamic can be very damaging to daughters as

they often compare themselves to their mothers and as a result, adopt similar patterns of body dissatisfaction and self-scrutiny. Although much of the research up to now has been focused on examining factors such as media, peers and familial influences on appearance comparisons, it is worth examining the impact maternal influences has in shaping young women's body satisfaction or dissatisfaction. For instance, de Carvalho et al. (2017) emphasises the role of mother, not only as direct comparators but also as catalysts which shape daughters' comparison tendencies by modelling their own behaviours and attitudes towards appearance. Research by Webb et al. (2018) found that maternal commentary about weight or appearance increases the likelihood of daughters engaging in upward comparisons, which are seen to be strongly associated with body dissatisfaction. Moreover, maternal fat talk has been identified as a key predictor of a daughters' internalisation of societal beauty standards, creating a unique pathway through which maternal influence intersects with broader sociocultural pressures (Kroon Van Diest et al., 2018). By isolating maternal factors, these findings highlight how mothers serve as both implicit and explicit benchmarks for appearance-related comparisons, amplifying their influence relative to other sources.

1.4. Maternal Fat Talk and Body Image Dissatisfaction

Daughters' body dissatisfaction is significantly impacted by a form of negative body talk, referred to as fat talk. Eating disorders, body dissatisfaction and a drive for thinness are all maladaptive outcomes of body image, associated with fat talk comments such as "I look huge in this dress" or "I am so fat" (Rudiger & Winstead, 2013). Cross-sectional studies have found that negative behaviours associated with body image stem from mothers and daughters engaging in or observing fat talk alongside one another (Arroyo & Andersen, 2016). Rogers et al. (2017) further illustrates the strength of the influence that maternal behaviour has in shaping young women's body image, in demonstrating how much of a significant predictor

mothers' fat talk is when assessing the factors of daughters' fat talk. The debate about the importance of exploring other contributing factors to body dissatisfaction has gained fresh prominence with many arguing that peer and media influence could play a more crucial role (Chow & Tan, 2018). Despite that, Jones & Young (2021) have reinstated that the long-term body dissatisfaction in daughters, is instilled by mothers' negative body-related beliefs. This indicates a need to understand fat talk that exist within family dynamics, in aiming to avoid harmful effects on body image.

1.5. Internalisation of Thin Ideals

Particularly in young woman, in terms of developing body dissatisfaction, the internalisation of thin ideals plays a crucial role. Internalisation refers to the extent to which individuals adopt societal standards of attractiveness, particularly the thin-ideal, as their personal goals (Schaefer & Thompson, 2014). Internalisation and sociocultural influences are closely tied in where the belief that attractiveness equates to thinness, which is then reinforced through family, peer and media exposure. Studies show that a strong desire for thinness and higher levels of body dissatisfaction are associated with the internalisation of thin ideals (Tsiantas & King, 2001). Research also demonstrates that the influence of family, particularly mothers, can significantly contribute to the internalisation of thin ideals. While peer influence is often emphasised, family dynamics, especially within the mother-daughter relationship, appear to have an equally strong impact. Mothers' reinforcement of thin ideals through both direct comments and indirect modelling perpetuate the internalisation process. This underscores the need for further research into maternal influences on body image, particularly the internalisation of societal beauty standards, to better understand how these dynamics contribute to body dissatisfaction in young women.

1.6. Rationale

As an immense amount of pressure is expected of young women to conform to societal beauty standards, it is crucial to examine the potential factors that could lead to negative body perceptions. The existing body of research on body image suggests that a daughter's negative body perception is linked to their mother's implementation of direct communication and indirect modelling behaviours (Lowes & Tiggemann, 2003; Wertheim et al., 2002). Whether intentional or unintentional, another factor that could negatively impact a young woman's body image are thin ideals and internalisation (Brun et al., 2020). Despite these findings, there remains a gap in the literature leaving the specific role of maternal influence, rather than familial influences, unexplored. Smith & Johnson (2020) argue that the methodology used in isolating the maternal influence from the familiar factors have raised concerns and hindered the progress in this area. Exploring the unique dynamics of the mother-daughter relationship may deem useful in deepening our understanding of the complex concept which is body image and offer an opportunity to mitigate negative outcomes through the development of targeted interventions. The literature presented by the World Health Organisation (2020) regarding the raising concerns about body image being a significant public health issue, contributing to negative physical and mental health resonates to this discussion because of the rising prevalence of body dissatisfaction amongst young women. This study aims to examine the combination of maternal factors, such as maternal fat talk, appearance comparisons, the internalisation of the thin ideal on body dissatisfaction among young women. This research aims to address a critical gap in the literature by removing all external and familial influences from the research and solely focusing in on maternal factors alone. Additionally, this study seeks to highlight the pathway through which maternal pressures interact with maternal attitudes and behaviours to shape body image

perceptions. Healthier familial environments and the development of interventions which target the root causes of body dissatisfaction can be achieved through understanding the mother-daughter dynamic.

Research Questions:

1. How does maternal pressures affect body dissatisfaction in daughters?
2. What is the relationship between fat talk from mothers and body dissatisfaction in daughters?
3. Does the combination of fat talk from mothers and the internalisation of the thin ideal predict higher levels of body dissatisfaction in daughters?
4. How does sociocultural attitudes towards appearance, fat talk from mothers, and appearance comparisons together predict body dissatisfaction in daughters?
5. What are the combined effects of maternal fat talk, appearance comparisons, and internalisation of the thin ideal in predicting body dissatisfaction in daughters?

Hypotheses:

1. Maternal pressures will have a negative effect on body dissatisfaction.
2. Higher levels of maternal fat talk will increase a daughter's body dissatisfaction.
3. Both fat talk from mothers and the internalisation of the thin ideal will predict higher levels of body dissatisfaction within daughters.
4. Maternal pressures, maternal fat talk, and appearance comparisons will collectively predict body dissatisfaction in daughters.
5. The combination of maternal fat talk, appearance comparisons, and internalisation of the thin ideal will significantly predict body dissatisfaction in daughters

With the desire for creating healthier familial environments, this study intends to explore these pathways to examine young women's body images and the role their mothers play in shaping said perception.

2.Methods

2.1. *Participants*

Using social media platforms such as Snapchat, Instagram, WhatsApp and Facebook, female participants aged 18-24 were recruited. To be able to participate in the study, participants had to meet all the inclusion criteria: (a) individuals who identify as a woman/female, (b) 18-24 years old ("Youth" is defined by the United Nations as 15-24 years and the term "young people" refers to the composite age group 10-24 years (United Nations., 2013). I chose to primarily focus on the age group of 18-24 to avoid consent and ethics issues with under 18s and only up to 24 to stick within the realm of “young women”) and (c) has a person they most identify with as their 'mother-figure' (i.e., a biological mother, a role model or maternal figure who fulfils a 'mother' role) (d) must be able to read and understand English. The demographic was targeted because existing research recognises the critical role played by mothers in influencing their daughters' body image (Henny et al., 2022). A total of 99 young women participated in this study. Sample size determination for this study was influenced by G*Power suggesting that a sample size of approximately 80-100 participants would generally be sufficient to achieve 80% power at an alpha level of 0.05. The sample size gave a clear sign of how many participants were needed to ensure an adequate validity for my study. In hopes to increase participation, a pilot draft was conducted to account for time need to complete the study's survey and participants were given the choice of time and place of when they wanted to take the survey. Following the ethical guidelines outlined by the American Psychological Association (2020), the National College of Ireland's psychology filter committee granted ethical approval for the study to be conducted.

2.2. Measures

2.2.1. Demographics

The layout of the survey began with demographic questions, age, ethnicity, and gender (appendix D). To avoid any potential demographic influences, the collection of this data was considered essential to ensure generalisability of the sample.

2.2.2. Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4R)

The two sub-scales of the SATAQ-4R (Schaefer et al., 2017), with a focus on mothers, were implemented to measure sociocultural pressures from family and internalisation of thin/low body fat. To focus on maternal influence rather than familial influence, the wording of the sub-scales was slightly adjusted. The Pressures-Family Scale (4 items, e.g., rather than “I feel pressure from my family to look thinner”, the wording was adjusted to read, “I feel pressure from my mother to look thinner”) (appendix E). The Internalisation-Thin/Low Body Fat (4 items, e.g., “I want my body to look very thin”) (appendix F) scales were used. Items were rated on a 5-point Likert scale (1 = “Definitely disagree” to 5 = “Definitely agree”), with higher mean scores reflecting greater appearance pressures and internalisation. Earlier studies on the sociocultural impacts of family dynamics on young women's body image examined internalised body ideals and external appearance pressure, justifying the inclusion of the internalisation and pressures scales (Fredrickson & Roberts, 1997). Reliability in the current sample was high (Cronbach's α : Pressures-Family = .91, and Internalisation-Thin/Low Body Fat = .86).

2.2.3. Family Fat Talk Questionnaire (FFTQ)

The family sub-scale of the FFTQ (MacDonald et al., 2015) was utilised to measure maternal ‘fat talk’, by adjusting the wording to focus on maternal influence (8 items; e.g.,

“When I’m with my mother, I hear her complain about her body”)(appendix G). Participants rated their mother’s fat talk behaviours on a 5-point Likert scale (1 = “Never” to 5 = “Always”), with higher mean scores indicating higher exposure to fat talk. Particularly in adolescents and young women, Vartanian & Dey (2013) have highlighted the negative effects fat talk from family members has on body image. This validated measure has proved strong reliability (Cronbach's alpha = 0.9), confirming consistency across samples (MacDonald et al., 2015).

2.2.4. Physical Appearance Comparison Scale-Revised (PACS-R)

Research has shown the engagement in appearance comparisons with others to be a critical mediating variable in body dissatisfaction which is why PACS-R (Schaefer & Thompson, 2014) was implemented to measure said variable (Cohen et al., 2018). This scale includes 11 items (e.g., “When I'm out in public, I compare my body fat to the body fat of others”) (appendix H) rated on a 5-point scale (0 = “Never” to 4 = “Always”). Higher mean scores showed greater frequency of appearance comparisons. The Cronbach's alpha of PACS-R is 0.96, highlighting its validity and reliability, showing strong internal consistency. Allowing the comparison of oneself to another to influence your feeling of your body, often leads to body dissatisfaction, emphasising the importance of appearance comparisons in body image development (Festinger, 1954).

2.2.5. Body Dissatisfaction and Disordered Eating Symptomatology

To assess participants’ level of body dissatisfaction, The Dissatisfaction subscale of The Multifaceted Instrument for Body Image Disturbance (MI-BoD; Schaefer et al., 2020) was implemented. This subscale includes 3 items (e.g. “I felt dissatisfied with my body shape or size”) (Appendix I), rated on a 6-point frequency response (0 = “Never” to 4 = “Always”).

The higher the mean score, the higher levels of body dissatisfaction. Based on prior research and this current study, there has been seen to be strong reliability and validity within this measure. Body dissatisfaction was measured as it plays a significant role in shaping one's body image (Grabe et al., 2008).

2.3. *Design*

This study is a quantitative, cross-sectional design that employed the use of an online survey administered via Google Docs (appendix J). To allow for a statistical analysis of all the different variables to be run with objective measurement, a quantitative research design was implemented (Creswell & Creswell, 2018). A cross-sectional approach seemed most appropriate as it efficiently captures a snapshot of the dynamics between maternal influence and body dissatisfaction (Setia, 2016). To access a diverse sample size, an online survey was used in hopes to reach a broad range of participants and to maximise efficiency and accessibility (Evans & Mathur, 2018). The survey consisted of questions aligning with the proposed research questions, using validated scales such as, sociocultural attitudes towards appearance, internalisation of thin-low body, family fat talk, physical appearance comparison and the dissatisfaction of body image. Independent variables included maternal pressures, internalisation of thin-low boy, maternal fat talk and physical appearance comparison, while body dissatisfaction dependent variables.

2.4. *Procedure*

The participants were recruited using social media (Snapchat, Instagram), by convince sampling, by snowballing, by word to mouth and flyers around the college (appendix K). The study included (a) individuals who identify as a woman/female, (b) 18-24 years old (c) has a person they most identify with as their 'mother-figure' (d) must be able to read and

understand English. Participants who did not fulfilled the above criteria as well as if they already had a prior diagnosis of any eating disorder were excluded from the study as the study focuses on the consensus of the general population. Participants accessed the survey through google docs, via a link sent to them. This online approach accommodated participants' convenience and comfort, supporting validity and reliability by reducing possible in-person bias (Van Gelder & Bretveld, 2016). When clicking the link, participants were taken to a separate page where they were presented with the study's information sheet (Appendix A). After reading the information, they go ahead by clicking 'Next,' which will lead to the consent form (Appendix B). Participants who agreed to take part in the study were brought to the beginning of the survey, when they clicked 'Next' and participants who did not consent were brought to the debrief sheet (appendix C), when they clicked 'Next'. The survey took round 10-15 minutes to complete, though there is no time limit, allowing participants to take breaks if needed. The sections went as followed; demographic questions, maternal pressures sub-scale, internationalisation of thin-low body sub-scale, maternal fat talk, physical appearance comparisons and body dissatisfaction sub-scale (Appendix J). After completing the survey, participants were presented with a debriefing form (Appendix C), providing more information about the study and offering resources should they wish to seek support for body image concerns. The study was approved by the National College of Ireland's psychology filter committee, ensuring ethical compliance, including voluntary participation, confidentiality, and right to withdraw.

2.5. Pilot Draft

A pilot draft of the survey was conducted to decide the time required for participants to complete the full set of questions. A small sample of 2-3 participants, representative of the study's target population (young women aged between 18-24), were recruited. Participants were timed while completing the survey, the average time taken was calculated, and was used

to refine the survey. This first testing provided the average completion time, which was approximately 10 minutes, supporting participant convenience by setting realistic time expectations. Feedback was sought out from the pilot participants and any necessary adaptations were implemented based on this. Feedback was used to rephrase any ambiguous items and improve the survey's accessibility, thereby enhancing the questionnaire's clarity and minimising response errors (Czaja & Blair, 2018). The pilot data was cut.

2.6. Ethical Considerations

Given the sensitive nature of this study, it was of upmost importance to strictly adhere to ethical guidelines to avoid any potential distress that may be caused. Ethical approval was granted by the National College of Ireland's psychology filter committee before any data collection had begun. Before starting the survey, participants were presented with an information sheet (Appendix A) which thoroughly outlines the study's purpose, procedures, potential risks and benefits as well as emphasising their right to withdraw at any point without any consequences. After the information sheet, a consent form (Appendix B) had to be submitted before going any further. Sample questions of what participants should expect from the survey were included in the information sheet, allowing them to determine their decision on whether they wanted to participate or not and to mitigate any potential distress participants may face. In compliance with data protection regulations, all data collected was completely unidentifiable and in turn, respected participants' right to anonymity and confidentiality (General Data Protection, 2018). Additionally, at the end of the survey, participants were provided with various helplines and support services on the debrief sheet (Appendix C), in case of any distress caused.

3.Results

3.1. Demographics

Participants (N=99) ranged in age from 18-24 years ($M = 21.4$, $SD = 1.14$). These descriptive statistics provide a foundational overview of the sample characteristics and study variables.

Table 1

Template for Descriptives Tables

Variable	M [95% CI]	SD	Range
Age	21.40 [21.18, 21.63]	1.14	18-24

Descriptive Statistics for Categorical Variables

The sample consisted entirely of female participants ($N = 99$, 100%). In terms of ethnicity, the most represented group was Black/African/Caribbean participants, making up 42.4% ($n = 42$) of the sample. This was followed by White participants, who accounted for 32.3% ($n = 32$). Arab participants made up 16.2% ($n = 16$) of the sample, while Asian and Mixed/Multiple ethnicities were equally represented, each at 4% ($n = 4$). The least represented group was North African participants, consisting of only 1% ($n = 1$) of the sample. These results showed for a diverse sample size, accounting for people with all different backgrounds and races.

Table 2

Table template for frequencies – descriptive statistics for categorical variables

Variable	Frequency	Valid %
Gender		
Female	99	100%
Ethnicity		
Arab	16	16.2%
Asian	4	4%
Black/African/Caribbean	42	42.4%
Mixed/Multiple ethnicities	4	4%
North African	1	1%
White	32	32.3%

3.2. Relationships Between Maternal Pressures and Affect Body Dissatisfaction

Pearson's correlations can be seen in Table 1 for the study variables. The analysis focused on the relationship between body dissatisfaction and maternal pressures. The results revealed a significant positive correlation ($r = .54$, $p < .01$), showing that higher levels of maternal pressures were associated with increased body dissatisfaction in daughters. This finding underscores the role of maternal pressures in shaping body image feelings among participants.

Table 3

Inter-correlations (Pearson's r) between body dissatisfaction and maternal pressures

Variable	1.	2.
1. Body dissatisfaction	-	
2. Maternal pressures	.54**	-

Note: ** $p < .01$.

3.3. Maternal Fat Talk and Body Dissatisfaction

The relationship between maternal fat talk and body dissatisfaction was examined using Pearson's correlation analysis. A significant positive correlation was found ($r = .46$, $p < .01$), suggesting that higher frequencies of maternal fat talk were associated with increased body dissatisfaction in daughters.

Table 4

Inter-correlations (Pearson's r) between body dissatisfaction and maternal fat talk

Variable	1.	2.
1. Body dissatisfaction	-	
2. Maternal fat talk	.46**	-

Note: ** $p < .01$.

3.4. Combined effects of maternal fat talk and internalisation of the thin ideal

A multiple regression analysis assessed whether maternal fat talk and internalisation of the thin ideal predicted body dissatisfaction. The use of multiple regression analysis allowed for an incremental assessment of the predictors. The model was significant ($F(2, 96)$

=37.05, $p < .001$), accounting for 44% of the variance in body dissatisfaction levels ($R^2 = .44$).

Both maternal fat talk ($\beta = .50$, $p < .001$) and internalisation of the thin ideal ($\beta = .30$, $p < .001$) were significant predictors, showing their substantial contribution to body dissatisfaction.

Table 5

Regression model for predicting body dissatisfaction.

Variable	R^2	B	SE	β	t	P
Model	.44***					
Maternal fat talk		.46	.07	.50	6.2	.000
Internalisation of the thin ideal		.13	.04	.30	3.7	.000

Note: *** $p < .001$.

3.5. Maternal pressures, maternal fat talk, and appearance comparisons

A multiple regression analysis investigated the predictive roles of maternal fat talk, maternal pressures, and appearance comparisons of body dissatisfaction. The model was significant ($F(3,95) = 13.70$, $p < .001$), explaining 30.2% of the variance ($R^2 = .30$). While maternal fat talk ($\beta = .15$, $p = .215$) and maternal pressures ($\beta = .43$, $p = .001$) were significant predictors, appearance comparisons ($\beta = .04$, $p = .659$) did not significantly contribute.

Table 6

Regression model for predicting body dissatisfaction.

Variable	R^2	B	SE	β	t	P
Model	.30***					
Maternal pressures		.34	.1	.43	3.51	.001
Maternal fat talk		.07	.05	.15	1.25	.215
Appearance comparisons		.02	.03	.04	.44	.659

Note: *** $p < .001$.

3.6. Combined effects of maternal fat talk, internalisation, and appearance comparisons

The combined predictive effects of maternal fat talk, internalisation of the thin ideal, and appearance comparisons were evaluated using multiple regression analysis. The model was significant ($F(3,95) = 24.47, p < .001$), accounting for 44% of the variance ($R^2 = .44$). Maternal fat talk ($\beta = .30, p < .001$) and internalisation of the thin ideal ($\beta = .51, p < .001$) appeared as significant predictors, while appearance comparisons ($\beta = -.02, p = .816$) did not significantly contribute.

Table 7

Regression model for predicting body dissatisfaction.

Variable	R^2	B	SE	β	t	p
Model	.44***					
Maternal fat talk		.13	.04	.30	3.63	.000
Internalisation of the thin ideal		.46	.08	.51	6.15	.000
Appearance comparison		-.01	.03	-.02	-.23	.816

The findings prove the critical role of maternal fat talk and internalisation of the thin ideal in shaping body dissatisfaction among daughters. Maternal fat talk consistently appeared as a strong predictor across analyses, while appearance comparisons showed limited influence. These results underscore the importance of maternal communication and sociocultural pressures in interventions aimed at improving body image. Further research is needed to explore the nuanced interactions among these variables.

4. Discussion

This study investigated the role of maternal influence on body dissatisfaction among daughters, with a specific focus on maternal pressure, maternal fat talk, appearance comparisons and the internalisation of the thin ideal. The findings revealed while appearance comparisons did not deem a significant factor, maternal pressures, internalisation of thin ideals and maternal fat talk are significant predictors of body dissatisfaction. These results reinforced the idea that family, particularly maternal figures, play a central role in the shaping of their daughters' body perceptions. Existing literature, theoretical implications, practical applications, limitations and future research are all areas of interest that will be critically evaluated throughout this discussion considering this study's findings.

4.1. Interpretation of Key Findings

4.1.1. Maternal Pressures and Body Dissatisfaction

Maternal pressures refer to conforming to societal beauty standards or the explicit encouragement of exercise and dieting, often placing expectations, whether direct or indirect, regarding their daughters' body shape, appearance and weight (Brun et al., 2020). This is supported by the present study, as well as previous studies, which found that higher levels of body dissatisfaction within daughters is linked to mothers who place a greater emphasis on weight control and thinness (Keery et al., 2004). Daughters may interpret subtle behaviours, such as praising weight loss and commenting on portion sizes, which have manifested through these pressures as implicit expectations to maintain a certain body shape. This claim is consistent with Assor et al (2004)'s concept of parental conditional regard, where meeting maternal expectations regarding appearance and weight directly influences their daughter's self-perception. Over time, the negative effects of this becomes very apparent with reports of eating disorders, chronic body dissatisfaction and even internalised self-criticism (Lowes &

Tiggemann, 2003). Applying research done by Rodgers & Chabrol (2009), it can be argued that maternal influences can have an even greater effect than peer pressures with maternal approval being an important goal daughters tend to want to achieve. Although the negative perception of maternal pressures has merit, it overlooks the fact that mothers may be well-intentioned and may even believe rather than reinforcing body dissatisfaction, they are promoting healthy behaviours (Evans & Grange, 1995). This raises the importance of developing parental education programmes which teach the promotion of body positivity without reinforcing body dissatisfaction. Creating a distinction between harmful appearance-focused pressure and constructive health encouragement will further help mitigate the reinforcement of restrictive beauty ideals.

4.1.2. Maternal Fat Talk and Body Dissatisfaction

This study found maternal fat talk to be a strong predictor of body dissatisfaction which is further supported by findings from (Rudiger & Winstead, 2013; Arroyo & Andersen, 2016), which indicate an increase of negative body image amongst daughters' can be directly linked to frequent exposure to weight-related comments from mothers. Interestingly, this study surprisingly shows to contrast the findings of The Tripartite Influence Model (Thompson et al., 1999) as appearance comparisons deemed to be an insignificant predictor ($p=.618$). These results have significant implications for intervention strategies as they suggest focusing more on the impact maternal verbal cues, such as fat talk, have on body image rather than appearance comparisons. According to MacDonald et al (2015), fat talk can be linked to higher rates of maladaptive eating behaviours and body dissatisfaction as it involves indulging in negative self-referential talk regarding one's appearance or weight. These findings align with Social Learning Theory (Bandura, 1977), which suggests that behaviours are learned through imitation and observation. In this case,

daughters that develop a heightened sense of body dissatisfaction tend to be a result of the internalisation of body ideals caused by the frequent exposure to their mothers engaging in self-deprecating weight talk. Rodgers et al (2011) demonstrate the impact mothers have on their daughters' body-related attitudes by highlighting a mother's status as primary role model. Additionally, this claim is consistent with Intergenerational Transmission Theory, which posits that eating-related behaviours and body image concerns are passed down through generations (Webb et al., 2018). This discussion favours the stance that daughters may come to perceive body dissatisfaction as a normative experience, if mothers consistently express dissatisfaction with their bodies, repeating a cycle of negative body image across generations. However, this finding contrasts with previous research by Chow & Tan (2018), which suggested that regarding predicting body dissatisfaction, peer influence may outweigh maternal fat talk. With regards to this perspective, the research may deem it necessary to consider broader social influences such as media exposure and peer fat talk in future research.

4.1.3. Internalisation of the Thin Ideal and Body Dissatisfaction

In support of the third hypothesis, results showed that internalisation of thin ideas had a moderate, positive association with higher levels of body dissatisfaction, indicating that individuals who believed they needed to look a certain way had higher levels of body dissatisfaction. This finding aligns with Fredrickson & Robert's (1997) Objectification Theory, which suggests that an increase in body dissatisfaction may be due to women learning to view their bodies as objects for external evaluation. This trend has been observed across multiple studies, including those by Schaefer & Thompson (2014), who examined how higher levels of body dissatisfaction is prominent in young women who adopt thinness as a beauty standard. One important factor to consider is the crucial role mothers play in shaping thin-ideal internalisation. A possible explanation for this is that based on research, negative

body image outcomes are a result of mothers who over empathise dieting, weight control or appearance-based validation to their daughters, which leads to the internalisation of beauty standards (Tsiantas & King, 2001). The current study is amongst the first to examine maternal influences alone, isolating it from broader familial factors, hoping to highlight the significant impact mothers have on their daughters' body image. While Tsiantas & King (2001) found maternal influence to be a strong predictor to thin-ideal internalisation, other researchers, such as McCabe & Ricciardelli (2003), have suggested peer and media influences are stronger contributing factors, indicating a divergence in findings. This discrepancy suggests that although the examination of maternal factors alone has merit, it overlooks the fact that maternal influence is amplified when interacting with other sociocultural pressures. This contradiction in findings suggests the need for further research into whether the combination of media exposure and maternal reinforcement creates a greater impact when together rather than separate factors.

4.1.4. Appearance Comparisons: An Unexpected Finding

While most of the literature supports the claim that appearance comparison is a significant predictor of body dissatisfaction, this study found it was not significant. These results diverged from those of The Tripartite Influence Model (Thompson et al., 1999), who reported significant predictors in the shaping of body dissatisfaction to be comparisons to family members, peers and media figures. This difference may be attributed to the overshadowing role thin-ideal internalisation or maternal fat talk may have played over direct comparisons. Appearance comparisons may not feel like a negative indicator of body dissatisfaction to an individual who has already internalised unrealistic body standards. Additionally, a possible explanation for this discrepancy is the importance of the source of comparison. It is possible that due to daughters seeing their mothers belonging to an older

generation, that the maternal comparison is not as influential as from peers within their own age group (Webb et al., 2018). These unexpected findings suggest the need for future research to determine which factor between peer/media comparisons and maternal comparisons have a greater impact on body dissatisfaction.

4.2. Theoretical and Practical Implications

4.2.1. Theoretical Models

This study contributes to theoretical advancements by refining existing models of the Tripartite Influence Model (Thompson et al., 1999) and Social Learning Theory (Bandura, 1977). When examining the significance of maternal influence, the Tripartite Influence Model may require adaptation as it typically focuses on the role of media, peers and family in shaping body dissatisfaction. Findings from this study suggest a need for family-based interventions as familial discourse was found to play a more significant role in the development of body dissatisfaction than previously assumed (Thompson et al., 1999).

Furthermore, Social Learning Theory (Bandura, 1977) demonstrates how body dissatisfaction may be reinforced through observational learning, with an example of mothers acting as role models. This study confirms that witnessing maternal behaviour in terms of her body image, such as appearance comparisons and fat talk, can be learned and applied by daughters. Understanding maternal influence is crucial for developing effective interventions for body dissatisfaction.

4.2.2 Implications for Interventions

These findings highlight the need for targeted family-based interventions aimed to mitigate the negative effects of maternal influence on their daughters' body image. Given the role of maternal influence, family-based interventions should focus on the reduction of

maternal fat talk, as daughters' self-perception is significantly impacted by negative body-related talks within the family unit. Developing programs to educate mothers of the negative effects of fat talk and promoting body-positivity instead could serve as a crucial step towards reducing body dissatisfaction among young women (Webb et al., 2017).

Additionally, cognitive-behavioural interventions may help individuals challenge and reframe negative beliefs about body image, with a focus on the internalisation of thin ideals (Grabe et al., 2008). The implementation of cognitive-behaviour interventions can help foster a more positive body image amongst young women through challenging unrealistic beauty standards. Moreover, an essential tool used to reduce the internalisation of thin ideas would be through media literacy programs, which can equip individuals with the skills to critically evaluate beauty ideals presented in the media (Levine & Piran, 2001).

Finally, a key strategy for addressing body dissatisfaction from multiple angles involves broadening prevention strategies. School-based programs targeting both peer and maternal influences could help raise awareness about body dissatisfaction in various social contexts. Additionally, shifting societal norms surrounding beauty standards may be achieved through social campaigns promoting body acceptance and diversity. A multi-level approach may be the most effective way to reduce the prevalence of body dissatisfaction among young woman by creating a more body-positive environment.

4.3. Limitations and Future Research Directions

4.3.1. Limitations

Despite its important contributions, this study has several limitations that should be acknowledged. The study implemented a cross-sectional design which can be seen as a limitation as the variables are measured by how daughters felt in a single moment in time. The cross-sectional nature of this study restricts the ability to establish casual relationships.

Without longitudinal data, it is unclear whether there are other contributing factors to consider when assessing the mother-daughter relationship or whether maternal influence directly causes body dissatisfaction alone. Future studies should consider employing a longitudinal design to better understand the long-term effects of body image over time to determine causality (Twenge & Martin, 2020).

Social desirability bias may be introduced through the reliance on self-reported measures, making it another limitation. The reliance of self-reported data could be influenced by memory recall errors or personal biases which leads to the accuracy of findings being affected as participants may have exaggerated or underreported maternal behaviours (Podsakoff et al., 2012). To improve accuracy, observational methods or objective measures could be used in future research to help reduce the potential for self-reporting biases (Kline, 2015).

Finally, the study's recruitment method may have resulted in sample bias, potentially affecting the generalisation of the study's findings. Due to the use of snowballing in the recruitment process, the sample selection does not fully represent the broader population as most participants were university students from the National College of Ireland. Demographic factors could play a role maternal influence play in determining body dissatisfaction, such as ethnicity, age and socioeconomic status. Expanding the sample to include more diverse samples would enhance the generalisability of the findings in future studies (Smith et al., 2018).

4.3.2. Future Research

Future research should build upon these findings by exploring additional factors that may influence body dissatisfaction, such as cultural and familial factors. It would be valuable to assess what role fathers and siblings play in shaping body image. Despite the extensive

research on body dissatisfaction, little is known about the contributions siblings and paternal interactions have on body dissatisfaction. Addressing this gap will contribute to a more comprehensive understanding of the complexities of the family dynamics in the shaping of body image (Rodgers et al., 2019).

Additionally, future studies could expand on this research by investigating cultural variations in thin-ideal internalisation and maternal fat talk. Understanding the different cultural context across different cultural and ethnic groups is crucial for developing effective interventions and policies for everyone (Swami, 2020). Future research could explore whether cultural variations moderate or mediate the relationship between maternal influence and body dissatisfaction through the comparison of Western and non-Western populations.

Furthermore, the development and testing of targeted intervention strategies could offer further insights into promoting body positivity and in turn, reducing maternal influence. Research on the effectiveness of cognitive-behavioural therapy, family-based interventions or media literacy programs could provide practical applications for mitigating the negative effects of maternal factors (Levine & Smolak, 2016). By identifying evidence-based approaches, future studies can contribute to the development of practical solutions for reducing body dissatisfaction and improving body image outcomes in young women.

4.4. Conclusion

In conclusion, this study has demonstrated compelling evidence surrounding the crucial role mothers play in shaping their daughters' body image, specifically through factors such as appearance comparison, thin-ideals internalisation, maternal pressures and maternal fat talk. By expanding and refining existing theories such as the Tripartite Influence Model (Thompson et al., 1999), this study highlights the importance of a healthy home environment

as it is where body image is developed and further reinforced. By isolating maternal factors from broader familial influences, this research offers a novel perspective on the contribution maternal interactions have towards self-perception. The implications of the study extend beyond academia, influencing real life experiences, calling out for a need for interventions that target parental discourse surrounding body image. Moving forward, greater emphasis on programs encouraging healthier attitudes towards body image among young women could lead to meaningful advancement in breaking the cycle of body dissatisfaction and creating a happier household environment. Future studies should also consider cultural variations and the exploration of longitudinal effects to develop more nuanced interventions.

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Appendices

Appendix A

Information sheet

Purpose of the Study. I am Hafswa Jelan, an undergraduate student, in the Department of Psychology, National College of Ireland. I am undertaking this research study, *In Her Shadows: The Impact the mother-Daughter Dynamic Has on Body Image*, for my final year project. This research is focused on investigating the extent to which mothers influence the internalisation of societal beauty standards and the development of body dissatisfaction.

What will the study involve? The study will involve the completion of a questionnaire. This may take up to 30 minutes. There will be no follow up to this research. Questions on maternal pressures, thin ideals, fat talk and body dissatisfaction will be asked. For example, “I feel pressure from my mother to look thinner”, “I felt dissatisfied with my body shape or size” and “When I'm with my mother, I hear others complain that their clothes are too tight.”

Who has approved this study? This study has been reviewed and received ethical approval from National College of Ireland Research Ethics Committee.

Do you have to take part?

No, you are under no obligation whatsoever to take part in this research. However, I hope that you will agree to take part and give me some of your time to complete the questionnaire. It is entirely up to you to decide whether you would like to take part. If you decide to do so, you will be asked to sign a digital consent form and you will be forwarded a copy of the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason. However, once your answers have been submitted you can no longer withdraw as the answers are anonymous and the data is unidentifiable.

What information will be collected? Initially we gather some demographic information from you such as age, gender and race etc. All information gathered after this will be based on your relationship with your mother and your experience with body image.

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the research will be kept confidential. The questionnaire is completely anonymous and unidentifiable.

What will happen to the information which you give? On completion of this research project, the data will be stored for 5 years and then destroyed, in accordance with NCI policy.

What will happen to the results? The research will be written up and presented as a report which will be presented at a mini conference in National College of Ireland and may be presented at the annual psychology students in Ireland conference.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part in this research. However, if you subsequently feel distressed when answering question in the survey, please find supports here: <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders/useful-links/>

What if there is a problem? If you experience any issues or problems while completing this study, you may contact me (x22491866@student.ncirl.ie). Similar to above if you find yourself distressed or needing support following completion of this questionnaire please find the relevant supports here: <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders/useful-links/>

Any further queries? If you need any further information, you can contact me:

Principal Investigator
Hafswa Jelani
x22491866@student.ncirl.ie
Undergraduate student
Dept. of Psychology
National College of Ireland

If you agree to take part in the study, please complete and sign the consent form overleaf or click Yes in the Online Form.

Thank you for taking the time to read this

Appendix B

Consent Form

I _____ agree to participate in Hafswa Jelani's research study titled

In Her Shadow: The Impact the mother-Daughter Dynamic Has on Body Image:

The purpose and nature of the study has been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily. ☐

I am participating voluntarily. ☐ I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating. ☐

The information sheet has made me aware of how my data will be managed. ☐

I am aware that I cannot access my individual results due to anonymity. ☐

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below: ☐

I agree for my data to be used for further research projects ☐

I do not agree for my data to be used for further research projects ☐

Signed..... Date.....

Participant Name in block capitals

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed..... Date.....

Researcher Name in block capitals

Appendix C Debrief Sheet

Thank you for participating in the research study. I hope that you have found it interesting and have not been upset by anything discussed.

If you have any queries about the study, please contact me: (x22491866@student.ncirl.ie)

If you have found any part of this experience to be distressing, please consider speaking with someone that you trust such as a family member or friend. You may also consider speaking with one of the organisations below for additional support:

- www.bodywhys.ie

National support organisation for people with eating disorders and their families

- www.bodywhysbodyimage.ie

Includes research on body image, practical tips on promoting positive body image for men, women and young people. Information for parents on promoting positive body image and self-esteem in children and young people and a specific section for schools with exclusive new resources to promote positive body image in both primary school and secondary school.

- www.irishpsychiatry.ie

Eating Disorder Special Interest Group, and public information on eating disorders

- www.aedweb.org

The International Academy for Eating Disorders (public and professional evidence-based information)

- <https://www.cbte.co/>

CBT-E is a recommended evidence-based treatment for eating disorders. Training is available online.

- <https://www.aware.ie>

Free support, education and information services to people impacted by anxiety, depression, bipolar disorder and related mood conditions.

Appendix D

Demographic information

- 1.Age
- 2.Ethnicity
- 3.Gender

Appendix E

Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4R)

Family Pressures Subscale

1. I feel pressure from my mother to look thinner.
2. I feel pressure from my mother to improve my appearance.
3. My mother encourage me to decrease my level of body fat.
4. My mother encourage me to get in better shape.

Appendix F

Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-4R)

Thin/Low Body Fat Scale

1. I want my body to look very thin.
2. I want my body to look like it has little fat.
3. I think a lot about looking thin.
4. I want my body to look very lean.
5. I think a lot about having very little body fat.

Appendix G

Family Fat Talk Questionnaire (FFTQ)

- 1.When I'm with my mother, I hear her complain that her arms are too flabby.
- 2.When I'm with my mother, I hear her complain about the proportion of her body.
- 3.When I'm with my mother, I hear her complain that she is fat.
- 4.When I'm with my mother, I hear her complaining that she should not be eating fattening foods.
- 5.When I'm with my mother, I hear her complain that her clothes are too tight.
- 6.When I'm with my mother, I hear her criticise her body compared to her family members' bodies.
- 7.When I'm with my mother, I hear her pressure others to be thin.
- 8.When I'm with my mother, I hear her complain that she is not in shape.

Appendix H

Physical Appearance Comparison Scale-Revised (PACS-R)

- 1.When I'm out in public, I compare my physical appearance to the appearance of others.
2. When I meet a new person (same sex), I compare my body size to his/her

body size.

3. When I'm at work or school, I compare my body shape to the body shape of others.

4. When I'm out in public, I compare my body fat to the body fat of others.

5. When I'm shopping for clothes, I compare my weight to the weight of others.

6. When I'm at a party, I compare my body shape to the body shape of others.

7. When I'm with a group of friends, I compare my weight to the weight of others.

8. When I'm out in public, I compare my body size to the body size of others.

9. When I'm with a group of friends, I compare my body size to the body size of others.

10. When I'm eating in a restaurant, I compare my body fat to the body fat of others.

11. When I'm at the gym, I compare my physical appearance to the appearance of others.

Appendix I

The Multifaceted Instrument for Body image Disturbance (MI-BoD) Dissatisfaction Subscale

1. I felt dissatisfied with my body shape or size.

2. I hate my body shape.

3. I hated the size of my body.

Appendix J

Online questionnaire

Section 4 of 9

Maternal Pressures Sub-scale (SATAQ-4R)

Description (optional)

I feel pressure from my mother to look thinner. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

I feel pressure from my mother to improve my appearance. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

My mother encourage me to decrease my level of body fat. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

My mother encourage me to get in better shape. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

Section 5 of 9

Thin/low Fat Body Sub-Scale (SATAQ-4R)

Description (optional)

I want my body to look very thin. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

I want my body to look like it has little fat. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

I think a lot about looking thin. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

I think a lot about having very little body fat. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

I want my body to look very lean. *

1 2 3 4 5

Definitely disagree ☐ ☐ ☐ ☐ ☐ Definitely agree

After section 5 Continue to next section

Section 6 of 9

Family Fat Talk Questionnaire (FFTQ)

Description (optional)

When I'm with my mother, I hear her complain that her arms are too flabby. *

1 2 3 4 5

Never ☐ ☐ ☐ ☐ ☐ Always

When I'm with my mother, I hear her complain about the proportion of her body. *

1 2 3 4 5

Never ☐ ☐ ☐ ☐ ☐ Always

When I'm with my mother, I hear her complain that she is fat. *

1 2 3 4 5

Never ☐ ☐ ☐ ☐ ☐ Always

When I'm with my mother, I hear her complaining that she should not be eating fattening foods. *

1 2 3 4 5

Never ☐ ☐ ☐ ☐ ☐ Always

When I'm with my mother, I hear her complain that her clothes are too tight. *

1 2 3 4 5

Never ☐ ☐ ☐ ☐ ☐ Always

When I'm with my mother, I hear her criticise her body compared to her family members' bodies. *

1 2 3 4 5

Never ☐ ☐ ☐ ☐ ☐ Always

When I'm with my mother, I hear her pressure others to be thin. *

1 2 3 4 5

Never ○ ○ ○ ○ ○ Always

When I'm with my mother, I hear her complain that she is not in shape. *

1 2 3 4 5

Never ○ ○ ○ ○ ○ Always

After section 6 Continue to next section ▼

Section 7 of 9

Physical Appearance Comparison Scale—Revised (PACS-R) ⌵ ⋮

Description (optional)

When I'm out in public, I compare my physical appearance to the appearance of others. *

0 1 2 3 4

Never ○ ○ ○ ○ ○ Always

When I meet a new person (same sex), I compare my body size to his/her body size. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

...

When I'm at work or school, I compare my body shape to the body shape of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

...

When I'm out in public, I compare my body fat to the body fat of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

...

When I'm shopping for clothes, I compare my weight to the weight of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

When I'm at a party, I compare my body shape to the body shape of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

When I'm with a group of friends, I compare my weight to the weight of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

When I'm out in public, I compare my body size to the body size of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

When I'm with a group of friends, I compare my body size to the body size of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

When I'm eating in a restaurant, I compare my body fat to the body fat of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

When I'm at the gym, I compare my physical appearance to the appearance of others. *

	0	1	2	3	4	
Never	☐	☐	☐	☐	☐	Always

After section 7 Continue to next section

Section 8 of 9

Dissatisfaction subscale of The Multifaceted Instrument for Body image Disturbance (MI-BoD)

Description (optional)

I felt dissatisfied with my body shape or size. *

	1	2	3	4	5	6	
Never	☐	☐	☐	☐	☐	☐	Always

I hated the size of my body. *

	1	2	3	4	5	6	
Never	☐	☐	☐	☐	☐	☐	Always

After section 8 Continue to next section

Appendix K

Recruitment poster



The Impact The Mother-Daughter Relationship Has
On Body Perception

SURVEY TIME !!!!!

ARE YOU:

- Female
- Aged 18-25
- Have a "mother-figure"

Take this opportunity to join the study

- 📝 Complete a quick, anonymous online survey
- 🕒 Takes just 10 minutes



Information provided when
you scan the QR code !

The poster features a bright green background with yellow wavy lines. It includes a pink megaphone on the left, a magnifying glass on the top right, a thumbs up icon on the bottom left, and a cartoon eye with an arrow pointing to the QR code on the bottom right.