
Women's Healthy Body Image and the Mother-Daughter Dyad

L'image du corps en santé chez la femme et la dyade mère-fille

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ABSTRACT

Owing to the prevalence of body dissatisfaction and disordered eating among North American women, this study was designed to better understand young women's development of healthy body image and embodiment, including the role that mothers play. Using the Listening Guide, a qualitative method of analysis, themes were identified in the interviews of 10 participants, representing 5 mother-daughter dyads in which the daughters were young adult women with healthy body images. Results suggest that mothers supported their daughters in nonappearance domains, while also celebrating their daughters' beauty, through relational safety and connection. Spirituality is also discussed as it relates to the development of healthy embodiment.

RÉSUMÉ

Étant donné la prévalence de l'insatisfaction corporelle et des troubles de l'alimentation chez les femmes nord-américaines, cette étude fut conçue pour dégager une meilleure compréhension du développement et de la mise en pratique de l'image de santé corporelle chez les jeunes femmes, et notamment le rôle qu'y jouent les mères. En ayant recours au Guide d'écoute, méthode d'analyse qualitative, on a défini des thèmes dans le cadre des entrevues des 10 participantes, soit 5 dyades mère-fille de jeunes femmes adultes ayant une image du corps en santé. Les résultats semblent indiquer que les mères soutenaient leurs filles dans des domaines non liés à l'apparence, tout en glorifiant la beauté de celles-ci, par le biais de la sécurité relationnelle et des rapports interpersonnels. On discute aussi de la spiritualité et de son lien avec le développement d'un rapport sain avec le corps.

The sexualization and objectification of girls and women prevalent in western cultures is harmful and problematic in our society (Calogero, Tantleff-Dunn, & Thompson, 2011; McKenney & Bigler, 2016; Piran & Cormier, 2005; Szymanski, Carr, & Moffitt, 2011; Wolf, 1991). This sexualization and objectification has resulted in appearance standards that are largely unattainable and unrealistic for most women (Calogero, Davis, & Thompson, 2005; Noser & Zeigler-Hill, 2014). The discrepancy between appearance standards (how women are expected to look) and women's actual body shape can lead to body dissatisfaction, a phenomenon which is now thought of as being normative among women (Cash, 2002;

Cash & Henry, 1995; Cusumano & Thompson, 1997; Piran & Cormier, 2005; Rodin, Silberstein, & Striegel-Moore, 1985; Smolak & Murnen, 2011). In fact, more than 70% of adolescent girls and 80% of women in college and university settings experience body dissatisfaction (Kenardy, Brown, & Vogt, 2001; Spitzer, Henderson, & Zivian, 1999).

Due to the high mortality rates of eating disorders, the increasing number of cases of eating disorders, and the decreasing age at which girls have demonstrated experimenting with dieting, it has been necessary for researchers to explore factors that contribute to negative body image development in girls and women (Avalos, Tylka, & Wood-Barcalow, 2005; Cash, 2004). The sociocultural model, also called the tripartite model (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), explains the pathways by which individuals internalize societal ideals of beauty through media, peers, and parents. The link between media and unhealthy body image has been proven repeatedly (Cusumano & Thompson, 1997; Lamb & Brown, 2006; Quigg & Want, 2011; Smolak & Murnen, 2011), as has the bullying, teasing, and social reinforcement occurring between peers (Ferguson, Munoz, Contreras, & Velasquez, 2011; Menzel et al., 2010). The research exploring parents' contributions to children's body image has demonstrated the overwhelmingly significant relationship between parents' eating and dieting behaviours, body image, comments made to their children, and the unhealthy body image of their children (Abraczinskas, Fisak, & Barnes, 2012; Back, 2011; Canals, Sancho, & Arija, 2009; Eisenberg, Berge, Fulkerson, & Neumark-Sztainer, 2011; Galioto, Karazsia, & Crowther, 2012). Yet only a few studies have explored how the mother-daughter relationship may act as a protective agent against the development of body dissatisfaction in girls, when mothers provide a meaningful alternative to the dominant social discourse and communicate healthy body messages (Cordero & Israel, 2009; Cwikel, 2011; Galioto et al., 2012; Golan & Crow, 2004).

At a theoretical level, the developmental theory of embodiment (DTE; Piran & Teall, 2012) incorporates both psychological and sociological theories of development to suggest that the same theoretical constructs can contribute to either embodiment or disordered eating and weight or shape preoccupation depending on whether they are positive or negative. These pathways of influence exist within the physical domain, the mental domain, and social contexts. Together, the experiences in the social, mental, and physical domains can contribute to embodiment or to disordered eating and body-shame. This theory also acknowledges the social dynamics that influenced the development of one's experience of the body, and how political and social values contribute to an individual's struggle or success in accepting his or her body.

The existing literature has concentrated "on repairing damage within a disease model of human functioning. This almost exclusive attention to pathology neglects the fulfilled individual and the thriving community" (Seligman & Csikszentmihalyi, 2000, p. 5). This gap in academic and clinical practice creates a professional community unable to prevent pathology or to understand and guide individuals

toward human strengths and optimal functioning, and it normalizes pathology (Seligman & Csikszentmihalyi, 2005). This approach is particularly true within the literature addressing eating disorders and body image. Little is known about the construct of healthy body image, how it develops, and how to foster the development of healthy body image in children and adults so as to protect them while living in a social context that is preoccupied with achieving thinness (Piran, 2001). In particular, considering the eclipsing effect that parents, especially mothers, have on the development of body image in their children, there is a paucity of knowledge about the nature of that relationship when the child thrives with healthy body image and how that relationship may act as a protective factor in the lives of the most vulnerable to cultural messages: girls (McKinley, 2011).

The seriousness of body image problems in Western culture demands attention. New pathways for healing and protection for girls and women in this culture must be found to better understand how some women have escaped the body dissatisfaction experienced by the majority of women (Rortveit, Astrom, & Severinsson, 2009). Due to the significant roles mothers have as mental health agents (Maor & Cwikel, 2015), especially in the development of girls' body image, this study examined the experiences of young women with healthy body image, and how the relationship with their mothers contributed to a sense of healthy embodiment. This study was guided by the following research question: *By listening to intergenerational voices, what occurs in the mother-daughter relationship that contributes to the development of the daughter's healthy body image?* We explored this question using the method of the Listening Guide (Gilligan, Spencer, Weinberg, & Bertsch, 2003).

METHOD

Participants

Participants selected for this study were 10 women: 5 Caucasian biological mother-daughter dyads. In qualitative research, it is common practice to have a small sample size of between 4 and 8 participants due to the in-depth nature of the analysis. In this study, 10 females participated in this study, which meets the standards set for qualitative research (e.g., for phenomenology, see Langdridge, 2007; for narrative research methods, see Riessman, 2008). All adult daughters were between the ages of 19 and 30, and had existing relationships with their mothers with varying degrees of closeness. All of the daughters were selected to participate based on their healthy body image, which was initially self-identified and later confirmed through assessment. None of the daughters lived at home with their mothers or had ever experienced an eating disorder or body dysmorphic disorder. The mothers in this study were asked to participate because of their daughters' healthy body image, not because they exhibited healthy body image themselves. All of the mothers were between the ages of 50 and 67. None of the mothers reported receiving a diagnosis of an eating disorder, but 2 described what appeared to be some symptoms of disordered eating during adolescence. All of the

daughters and mothers self-identified as Christian and as heterosexual; however, this part of the inclusion criteria was only disclosed at the time of each participant's interview. The cities where the study was advertised are known for having higher-than-normal Christian populations, and 3 of the 5 participants knew each other from a private Mennonite high school and were recruited using snowball sampling. This likely explains why all the women in the study self-identified as Christian, but were not recruited for this reason.

Instruments and Procedures

In order to better understand healthy body image, the daughters were recruited and then asked to complete the Multi-Dimensional Body-Self Relations Questionnaire (MBSRQ; Avalos et al., 2005) short form and the Body Appreciation Scale (BAS; Cash & Szymanski, 1995). These two assessments were selected to determine if the participants demonstrated both the presence of healthy body image characteristics and the absence of body dissatisfaction characteristics. Both of these measures have been shown to meet acceptable levels of validity and reliability.

The Listening Guide

This study is rooted in the assumption that the current cultural gender scripts for women are oppressive and silencing (Piran & Cormier, 2005; Wolf, 1991), affecting what women say and their way of being (Gilligan, 1982). Voice is both the literal words people speak to communicate with others, and an expression of their authentic experience of self. By using women's own words and descriptions of their experiences, depth and richness is added to the researcher's understanding of a phenomenon. The Listening Guide method was born out of Gilligan's (1982) and Miller's (1976) work on women's identity and moral development, which was in part a reaction to a largely patriarchal psychology of development rooted in boys' and men's experiences but did not sufficiently account for the ways women experience the world, find value, and make decisions.

There are four stages to the Listening Guide that require multiple "listensings" to account for the multilayered nature of women's experiences. This allows the researcher to become acquainted with the complexities of the dominant voice and the many voices within the dominant voice that coexist (Gilligan et al., 2003). *Multiple listensings* refers to each time the participants' stories are read, with a focus on hearing, relating to, and understanding the unique voices of the participants.

For this study, the research team comprised the authors and female graduate research assistants in a graduate counselling psychology program; an ad hoc lab was formed based on who was available to volunteer for analysis. The relational analysis process is anchored in dialogue between researchers and participants and between members of a research team, in which the analysis process and polyvocality of the team members mimics the polyvocality of the participant's cohesive narrative, the relationality at the core of this study, and methodology. The research team provided resonance for the interviews using an interpretive feminist relational

lens in which coding of voices occurred through relational dialogue and researchers' consensus of felt sense of participant's narrative, as opposed to word choice alone. The multiplicity of members provides additional credibility, as the research team was diverse in sexual orientation, ethnicity, and socioeconomic status, but all interpreted the data from within the same sociocultural context.

Recruitment and Sampling

The research team utilized both online advertisements through social media and paper advertisements distributed in libraries, community centres, colleges, hospitals, and coffee shops that identified the goals of the study, provided a link for more information, and gave the contact information of the researcher. Snowball sampling was also utilized. As part of the advertisement, women were given the website address to complete an online questionnaire to determine their fit for the study. Ninety-one women completed the online survey, and the first 5 participants who met inclusion criteria and were considered to be exemplars were contacted for a brief phone interview. The criteria used to select participants required women to be between the ages of 19 and 30, possess healthy body image, and be in a current relationship with their mother. Purposive and intensity sampling were also used to identify participants based on their ability to contribute depth of information to the study, as was verified during the phone screening once participants were selected based on their responses to the online questionnaire (Mertens, 2010). There were no inclusionary requirements pertaining to the mother's body image or to the quality of relationship between mother and daughter. Participants were invited to choose a pseudonym to represent their story in the data.

Data Collection Procedures

After the daughter was confirmed to be eligible and gave consent, and her mother was informed of the nature of the study and consented to participate, each dyad began participation in the data collection phase of the study. The researchers conducted semistructured interviews that were approximately one hour in length.

During the first step, "listening for the plot," the listeners become familiar with the participant's narrative, looking for a plot that may emerge, along with significant characters, common themes, and metaphors. Step 2 is titled "composing 'I poems,'" during which time the listener focuses on how the participant speaks about herself, to better understand the unspoken thoughts and feelings. The third step involves listening for contrapuntal voices. In the same way that several lines of harmony coexist to create a complex and full piece of music, multiple voices reflect the larger story of a person's life. During this stage of analysis, the listening is guided by the research question and parallels the identification of themes in other qualitative methods, such as thematic analysis or thematic content analysis (Braun & Clarke, 2006; Riessmann, 2008). The fourth and final step is called "composing the analysis," during which the research team members collaboratively discern what they had learned about each participant through the first three steps. The many voices identified in the interviews were analyzed separately and the team then did

a comparative analysis, looking across themes to identify substantive themes that capture the complexity of the person's narrative.

Rigour

After the analysis was completed, the participants in each dyad were asked to participate in a member check to review the analysis. At this time, they were invited to change or remove any parts they felt were not congruent with their research interview. Interestingly, two mother participants reported feeling saddened by the analysis because it highlighted their own painful experiences of silence and insecurity around their bodies in their development as women; however, they requested that the analysis not be changed as it accurately reflected their experiences. Consensus coding occurred as the team members discussed their relationship and interpretation to each voice in each passage. If consensus could not be reached, or the naming of the voice was unclear, the first author brought the disagreement to the second author, the thesis supervisor, who helped the first author make a final decision about which voice was heard.

FINDINGS

This study was designed to explore healthy body image in young women, and how a mother may influence her daughter's experience of her own body. The Listening Guide permitted the research team to extract the many voices used within the participants' narratives, while also considering the sociocultural backdrop of oppression that may have influenced these women's stories (Brown & Gilligan, 1992). The findings elaborated below include the most salient voices identified and the mother-daughter relational themes.

Voices

Two categories of voices emerged: voices that spoke about the body, and voices that spoke about relationships with others. Voices of the body included idealized femininity, silencing, functionality, acceptance, embodiment, and resistance, while the voices that spoke about relationships with others included comparison, differentiation, and connection. Although this study was designed to better understand women's experience of thriving, it is important to note that the lived experience of healthy body image existed in tension with other voices that reflected struggle and conflict, both internally and in relationship. The following themes reflect the main voices that emerged in the findings; these include the voices of embodiment, resistance, and connection.

Voices of embodiment. The voice of embodiment stands directly in opposition to the internalization of cultural appearance and behaviour scripts for women. It is a voice women used in speaking both proudly and graciously about their identities, physicality, and strength. It is a voice capturing women's experiences of being in their bodies, where the mind and body are seen as intricately woven together and not distinct entities. Speaking in this voice, the women often used

the words “beautiful,” “love,” “freedom,” “identity,” and “unique,” while making affirmative, compassionate, and curious statements about their own bodies. With this voice, women described how beauty could be seen in anything and interpreted in a variety of ways. They were demonstrating how they had internally opposed the idea that being beautiful requires conforming to a certain set of standards and traits. Other times, the voice of embodiment emerged while a woman was discussing the body spiritually—the sacredness of the female form. Understanding the body as having divine qualities allowed women to savour the experience of the body and enjoy its sensuality and pleasure in a nonsexually objectifying ways. The connection between the voice of embodiment and spirituality is visible in how Grace describes a recent experience:

I had this powerful, powerful experience where I was worshipping God and I was naked, and I had no make-up on, and I looked in the mirror and wrote all over the mirror in marker “I am enough” and having this realization that my [image] is not connected to [my worth], or how I can value myself or see myself ... I feel like my self-worth and my identity, and who I am is not captured by what my body looks like any more. I have something written on my mirror in the bathroom that I love ... “imperfection is a form of freedom.”

When the mothers used the voice of embodiment, they did so almost exclusively to discuss their daughter’s body image, or how they intentionally discussed bodies, puberty, menstruation, or sex with their daughters. For some mothers, this meant breaking a generational pattern of silence and rewriting her own narrative to help her daughter avoid suffering in the same ways. Unlike their mothers, all the daughters spoke in the voice of embodiment when describing their current experience of their bodies.

Voices of resistance. This voice represents speaking out against values and media that oppress women and cause them to believe their bodies are bad, or undesirable, and instead to speak truth about their value and beauty. It is a voice representing how these women are taking back their bodies and their narratives, divorcing themselves from the roles they are expected to play, and creating a new story for women. In this new story, women are allowed to love their bodies and each other, and take up space without being worried that they are not good enough, not pretty enough, and not desirable enough.

When using the voice of resistance, women often used the words “lies,” “messages,” and “disgusting” when speaking about the culture, frequently saying phrases such as “I don’t want to” and “I don’t need to” to demonstrate their opposition. This voice was also used as they spoke of other girls and women resisting on their behalf. The voice of the resistance captured these women’s abilities to see through the lies of the culture that dictate how women are supposed to behave and act. Here women spoke about culturally disseminated assumptions and told stories of their personal resistance of pressures to conform physically and mentally.

An example of the voice of resistance comes from Carlee, a participant who described a time when she helped a friend cancel a membership at a gym:

I remember once my friend [got a gym membership] and they kept pestering her and I told her “I’ll go there and talk to them” and I went in there, and he was just talking to me and of course, I was ready for a fight ... he just wanted to sell me on something, that’s what I knew they wanted to do; they wanted to sell you on looking better. So he’s like “So what’s one area you’d really want to work on, you know, if you come here” and I said “There is no area I really want to work on, I am completely happy with how I am, I exercise because it’s good for me, and it makes me feel good and it’s a good release.” And he’s like “There’s not one area you [want to fix]?” And I’m like “No! There is not one area.” He didn’t know what to say, he was at a loss. He was actually getting quite flustered, he said “You’re the only woman I’ve ever met who’s ever [said that]” ... I think that all comes back to the fact that when I was younger [my mother said], “You don’t have to be perfect—that’s not going to make us love you more or make you more valuable.”

In the women’s stories, there was a connection between the voice of resistance and the voice of embodiment. The women who expressed themselves most by using the voice of embodiment were also the most vocal with the voice of resistance. This is not surprising considering embodiment is a personal resistance to body dissatisfaction and self-hatred.

Further exemplifying cultural resistance, the daughters in this study demonstrated critical thinking about the media and prevalent harmful media messages about women’s bodies. Being able to interact with media intellectually is an important component of developing and maintaining a healthy body image, in addition to preventing disordered eating (Espinoza, Penelo, & Raich, 2013). The overwhelming presence of the media was an important point for all daughters as they imagined raising their own daughters.

Voice of connection. All participants used the voice of connection when speaking about themselves, their relationships with others, and in particular their relationship with their mothers. The volume at which women used this voice demonstrates the importance of connection, not only to these women but also for women in general. This resonates with Gilligan’s (1982) work explaining the relational values that govern women’s lives. This voice was used to describe their experiences of relationships and feeling safe or secure with another, and appeared as women reflected on their heritage and their intergenerational narrative as women. This included their compassion for others and longing to care for or support one another. Some of the markers used for this voice included “protection,” “loving,” “safe,” “close,” and “special relationship.” As women spoke in this voice, they often spoke about times in their relationships with others that they felt very cared for and honoured, and times when they knew they were loved and valued by the other person. Jaya’s words give an example of the voice of connection:

I have a free and open relationship with my mom, and I have a very free and open relationship with my body. I think the relationship I have with my mom is very beautiful, like I can talk to her about anything, we laugh together, I

consider her a friend, as much as I call her up every once in a while and ask her for her advice, and she takes on the mothering role, she takes care of me.

There was no difference discovered between mothers and daughters with respect to how this voice was used. All participants used this voice when speaking about their mothers, even when the participant felt she needed to create more space relationally between herself and her mother. All of the mothers used the voice of connection when speaking about their daughters. The mothers often shared about wanting to be more connected to their daughters or about what they were doing in their daughters' lives that demonstrated how much they cared.

The women also used the voice of connection when speaking about other relationships, with partners, fathers, or friends. Interestingly, women also spoke about what they felt was a spiritual connection with God. Through this, they believed they were able to see themselves authentically, not through the lens of a critical and oppressive culture. One participant stated that God "encourages me, and will see more for all that I am and say that I am beautiful." In part, this felt connection with God also fueled her ability to resist the cultural messages about her body and beauty; by trusting in the source of her worth and value she could reject idealized femininity.

Because this study asked about women's experiences of embodiment within the context of relationship, the times when these women spoke about embodiment and connection together were profoundly important for answering the research question. In some instances, it was through connection and safety with others that women were able to experience the freedom to embrace their own bodies. For others, their confidence and safety in their own bodies allowed them to connect and experience freedom with others.

Mother-Daughter Relational Themes

The purpose of this study was to understand a mother's role in the development of her daughter's positive body image. All mothers spoke positively about their daughters' bodies. However, the complexity of each daughter's body image development was also evident. We discovered that although the mother's role was important, more occurred than simple verbal encouragement to support her daughter toward positive embodiment. While the story of each woman, and within each dyad, was unique, we heard common themes and patterns amongst participants' narratives. These include the mothers' role in breaking intergenerational patterns of silence, fostering relational safety and connection, and their focus on nonappearance domains.

Breaking intergenerational silence. For all of the mothers in this study, their own mothers had been silent about physical and sexual development and body image, either never speaking about these topics or doing so in a negative way. Some of the mothers commented on how their mothers were from a different generation, where the focus on family life was survival and health. Interestingly, all mothers in this study reported struggling with their body image in the past or currently still struggling with a negative body image. It is not possible to determine if this

is a causal relationship between their mother's silence and their own struggle to accept their bodies. However, the literature suggests that it is important for girls to be informed about their bodies, be shown how to accept and appreciate their bodies, and see their own strengths (Piran & Teall, 2012). This is particularly important as girls develop physically: They need to have models of how to care for themselves and embrace their sexuality and desires in healthy ways.

In this study, all mothers spoke about their body insecurity growing up. Although some mothers had begun to move toward acceptance of themselves, all mothers made body-disparaging comments that their daughters remember. All mothers, however, desired to be more vocal with their daughters about body image and sexuality than their mothers were with them. And when a mother had suffered or struggled with a particular issue, it was her focus to ensure her daughter did not struggle in the same way. Even though the mothers struggled with their bodies and were not necessarily able to name or identify this struggle, they appeared to be aware of it to some degree, as they desire their daughters to have a healthier body image. The desire these mothers showed to protect their daughters from their own struggles was something we came to understand using the phrase "standing on their shoulders." In this way, the mothers were giving a gift to their daughters, desiring more for them than they were able to experience and giving hope that that their daughters would experience more freedom in their sexual, physical, and health decisions.

Although the mothers were intentional about having more open communication with their daughters, this did not always occur in the way they intended. In spite of this silence, the daughters did believe that their mothers saw their daughters' bodies as beautiful and strong. This demonstrates the significance of implicit communication and how words do not always need to be said out loud for messages to be communicated between mothers and daughters. The importance of maternal nonverbal communication is documented in the literature as it relates most often to negative messages communicated from mothers to their children (Couthard, Blissett, & Harris, 2004). Even perception of their parents' attitudes alone has been found to influence young women's body image (Bardone-Cone, Harney, & Sayen, 2011).

Relational safety and connection. The daughters also felt safe in their relationships with their mothers, even though this too was not communicated explicitly between members of the dyad. They described feeling that they were able to go to their mother for anything they needed, whether it be for physical or emotional support. All the daughters knew that they were accepted fully by their mother, regardless of their appearance or if they disagreed with their mother on these issues. When they spoke about themselves in the present, the daughters most often used the voice of embodiment. They said kind and affirming words, describing their strength and appreciation of their own beauty, while not allowing their appearance to define their identity.

Although they experienced embodiment now, almost all daughters described a conflictual relationship with their body during puberty. They reported feeling out

of control and scared by how quickly and unpredictably their body had changed, or feeling insecure when comparing their bodies to their peers' during puberty. This disruption of embodiment during adolescence is described in the literature as a normal process, and does not prevent a woman from experiencing re-embodiment after adolescence (Piran, Carter, Thompson, & Pajouhandeh, 2002).

Focus on nonappearance domains. Unlike many young women who learn to see their bodies through the eyes of the culture at large (Smolak & Murnen, 2011), the daughters in this study were able to anchor their identity in areas other than their appearance, which allowed them to resist experiences of body-shame. Two specific themes emerged that offer insight into how these women were able to identify themselves as more than their looks. Their mothers encouraged them to focus on other areas of life, such as health, and they had a strong sense of identity in their spiritual life. In a number of stories, the women shared that their mother's apparent silence was not always seen as a negative thing, and they emphasized that too much focus on body image would have been unhelpful, even if it was meant to be protective.

The daughters were not selected for inclusion in this study based on their spiritual or religious beliefs, but all dyads had faith practices that created in them a sense of security in their worth and value, which superseded what culture said about them. Together, the alternate focus and the sense of identity in spirituality may have supported these women through the challenges of puberty into a healthy relationship with their body as adult women.

DISCUSSION

In the findings of this study, mothers supported healthy body image development in their daughters by breaking intergenerational silence, creating relational safety, seeing their daughters as individuals, being encouraging about their appearance whenever appropriate, and focusing on healthy living and eating. The mothers encouraged their daughters to play sports, emphasized nonappearance-related components of their daughters' identities, and fostered in them a deep sense of spiritual meaning and belonging.

These pathways are consistent with Piran and Teall's (2012) developmental theory of embodiment (DTE). In DTE, there are three domains that may lead a person to embodiment or disrupted embodiment: physical domain, mental domain, and social power. The mothers in this study encouraged their daughters to experience freedom in the physical domain by encouraging them to participate in sports and feel strong. In the mental domain, the daughters were able to challenge gender roles, often playing sports as a child instead of playing with dolls, and were part of a heritage of strong women who took pride in working hard, often on a farm. Interestingly, the mothers did not explicitly communicate about social power to their daughters, and often struggled with it themselves. As all mothers and daughters were from upper-middle-class families, the daughters did not struggle with the added challenge of poverty and how that can lead to greater

experiences of oppression for a woman. The daughters did describe how women experience oppression and disempowerment in Western cultures.

None of the current models addressing body image and embodiment development acknowledge the importance of spirituality as a significant influence. In this study, spirituality emerged as a significant influence in supporting both self-worth and identity, and in participants' intellectual assessment of cultural messages. The role of spirituality requires further study to determine how this fits with the DTE in different populations.

Adopting feminist values has been shown to help both the development and the preservation of healthy body image in women (Holmqvist & Frisen, 2012; Rubin, Nemeroff, & Russo, 2004). When women identify with feminist values, they are able to identify the harmful discourses about women's bodies, resist this narrative, and find an alternative way of perceiving their bodies. The findings of this study confirmed this, as the women who spoke most in the voice of embodiment also spoke most in the voice of resistance of dominant scripts about women's bodies, and addressed media as a potentially harmful influence.

Limitations of the Study

Although the small sample size in this study provided depth and richness to the quality of information learned through participants' stories, it also limits generalizability of the findings to a wider population. Further, the results of this study do not demonstrate statistically significant protective and risk factors for eating disorders or body image concerns. In addition to sample size, there are limitations with other aspects of the study design. The mothers' score for the BAS and MBSRQ are unknown; had they been collected, it would have provided more quantitative information about the differences between mothers' and daughters' feelings about their own bodies. Also, all of the participants were Caucasian and from upper-middle-class Mennonite families. Although participants were not selected for this reason, replication of this study with a more socially and ethnically diverse population may yield different results.

Implications for Counselling Practice

As previously identified, it is important to create an alternative dialogue for women to speak about their bodies. The literature documents that an overwhelming proportion of women are dissatisfied with their bodies. Consequently, it appears that women who are satisfied with their bodies lack opportunity to vocalize this. Clinicians need to create space for women to speak positively about their bodies. This may be in individual or group counselling, but also ought to take place through health promotion workshops in school or community settings, and through social advocacy. In order to address the oppressive scripts of patriarchal narratives about women, it is important for clinicians to make contributions in the public arena, going beyond individual work and seeking to shift the dominant discourse.

The results of this study also yield valuable information for working clinically with mothers. When counsellors are able to see mothers as a positive influence,

mothers may feel empowered and encouraged to participate in the lives of their daughters from a place of strength. There needs to be a shift away from mother-blaming in the context of raising children, a turn toward acknowledging the good they do for their children, and recognition of the positive outcomes that are shown in research studies such as this. The mothers in this study were not without fault, but did their best to protect their daughters from experiencing the same challenges they faced. Seeing how the daughters were embodied, even though their mothers were not, can instill hope for the mother-daughter relationship, and reminds clinicians that body image and the development of young women is not as deterministic as once thought. The findings here support the hope that young women can experience positive embodiment even if their mothers have not.

The most significant implications for clinical work relate to the prevention of disordered eating through the promotion of resilience and health. Clinicians should reinforce the importance of relational safety in the mother-daughter dyad, in order to allow daughters to experience themselves without feeling shamed or judged. This will allow daughters to develop an identity rooted in who they are as people, not in their appearance.

Implications for Research

There are opportunities for further study in which nonbiological mother-daughter dyads are explored, or studies in which the mothers are more embodied, and how that might determine or shape the daughter's experience of positive embodiment. There is also a need to expand on this research by using a larger sample size and perhaps utilizing a survey-research approach to further determine if the themes that emerged in this study hold true in a larger sample. It is also important to extend this research to diverse mother-daughter dyads to ascertain if the themes found here are relevant to other ethnic or diverse dyad samples.

Additionally, in this study spirituality was seen as a protective factor against body-dissatisfaction for the young women. However, there is an absence of literature addressing faith or religious practices in this way. It is important to better understand how spirituality can act together with other sources of influence to empower or protect women, particularly from internalizing oppressive gender scripts.

While not the main focus of the study, the outpouring of interest (91 respondents within 48 hours of the advertisements being posted) in the study indicates that there is a need for women to have opportunities to discuss their bodies in ways that are empowering and nonoppressive. Not only is further research in this area essential for its transformative nature, contributing to women's health relationship with their bodies, but there is also potential interest that could contribute to the feasibility of further research.

Conclusions

The research describing North American women's experiences of their bodies is frightening; more now than ever before, younger and younger girls are feeling dissatisfied with their bodies (Calogero et al., 2011; Kenardy et al., 2001; McKenney

& Bigler, 2016; Piran & Cormier, 2005; Spitzer et al., 1999). The severity of the problem has triggered a necessary response from the academic and clinical community to better understand and treat disordered eating. This, however, has left academics, clinicians, and lay people hyper-focused on disordered eating without understanding what it means, and takes, for young women to embrace their bodies.

In their journey toward embodiment, the women in this study have wrestled with the dominant discourse about their appearance, and have ultimately chosen to see themselves differently. They were supported on this journey by their mothers, who taught them about health and caring for their bodies, and created safety for the daughters to feel confident in who they are. Although the mothers were not perfect, they made gains to prevent their daughters from struggling in the ways they had. The daughters were able to know and feel assured in their mother's love, and have the courage to think critically about the world around them. They anchored their identity in how they believe God sees them, not in what the culture says about their appearance. Their stories were full of connection with self and with others, and the hope of desiring to create a different world—a world where women's beauty is appreciated, where their bodies are not objectified and sexualized, and where their appearance does not define their worth.

In a recent address at the annual meeting of the Canadian Psychology Association, Dr. Janice Yoder, then editor-in-chief of the journal *Psychology of Women Quarterly*, implored the audience of academics to consistently ask the question “So what?” as a way of pushing the academic community toward quality research that can create meaningful change in our world (Yoder, 2015). This study, from its inception, was entirely focused on the “so what” question, as it sought answers to unasked questions about how women can live healthy lives in a world saturated by a silencing of and oppressive discourse about women. This discourse keeps women trapped, chasing an unattainable ideal feminine body, in order to secure an identity and status. As long as women feel there is no alternative dialogue, they will continue to experience silencing and oppression under these damaging patriarchal scripts. It is time for women to rewrite the collective story of our bodies, to change the cultural discourse to create freedom for ourselves and for the women who will come after us.

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