Mothers, Fathers, and Daughters: Dieting and Disordered Eating

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Objective: The authors explored dieting and disordered eating in adolescent women and determined the associations among mothers', fathers' and daughters' eating attitudes and behaviors. Method: The authors surveyed 51 mother–father–daughter triads (N = 153) concerning eating attitudes and behaviors. Results: Dieting was associated with disordered eating symptoms in adolescent females. Daughters were most likely to diet in families where mothers described them as overweight and commented on their weight. Daughters' weight dissatisfaction was associated with fathers' weight dissatisfaction and comments on daughters' weights. Conclusions: Eating attitudes and behaviors in daughters are associated with weight concerns expressed by parents.

Body dissatisfaction, chronic dieting, and disordered eating often begin during adolescence for women (Cohn et al., 1987; Fallon & Rozin, 1985; Rosen, Gross, & Varà, 1987). Some researchers have proposed that dieting

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plays a causal role in the development of eating disorders (Polivy & Herman, 1985), and one prospective study found that dieters have an eight-fold increase in risk of developing eating disorders compared with nondieters (Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990). It is therefore important to examine factors responsible for initiation of dieting as well as disordered eating among young girls. A growing consensus among researchers and clinicians implicates family-related factors in this emergence of disordered eating in adolescence (Attie & Brooks-Gunn, 1989; Bruch, 1978; Humphrey, 1986; Johnson-Sabine, Wood, Patton, Mann, & Wakeling, 1988; Maine, 1991; Minuchin, Rosman, & Baker, 1978; Strober & Humphrey, 1987; Waterhouse, 1997). Garfinkel and Garner (1982) proposed that women with eating disorders have parents who are preoccupied with weight and eating, and who use external standards to evaluate self-worth. If true, such influences could have increased impact as individuals with clinically significant disordered eating in the 1970s become parents of adolescents in the 1990s.

Empirical studies have produced inconsistent evidence of eating or weight preoccupation in parents of eating disordered probands. Whether studies investigated mothers and fathers separately, or as a group, appears to account for some inconsistencies found. Garfinkel et al. (1983) found that parents of children with anorexia, as a group, did not differ from parents of controls regarding weight or eating concerns or in judging their daughter’s current or ideal weight. Similarly, Steiger, Stotland, Ghadirian, and Whitehead (1995) found no significant increase of eating or weight concerns in the first degree relatives of women with eating disorders compared with normal dieters and nondieting controls.

Controlled studies of mothers of disordered eating probands have produced consistent evidence of increased maternal eating concerns. Gershon et al. (1983) found that mothers of eating disordered adolescents had a history of dieting more frequently than mothers of controls. Similarly, Pike and Rodin (1991) found that mothers of eating disordered daughters had more disordered eating problems (as measured by the EDI) than mothers of control participants. Mothers of eating disordered daughters also rated their daughters as less attractive and in greater need of losing weight (Pike & Rodin, 1991). Moreno and Thelen (1993) reported that mothers of bulimic daughters were more likely to perceive their daughters as overweight and encourage their daughters to diet and exercise more than mothers of noneating disordered daughters. Pike and Rodin (1991) concluded that daughters may be pressured into extreme dieting by their mothers’ criticism of their weight and may learn disordered eating patterns by modeling their mothers’ behaviors. Supporting this conclusion, Striegel-Moore and Kearney-Cooke (1994) found a strong relationship between mothers’ dieting and the extent to which they encouraged their child to diet. Mothers of children with nonorganic failure to thrive have been found to
restrict their own food intake and, despite their child's low weight, restrict their child's intake of sweets and fattening or unhealthy foods (McCann, Stein, Fairburn, & Dunger, 1994). Additionally, mothers and daughters have been shown to share similar attitudes about diet and weight (Hill, Weaver, & Blundell, 1990; and Pike & Rodin, 1991).

Few studies have specifically examined father's eating attitudes and behaviors. Striegel-Moore and Kearney-Cooke's (1994) findings suggest that fathers' dieting may also impact children; moreover, 13% of mothers and 10% of fathers reported helping their child to diet. However, Moreno and Thelen (1993) found no significant differences between fathers of bulimic versus noneating disordered daughters.

The bulk of evidence from the studies reviewed suggests a strong correspondence in dieting behavior and disordered eating between mothers and daughters (Gershon et al., 1983; Hill et al., 1990; Kent & Clopton, 1992; Pike & Rodin, 1991). Daughters with disordered eating may have been actively encouraged to diet by their mothers (Moreno & Thelen, 1993; Pike & Rodin, 1991). Contradictory findings have been reported for the role of fathers (Moreno & Thelen, 1993; Striegel-Moore & Kearney-Cooke, 1994); however, studies rarely investigate the impact of fathers on disordered eating in women.

THE CURRENT STUDY

The current study was designed to examine eating behaviors and attitudes among mothers, fathers, and daughters. We include the viewpoints and evaluations of each parent as well as the adolescent. By exploring the role of fathers, we examine a potentially important factor in the development of dieting and disordered eating behaviors that is often neglected. Our study targeted female adolescents from a community sample. By focusing on a time period when women are first dieting and showing signs of disordered eating, we avoid the biases of retrospective reporting. Additionally, we capture adolescents' perceptions of their families while they are still living with their families.

We propose that dieting in adolescent women will be associated with engagement in disordered eating behaviors. Additionally, we expect that daughters' dieting will be associated with parental eating practices and attitudes. We further hypothesize that dieting and body dissatisfaction are especially likely to arise when parents are critical of their daughter's eating and weight.

METHODS

Participants

Our sample was composed of 51 mother–father–daughter triads (N = 153). Daughters' mean age was 14.8 years (SD = 1.8), with a range of 12
to 18 years. Fathers’ mean age was 44.8 years \((SD = 4.4)\), with a range of 35 to 60 years, whereas mothers’ mean age was 42.8 years \((SD = 3.7)\), with a range of 33 to 52 years. The participants were from a predominantly Caucasian middle-class suburb of a major metropolitan city in the northeast. Further descriptive data of the participants are included in the results section.

**Procedure**

School administrators of a public junior high and high school in the northeastern portion of the United States were asked to present female students with our invitation to participate in the present study. Thus, a class announcement was made during homeroom, and 200 questionnaire sets were made available for students through their classroom teachers. The sets included three questionnaires, one for the daughter and one for each parent, three consent forms, instructions for completing and returning the questionnaires, and three addressed stamped envelopes. Sets were matched by means of randomly assigned identification numbers (rather than school ID numbers) and thus allowed participants to remain anonymous. Use of data only occurred when consent forms from both parents and daughters were returned with questionnaires. Thus, our study used active informed consent. Sixty-two pairs of mothers and daughters returned their questionnaires (e.g., 31% of the questionnaire sets delivered to school personnel). Of these, 82% of fathers responded, resulting in a total sample of 51 family triads.

**Measures**

Restraint Scale (Herman & Polivy, 1980) The Restraint Scale is a measure of chronic dieting and attitudes toward weight and eating. The Restraint Scale has been shown to have adequate reliability and validity (Heatherton, Herman, Polivy, King, & McGree, 1988; Polivy, Herman & Howard, 1988).

Disordered Eating Behaviors

We administered items eliciting information for presence (lifetime and current) and frequency (current) of abnormal eating and purging behaviors (binge eating, use of diuretics, diet pills, laxatives, fasting, vomiting, and compulsive exercise) to assess the presence of *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) criteria (American Psychiatric Association, 1994) for eating disorders.

Weight Perception and Satisfaction

Using 5-point Likert scales, we asked each family member to describe their current weight (very underweight to very overweight) and rate current satisfaction with personal weight (very dissatisfied to very satisfied).
Additionally, we asked mothers and fathers to describe their daughter’s weight on a Likert scale. Each daughter was asked to rate the extent to which each parent commented on her weight, and each parent was asked to rate how much he or she commented on daughter’s weight. Additionally, each parent rated how much his or her spouse commented on his or her daughter’s weight.

Diet Frequency and Stringency

In addition to completing the Revised Restraint Scale for themselves, each family member rated both the frequency and stringency of dieting of other family members on a five-point Likert scale. These two ratings were then summed for a single composite score of diet frequency and stringency.

Body Mass Index (BMI).

BMI was calculated according to the following equation with participants’ self-report: Weight (in kilograms) divided by their squared height (in meters) (Bray, 1986).

All analyses were conducted using Statistical Package for the Social Sciences (SPSS) for Macintosh. We selected a p-value < .01 to correct for the number of analyses conducted.

RESULTS

Descriptive analyses suggest that our sample was relatively representative of the target population with regard to physical and psychological variables. Daughters’ heights ranged from 53 to 69 inches ($M = 64; SD = 3$). Daughters’ weights ranged from 72 to 170 pounds ($M = 118; SD = 20$). For mothers, heights ranged from 60 to 69 inches ($M = 65; SD = 3$), and weights ranged from 100 to 175 pounds ($M = 136; SD = 18$). For fathers, heights ranged from 60 to 76 inches ($M = 70; SD = 3$), and weights ranged from 130 to 270 pounds ($M = 187; Sd = 29$). These physical measurements are relatively representative of the general population. Daughters’ revised Restraint Scale scores ranged from 5 to 20 ($M = 11; SD = 3$), mothers’ scores ranged from 8 to 20 ($M = 12; SD = 3$), and fathers’ scores ranged from 5 to 15 ($M = 11; SD = 3$). Thus, our sample does not appear to be skewed in terms of dieting behaviors (Ruderman, 1983).

To assess the relationship between dieting and disordered eating in our sample of adolescent girls, we compared endorsement of disordered eating behaviors between high and low scorers on the revised Restraint Scale (determined with a median split). Table 1 presents the results of chi-square
Table 1  
Chi-Square Comparisons of Disordered Eating Behaviors Reported between Daughters with Restraint Scale (RS) Scores ≤ 11 and Daughters with Restraint Scale (RS) Scores > 11

<table>
<thead>
<tr>
<th>Eating Disordered Behaviors</th>
<th>RS ≤ 11 (n = 30)</th>
<th>RS &gt; 11 (n = 21)</th>
<th>Pearson $c^2$ (df = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge Eating</td>
<td>10%</td>
<td>31%</td>
<td>1.78</td>
</tr>
<tr>
<td>Compulsive Exercise</td>
<td>14%</td>
<td>55%</td>
<td>9.46*</td>
</tr>
<tr>
<td>Diet Pill Use</td>
<td>0%</td>
<td>10%</td>
<td>2.97</td>
</tr>
<tr>
<td>Diuretic Use</td>
<td>10%</td>
<td>24%</td>
<td>1.78</td>
</tr>
<tr>
<td>Fasting</td>
<td>10%</td>
<td>55%</td>
<td>12.05**</td>
</tr>
<tr>
<td>Laxative Use</td>
<td>0%</td>
<td>5%</td>
<td>1.46</td>
</tr>
<tr>
<td>Self-Induced Vomiting</td>
<td>0%</td>
<td>10%</td>
<td>3.02</td>
</tr>
</tbody>
</table>

*p < .01, **p < .001

analyses. In general, higher Restraint Scale scores were associated with increased engagement in disordered eating behaviors; however, significant differences were found only for engaging in compulsive exercise and fasting to lose weight.

We conducted correlational analyses to determine the relationships among the daughters' self-reported variables (see Table 2). Neither BMI nor age was related to weight description, weight satisfaction, or attempts to control weight by means of restrained eating (all $p$s > .05). Weight description, dissatisfaction, and dieting behaviors were all significantly associated (all $p$s < .01).

The lack of associations with age may have resulted from restriction of range for age. The remaining results, which suggest that body dissatisfaction

Table 2  
Correlations of Variables Reported by Daughters (n = 51)

<table>
<thead>
<tr>
<th></th>
<th>BMI</th>
<th>Age</th>
<th>Weight Description</th>
<th>Weight Satisfaction</th>
<th>Restraint Scale Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td>.14</td>
<td>.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Satisfaction</td>
<td>-.05</td>
<td>-.10</td>
<td>-.53*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restraint Scale Score</td>
<td>.17</td>
<td>.10</td>
<td>.54*</td>
<td>-.52**</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01, **p < .001. BMI = body mass index.
and dieting are related to body image (weight description) rather than body size (BMI), replicate patterns previously described in the literature (e.g., Cohn et al., 1987) and suggest that our sample is representative of typical female adolescents.

Relation Between Parental Attitudes and Behaviors and Daughter’s Self-Reports

We conducted correlational analyses to determine how parental self-reports for eating/weight variables, descriptions of daughter’s weight, and tendency to comment on daughter’s weight were related to daughter’s BMI, weight description and satisfaction, and dieting. Additionally, we assessed the relationship between parents’ perceptions of their daughter’s dieting (frequency/stringency) and her self-reported variables (see Table 3).

Mother’s BMI was significantly associated with daughter’s BMI. No other significant associations were found between either parent’s BMI and daughter’s variables. Additionally, no significant associations were found between parents’ Restraint Scale scores and daughter’s variables. For parental weight description and satisfaction, both father’s weight description and satisfaction were significantly associated with daughter’s weight satisfaction; however, no significant associations were found between daughter’s variables and mother’s personal weight description and satisfaction.

Although daughter’s self-reported BMI was not related to the mother’s or father’s descriptions of their daughter’s weight, there was agreement between the daughter’s self perceptions of weight and both her mother’s and father’s rating of her weight. There was also a general consensus between parents about their daughter’s weight status, \( r (47) = .38, p < .01 \). Mother’s description of daughter’s weight was significantly correlated with daughter’s Restraint Scale score, indicating that daughters were more likely to diet if their mothers described them as overweight. According to parents’ self-report of their comments to their daughters concerning her weight, no significant association was found between parent comments and daughter’s variables. Mother’s perception of daughter’s dieting was associated with daughter’s weight description, satisfaction, and restrained eating. Father’s perception of daughter’s dieting was associated with daughter’s weight satisfaction and restrained eating. Thus, parents who described their daughters as dieting more often with more stringent diets had daughters who reported greater body dissatisfaction and had higher Restraint Scale scores.

Information regarding parental behaviors perceived by other family members indicated a greater association between the extent to which parents commented on their daughter’s weight and the degree to which their daughter expressed body dissatisfaction and dieted (see Table 4).

Daughter’s perception of her mother commenting on her weight was significantly associated with daughter’s BMI, description of her own weight, and
Table 3  
Correlations of Variables Reported by Daughters (n = 51), Mothers (n = 51) and Fathers (n = 51)

<table>
<thead>
<tr>
<th>Parent's Report</th>
<th>Daughter's Report</th>
<th>BMI</th>
<th>Weight Description</th>
<th>Weight Satisfaction</th>
<th>Restraint Scale Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI M</td>
<td></td>
<td>.48**</td>
<td>.25</td>
<td>.20</td>
<td>.05</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.19</td>
<td>.17</td>
<td>-.17</td>
<td>.16</td>
</tr>
<tr>
<td>Restraint M</td>
<td></td>
<td>.19</td>
<td>.09</td>
<td>.07</td>
<td>.12</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.05</td>
<td>.13</td>
<td>-.28</td>
<td>.16</td>
</tr>
<tr>
<td>Weight Description M</td>
<td></td>
<td>.14</td>
<td>.08</td>
<td>-.07</td>
<td>.22</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.10</td>
<td>.17</td>
<td>-.38*</td>
<td>.03</td>
</tr>
<tr>
<td>Weight Satisfaction M</td>
<td></td>
<td>-.25</td>
<td>.03</td>
<td>.08</td>
<td>.14</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.01</td>
<td>-.06</td>
<td>.35**</td>
<td>.03</td>
</tr>
<tr>
<td>Description of Daughter's Weight M</td>
<td></td>
<td>.23</td>
<td>.60*</td>
<td>-.34</td>
<td>.43*</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.12</td>
<td>.52*</td>
<td>-.08</td>
<td>.29</td>
</tr>
<tr>
<td>Comments on Daughter's Weight M</td>
<td></td>
<td>.25</td>
<td>.19</td>
<td>.01</td>
<td>.19</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.22</td>
<td>.21</td>
<td>-.14</td>
<td>.18</td>
</tr>
<tr>
<td>Daughter's Dieting Frequency/Stringency M</td>
<td></td>
<td>.21</td>
<td>.38*</td>
<td>-.37*</td>
<td>.51*</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>.03</td>
<td>.24</td>
<td>-.41*</td>
<td>.50*</td>
</tr>
</tbody>
</table>

*p < .01, **p < .001. BMI = body mass index, M = mother, F = father.

Restraint Scale scores. The association between daughter's perception and Restraint Scale scores was corroborated by father's perception of mother comments. Daughter's perception of her father commenting on her weight was significantly associated with her weight satisfaction. This association was also corroborated by mother's perception of father comments. Thus, parental comments did show a significant association with daughter's weight satisfaction and dieting according to the daughter and the parent's spouse. The lack of association between parents' dieting behaviors and daughter's Restraint Scale scores was further supported by perceptions from each family member.

In sum, although parental ratings of the daughter's weight were not related to the daughter's BMI, they were related to the daughter's self-perceptions of her weight status. Additionally, a daughter's tendency to diet appeared to be related to her mother's descriptions of and comments on
Table 4
Correlations of Variables Reported from the Perspective of Daughters
(n=51), Mothers (n = 51), and Fathers (n = 51)

<table>
<thead>
<tr>
<th></th>
<th>BMI</th>
<th>Weight Description</th>
<th>Weight Satisfaction</th>
<th>Restraint Scale Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Comments on Daughter's Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daughter's report</td>
<td>.33*</td>
<td>.43*</td>
<td>-.25</td>
<td>.30*</td>
</tr>
<tr>
<td>Father's report</td>
<td>.21</td>
<td>.23</td>
<td>-.25</td>
<td>.36**</td>
</tr>
<tr>
<td>Father Comments on Daughter's Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daughter's report</td>
<td>.23</td>
<td>.29</td>
<td>-.28*</td>
<td>.11</td>
</tr>
<tr>
<td>Mother's report</td>
<td>.13</td>
<td>.21</td>
<td>-.32*</td>
<td>.21</td>
</tr>
<tr>
<td>Mother's Dieting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency/Stringency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daughter's report</td>
<td>.11</td>
<td>.19</td>
<td>-.23</td>
<td>.19</td>
</tr>
<tr>
<td>Father's report</td>
<td>.04</td>
<td>.05</td>
<td>-.20</td>
<td>.15</td>
</tr>
<tr>
<td>Father's Dieting</td>
<td></td>
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<td></td>
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<tr>
<td>Frequency/Stringency</td>
<td></td>
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<tr>
<td>Daughter's report</td>
<td>.17</td>
<td>.05</td>
<td>-.23</td>
<td>.09</td>
</tr>
<tr>
<td>Mother's report</td>
<td>.07</td>
<td>.11</td>
<td>-.32</td>
<td>.19</td>
</tr>
</tbody>
</table>

*p < .01. **p < .001. BMI = body mass index.

her daughter's weight. Having a father who was unhappy with his weight and commented on his daughter's weight was related to the daughter's weight dissatisfaction but not her dieting.

DISCUSSION

Our findings indicate that parental attitudes toward the daughter are related to the eating attitudes and behaviors of adolescent girls. Maternal descriptions and comments about daughter's weight are related to daughter's dieting. Conversely, paternal weight satisfaction and comments about daughter's weight are related to daughter's weight satisfaction. Our findings replicate those of Moreno and Thelen (1993), with the addition of extending these findings to fathers. Given that girls with higher Restraint Scale scores engaged in more compulsive exercising and fasting to lose weight, our findings suggest that parental attitudes toward body weight may be causally related to the development of eating disorders among adolescent girls. Because mother's variables were associated with daughter's Restraint Scale scores and father's variables were not, our findings also suggest that mothers may have more influence on daughter's eating disordered behaviors. However, as a cross-sectional study, we are unable to determine whether
parental concerns are a precipitant or result of daughter's dieting and weight satisfaction.

The importance of family factors in the etiology of eating disorders has long been proposed. In our sample, parents who comment on their daughter's weight are more likely to have daughters who chronically restrict food intake and express weight dissatisfaction. This relationship exists despite a lack of association between daughter's self-reported BMI and either parents' or daughter's descriptions of her weight. It is interesting to note that there was general agreement between parents and their daughter about the degree to which she was overweight or underweight—an agreement also found by Moreno and Thelen (1993). Thus, it is possible that some families have more stringent standards for body weight. That is, the same body weight might be acceptable to some families and unacceptable to others, and it is in those families with stringent standards that dieting might be especially likely to occur. Of course, because we relied on the daughters' self-reports, it is possible that daughters reported inaccurate body weights. Given the range of daughters’ reported weights (72 to 170 pounds) and previous research (e.g., Cohn et al., 1987), we suspect that the failure to find a significant correlation between daughters’ BMI's and other variables is due to teenage girls with average body weights perceiving themselves to be overweight (and having their parents agree).

Our findings suggest that parental behaviors may be more accurately gauged by including perceptions of each family member within the triad. Notably, parental comments concerning daughter's weight appear to correlate significantly with daughter's dieting and weight dissatisfaction; however, this association was present for daughter's and spouse's reports and not parent's self-report. Social desirability has been recognized as a concern when using self-report measures (Edwards & Edwards, 1992). Given that all participants understood the goal of the study, it seems likely that parents might be hesitant to admit that they comment on their daughter's weight. Thus, eliciting corroborating information from each family member may guard against biases associated with social desirability. Alternatively, parents may be unaware of the extent to which they comment on their daughter's weight or inadvertently encourage her to diet.

The current study supports clinical advice that parents increase their awareness of their own attitudes toward body weight and dieting to help their daughters recover from eating disorders (Maine, 1991; Waterhouse, 1997). Additionally, our findings suggest that prevention programs may reduce the risk of eating disorder development by educating parents concerning the impact of commenting to a daughter about her weight and eating. We did not find the association between parental dieting and daughter's dieting we had expected. Possibly, adolescent girls have been exposed to so many social models of dieting (e.g., in magazines, on television, and among their peers) that a parent's contribution in terms of modeling dieting behavior.
may be negligible. An investigation with younger children may have produced very different results.

Our findings are not without limitations. First, our sample was not randomly selected but rather was comprised of families where daughters actively recruited their parents to participate. Additionally, we are unable to calculate our actual response rate. Two hundred questionnaire sets were made available to classroom teachers to distribute to students, but we were not present to ensure that all classroom teachers announced the study to their students. If all teachers invited their students to participate, then our response rate from full family triads was quite low (26%). How this recruitment method may have biased our sample is unknown. Although it seems equally plausible that this might have increased or decreased the participation of daughters with eating problems, standardized physical and psychological measures do not demonstrate any clear bias. Our sample size, although impressive among studies including family triads, does limit power to determine significant relationships among variables, especially when using a more stringent p-value to correct for multiple comparisons. Additionally, our sample represented predominantly Caucasian, intact families, and thus caution should be taken in generalizing our findings because they may not be representative, especially for families that differ significantly from those studied. Finally, caution should be taken in interpreting our findings as demonstrating causation because our data represent correlations.

Despite these limitations, our study offers novel information on family factors associated with daughter’s eating behaviors and attitudes in a non-clinical sample, from the perspective of each member in the family triad and during the time when family factors may have their greatest influence. Future investigations may benefit from examining how specific parental standards for acceptable weight might influence dieting and disordered eating among family members. It is unclear whether parental comments are based on a realistic assessment of the daughter’s potential weight problems or whether they reflect distorted parental attitudes about thinness. A longitudinal design with objectively measured height and weight could test the etiological significance of some of the associations found in the current study. Likewise, developmental studies could focus on the relative contribution of family versus peer influences on adolescent self-image and disordered eating behaviors over time. Our findings suggest that it will be important to include both fathers and corroborating reports of behaviors in future studies of familial contributions to adolescent eating behaviors.

REFERENCES

Mothers, Fathers


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