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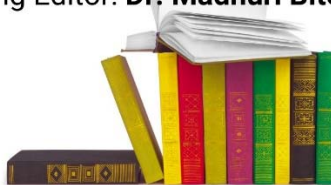
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Female Body Malleability and Anorexic Behaviours through Maternal Modeling and Weight Dyads in Shavin's "The Body Tourist"

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Abstract:

Human bodies begin as blank slates but are shaped by cultural norms and societal expectations after birth. Families play a pivotal role in this transformation, embedding beliefs about race, religion, ethnicity, and gender through their actions and behaviours. Social learning starts with parents and caregivers, who influence children's perceptions of what is culturally acceptable. This article explores the vulnerability of female bodies to eating disorders, emphasising the role of maternal modelling and weight dynamics between mothers and daughters. Questioning the idealisation of motherhood highlights the shared gender and societal pressures that mothers and daughters face. Dana Leise Shavin's memoir, *The Body Tourist*, reflects her journey of conforming to socially imposed body standards shaped by maternal influences. Insights from feminist scholars Susan Bordo and Naomi Wolf further explore how cultural norms impact the biological body, revealing the consequences of these adaptations.

Keywords: malleable female body, American culture, maternal modelling, weight dyads, Anorexic behaviours.

Introduction

Human bodies start as blank slates but quickly absorb cultural norms, practices, and behaviours after birth. This encompasses essentials like diet, clothing, and social conduct. Bordo noted that this extends "from table manners to toilet habits" (Bordo 165). As bodies adapt, they view their behaviours as naturally aligned with their essence, even as the distinction between nature and culture blurs. Society plays a crucial role, subtly imposing expectations through families, schools, and workplaces. These norms guide behaviour and shape identities, and while defying them may not lead to immediate consequences, nonconformity can have future repercussions, reinforcing societal control.

The body becomes a focal point of societal influence, shaped by external factors that blend cultural conditioning with instincts, making it less an independent entity and more a product of cultural forces. Families play a key role in embedding norms and ideologies from birth. A newborn's body, initially untainted, is moulded by associations with race, religion, ethnicity, and gender. Social learning starts with caregivers, who impart cultural knowledge through their actions and values. Resources, demographics, and socio-economic status influence this process. Children learn acceptable behaviours by observing and interacting with parents, who model conduct through their speech, dress, eating habits, and interactions. Family traditions and customs reinforce these norms, embedding them into the child's consciousness. Additionally, the family's socio-economic background and whether they live in an urban or rural environment shape the child's values and worldview, affecting how cultural norms are interpreted and adopted.

This article aims to explore how the female body gets malleable and trapped in the silent epidemic of eating disorders, particularly in family settings, primarily through maternal modelling and weight dyads between mother and daughter. The sacredness of motherhood would not be suspected here rather, considering their sharing of the same sex and being in a similar society. Dana Leise Shavin's memoir 'The Body Tourist' brings out her firsthand experience in manipulating socially acceptable bodies by adopting maternal behaviours and weight dyads between them. Feminist perspectives of Susan Bordo and Naomi Wolf in their works 'Unbearable Weight: Western Culture, Feminism, and Female Body' and 'Beauty Myth: How Images are Used against Women' defend the act of motherhood and justify the role of being a social messenger in transferring her culturally adopted behaviours to her daughters.

Mothers' influence on daughters' Anorexic behaviours

Mothering is a modest yet immense responsibility requiring patience, love, and care. While mothers naturally embody these traits, their role shifted in the 20th century with increased scientific scrutiny. Psychiatrists began examining mothers' behaviours when addressing daughters' abnormal behaviours, often blaming them for their children's illnesses. The image of the mother as a nurturer, responsible for both nutritional and emotional nourishment (Hoskins and Lam 170). This focus led to mothers being included in therapy sessions; their behaviours were suspected as causes of disorders. Research reveals that children of mothers with eating disorders face higher risks of cognitive, social, and emotional disturbances (Martini et al. 449). A mother's positive or negative actions significantly influence her child's emotional and psychological development, underscoring the profound impact of mothering.

Anorexia nervosa is a severe mental health disorder marked by extreme eating disturbances and obsessive weight control, affecting emotional, psychosocial, and physical

well-being. Its exact causes remain unclear, but Paul Garfinkel and David Garner describe it as a "multidimensional disorder" influenced by familial, cognitive, perceptual, and biological factors (Bordo 140). Professionals have explored these dimensions to understand and treat anorexia beyond biological explanations. Sigmund Freud's 1893 psychoanalytic study examined the mother-child relationship, analysing a case where a mother with anorexia could not breastfeed her newborn. His later "G manuscript" (1895) introduced object relations theory, a key framework for understanding eating disorders' psychological aspects. This theory highlights how complex interactions of personal and relational factors contribute to anorexia's development, offering critical insights for multidimensional treatment approaches.

Hilde Bruch, building on Freud's ideas, argued that mothers of anorexic children often fail to grasp their babies' needs, imposing their own desires instead. This lack of attunement can lead to both overbearing and neglectful behaviour, creating a dynamic in which the child may be more vulnerable to developing anorexia. Suggested that anorexia could emerge as a result of a child's struggle to form her self-identity within a controlling mother-daughter relationship that limits autonomy (Bruch 85). Disturbed mother-daughter relationships can trigger anorexic behaviours in daughters, manifesting as feelings of alienation, imperfection, lack of control, and repression. Mara Selvini, furthering Bruch's work, examined how problematic object relations and traumatic experiences could influence the development of anorexic behaviours.

In 1991, Pike and Rodin's study explored links between maternal attitudes and daughters' eating disorders, focusing on family functioning and maternal emphasis on weight, body image and diet. They investigated whether such maternal behaviours pressured daughters to conform to societal ideals of slimness, increasing eating disorder risks. While families of patients with eating disorders were less cohesive than control families, the difference was not

statistically significant. In contrast, Cooley, Toray, Wang and Valdez found a stronger connection between mothers' negative body image and dietary behaviours and similar issues in their daughters in 2008. This suggests that mothers may act as role models, influencing their daughters' attitudes toward body image and eating habits. The findings underscore the importance of maternal behaviours in shaping daughters' risk for developing eating disorders.

A 2023 study by Spivak, Latzer and Katz 2024 in the Middle East found a strong link between low self-esteem and eating disorders, highlighting mothers' unconscious role in undermining their daughters' self-esteem. The study emphasised involving mothers in therapy and addressing their attitudes toward weight, body shape, and food to improve outcomes. Martini, Barona and Micali 2020 conducted a systematic study (1980–2018) that revealed that children of mothers with eating disorders face heightened risks of psychological and eating behaviour issues, increasing their likelihood of developing eating disorders. Research also shows that daughters' eating disorders impact mothers' self-perception, often leading to self-blame. Hoskins, Marie and Eugenie Lam 2007 noted how cultural myths frame mothers as modest nurturers, intensifying guilt. In the 1998 study, Hill and Franklin highlighted the transmission of cultural body image values in mother-daughter dynamics. Velázquez, Kaufer and Méndez 2017 found that mother-daughter eating disorder patterns vary by diagnosis, underscoring the need for individualised treatment approaches.

While these quantitative studies recognise the significant impact that maternal eating behaviours and concerns about weight can have on daughters' health, they focus primarily on collective experiences within a sample group. Each individual's illness, however, is unique, particularly in multifactorial conditions like anorexia nervosa. A more nuanced understanding can be gained from autobiographical writings by individuals who have lived through such disorders. A close reading of these personal narratives can provide deeper insights into how a

mother's influence shapes her child's weight concerns and anorexic behaviours. For example, the memoir *The Body Tourist* provides a subjective account of the author's personal experience, offering a lens through which readers can understand the impact of her mother on her weight concerns and eating disorder. This memoir underscores the importance of considering cultural context before interpreting the author's story, as it highlights how cultural standards and norms regarding body image are passed down from one generation to the next. On focusing on the cultural context, the memoir allows for a deeper understanding of the complex relationship between mothers, daughters, and eating disorders.

Female bodies in American culture

After the Industrial Revolution, Western women became more educated, affluent, and liberated, gaining legal and reproductive rights and entering various professions. However, they continued to struggle with the complexities of newfound freedom, facing societal expectations that shaped their roles and identities. Naomi Wolf critiques this in *The Beauty Myth*, arguing that women's appearance was increasingly prioritised over their abilities and achievements. This emphasis on beauty acted as a form of control, suppressing women's psyches and redirecting their energy toward unattainable standards. The pressure to conform fostered guilt, shame, and self-scrutiny, creating a cycle where women's value was tied to looks rather than accomplishments, subtly reinforcing traditional gender roles.

As the traditional family unit declined and industrialisation reshaped the economy, women's domestic roles shifted. Media and societal expectations intensified the focus on beauty, linking it to women's worth. While women gained independence as breadwinners and professionals, the rise of the middle class and higher literacy rates created smaller family units. Despite progress, even educated and independent women remained constrained by industrial capitalism's beauty ideals and persistent societal pressures.

In the 1840s, the first nude photographs of prostitutes emerged, leading to a surge of idealised female images in media and advertising. From classical art replicas to postcards of royal mistresses, these depictions were widely consumed, embedding beauty ideals into the cultural psyche. Women became controlled not only by material limitations but also by these new standards, prioritising appearance over religion, economy, sexuality, and education. Naomi Wolf observed that “inexhaustible but ephemeral beauty work took over from inexhaustible but ephemeral housework” (Wolf 16). This relentless focus on beauty led to mental exhaustion, diminished productivity, and a detachment from women’s true selves as male-dominated institutions fueled collective fantasies through technological imagery.

While expressing individuality, modern women are often shaped by these imposed ideals. Female bodies are expected to defy natural ageing and bodily changes, a challenge learned through observing maternal figures and surroundings. Media further reinforces this process, presenting flawless, airbrushed images through magazines, television, and social platforms. By promoting trends like dieting, cosmetic surgeries, and celebrity culture, the media creates confusion and unrealistic expectations, compelling women to conform to ever-changing beauty standards.

Being a female in the American culture, Dana’s grandmother and mother were already exposed to societal standards regarding fitness and beauty. As a result, an obsession with weight and appearance has been passed down from one generation to the next in her family. Dana’s memoir, *‘The Body Tourist,’* vividly illustrates how this fixation on fitness and beauty was transferred from her grandmother to her mother and, ultimately, to Dana herself. This generational cycle has deeply affected her, leading to an ongoing struggle with anorexia. While Dana’s body dissatisfaction, weight obsession, and calorie control were unconsciously adopted by her from her mother, they were consciously imposed by her grandmother to her mother.

Today, these behaviours have become normalised as part of what is expected of 'normal womanhood' in her society.

Malleable body through maternal modelling

In the epilogue of *The Body Tourist*, Dana asks, "Whose dreams, ideals, goals, beliefs, and standards shall I go by, and at what point do I accept authority over my own life?" (Shavin 339). This question reflects her struggle to understand the motivations behind her self-starvation, obsessive control over weight, and relentless exercise routines. From childhood, Dana internalised these rituals as essential to the 'practice of normal womanhood' modelled by her mother, whose strict adherence to beauty standards inadvertently led Dana into anorexia. Breaking free from these ingrained behaviours proved difficult, as they had become deeply embedded in her psyche, forming self-imposed rules that were hard to escape. As Dana wrestles with questions of identity and autonomy, she confronts larger societal pressures that shape women's beliefs about beauty and worth. Her journey highlights the complexity of reclaiming one's narrative, challenging cultural norms surrounding femininity, and striving for self-acceptance.

Dana's struggles with food and weight are deeply rooted in the maternal behaviours she observed throughout her childhood. She closely noted her mother's attitudes and responses, significantly influencing Dana's perceptions of self-worth and beauty. Early childhood is a critical period for psychosocial growth, where children engage in social learning, often beginning with the mother as the first role model. A mother's behaviours profoundly impact her children, especially daughters, who often mirror their mothers, deriving pride from imitation. Over time, these behaviours became ingrained, and Dana adopted her mother's practices of food restriction and obsessive weight control, internalising them as a way to seek approval. This relentless pursuit of an idealised body image was not just about aesthetics; it was a means of navigating her relationship with her mother and societal expectations.

Dana idolised her mother, a petite, glamorous woman, yet she was also aware of her mother's eating disorder. She described it as "a fatal flaw, an Achilles heel, which creates a vortex of worry and grief in her otherwise stylish life" (Shavin 10). This contrast led Dana to internalise that beauty could coexist with pain, equating appearance with worth. As she faced her struggles with body image, Dana's admiration for her mother intertwined with a fear of repeating destructive patterns, reflecting the complex relationship between love, admiration, and societal pressures.

Dana never saw her mother eat a whole sandwich, a slice of cake, or even a cup of juice. Their refrigerator was devoid of indulgent foods, stocked instead with low-calorie products like Weight Watchers butter, diet coke, and skim milk. Living with a weight-obsessed mother, Dana quickly learned that no delicious or stimulating food existed in their household. Eating low-calorie diet food brought no satisfaction, becoming a daily ritual devoid of joy. Observing her mother's eating habits and exercise routines, Dana came to view these behaviours as regular practices of womanhood. Her mother's mantra, "A half-sandwich is the hallmark of a whole woman" (Shavin 10), penetrated Dana's mind, reinforcing the damaging belief that worth was tied to restraint, further entrenching Dana in a cycle of disordered eating. Dana's eating habits became highly controlled, with meals containing limited foods she could manage and calculate precisely. She avoided indulgent items, opting for dry, tasteless, fat-free options. Even after an accident, exercise became a non-negotiable routine, much like her mother's daily three-kilometre walks. Dana mirrored this relentless pursuit of fitness, walking daily despite hunger and exhaustion. She refrained from eating in front of others, consuming small, monotonous meals alone. Dana's anorexia was not just a personal struggle; cultural and familial pressures regarding beauty, worth, and self-control shaped it.

Dana's relationship with food became profoundly unnatural, as she ignored the biological instinct of hunger, which is essential for maintaining the body's functions. Her

refusal to nourish herself resulted in anorexia, severely impacting her health. Despite the counsellors' efforts, Dana expertly concealed her struggles, masking her true feelings. Although she didn't fully grasp that 'thin equals happy', Dana obsessively refused to exceed the weight of an eight-year-old child, checking her weight up to 200 times a day. This obsession entrenched her beliefs about self-worth, trapping her in a cycle of anxiety and restriction. Her mother, a role model for strict low-calorie intake and exercise, shaped Dana's view of body control. Dana internalised these practices, becoming obsessed with maintaining control over her body. Despite attempts to break free, her mother's influence remained, intertwining with Dana's sense of self-worth and reinforcing her cycle of disordered eating. This complicated relationship made proper nourishment elusive, trapping Dana in emotional turmoil.

Impacts of weight dyads and verbal comments

Mothers' weight-related discussions can significantly impact their daughters' mental well-being, particularly during adolescence. These discussions encompass a wide range of behaviours, including body shaming, praising weight loss, critiquing body shapes, making derogatory comments about strangers' bodies, and engaging in conversations solely focused on weight. When a mother fixates on her own weight and body shape, her interactions with her daughters will likely revolve around these topics. Over time, such conversations can profoundly influence the daughters' self-perception, making them hyper-aware of criticism and prompting them to engage in weight control measures. Dana, for instance, has encountered these weight-focused dialogues with her mother, enduring hurtful verbal teasing that has resulted in dissatisfaction with her body and diminished self-esteem. It is crucial for mothers to be mindful of the impact that their words and actions can have on their daughters' body image and self-worth and to foster conversations that promote a healthy and positive relationship with their bodies.

Dana recalls a haunting incident that profoundly impacted her self-perception. At age ten, she requested a second dime from her mother for the coke machine, having accidentally dropped the first one down a radiator at Sunday school. Her mother, however, misunderstood the request, assuming Dana was lying to obtain extra coke. In anger, she threw another bottle and harshly reprimanded her, saying, “You fat ugly pig” (Shavin 33). This moment shattered Dana's innocence, embedding deep feelings of shame and self-loathing. The sting of her mother's words lingered, distorting her self-image and affecting her confidence. As she grew, Dana often found herself second-guessing her worth and struggling with trust in her relationships, fearing judgment and rejection at every turn.

This outburst revealed her mother's deep-seated disdain for Dana's weight, a sentiment that resonated throughout her childhood. Reflecting on her experiences, Dana recognised that the lack of nutritious food at home contributed to her weight gain. At the same time, the enticing options in the school cafeteria became a source of comfort. Her mother's harsh reaction to her size only deepened Dana's fear and dissatisfaction with her body. As they embarked on dieting together, Dana's environment reinforced a painful belief that being thin was synonymous with happiness and approval. Each glance of disdain or expression of rage when her body changed filled her with shame. She began to internalise the judgment of others, thinking, “This is how we know ourselves, through the eyes of those around us” (Shavin 47). This shift in perspective led Dana to view her self-worth through a distorted lens, making it nearly impossible for her to embrace her body as it was, perpetuating a cycle of insecurity and self-criticism.

As her environment did not accept her biological body, Dana chose to construct a cultural body that aligned with societal expectations. This incident elucidates her mother's intense preoccupation with weight and appearance. Dana participated wholeheartedly in her mother's weight loss regimens, which became a central focus of their relationship. Together, they maintained a pink and white calorie book on the kitchen counter, which Dana called their

'Bible', diligently tracking the caloric content of everything they consumed. They sought out large quantities of low-calorie foods, convinced that these would prevent weight gain while meticulously avoiding high-calorie options that could derail their dietary efforts. This rigid framework dictated their eating habits and reinforced the notion that worth was tied to thinness. Over time, this obsessive approach cultivated an environment of anxiety and control, where Dana felt increasingly distanced from her own needs and desires, prioritising the approval tied to an idealised body over her well-being.

Dana learned about her mother's complicated weight loss journey, realising it was rooted in their family history. Her mother had been a plump little girl, and Dana's grandmother enforced strict eating rules, limiting her food intake. Her mother loved chocolate milkshakes, but her grandmother only allowed her a spoonful for each pound lost, reinforcing a cycle of restriction and reward. This behaviour led her mother to develop a fraught relationship with food, never fully overcoming her eating issues. Dana recognised that both her and her mother's struggles were not biological but cultural, stemming from societal pressures to conform to certain body ideals. Her grandmother, likely grappling with her societal weight-related anxieties, imposed these restrictions to protect her daughter from similar struggles. In turn, her mother imposed the same rigid controls on Dana: "These cravings, these denials, these grim hours of fanatical calorie-counting and calorie-burning were the foundation, not of obsession or illness, but of ordinary womanhood" (Shavin 15). This realisation illuminated how deeply ingrained societal expectations shaped their lives, trapping them in a relentless pursuit of an unattainable ideal that stifled their ability to embrace their true selves.

Dana and her mother were significantly influenced by various magazines, including fitness, glamour, and fashion publications, which shaped their perceptions of beauty and body image. Dana regarded 'Cosmopolitan' as her second 'Bible' providing valuable insights into the latest diet plans, fitness regimens, recipes and fashion-trend information they cherished as

much as guidance from a trusted teacher or friend. However, the images of models featured in these magazines often elicited intense feelings of envy and inadequacy, "Magazine models inevitably led me to disparage further the way I look" (Shavin 5). This comparison is standard among women, leading to widespread body dissatisfaction. Although Dana recognised that these images were frequently unrealistic, she felt an overwhelming compulsion to conform to the idealised female body they represented.

Dana's grandmother had conformed to societal expectations by moulding her daughter's body to fit cultural norms, and this legacy continued with Dana. Her mother disapproved of Dana's weight gain after she started school, expressing her dissatisfaction through harsh remarks that further damaged Dana's self-esteem. As a result, dieting became a source of pride for Dana; she found solace in controlling her weight through minimal food intake, "It's a point of pride among women who control their weight through starvation that they do not binge or purge" (Shavin 43). Unconsciously, Dana ensnared herself in this mindset, disregarding the adverse effects on her undernourished body. Ultimately, the dominance of cultural expectations over her biological needs led to a deteriorating condition, trapping her in a cycle of self-neglect and despair.

Despite Dana's anorexia diagnosis, her mother praised her thinness, reinforcing unhealthy dynamics. Dana carefully chose outfits to win her mother's approval, making appearance central to their relationship. Conversations revolved around weight loss, consuming their time as they focused on modifying their bodies. Susan Bordo explains that female bodies become docile bodies-bodies whose forces and energies are habituated to external regulation, subjection, transformation, and improvement." Through the exacting and normalising disciplines of diet, makeup, and dress (Bordo 166). This cultural fixation led Dana and her mother into a transformation cycle, prioritising beauty over personal growth or life skills. Their lives became narrowly focused on appearance, overshadowing deeper fulfilment

and connection. Trapped in pursuing unattainable ideals, they lost sight of their authentic selves, surrendering to societal expectations that prioritized appearance over broader, more meaningful aspects of life.

Dana's mother reinforces body modification practices through maternal modelling and their shared focus on weight. Dana internalises the belief that altering her body is essential, prioritising appearance over personal growth. This focus impedes her ability to pursue meaningful goals, such as a PhD or a life partner, as time and energy are devoted to looks instead of emotional well-being. Even during her father's cancer diagnosis, emotional support is lacking, emphasising appearance over fulfilment. Like Dana, many women feel dissatisfied with their natural bodies, striving to reshape themselves to meet societal standards. This discontent perpetuates a cycle of body dissatisfaction and contributes to the rise in eating disorders. Shifting cultural narratives around beauty and self-worth is crucial to breaking this cycle and fostering healthier relationships with one's body and self.

Conclusion

Beyond the natural responsibilities of motherhood, which include bearing primary responsibility for a child's development, it is essential to consider the challenges of being an 'ideal' mother within a particular cultural context. Dana's mother found herself caught between two generations: the expectations of her mother and those of her daughter. This conflict created tension in her thinking and decision-making. Ultimately, she chose to embrace a model of mothering similar to the one she had experienced as a child, following the patterns set by her mother from a young age. Dana's grandmother had taught her mother the importance of maintaining a socially acceptable body, often at the expense of her desires. This message was passed down to Dana, as her mother became a model for her daughter's eating behaviours and exercise routines, instilling the same cultural values.

This article explores the impact of maternal modelling and the weight-related dynamics between Dana and her mother. Through the process of social learning, Dana internalised her mother's obsession with weight and food choices, as many children do. Both mother and daughter became fixated on modifying, maintaining, and controlling their bodies, unaware of the harmful consequences this could have. Over time, Dana's behaviours evolved into full-blown anorexia nervosa, and she struggled deeply to overcome the illness. However, neither Dana nor her mother can be solely blamed for her condition. Rather, their culture prioritised ideals about body image and female appearance, which played a decisive role in promoting these behaviours, influencing every woman in the society.

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