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Female corporality: The body-self of mothers and daughters in relation to the family

Abstract:

The general aim of our study was to verify the corporality relationships between mothers and daughters within the family context. One hundred and thirty women participated in the research (65 mother-daughter couples), with the following methods being used: Body-Self Questionnaire (Olga Sakson-Obada, 2009); Polish adaptation of FACES-IV (Margasiński, 2009); pictorial scale measuring perception of closeness in self – body and mother – daughter relationships (Aron, Aron & Smollan, 1992). We found that family systems with problems are facilitated by disorders of body-self strength in both mothers and daughters. Mothers who have difficulties with physical states regulating co-established problematic family systems, and daughters who come from a family perceived by them as enmeshed will tend to develop disorders with body-self strength. Women dissatisfied with their bodies perceive them as more detached from themselves. The discussion touches upon an analysis of body-self in mothers who create problematic family systems and in daughters coming from families perceived by themselves as disordered. Also factors that foster the development of strong body-self have been pointed out.

Keywords:

body-self, family system, mother-daughter relation, body satisfaction

Streszczenie:

Celem badań było dokonanie analizy związków w zakresie doświadczania cielesności między matkami i córkami w kontekście cech systemu rodzinnego. W badaniu wzięło udział 130 kobiet (65 par matek i córek). Zastosowano następujące metody badawcze: Kwestionariusz Ja cielesnego (Sakson-Obada, 2009), polską adaptację FACES-IV (Margasiński, 2009), skalę rysunkową do pomiaru postrzegania bliskości ja-ciało oraz relacji matka-córka stworzoną w oparciu o The Inclusion of Other in the Self scale (Aron, Aron & Smollan, 1992). Stwierdzono, że problemowym układom rodzinnym towarzyszy więcej zaburzeń w zakresie siły ja cielesnego zarówno w grupie matek jak i córek. Matki, które mają trudności z regulacją stanów fizycznych tworzą problemowe systemy rodzinne, natomiast córki pochodzące z rodzin postrzeganych jako splecione mają większe tendencje do zaburzeń w zakresie siły ja cielesnego. W dyskusji skupiono się na analizie cech ja cielesnego matek

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budujących problemowe systemy rodzinne oraz córek pochodzących z rodzin postrzeganych jako zaburzone. Wyodrębniono także czynniki sprzyjające rozwojowi silnego ja cielesnego.

Słowa kluczowe:

ja cielesne, system rodzinny, relacja matka - córka, zadowolenie z ciała

Introduction

Body-self is a basis for experiencing corporality, providing both a sense of self as a physical unity as well as a sense of separateness in contact with the external world. Body-self allows adequate reception of stimuli coming from within the body and from the external world. It enables correct interpretations of sensations in terms of physical and emotional states, and also their proper regulation. On the basis of body-self numerous psychic representations are built throughout life that form a multifaceted cognitive structure – the image of body-self (Krueger, 2002; Mirucka & Sakson-Obada, 2013). This consists of a body scheme, a perceptive corporality image (including sexuality, representations of sensations and bodily needs as well as emotional states), competence in coping with needs and emotions, and finally an evaluation of one's own physicality. As a result, functions and the body-self image mutually influence one another, constituting a type of system: disorders in one area entail anomalies in the other.

There are several groups of factors that matter to the development of body-self. One of them is the sociocultural background in which an individual grows up (Clark & Tiggemann, 2006; Bergstrom & Neighbors, 2006; Tiggemann, 2002; Abrams & Stormer, 2002). Another is interpersonal trauma experience (Kneipp, Kelly & Wise, 2011; Treuer, Koperdak, Rozsa & Furedi, 2005; Streeck-Fischer & van der Kolk, 2000). However, the ones emphasized mostly by scholars are family factors. Research within this field focuses on the impact of modeling, the role of parental feedback regarding their child's appearance and the way parents perceive their child (Abraczinskas, Fisak & Barnes, 2012; Cooley, Toray, Wang & Valdez, 2008; van den Berg, Thompson, Obremski-Brandon & Covert, 2002; Kichler & Crowther, 2001; Baker, Whisman, & Schermer, 2000; Kanakis & Thelen, 1995).

As disorders of body-self are more common in women than in men, research has been conducted mainly among women (of all ages), in the context of their relationships with mothers. Research overview indicates that there is a relationship between mothers' and daughters' eating problems (Pike & Rodin, 1991), body weight concerns (Steiger, Stotland, Ghadirian & Whitehead, 1994) or dieting (Hill, Weaver & Blundell, 1990), but also that these problems are more frequent in groups of women with eating disorders and

will not manifest themselves in healthy women (Benedict, Wertheim & Love, 1998). Other researchers, finding no relationship between mothers and daughters' preoccupation with weight and satisfaction with their bodies (Ogden & Elder, 1998; Ogden & Steward, 2000) have argued that research conducted in this area lacks references to the quality of the mother-daughter relationship, which may both restrain as well as foster weight, appearance and eating problems. Similarities between mothers and daughters having excessive preoccupation with weight and body appearance are more likely to be revealed when the quality of their relationship empowers it. Research carried out on weight and appearance suggests that the development of a protecting relationship is facilitated by: a secure attachment style (Bäck, 2011), intimacy and warmth (Archibald, Graber & Brooks-Gunn, 1999), a high level of autonomy and clear boundaries between mothers and daughters (Ogden & Steward, 2000). In a broader perspective, these aspects of relationships are influenced by the whole family system, in which both women are immersed: the mother co-creates it while the daughter rises in it and thus affects it. Therefore a research question can be raised about the relationships of experiencing corporality between mothers and daughters in the family context. Analyzing this is the purpose of our study.

When characterizing the family, researchers refer mostly to *communication, cohesion* and *flexibility* (Olson, 1993; 2000). The same dimensions are also the foundation of the Circumplex Model of Marital and Family Systems by D.H. Olson, which has been chosen in this study as a point of theoretical reference. Communication is defined here as an ability to liaise positively, used by the system. At the same time communication constitutes the basis for changes in cohesion and flexibility which are made by the family in adjusting to developments and situations. Cohesion describes the quality of family bonds and is indicated by emotional intimacy, the quality of psychological boundaries between family members, coalitions, the extent to which family members consult about their decisions with each other, time spent together, common hobbies and friends. Flexibility determines the quantity, quality and extent of changes in leadership, roles, and rules for establishing mutual relations (Olson, 2011). On each dimensional end there are families of disordered bonds and relations (disengaged vs. enmeshed families on the coherence end, and rigid vs. chaotic on the flexibility end). The families that function best are those where the cohesion and flexibility levels are intermediate while the communication competence level is high. So an assumption can be made that these families constitute the optimal environment for building a strong body-self in their children. What these families provide is the feeling of safety, emotional bonding and support as well as of autonomous and adaptable boundaries. Families with communication problems and, in particular, those that are unbalanced in terms of cohesion and adaptability will foster

weak body-self development of. That being said, the following research hypotheses have been stated and verified:

1. Disorders of body-self strength will be more frequent in both mothers and daughters in families with problems.
2. Women with a weak body-self will build disordered families.
3. Women that come from disorderly families will demonstrate more disorders in body-self strength. Especially, problems with family cohesion will foster disorders in experiencing corporality.
4. Mothers and daughters will be similar in body-self strength and in their own body perception. Women who are not satisfied with their bodies will perceive them as more detached from themselves.

Method

Participants

One hundred and thirty women participated in this study (65 mother-daughter couples). The daughters were philology students at the University of Wrocław. Their ages varied from 19 to 26 ($M=21.5$; $SD=2.5$) and of their mothers – from 40 to 65 ($M=49.1$; $SD=5.9$). At the time of this research, 40 daughters had been in a minimal 3-month-long partner relationship ($M=1.7$ years, $SD=1.5$), while 55 of the mothers had been in a relationship ($M=25.8$ years, $SD=7.1$). Basing on the Body Mass Index calculated on a declared weight and height of the participant, five of the daughters were found to be underweight (BMI: 17-18.5), five of the daughters and 25 of the mothers to be overweight (BMI: 25-29.9), and three of the daughters and seven of the mothers to be obese (BMI: 30-34.9). These proportions characterize the population of Polish women (GUS, 2012).

Procedure

The procedure for recruiting subjects was based on the snowball sampling method. Daughters were contacted first and asked to complete the set of questionnaires, then they asked their mothers to do the same. Daughters returned their mothers' responses in sealed envelopes within one week.

Measures

Body-self strength was measured with Body Self Questionnaire (BSQ) designed by Olga Sakson-Obada (2009). It is a set of 90 statements evaluated by a subject on two 5-item Likert scales. The first scale responses are as follows: 1) Never; 2) Very rare (once or twice in a lifetime); 3) Sometimes; 4) Quite often; 5) Very often. The second scale: 1) Strongly disagree; 2) Disagree; 3) Undecided, unsure; 4) Agree; 5) Strongly agree. The questionnaire consists of 10 scales: 1) Heightened threshold of sensations (HTS); 2) Lowered

threshold of sensations (LTS); 3) Emotions Interpretation (EI); 4) Physical States Interpretation (PSI); 5) Sensations Interpretation concerning Corporeal Identity (SI) - a feeling of losing boundaries, internal emptiness, unfamiliar bodily sensations; 6) Emotions Regulation (ER) - knowledge of causes and coping with emotional states; 7) Physical States Regulation (PSR) - knowledge of causes and coping with physical states; 8) Emotional Attitude towards Body (EA); 9) Comfort in Physical Closeness (CPC); 10) Body Protection (BP).

This tool evaluates each aspect of the body-self (average sum of particular scales results), measures body-self strength (average sum of scales 1-7 results, which refer to body-self), the extent to which the body is accepted, comfort in physical closeness with others, and the ability to protect the body. The higher the result of each scale, the higher the level of disorders in the body-self. Internal consistency of all scales is high or satisfying – Cronbach's *alpha* varies between 0.60 and 0.90 (Sakson-Obada, 2009).

Family system features were measured with FACES-IV (*Flexibility and Cohesion Evaluation Scales*), a tool based on the Circumplex Model by D.H. Olson, adapted by Margasiński (2009). The questionnaire includes 62 statements, the response format being a 5-item Likert scale. The scale responses are as follows: 1) Strongly disagree; 2) Partly disagree; 3) Undecided; 4) Partly agree; 5) Strongly agree. The questionnaire consists of eight scales: the first two pertain to dimensions of familial functioning: 1) Balanced Cohesion (BC) and 2) Balanced Flexibility (BF). Lack of balance on all dimensions is described by the following four scales: 3) Disengagement (D) and 4) Enmeshment (E), which establish the cohesion ends, and 5) Rigidity (R) and 6) Chaos (C), which mark the flexibility ends. The remaining two scales measure the Circumplex Model's third dimension: 7) Family Communication Scale (FCS) and 8) Family Satisfaction Scale (FSS). Whether or not the family functions properly can be determined by cohesion indicators (Cohesion Ratio – CR) and flexibility (Flexibility Ratio - FR). The general indicator (Total Ratio – TR) allows one to estimate a general level of disorder in the family. Internal consistency of the scales is high or satisfying - Cronbach's *alpha* varies between 0.70 – 0.93. Confirmatory Factor Analysis showed consistency between the Polish questionnaire version and Olson's model (Margasiński, 2009).

Perceived closeness in self-body and mother–daughter relationships was measured with a pictorial scale designed by A. Aron, E. Aron and D. Smollan (1992). There were six pairs of circles, marked as “me–my body” and “mother–daughter”, structured as Venn diagrams, showing overlapping circles: 1) separate circles; 2) adjoining circles; 3) 30% common surface; 4) 40% common surface; 5) 60% common surface; 6) 90% common surface. The subjects were to select a diagram which describes best their relationship with their mother/daughter or their body. Results from both situations were analyzed in three

degrees of closeness: I – results of those subjects who selected diagrams no. one and two; II – results of those who selected diagrams no. three and four; III – results of those who selected diagrams no. five and six.

All methods given to the subjects were supplemented with a short questionnaire asking for age, height, weight and current partner relationships.

Results

Body self and family features

Table 1 shows dependencies between a general body-self strength indicator and BSQ scales, and family evaluation scales. Mothers and daughters are presented separately. Neither group revealed dependencies between family features, bodily sensation thresholds, and the physical closeness comfort scale, and therefore were not included in the Table 1.

Table 1. Correlations between Body Self Questionnaire (BSQ) Scales and FACES IV Scales.

FACES IV Scales	BSQ Scales							
	D-EI	D-PSI	D-SI	D-ER	D-PSR	D-EA	D-BP	D-BSS
D-BC	-0.2	-0.11	-0.2	-0.17	-0.23	-0.23	-0.35**	-0.19
D-BF	-0.2	-0.03	-0.11	-0.30*	-0.34**	-0.18	-0.32**	-0.23
D-D	0.34**	0.24	0.30*	0.24	0.27*	0.30*	0.31*	0.33 *
D-E	0.34*	0.25	0.30*	0.34*	0.23	0.23	0.09	0.31*
D-R	0.2	0.06	0.12	0.01	0.07	0.16	-0.04	0.09
D-C	0.19	0.2	0.25*	0.09	0.19	0.36**	0.1	0.22
D-FCS	-0.26*	-0.18	-0.21	-0.16	-0.23	-0.34**	-0.26*	-0.23
D-FSS	-0.23	-0.09	-0.2	-0.28*	-0.22	-0.35**	-0.25	-0.22
D-CR	-0.30*	-0.24	-0.29*	-0.32*	-0.33*	-0.26*	-0.33**	-0.32*
D-FR	-0.28*	-0.16	-0.24*	-0.28*	-0.38*	-0.29*	-0.26*	-0.32*
D-TR	-0.32**	-0.22	-0.29*	-0.33*	-0.39**	-0.31*	-0.33**	-0.35**
FACES IV Scales	BSQ Scales							
	M-EI	M-PSI	M-SI	M-ER	M-PSR	M-EA	M-BP	M-BSS
M-BC	-0.31*	-0.05	-0.13	-0.2	-0.44***	-0.17	-0.1	-0.25
M-BF	-0.26*	-0.03	-0.02	-0.13	-0.39**	-0.08	-0.21	-0.14
M-D	0.33**	0.11	0.1	0.28*	0.42***	0.12	0.29*	0.27*
M-E	0.33**	0.32**	0.17	0.28*	0.37**	0.1	0.01	0.33*
M-R	0.06	0.08	0.07	0.03	0.02	0.01	-0.15	0.12
M-C	0.36**	0.03	0.09	0.25*	0.15	0.17	0.09	0.22
M-FCS	-0.26*	-0.17	-0.24	-0.22	-0.50***	-0.22	-0.16	-0.32*

M-FSS	-0.37**	-0.18	-0.25	-0.35*	-0.45**	-0.26*	-0.14	-0.38*
M-CR	-0.32*	-0.17	-0.14	-0.27*	-0.48***	-0.15	-0.14	-0.31*
M-FR	-0.36**	-0.09	-0.07	-0.2	-0.39**	-0.12	-0.16	-0.23
M-TR	-0.37***	-0.15	-0.12	-0.26	-0.49***	-0.16	-0.17	-0.30*

Note. BSQ Scales (Sakson-Obada, 2009) are as follows: EI – Emotions Interpretations, PSI – Physical States Interpretation, SI – Sensations Interpretation in terms of Corporal Identity, ER – Emotions Regulation, PSR – Physical States Regulation, EA – Emotional Attitude towards Body, BP – Body Protection, BSS – Body Self Strength.

FACES IV Scales (Olson & Barnes, 2004) are as follows: BC – Balanced Cohesion, BF –Balanced Flexibility, D – Disengagement, E – Enmeshment, R – Rigidity, C – Chaos, FCS – Family Communication Scale, FSS – Family Satisfaction Scale, CR – Cohesion Ratio, FR – Flexibility Ratio, TR – Total Ratio.

Daughters' measures are preceded by the letter D and mothers' measures are preceded by the letter M.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

It has been observed that the cohesion and flexibility (BC and BF) balance in the family is not directly related to body-self strength; however, it seems to correlate with some of the self scales within BSQ. On the other hand, indicators of imbalance in family cohesion (D and E) relate to weak body-self. And so daughters from disengaged families (D-D) demonstrate more frequent difficulties in interpreting emotions (D-EI) and sensations in terms of their body identity (D-SI) as well as in their physical states regulation (D-PSR). This fosters a negative emotional attitude towards their own corporality (D-EA) and towards problems with body protection (D-BP). Mothers who establish disengaged families (M-D) manifest more frequent disorders in physical states regulation (M-PSR), in emotions interpretation and regulation (M-EI & M-ER), as well as in protecting the body (M-BP).

Young women from enmeshed families (D-E) manifest difficulties in interpreting emotions (D-IE) and control (D-ER) as well as in interpreting sensations in terms of corporal identity (D-SI). In mothers establishing enmeshed families (M-E) there are more problems with physical and emotional states interpretation and regulation (M-EI, M-ER, M-PSI & M-PSR).

No dependence was detected in either group between family rigidness and the body-self strength (BSS). The other end of the flexibility dimension – chaos (C) – fosters problems with sensations interpretation in terms of corporeal identity (SI) and is related to negative attitudes to daughters' corporality (D-EA). In mothers it is connected with emotions interpretation (M-EI) and physical states regulation (M-PSR).

It turned out that family communication effectiveness (FCS) and family life satisfaction (FSS) are accompanied by a decrease in body-self strength (BSS) disorders in mothers. These mothers cope with their emotions interpretation (M-EI) and physical state regulation (M-PSR) more effectively. Daughters that grow up in such families evaluate

their bodies more favorably. The indicators of cohesion and flexibility (CR and FR), on the basis of which “healthy” and “unhealthy” families can be compared, correlate significantly with all BSQ scales except for physical states interpretation among the daughters (D-PSI). Among mothers such dependencies are revealed mainly in emotions interpretation (M-EI) and physical states regulation (M-PSR). Finally, a relation has been observed between a general indicator of family functioning (TR) and body-self strength (BSS) in both groups. This leads to the conclusion that families with problems are facilitated by disorders of body-self strength in both mothers and daughters.

In order to verify if the level of family disorders (TR) may be anticipated by basing on body-self strength (BSS) in mothers, who co-establish their families’ rules, regression analysis has been carried out. The model included scales that assess emotions and physical states interpretation and regulation (M-EI, M-ER, M-PSI & M-PSR). However, scales measuring external stimuli sensations, sensation interpretation in terms of bodily identity, emotional attitudes, and body protection have been excluded as they showed no or low correlation with family balance/imbalance scales. The model turned out to be statistically significant ($F(4,65)=6.10$; $p<0.001$). All the predictors together explained 25% of the dependent variable; however, only physical states control turned out to impact significantly the results in family functioning from the mothers’ perspective ($\beta=0.52$; $t=-3.62$; $p<0.001$). When the dependent variable was replaced by the averaged general score of family functioning for both mothers and daughters (the arithmetic mean for TR in both groups), the model remained statistically significant ($F(4,65)=3.38$ $p<.01$), but its explanatory power decreased to only 14% of the dependent variable. This means that mothers who have difficulties with physical states regulation co-establish problematic families, which partially confirms the first hypothesis. Meanwhile, of greater importance for the dependence between body-self strength and family features is the image of the family as perceived by mothers, comparable to more objective indicators of family functioning.

Since daughters build up their body-self within their families and undergo familial procedures, the relationship between their body-self and their families may be contrary: one may try to predict the degree of body-self strength disorders (BSS) based on familial imbalances. Thus a regression model has been developed, including four system imbalance predictors (D, E, R and C scales). It turned out to be statistically significant ($F(4,63)=3.40$; $p<0.01$). All predictors explained 14% of the dependent variable; however, what has significant influence on the daughters’ body-self strength is the imbalance in family cohesion, more precisely – enmeshment ($\beta=0.32$; $t=2.30$; $p<0.05$). When averaged scores of system imbalance were selected as independent variables (arithmetic mean for D, E, R, C scales in mothers and daughters), this influence became insignificant. Hence women

that come from a family system perceived by them as enmeshed will tend to develop disorders within body-self strength, which confirms the second hypothesis. Meanwhile, similarly to the mothers' results, it is more important how the daughters perceive their family relations, comparable to how their mothers perceive them.

Further analyses have compared body-self strength (BSS) in daughters depending on how they perceive their relationship with their mothers. Therefore differences have been checked between three groups of mother-daughter intimacy levels as assessed by the daughters (levels of intimacy: I – N=13; II – N=28; III – N=24) within average body-self strength by means of the Kruskal-Wallis test. Differences turned out to be significant ($H(2, N=65)=7.50; p<0.05$), which means that those daughters who describe their relationship with their mothers as closer (level III compared to level I) have a stronger body-self. They come from more balanced families [comparison between the groups as per general indicator of family functioning (TR) by means of the Kruskal-Wallis test $H(2, N=65)=14.76; p<0.001$]. The way the mothers perceived their relationships with daughters was of no significance for body-self strength either in daughters or in mothers. Neither significant correlations have been found between the daughters' BSQ scales and the mothers' familial perceptions (in the family assessment scales completed by mothers). This fact confirms that when predicting body-self problems in daughters, it is more important how they perceive their relationship with their mothers and their families, compared to how these aspects are assessed by their mothers.

Transgenerational relations

Body Mass Index (BMI) of mothers and daughters correlate with each other significantly ($r=0.34, p<0.05$). However, neither significant differences nor correlations have been observed between mothers and daughters in body-self strength, body protection and comfort in physical closeness. Results of both groups correlate with each other only when stimuli sensitivity thresholds are taken into consideration ($r=0.28; p<0.05$ for heightened and $r=0.27; p<0.05$ for lowered thresholds). Therefore it is not possible to predict the daughters' body-self strength on the basis of the same dependent variable in the mothers' group (regression analysis model is insignificant). Mothers and daughters differ only in terms of emotional attitudes towards their bodies (Student's t-test: $t=-2.91; p<0.01$), yet daughters are more dissatisfied with their bodies' appearance than their mothers are.

A chi-squared analysis of relationships between mothers and daughters and their perception of closeness in "me–my body" relations (on the pictorial scale) has revealed a statistically significant dependence between variables ($\chi^2(4, N=65)=10.56, p<0.05$; Cramér's $V=0.30$), which means that there is a relationship between how mothers and daughters perceive "me–my body" relations. Both groups manifest similar and significant

differences between perceived closeness of “me–my body” relations and emotional attitudes towards their own corporality [Kruskal-Wallis test for mothers: $H(2, N=65)=10.68$, $p<0.01$; for daughters: $H(2, N=65)=19.36$, $p<0.001$]. This indicates that dissatisfaction with the body co-occurs with its perception as being more detached from the self in both groups. Daughters who perceive their bodies as more detached come from less balanced families in terms of cohesion [Kruskal-Wallis test results for daughters for D-CR and perception of closeness in “me–my body” relations: $H(2, N=65)=6.93$, $p<0.05$]. Such dependencies do not exist in the mothers’ group.

These analyses allow us to confirm the third hypothesis partially: mothers and daughters are similar in their perception of closeness to their own body, but not when the body-self strength is concerned, with the exception of sensitivity to stimuli. There is no similarity in emotional attitudes towards the body; nevertheless dissatisfaction with the body co-occurs with its perception as more detached in both groups.

Discussion

The analysis of relationships between experiencing one’s own corporality and familial features as well as between mothers and daughters has revealed a whole range of dependencies and allowed us to confirm the stated hypotheses. Four aspects were verified: 1) Will disorders in body-self strength foster problematic family systems? 2) Will weak body-self women co-establish disordered families? 3) Will women from disordered families manifest more frequent body-self strength? 4) Will mothers and daughters be similar in terms of body-self strength and their perception of their own bodies?

In both mothers and daughters coming from problematic families, more frequent body-self strength disorders have been revealed. Perceiving the family as disengaged or enmeshed turned out to be the most important factor in either group. Both factors pertain to the quality of bonds between family members, to psychological boundaries and to the sense of togetherness. Neither an abundance nor lack of such experience supports body-self strength, thus making it impossible to build one’s own psychological boundaries, a sense of separateness, and internal stability. The body then becomes a place for experiencing often unclear emotions and other people’s needs with no permission to experience one’s own. As a result it becomes a space for experiencing discomfort and tension, which may entail dissatisfaction with one’s own corporality and possibly lead to building a problematic system in their own procreating family.

When seeking to answer the second question – about the body-self of mothers who establish problematic families systems, it has appeared that there is a significant correlation between familial disorders as perceived by mothers and their difficulties in interpreting

emotions. Still, the main problem predictor in the system turned out to be the mother's disorders in her physical states control, in other words, in knowing how and having the skill to adequately regulate the psychophysical needs involved in, health, eating and sexuality. Incompetence in individual, adequate regulation of their own corporality may cause frustration in women, and as a consequence, increase their general dissatisfaction, anger and discouragement. It may also strengthen expectations (usually expressed obliquely or even unconsciously) that it is others (relatives) who should satisfy them. However, recognizing such wishes would deny the mother her maturity, defining her role in her family as a subordinative child - which is why family members are reluctant to notice such needs and react to them. Then the woman, frustrated and not receiving expected support from the family, behaves less and less favorably towards her own family and may begin to perceive it as functioning incorrectly and problematically. What is more, incompetence in managing her own physical needs entails a situation where the mother has difficulties in caring for her children's requirements and building a safe basis for their development. Children whose needs are not satisfied properly, develop in themselves anxiety and dissatisfaction, which also impact the quality of family relations. It must be emphasized that through both the personal potentiality and limitations contributed initially by their spouses to their relationship, through interactions with other family members, and through life's stressors the mothers' individual development may modify their competence in managing their own needs. This may decrease but also increase these skills. Developing the knowledge and skill about how to regulate physical states may also become a psychotherapeutic aim. From this point of view such an aim seems to be most important when working on how the mother perceives her family relationships, on her psychological maturity, and on her contribution to her family. A change in this aspect could also initiate changes in family relations, especially in contact with the partner, which would become a resource when overcoming one of life's cyclical crises - children growing up and transitioning to adulthood.

As far as the third question is concerned - daughters coming from families perceived as disordered - issues have been spotted in almost all functions of the body-self, as well as in negative attitudes to one's own body and difficulties in protecting it. Particularly unclear coalition boundaries - expecting too much from common interests, hobbies, experience and the time spent together, along with no approval of family members' individuality - foster weak body-self and a sense of detachment from one's own corporality in this group. Unclear family limits lead to problems with setting individual psychological "self-others" boundaries. It becomes impossible to differentiate one's own emotions from the relatives' and to react adequately on them. The body becomes a source of misunderstood and often unpleasant sensations, which is why it will be perceived as

more detached from self and evaluated lower. This explains why this group more frequently experiences problems with interpreting emotions and their regulation as well as with interpreting sensations in terms of corporeal identity. The significance of this process is emphasized by numerous authors as it may foster eating disorders, especially *anorexia nervosa* (Legrand, 2010; Lawrence, 2008; Mirucka & Sakson-Obada, 2013), which results from extreme problems with experiencing one's own corporality and identity. Unclear and undefined family boundaries do not facilitate children's gaining autonomy in adolescence and early adulthood (Smith, Mullins & Hill, 1995). High emotional dependency, one sign indicating failure to achieve autonomy appears to be a predictor of body-self disorders in young women (Kochan-Wójcik, 2012) and is related to dissatisfaction with one's bodily appearance (Ogden & Steward, 2000). Its consequences include potential difficulties in gaining mature identity and in establishing mature partner relationships.

What has turned out to foster stronger body-self in daughters are the perceptions that their relationship with mothers is close and that they are growing up in a balanced family. Hahn-Smith and Smith (2001) have shown that the daughters' desire to identify with their mothers in terms of personality traits (assessed by the daughters as wished for) correlates positively with their attitude towards corporality and may be a factor that preserves them from bodily dissatisfaction and from eating disorders. Also interesting is that both this study and Hahn-Smith and Smith's (2001) demonstrate that it is the daughters' perspective on the family that matters most, and not some more objectified factors. Daughters' observations may differ from their mothers' and be invisible to an external viewer. There is, however, a clear need to include these subjective observations in psychotherapeutic work on the corporality experience in young women, especially when dealing with physical self disorders. The main target would then be to strengthen both the sense of individual boundaries and the process of differentiation on inter- and intrapsychic levels (Kochan-Wójcik, 2011).

When seeking an answer to the fourth question on intergenerational similarities between mothers and daughters in body-self, no such dependencies have been detected. In the context of this study this may mean that family relations and the mother-daughter relationship are more significant to the process of body self development in daughters than in situations where mothers model their daughter's behavior. On the other hand, partially converging sensations thresholds may result from the biological basis of these variables.

Significant dependencies in BMI as well as no similarities between mothers and daughters in satisfaction with their own corporality follow patterns identified by other authors (Ogden & Steward, 2000; McKinley, 1999). Differences between mothers and

daughters in satisfaction with their own corporality (and higher mother satisfaction) may be placed in the context of body satisfaction changes during one's lifetime. Some researchers claim there are no changes (Tiggemann, 1999; 2004), but numerous studies can be found proving that satisfaction with one's own corporality increases in older women (Esnaola, Rodríguez, & Goñi, 2010; Šerifović-Šivert & Sinanović, 2008). When interpreting these results, the above authors refer to the woman's development, pointing out that with age the female body's appearance diverts from its socio-cultural silhouetted paragon; the media's impact in promoting slender, attractive bodies is weaker, while attractiveness is modified by life's experiences, including fulfillment in the role of mother and in other social and professional roles. As a result, older women's emotional attitude towards their corporality may be less strict, compared to younger women, whose appearance is closer to paragons promoted intensively in culture and hence criticized much more sharply, and whose attractiveness is less supported by rich life experiences and numerous fulfilled roles.

To sum up, in developing daughters' body-self the quality of relations with the mother and within the family plays a pivotal role. Imbalanced family systems in which daughters grow up make a neutral to positive impact without directly touching upon this aspect of self, whereas disorders, especially in family cohesion, may become a serious obstacle in daughters' body-self development. What is more, it is highly important how daughters perceive these relations and if they feel comfortable about them than how they are described by mothers. Meanwhile, mothers experiencing difficulties in regulating their physical needs will perceive their own families as more disordered.

Our research contributes to the quest for familial factors that stimulate stronger body-self and positive corporeal attitudes as well as for factors that cause weak body-self and dissatisfaction with one's own appearance. There are some obvious limitations, however. Due to the sampling method chosen, this study is not representative and cannot be generalized to other female age groups. As it has been designed as a cross-sectional study, it cannot be used to analyze cause and effect relationships that would pertain to body-self development in the family context. What is more, traumatic experiences were not controlled in this study (even though some mothers or daughters could have undergone them); they may however determine the way that corporality is experienced, along with the family impact (Kneipp, Kelly & Wise, 2011; Treuer, Koperdak, Rozsa & Furedi, 2005; Streeck-Fischer & van der Kolk 2000). Also, as the study focused on the mother–daughter dyad, the third perspective was not included – that of the father/husband. Considering this perspective would make the way the family is viewed more objective. Also, if extended by daughter–father and wife–husband relations, it would set up brand new research opportunities. Another interesting path for future familial research facilitating

body-self development might consider including both mothers' and daughters' personality traits. It could also analyze female biology, for instance the influence of a woman's temperament on bodily self development.

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