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Body image conversations between adolescent girls and their mothers: Exploring the tensions of body dissatisfaction

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Abstract
This study aims to explore the meanings that adolescent girls attach to their experiences of body dissatisfaction and to examine their subjective perspectives on their interactions with their mothers regarding body image with interpretive depth. To this end, the study adopts a hermeneutic phenomenological approach. Participants consist of 10 middle school girls aged 12–14 who sought help at specialized clinics specializing in psychology, child development, or nutrition and dietetics due to concerns related to body dissatisfaction. Data were collected through personal information forms and semi-structured interviews, and the analysis process was conducted according to interpretive thematic analysis principles. The findings revealed that mothers' interventions regarding body image occurred during shared activities such as meal-times, shopping, and social events, and that these interventions created tensions between adolescents' need for autonomy and parental control. Additionally, it was observed that mothers' comments about their own bodies and others' bodies had indirect effects on adolescents. The data were evaluated within the framework of mirror theory, objectification theory, and sociocultural theory, demonstrating that body image communication is transmitted through both direct and implicit means. The study emphasizes the decisive role of family communication and empathetic parental involvement in adolescents' processes of coping with body dissatisfaction, highlighting the importance of mothers and other family members adopting approaches that support body positivity for psychological well-being.

Keywords Adolescent girls · Body dissatisfaction · Phenomenology

Introduction

Adolescence is a critical developmental stage during which individuals experience rapid and significant changes, both physically and psychosocially. The changes that occur during this process shape not only the individual's inner world, but also the perceptions and reactions of the socio-cultural environment in which they live (Golian et al., 2014; Parlaz et al., 2012). While identity development is at the forefront during adolescence, when physical changes during this period are evaluated in conjunction with comments and expectations from the adolescent's social environment, problems related to body image inevitably arise (Ivanović et al., 2017).

Physical changes during adolescence and sociocultural pressures

Physical changes experienced during adolescence are shaped not only by individual factors but also by social norms. In a study conducted in Australia by Ricciardelli and McCabe (2004), a significant relationship was observed between sociocultural messages and body dissatisfaction and body change strategies in both indigenous and non-indigenous adolescents. The study revealed that this effect

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is also valid in different ethnic groups, but showed that there is a weaker link between sociocultural pressures and body dissatisfaction in indigenous girls, indicating that cultural differences influence body perception. In parallel, an experimental study conducted in the UK by Clay et al. (2005) found that exposure to ultra-thin fashion model images among adolescent girls aged 11–16 reduced body satisfaction and negatively affected self-esteem. This finding is supported by structural equality modeling, which suggests that the tendency to internalize media content and engage in social comparison increases with age.

Morphological changes experienced during adolescence (e.g., weight gain, skin problems, changes in body shape) directly affect individuals' body image, while these physical changes also become subject to external interpretation (Berge et al., 2016; Schulenberg et al., 2004). Adolescents become the subject of physical evaluation not only biologically but also socially. During this process, their dissatisfaction with their bodies stems from the mismatch between their physical appearance and the ideal body image imposed by society (Grogan, 2017; Wang et al., 2024). Ideal body representations reflected in social media can push adolescents toward unhealthy diets, excessive exercise, cosmetic interventions, or surgical procedures (Varman et al., 2021; Wang et al., 2017).

The impact of media and social representations on body image

Cultural products and media tools play an important role in shaping adolescents' body image. Social media platforms play a central role in the formation of adolescents' body image today. Idealized body images in the media increase pressure on body image not only at the individual level but also at the societal level among adolescents (Choukas-Bradley et al., 2025). These pressures lead both female and male adolescents to internalize "ideal body" norms and cause deviation from these norms to lead to negative emotions and body dissatisfaction (Thompson et al., 1999a, 1999b).

In a study conducted by Aybay and Kara (2018) in Northern Cyprus, it was found that cosmetic advertisements in fashion magazines affect body satisfaction and consumption behaviors among girls aged 12–17. Adolescents view the female models in these advertisements as a reference point for body image and turn to various cosmetic products in order to achieve idealized appearances. This situation increases dissatisfaction with their bodies and encourages consumption-based body modification behaviors.

Choukas-Bradley and colleagues (2025) have shown that adolescents' intense exposure to visual content while using social media triggers social comparisons. In this process, adolescents develop increased awareness of their physical appearance, and upward comparisons made through social media lead them to base their self-worth on external approval. In particular, among individuals with high social media awareness ("appearance-related social media consciousness"), body dissatisfaction, dietary behaviors, and desires for aesthetic interventions increase (Choukas-Bradley et al., 2025). For example, a teenage girl constantly exposed to "fit" and "perfect" appearances on Instagram may internalize the desire to change her appearance by comparing her body to such content. Such social media experiences can negatively impact the developing body image during adolescence, leading to low self-esteem and anxiety disorders (Fardouly et al., 2015; Perloff, 2014).

Therefore, cultural representations offered by media and social media tools function as powerful external factors in adolescents' body image and often contain unrealistic standards. In this context, media literacy education, body positivity approaches, and raising social media awareness are important strategies for protecting adolescents from negative effects (Levine & Piran, 2019).

Family dynamics and the role of the mother: sociocultural and psychological perspectives

During adolescence, the family is a critical social environment for the development of body image. Parents, especially mothers, have a decisive influence on children's body image through their direct or indirect comments about the body (Kluck, 2010; Solano-Pinto et al., 2021). Mothers' own body perceptions, their comments about others' physical appearance, and their verbal expressions toward their daughters play an important role in the development of body dissatisfaction (Arroyo & Andersen, 2016a, 2016b; Haworth-Hoeppner, 2000). Byely et al. (2000) found that mothers' perceptions of their daughters' weight directly influence adolescents' body image and dietary behaviors. These statements, referred to as "fat talk," encompass negative evaluations of both the mother's own body and the bodies of others (Holub et al., 2011; Mills & Fuller-Tyszkiewicz, 2017).

Maternal interventions: verbal, behavioral, and symbolic interactions

Mothers can influence their adolescent daughters' body image not only through direct verbal expressions, but also through nonverbal behaviors, implications, and social comparisons (Burnette et al., 2017; Schaefer & Blodgett Salafia, 2014). These interventions shape body perception at both the psychological and behavioral levels. In the body image literature, one of the key factors influencing young girls' body satisfaction, as outlined by Sociocultural Theory (Thompson et al., 1999a, 1999b), is the internalization

of body image standards from the media, peers, and family members—especially mothers. A mother's statements about her own body serve as a model for her daughter, and positive or negative body talk shapes the adolescent's perception of her appearance (Rodgers & Chabrol, 2009). In particular, mothers' emphasis on "thinness," dieting behaviors, and appearance-focused discourse can lead girls to objectify their bodies and feel pressure to conform to societal standards. In this context, Objectification Theory (Fredrickson & Roberts, 1997) explains how women and young girls evaluate their bodies from the perspective of external observers, arguing that this process also develops through parent-based social learning at an early age. Chng and Fassnacht (2016), in their study with Asian-American young girls, showed that critical body comments from mothers were positively associated with girls' body dissatisfaction. According to Family Systems Theory, body image is more than an individual perception; it is an interactive structure within the family. Communication patterns among family members can have lasting effects on children's self-perception (Minuchin, 1985). Body-based conversations with mothers during adolescence, combined with developmental sensitivities, shape the individual's relationship with their body. Arroyo and Andersen et al. (2016b) noted that when mothers convey supportive and positive messages about body image, girls are more satisfied with their bodies and avoid negative social comparisons. In contrast, body obsession and weight control behaviors are more common in families where mothers use critical language (Alleva et al., 2018). These findings emphasize that body image is shaped by sociocultural and familial contexts and highlight the importance of theoretical approaches in understanding these multi-layered interactions.

Türkiye's cultural context: heterogeneity and complexity

Türkiye has a complex cultural structure where Eastern and Western cultures intersect, and gender roles, religious values, and modernization processes are intertwined (Abdoli et al., 2024). Therefore, motherhood roles cannot be explained by simple patriarchal or religious motifs; differences such as urban–rural divide, secularism, and traditionalism must also be taken into account. For example, when sexual development begins in adolescence, fathers' responsibilities are often transferred to mothers, a situation related to social, religious, and economic factors. In Türkiye, the effects of mothers on adolescent girls' body image should be evaluated in the context of cultural norms and family interaction dynamics (Rezaei-Dehaghani et al., 2015; Stojcic et al., 2020). The literature indicates that family conversations about the body, and particularly interventions targeting body image between mothers and daughters, have significant effects (Arroyo & Andersen, 2016a, 2016b; Burnette et al., 2017). However, the role of shared activities between mothers and daughters in shaping these communication patterns and their impact on body dissatisfaction processes has been explored in only a limited number of studies. This study aims to deeply examine the role of daily shared activities between mothers and daughters in the transmission and internalization of body-related perceptions. This will help develop a comprehensive understanding of preventive processes and coping strategies before body dissatisfaction emerges (Kusina & Exline, 2019).

Early adolescence (ages 12–14) is an age group in which body image develops critically and psychological sensitivities are intense. Research targeting this age group requires special sensitivity from an ethical and methodological perspective (Webb et al., 2018). This study aims to reveal how adolescent girls perceive their mothers' interventions regarding body image in Türkiye's cultural heterogeneity, focusing on the early age group, using qualitative methods. Thus, family dynamics and individual experiences will be understood holistically in a cultural and developmental context, contributing to body acceptance-based interventions. Although there are many studies in the literature on body dissatisfaction and family interactions during adolescence, qualitative studies on how adolescent girls perceive their mothers' interventions regarding body image, especially in Türkiye's cultural heterogeneity, are quite limited. Furthermore, it is unclear how shared activities in mother-daughter relationships shape body image communication and influence body dissatisfaction processes. This study aims to gain a deep understanding of how adolescent girls experience their mothers' comments, interventions, and practices regarding body image in the context of shared activities. Another objective of the study is to examine the factors that shape adolescents' body image within the framework of mothers, families, and social structures. Thus, a multidimensional assessment will be provided. The study aims to make important contributions to both theoretical knowledge and practice.

Method

Research design

This study is structured on the basis of a hermeneutic phenomenological approach. Hermeneutic phenomenology focuses on interpreting the subjective meanings of individuals' experiences and aims to enable the researcher to understand the inner nature of experiences by penetrating the participant's world in an empathetic and critical manner

(Gadamer, 2004; van Manen, 1997). Within this framework, the study aims to develop a deep understanding of what the interactions between adolescent girls and their mothers regarding body image mean to these individuals.

In line with hermeneutic phenomenology, this study did not seek to "bracket out" or suspend researchers' preunderstandings entirely, as in descriptive phenomenology, but rather to engage with them reflexively throughout the interpretive process. Following Gadamer's (2004) notion of the "fusion of horizons," the researchers acknowledged that their prior experiences and disciplinary perspectives inevitably informed the interpretive act. These preunderstandings were critically examined and recorded in reflexive journals, enabling the team to remain aware of how their positionalities shaped meaning-making. This process resonates with van Manen's (1997) argument that hermeneutic phenomenology involves a dialogical movement between parts of the text and the whole, requiring openness rather than the elimination of bias. Thus, interpretation was guided by a continual reflexive stance rather than a strict epoché, ensuring that the lived experiences of the participants were both respected in their uniqueness and illuminated through theoretical engagement. In this study, we did not attempt to bracket or suspend our preunderstandings in the strict Husserlian sense. Instead, consistent with hermeneutic phenomenology, we acknowledged that complete bracketing is neither possible nor desirable (Finlay, 2009a, 2009b; Laverty, 2003). Researchers engaged in reflexive practices, such as maintaining analytic memos and team discussions, to critically examine how their backgrounds might influence interpretation. In Gadamer's (2004) terms, our aim was not to eliminate prejudice but to work through it, creating a "fusion of horizons" between the participants' lived experiences and the researchers' interpretive perspectives. This approach ensured that meaning was co-constructed in dialogue with the data rather than imposed by preconceived categories.

In this study, the aim was to interpret the depth of meaning rather than to identify superficial themes; therefore, interpretative thematic analysis was preferred over traditional descriptive content analysis. The analysis process was structured in a way that would provide insight into the multi-layered nature of experiences, in line with the nature of phenomenological meaning production (Smith et al., 2009).

Participants and sample

Participants consisted of 10 adolescent girls aged 12–14 who sought professional support due to body dissatisfaction and were reached through three different clinics (psychology, nutrition-dietetics, and child development) in Türkiye. The sample was determined using purposive sampling, and the following criteria were considered in participant selection: (a) being in adolescence, (b) receiving professional support due to body dissatisfaction, (c) living with their mother in the same household. All adolescents who were invited to participate in the study agreed to do so. After the study was planned with the adolescents who participated in the study, they were contacted through the clinics that were determined by the researchers. This sample does not aim to provide statistical generalization, but rather to obtain in-depth phenomenological insight in an exploratory clinical context. Participants' clinical history may shape their body image expressions within a therapeutic framework, and this situation has been considered as an interpretative layer included in the analysis (Finlay, 2009a, 2009b).

Researcher positioning (Reflexivity)

The research team consists of a multidisciplinary group from the fields of child development, psychiatry, and social work. The first author of the study is a child development scholar who has published scientific articles on body image and has worked in the field. The other researchers also have clinical and academic experience in body image, adolescent psychology, and social work.

In line with hermeneutic phenomenology, researchers kept reflexive notes, considering how their own biases and previous experiences might influence the interpretation process, and approached the themes with this critical perspective (Laverty, 2003). The potential effects of the researchers' professional backgrounds on the meanings attributed to the data were explicitly evaluated during the analysis process.

Data collection process

The data were collected using a semi-structured interview form designed for research purposes. The questions were prepared based on the literature on body image and eating behavior, and then reviewed by a psychologist and a dietitian. The dietitian's contribution was aimed at ensuring depth of content, based on the idea that perceptions of the body are linked to nutritional practices. However, this contribution was only technical in nature and was not included in the data analysis process.

The final version of the interview form was pilot tested with an adolescent in the target age group (12–14 years old). Based on feedback from the pilot interview, the language was simplified and adapted to the developmental level. This application is an important ethical and methodological step in terms of suitability for adolescents' cognitive-emotional capacities (Heary & Hennessy, 2002).

Implementation of the negotiations

The interviews were conducted at times and in places where participants felt comfortable, and an environment that prioritized privacy and psychological safety was provided. In order to protect the emotional safety of adolescents, especially on sensitive issues such as body image, the interviews were conducted with an empathetic, non-judgmental, and non-directive approach.

Each interview was recorded and then transcribed. Careful, open-ended, non-leading questions were used in the interviews to avoid touching on topics that might be sensitive to the participants.

Data analysis

Data analysis was conducted using a multi-cyclical thematic analysis approach in line with the interpretive nature of hermeneutic phenomenology (Smith et al., 2009). In the first stage, transcripts were read repeatedly by researchers to identify units of meaning related to the essence of each experience. In the second stage, these units of meaning were converted into codes and grouped thematically under common clusters of meaning. In the third stage, the interpretive depth of the themes was discussed and enriched with descriptive narratives.

In practice, the analysis proceeded through iterative cycles: (1) initial reading and highlighting of meaning units, (2) creation of preliminary codes close to participants' own words, (3) clustering of codes into broader categories, and (4) interpretive refinement of themes in dialogue with theory. For example, a participant's statement about secretly buying chips was first coded as "hidden eating," then grouped under "resistance behaviors," and later interpreted as part of the broader theme of "Resistance and Retreat." Such progressive abstraction illustrates the hermeneutic movement between parts and whole, ensuring transparency in how raw data developed into final themes. To clarify the analytic pathway, two brief examples illustrate how meanings were derived through Gadamerian hermeneutic interpretation. For instance, "Even when we eat together at a restaurant, my mother tells me what to order" (P2) was first coded as maternal monitoring and later interpreted as control disguised as care, forming the broader theme Timed Interventions. Similarly, "I started eating more on purpose, just to annoy my mom" (P6) moved from defiant eating to autonomy assertion, contributing to the theme Resistance and Retreat. These stepwise interpretations exemplify the fusion of horizons (Gadamer, 2004), where participants' lived meanings and researchers' interpretive understandings coalesced into coherent thematic insights. This interpretive move reflects Gadamer's view that meaning emerges through the dialogue between interpreter and text, through iterative cycles of inquiry and reflection.

The coding process was carried out by the first and fourth authors; consensus on the themes was reached through discussion with secondary coders (a child development specialist and an adolescent psychiatrist). The consistency of the inclusive thematic framework was confirmed through triangulation and interdisciplinary feedback. It was noted that quantitative reliability measures such as ICC (.79) did not correspond with the qualitative paradigm; therefore, the final themes were evaluated based on thematic consistency, interpretive validity, and expert review (Lincoln & Guba, 1985). After the data were analyzed, a preliminary report on the results was presented to the participants, and no feedback was received from the participants regarding the results.

Ethical principles

The research was conducted with the approval of a university ethics committee (ethics committee information has been anonymized). The study was planned and implemented in accordance with the principles of the Declaration of Helsinki.

The participation of adolescent participants in the study was carefully structured in accordance with the principles of voluntariness, consent, and confidentiality. Taking into account the psychosocial sensitivity of the age group of the participants, written informed consent was obtained from both the participants themselves and their parents (mothers). The purpose, scope, and principles of voluntary participation in the study were explained to the adolescents in clear, simple language appropriate to their developmental level, along with the fact that they could leave the interview at any time without giving a reason. In addition, their right not to answer any questions during the interview process was also clearly stated.

All participant information has been anonymized; interview recordings have been stored in a secure environment accessible only to the research team. No identifying information about participants was included in the analysis; participants were represented only by codes (e.g., P1, P2…). This approach demonstrates that fundamental ethical obligations to protect participants' personal privacy and psychological integrity have been fulfilled.

Findings

Analysis of the research data revealed four main themes: Timed Interventions, Mirroring and Comparative Discourse, Resistance and Withdrawal, and Adolescents' Desire to Be Seen and Expectations of Understanding.

Theme 1. Timed Interventions

Participants stated that their mothers' interventions regarding their body image generally took place during mealtimes, while shopping, and during social events. Most of these interventions took the form of either direct interference with food choices or verbal or nonverbal guidance regarding clothing and appearance. In particular, interventions made during meals were perceived by adolescents as both controlling and a violation of privacy.

Mealtimes and Mother Interventions

Participants reported that their mothers often commented on their food choices, portion sizes, and diet during meals, sometimes in front of others. "We have a regular mother-daughter day out every week. Even on those days, my mother interferes with my orders. Unfortunately, sometimes it happens while the waiter is standing at the table." (P4).

Such experiences indicate that mealtimes, rather than providing comfort, can transform into moments of control and exposure. The public nature of these situations appears to intensify adolescents' feelings of embarrassment and restriction.

"I am aware of my weight, but my mother constantly gives me instructions during meals. For example, 'Haven't you eaten enough? Eat more salad and drink plenty of water before meals so that you feel full and don't gain weight''. (P8).

"My mother does not let me order food in restaurants. She says, 'Don't eat too much, you will gain weight.'"(P2).

These interventions were often perceived by adolescents as triggering feelings of shame and inadequacy, although mothers may have intended such comments as expressions of care or concern.

Shopping and Mother Interventions

Eight participants stated that their mothers interfered with their body image during shopping trips, commenting on clothing sizes and nutritional information while shopping.

"I had wanted a pair of jeans for a long time. Although I was hesitant because of my weight, I wanted to try them on. My mother, who was with me in the store, looked at me and asked sarcastically, 'Are you sure?' This hurt me a lot." (P2).

"My mother doesn't interfere much with my clothing choices. However, because I have weight issues and am on a diet, sometimes I crave junk food like chips. If I buy them, I do so secretly to avoid my mother's comments." (P9).

Social Activities and Maternal Interventions

Six participants reported that their mothers made comparisons with others or gave unwanted advice during social events, usually based on cultural or religious values.

"At my cousin's wedding, my mother pointed to a girl on the dance floor and said, 'This girl is your age. Look, she looks like a model." (P7).

"Sometimes, before family outings, my mother looks me up and down and says nothing, but I can tell she doesn't approve of my outfit." (10).

"My mother starts adjusting my clothes to my body measurements days before an event. If I don't dress the way she wants, she makes hurtful comments like, 'You look like a whale.'" (P3).

Theme 2. Mirror Effect and Comparative Discourse

Almost all participants stated that their mothers frequently expressed dissatisfaction with their own bodies and commented on the bodies of others. These observations show that mothers influence adolescents' body image not only through direct intervention but also through indirect messages. Adolescents develop a mirror image by observing their mothers' evaluations of their bodies, which can lead to internalized standards in their own perceptions of their bodies.

"My mother has been saying that she has been unhappy with her body since childhood." (P3)

Such maternal comparisons and negative self-talk were described by adolescents as damaging to their body image; however, it is possible that mothers framed these statements as reflections of their own struggles rather than direct criticisms of their daughters. These statements suggest that adolescents are not only influenced by direct comments but also by observing their mothers' ongoing dissatisfaction, which implicitly communicates standards for evaluating their own bodies.

"My mom and dad watch a lot of TV at home. My mom often comments on how actors gain and lose weight. She doesn't complain much about her weight, but she usually complains about her short stature." (P1).

"My mother doesn't talk much about her own body, but when we go shopping or to the movies, she comments on other people's body shapes. I think she envies tall, thin women." (P4).

Theme 3. Resistance and Retreat

Most participants who were exposed to their mothers' comments about their body image stated that they developed emotional distance over time, entered into open conflict in some cases, or developed strategies of indifference. These reactions sometimes manifested themselves as a complete loss of desire to respond, and sometimes as behaviors that fueled mutual conflict. This situation indicates that adolescents experience tension between their efforts to develop autonomy and parental control.

"One of the reasons I am so overweight is my mother's constant interference and comments. At one point, just to spite her, I started eating, dressing carelessly, and ignoring her." (P6).

This reflects how maternal criticism can trigger both oppositional behaviors and withdrawal, as adolescents attempt to reclaim control over their bodies and choices.

"I used to argue with her, but now I don't even want to fight. I spend most of my time in my room because my mom only talks about my weight." (P2).

"My mom can be understanding sometimes, but then she shares my photos on social media without asking me or sets up appointments with a dietitian without my permission. I don't want to argue anymore, so I've stopped reacting." (P5).

Theme 4. Adolescents' Desire to Be Seen and Expectations for Understanding

A large proportion of participants stated that during periods of body dissatisfaction, they expected their mothers to be less judgmental, more empathetic, and to take a more option-based approach. Violations of privacy, excessive control, and comparisons with others were identified as factors that increased emotional vulnerability. Adolescents demand that their own body struggles be taken into consideration, that they be given time, and that they be offered messages of support rather than pressure.

"When I eat, I wish I didn't have to calculate the calories of everything I eat." (P9).

"I'm still young, but my mother acts as if I need to lose weight quickly and pressures me to exercise constantly, even on days when I have plans to meet up with my friends." (7).

"We don't communicate well… I mostly listen to what he wants, but my wishes aren't heard." (P1).

"He compares me to other girls, even celebrities. I wish he were more understanding and realized how hurtful that is." (P8).

These accounts reveal adolescents' unmet need for empathy and recognition, and how critical comparisons create emotional distance in the mother–daughter relationship.

Discussion

This study provides an in-depth exploration of adolescent girls' experiences of body dissatisfaction and their interactions with their mothers during this process. The findings reveal that body dissatisfaction is not merely an individual issue; it is a multidimensional experience intertwined with family relationships, social norms, and cultural structures. Mothers' attitudes toward body image and their interventions significantly influence adolescents' perceptions of their own bodies and their self-esteem.

When evaluated in the context of Lacan's (2006) *mirror stage theory*, the findings show that mothers act as a kind of "reflective mirror" in adolescent girls' body image development. According to mirror theory, children and adolescents construct their self-perceptions through the reflections of significant others. In this study, mothers' verbal or nonverbal comments about body measurements, appearance, and weight can negatively affect adolescents' self-esteem and lay the groundwork for internalized body dissatisfaction. The "double mirror" effect observed in this study demonstrates how maternal dissatisfaction and comparative discourse indirectly socialize adolescents into internalizing external appearance standards. This aligns with Fredrickson and Roberts' (1997) *objectification theory*, which emphasizes the internalization of external perspectives on the body, but our findings suggest that such processes occur not only through media or peers but also through intimate mother-daughter dynamics.

Maternal interventions in everyday life, such as mealtimes, shopping, and social activities, frequently triggered feelings of shame, pressure, and inadequacy in adolescents. Although previous literature highlights that shared meals promote healthy family communication (Eisenberg et al., 2004) and buffer against risky behaviors (Borowsky et al., 2001; Sohail et al., 2024), the present findings indicate that these contexts became sources of stress when mothers monitored food choices or made indirect comments. Adolescents described these interactions as forms of surveillance rather than support. Such findings support developmental perspectives: adolescence is a period marked by heightened sensitivity to evaluation and identity formation (Steinberg, 2014). In this developmental context, even well-intentioned maternal comments can produce disproportionate emotional

reactions such as shame, withdrawal, or conflict (Schulenberg et al., 2004).

The dynamics also reflect Bandura's (1986) *social learning theory*, which posits that individuals acquire attitudes and behaviors through observation and modeling. Adolescents closely observe their mothers' self-talk, comparisons, and dieting behaviors, often imitating or internalizing these patterns. Even indirect expressions—such as mothers criticizing their own bodies—were interpreted by daughters as implicit lessons about beauty norms. Prior research similarly shows that maternal "fat talk" predicts daughters' internalization of thin ideals and dissatisfaction with their own bodies (Arroyo & Andersen, 2016a, 2016b; Mills & Fuller-Tyszkiewicz, 2017). These findings suggest that mothers are not only role models but also transmitters of cultural appearance scripts, a process that is reinforced in collectivist contexts where parental authority is pronounced.

From a sociocultural perspective, Thompson et al., (1999a, 1999b) emphasize that body image is shaped by family, peers, and media. The participants in this study reported that their mothers frequently referenced idealized female figures in media or made comparisons with others, leading to heightened shame and dissatisfaction. These findings illustrate that families act simultaneously as filters and amplifiers of sociocultural beauty norms, extending the explanatory power of sociocultural theory. In Türkiye's collectivist context, where interdependence and familial involvement are highly valued, adolescents may face intensified pressures when parental control intersects with globalized appearance ideals (Markus & Kitayama, 1991).

Parenting styles also provide a useful interpretive lens. Baumrind's (1991) typology highlights that authoritarian parenting—characterized by high control and low sensitivity—can undermine adolescents' autonomy and self-esteem. Our findings demonstrate that mothers' critical or controlling interventions were perceived as restrictive and judgmental, producing conflict and emotional estrangement. Rather than fostering compliance, these interventions often provoked resistance or withdrawal, consistent with research showing that parental psychological control exacerbates adolescent distress (Barberà, 2023a, 2023b). By contrast, authoritative approaches that combine warmth with guidance are more likely to support positive identity development and healthier body image.

Attachment theory further contextualizes the adolescents' desire for empathy, validation, and unconditional acceptance. According to Bowlby (1988), secure attachment relationships are built on sensitive and attuned parental responses. Participants repeatedly emphasized their wish for mothers to emphasize bodily functionality over aesthetics and to communicate with respect and empathy. When maternal discourse was critical or comparative, attachment security was undermined, leaving adolescents vulnerable to shame and persistent body dissatisfaction. Conversely, empathic communication promoted resilience and healthier self-evaluations, reinforcing the protective function of attachment in adolescence.

Communication theories also deepen the interpretation of these findings. According to the family communication patterns framework (Koerner & Fitzpatrick, 2002), parental messages that stress conformity and control limit adolescents' openness in sharing concerns. In line with this, participants described withdrawing or concealing vulnerabilities when mothers engaged in critical discourse. Prior research confirms that supportive and validating parental communication fosters disclosure and psychological well-being, whereas controlling communication increases risks of anxiety and depression (Xiao et al., 2011). Thus, interventions promoting open, supportive family communication may buffer against body dissatisfaction.

The findings also highlight the intergenerational transmission of dissatisfaction. Mothers' own negative body image and frequent comparisons with others shaped daughters' internal evaluations. Usmiani and Daniluk (1998) identified mothers as both role models and primary sources of body-related information for their daughters. Similarly, observational learning research confirms that children internalize parental behaviors and attitudes (Abraczinskas et al., 2012a, 2012b). Negative maternal self-evaluations and critical discourse can thereby set the stage for daughters' adoption of maladaptive appearance schemas, consistent with evidence linking maternal dissatisfaction to adolescents' eating problems (McLaughlin et al., 2015).

Importantly, participants not only described maternal influence but also their own responses. Adolescents reported withdrawing, arguing, or emotionally isolating themselves in reaction to maternal interventions. These reactions highlight that body dissatisfaction is not passively absorbed but negotiated within relational dynamics. Corning et al. (2010) found that peer and family support systems mitigate the negative effects of body dissatisfaction. Our findings align with this, suggesting that the presence of empathic, supportive discourse can transform potentially harmful interactions into opportunities for resilience.

Taken together, these findings emphasize that body dissatisfaction is not reducible to media effects or individual vulnerabilities. It is co-constructed through developmental sensitivities, social learning, sociocultural scripts, and relational processes. Theoretically, the study extends objectification theory by situating self-objectification within intimate family interactions; it supports sociocultural theory by demonstrating the family's role as both filter and amplifier; and it confirms social learning theory by highlighting modeling processes. At

the same time, it underscores the enduring relevance of attachment, parenting, and communication theories in understanding how adolescents interpret and respond to parental discourse.

The interpretive synthesis of this study suggests that social learning, objectification, and attachment theories are not independent but mutually reinforcing in explaining the mother–daughter body image dialogue. Social learning processes describe how adolescents observe and internalize maternal body-related behaviors; objectification theory explains why these observations become internalized as self-evaluative standards; and attachment theory illuminates when and under what emotional conditions these internalizations take root or are resisted. Together, these frameworks form a dynamic model in which maternal discourse acts as both a vehicle of social transmission (learning), a site of self-surveillance (objectification), and a context for relational safety or threat (attachment). This integrative perspective emphasizes that interventions should address these interacting layers simultaneously—enhancing relational security, reducing self-objectification, and promoting positive modeling in daily family communication. In line with Gadamer's hermeneutic philosophy, these intersecting theories can also be viewed as dialogical horizons that expand one another, enabling a more holistic understanding of how meaning about the body is constructed within family relationships.

Cultural context is central to these interpretations. In Türkiye's collectivist society, parental involvement and authority are often framed as care and responsibility. Yet, as participants noted, these practices can inadvertently erode autonomy and exacerbate dissatisfaction when enacted in appearance-related domains. Culturally sensitive interventions must therefore balance respect for interdependence with recognition of adolescents' developmental need for autonomy. Programs that emphasize body functionality, diversity, and unconditional acceptance, while engaging families as partners, may be especially effective in collectivist settings.

In conclusion, this study reveals in a multidimensional way how mothers' attitudes and interventions toward body image shape adolescent girls' experiences of body dissatisfaction. Family dynamics, social norms, and cultural values decisively influence body image. Supportive, empathetic parental communication and a shift away from critical or comparative discourse will help adolescents build healthier relationships with their bodies. In line with prior work (Arroyo & Andersen, 2016a, 2016b; Eisenberg et al., 2004; Thompson et al., 1999a, 1999b), these findings suggest that interventions should not only address media influence but also focus on transforming family communication patterns. With methodological clarity, theoretical integration, and cultural sensitivity, this study contributes to understanding body dissatisfaction as a relational and contextualized phenomenon.

Limitations

This study has several limitations that should be acknowledged. First, the sample consisted of 10 middle school girls who had already sought professional help due to body dissatisfaction. This clinical sampling strategy provided access to rich experiential narratives but also limits its transferability, as participants' perspectives may have been shaped by their therapeutic context. Therefore, the findings cannot be generalized to all adolescents experiencing body dissatisfaction, especially those outside clinical settings.

Second, the study focused exclusively on adolescent girls living with their mothers, which excludes paternal influences and broader family dynamics that may also play a role in body image development. Future research would benefit from including fathers, siblings, and extended family members to obtain a more comprehensive picture of familial interactions.

Third, while the study situates its findings within Türkiye's cultural context, it is important to note that Türkiye is highly heterogeneous, encompassing urban–rural divides, varying socioeconomic conditions, and differences in secular versus traditional orientations. The present findings reflect a specific subgroup of adolescents and their mothers and may not capture the full cultural complexity of Turkish society. Future studies should investigate how regional, religious, and socioeconomic differences shape body image communication.

Another limitation concerns the possibility that some participants had previously been exposed to therapeutic or nutritional interventions. Such prior experiences may have shaped how they articulated their concerns, potentially amplifying or constraining certain narratives. This clinical involvement bias should be acknowledged, as it may distinguish these participants from adolescents who have not engaged with professional services.

Finally, as with all qualitative research, the interpretations presented here are co-constructed between participants and researchers. Although reflexivity was employed to critically examine researcher biases, it remains possible that the research team's disciplinary backgrounds influenced the interpretive lens. This limitation underscores the need for further replication and cross-cultural comparison to validate and extend the findings.

Recommendations for Practice

Based on the results of the study, some recommendations for practice can be made to mental health professionals and other relevant specialists.

Recommendations for Mental Health Professionals and Researchers

- Parental body image plays an important role in the process of body dissatisfaction in adolescents. In this context, parents must also maintain a positive body image. Including mothers who experience body dissatisfaction in body positivity therapy can have a positive effect on adolescent girls who experience body dissatisfaction. Considering that adolescent girls often model themselves after their mothers, it is important to acknowledge that body dissatisfaction may be a learned behavior.
- Research findings show that adolescent girls experience conflicts with their mothers during the process of body dissatisfaction and encounter communication barriers in their interactions with them. In this context, involving parents in therapy processes related to body dissatisfaction during adolescence can help facilitate open and positive communication between parents and children. Parents should be guided to understand their impact on their children's body image.
- In therapy for adolescents experiencing body dissatisfaction, it is recommended to focus on the health and functionality of the body rather than its aesthetic appearance. This can help them develop a more positive relationship with their bodies.

Recommendations for Schools

- Considering body dissatisfaction during adolescence, it is recommended that schools offer body positivity education as part of their guidance and psychological counseling services for early intervention. Such education can provide a preventive approach to body dissatisfaction.
- Body dissatisfaction is directly linked to eating disorders and excessive dieting behaviors. It is recommended that more education be provided on healthy lifestyles and eating habits during adolescence. Involving adolescents in this type of education can help them accept their bodies in a healthier way.
- Providing guidance and counseling services related to body image and self-esteem in schools is an important step. In addition, organizing educational programs based on media examples that celebrate body diversity for adolescents can help reduce the negative impact on body image.
- It is very important for adolescents experiencing body dissatisfaction to receive psychological and social support from their family members. Family education programs can be organized to prevent negative comments about the body within the family. These programs can include training on the importance of using “you” and “I” language in communication and how to contribute to body affirmation processes.
- To reduce the negative effects of the media and unhealthy eating habits on body dissatisfaction, school-based courses that support body image can be introduced from an early age. Nutrition and media literacy courses can help shape a healthier body image.

Results

The results of this study show that mothers play an important role in adolescent girls' body dissatisfaction processes and that their body image, attitudes, and discourse have a significant impact on adolescents. The study examines when and how mothers intervene with their daughters, particularly during mealtimes, shopping, and social activities. Such interventions can create communication barriers and lead to conflicts among adolescent girls. The study emphasizes that open and healthy communication within the family is a key factor in improving adolescents' psychological well-being. However, it has been shown that mothers' negative statements, such as comparing their daughters to others, can lead to emotional problems such as shame, doubt, and depression in adolescent girls. The study reveals that adolescent girls expect open communication and an empathetic approach from their parents, especially their mothers, during their body dissatisfaction processes. Adolescents expect their mothers to avoid being overly controlling, to offer options rather than suggestions, and to respect their privacy. In this context, it is crucial for mothers to be more aware of their own body image and to make positive statements about the functionality of the body. Such efforts can positively influence their daughters' body dissatisfaction processes.

In conclusion, the importance of healthy communication within the family is clear in helping adolescent girls cope with body dissatisfaction. The active participation of mothers and other family members in body positivity processes plays a critical role in helping adolescents accept their bodies in a healthy way and overcome this challenging developmental stage in a psychologically healthier manner. These

findings indicate that families and educators need to be educated on body positivity, empathy, and healthy communication. Such education will be an important factor in helping adolescents overcome body dissatisfaction.

Appendix A

Questions asked in the interview

1. Do you share your feelings about your body with your mother? If yes, how do these conversations usually start and end? Could you explain?
2. How do you think your mother influences your body dissatisfaction or your perception of yourself?
3. When you talk to your mother about your body and appearance, do her comments affect you? If so, how? Could you elaborate?
4. Do your mother's remarks about your body influence how you criticize your own body? If yes, in what way?
5. Do you feel comfortable or uncomfortable during conversations about your body with your mother? Why?
6. Does your mother intervene in your body dissatisfaction? If so, what are these interventions, and how do you feel during those moments? How do you respond to her interventions?
7. How would you describe your mother's body image? What does she say about her own body? Could you elaborate?
8. Does your mother criticize specific parts or aspects of other people's bodies? Could you provide examples and explain?
9. What are your expectations from your mother during your body dissatisfaction process? Could you explain with examples?

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Data availability The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Declarations

Ethical approval All procedures performed in studies involving human participants were conducted in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Before starting the research, ethical permissions dated 06.05.2024 and numbered E-81570533–044-2400003674 were obtained from Çağ University Scientific Research and Publication Ethics Committee.

Consent to participate Informed consent was obtained from all individual participants included in the study.

Consent to publish The authors declare that informed consent was obtained from all participants and their legal guardians for participation in the study and for the publication of anonymized data. The authors confirm that all identifying information has been removed to ensure confidentiality. Their statements are presented in the article using code names.

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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