

OWN BODY IMAGE AND SELF-AGGRESSIVE BEHAVIOUR PATTERNS VS. PARENTAL ATTITUDES OF GUARDIANS OF ADOLESCENT GIRLS

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Abstract: There is a vast body of literature on a significant role of the family in developing of self-image and aggression behaviour. Not only family structure (a complete or an incomplete family) is important, but also parental attitude. Parents are role models for their children, thus if they display inappropriate behavior, it poses the risk of improper child development, manifested by their distorted self-image as well as self-destructive and aggressive behaviour. The purpose of this paper was to demonstrate the influence of parental attitude on aggressive behaviour of adolescents and their low self-esteem related to body image. Both parents and their adolescent daughters participated in the study.

Keywords: self-aggressive, body image, family relations, adolescent.

1. Introduction

The Latin word *adolescere* means ‘growing up,’ and it corresponds to a period of transition from childhood to adulthood. It is a time of significant and intense changes affecting nearly all developmental processes. It also marks a space where the foundation and framework of one’s worldview is built, forming the fundamental system of norms and moral judgments as well as the hierarchy of values. Therefore, as pointed out by M. Przetacznikowa (1971), applying educational measures capable of neutralising difficulties related to these above-mentioned processes and of supporting adolescents in discovering their humanity to the fullest – is of great importance. The period of adolescence (according to Harwas-Napiętała, Trempała, 2010) is divided into two phases: early adolescence (i.e. the period of growing up between the ages of 11 and 16), and late adolescence (i.e. teenage years between the ages of 17 and 20). During the pubertal stage, a young person experiences intense physiological and psychological changes, whereas the teenage years are characterised by stabilisation as a result of these above-mentioned changes and entering into the fully-fledged social and cultural life. The purpose of the

psychological changes is to mould mature personality, while the physiological changes are aimed at gaining reproductive maturity. In this publication, the author discusses the problems of early adolescence, i.e. those experienced by young people between the ages of 11-16, since adolescence – as any other transitional stage – entails both specific tasks and needs. Developmental tasks result from maturation of the organism, i.e. biological and evolutionary tensions, but also from individual needs of every human being. Pursuing the developmental tasks brings positive emotions, satisfaction and pride. On the other hand, failure to satisfy one's developmental needs generates frustration which, in turn, is the source of low self-esteem, since – as evidenced by I. Wycisk and B. Ziółkowska (2010) – in the development of every human being, the period of adolescence proves to be particularly important in terms of the pursuit of maturity, because throughout this time, in a sense, children attempt to break away from the family home with an intent to pave their own paths. An adolescent aims to develop a mature personality on the basis of their own system of values (Brzezińska, 2005), whereas the psychological needs of the adolescence, as already mentioned, stem from intense physiological and psychological changes (related to the development of the cognitive sphere as well as of the interpretation and attitude towards moral norms) as well as social changes (pertaining to sociological and cultural processes affecting the person's development) – all typical of this developmental stage. The psychological needs of the adolescence period, according to such authors as e.g. Trempała (2010), include: the need for social acceptance (related to the fact that an individual's social life becomes significantly richer at this stage); the need for affiliation (i.e. the sense of one's own place in social groups); the need for autonomy and the right to one's own opinion and views (one's individual system of views and moral norms begins to develop in this period); the sexual needs and the need for gender identification (related to the physiological changes which prepare the organism for developing reproductive functions); the need for contact, i.e. establishing first long-lasting relationships with other people, e.g. friendship, romantic relationship (related to the need for social life and being a part of a group); the need for defining one's own identity and personal boundaries (it develops through building an individual's own personality and individuality, which is inextricably linked to the need for becoming independent); the need for creating an individual moral system (also related to the process of personality building); the need for understanding and accepting one's *self-image* (self-acceptance is an important aspect of a mature personality); the need for becoming independent and responsible (importantly, mature individuals are responsible for themselves and independently manage their own lives). All the above needs should be satisfied at the adolescent's family home, since they all clearly result from the fact that, while breaking away from the parents, a young person growing up undergoes an extremely difficult and emotionally turbulent time of contradictory feelings and drives in the process of personality building. However, one must keep in mind that adolescents function under the pressure of society – they are expected to display mature behaviour, whereas, at the same time, they are deprived of the full autonomy which is typically vested in adults. It is one of the reasons why

they become entangled in diverse conflicts constituting the adolescent crisis that occurs because the developmental changes force them to redefine numerous values in the pursuit of the mature personality. The conflicts typical of the period of adolescence demonstrate the disproportion between what an individual *wants* and what they *can* obtain or accomplish, thus such conflicts display exactly at that time, and – as Anna Brzezińska (2005) highlights – oscillate between the need for independence (stimulated by sexual maturity and improved intellectuality) and the constraints imposed by parents or caused by material dependence – but also between the need for autonomy and the fear of taking responsibility; between the pursuit of independence and the need for support; between attachment to the parents and increased mental criticism; between ideal visions (of other people and one's own) and realistic image of the world; among different levels of development in various spheres in which an individual functions (in the adolescence period, intellectual or physical maturity does not automatically implies emotional or social maturity).

1.1. Moulding the adolescent body image

As already mentioned, moulding of the self-image – including one's body image – proves to be extremely important in the development of adolescents, since the purpose of an adolescent person is to develop mature personality along with an individualised self-image, comprising one's own views and an idea of life, but also self-awareness of one's own strengths and weaknesses. During the adolescence period, an adolescent person displays utmost interest in the physical appearance and the way in which the human body functions. For these reasons, it is so important to make sure that children will develop the sense of self-acceptance and realistic awareness of their own body image. The focus on self-acceptance of one's body image facilitates developing self-acceptance in other aspects. Numerous surveys indicate that development of a complete self-image is precisely linked to adolescence. It is also assumed that the self-image of an adult or an elderly person has already been moulded. Therefore, an individual's corporeality and image are parts of the developmental process, and they are subjected to gradual changes resulting from growing up towards maturity linked to a consistent mental *self*, understood as proper representation of the body image in the mind. In other words, proper self-awareness of the body is one of the goals of development throughout adolescence. As emphasised by various authors, including A. Brytek-Matera (2008), what matters for perception of one's own body are significant elements (body image components) on which an individual concentrates on. The above-mentioned body image components affect the body judgement, consequently triggering either self-acceptance or self-rejection. Therefore, what matters for making a judgement about one's self-image is:

- cognitive component – estimating dimensions, shape and proportions of the body (comparing the figure and body parts with a perfect model),
- emotional component – related to the sense of psychological comfort or discomfort as well as to general satisfaction or lack of acceptance regarding the physical appearance (feelings accompanying the act of comparing the figure and body parts with a perfect model),
- behavioural component – exercises, diets, plastic surgeries (all measures taken to pursue a perfect model).

If body is perceived properly, individuals perceive all elements of the body image similarly to other people who surround them; if the body image resulting from subjective perception diverges from the objective one, an individual deals with the body image distortion, i.e. Body dysmorphic disorder (dysmorphophobia). Given that the image of one's own body is an important part of the self-image, it must exert a considerable effect on the person's behaviour towards oneself and other people. If a person perceives their body in conformity with the reality and they are satisfied with it, such a positive feeling combined with self-acceptance manifests itself in the person's behaviour. Such an individual tends to experience positive thoughts and emotions concerning oneself – not only with regard to the physical sphere, but other aspects as well. Self-acceptance of one's body image also affects the quality of interpersonal relationships, since such a person appears to be relatively relaxed in direct contact. The problem arises when the perception of one's body does not conform to reality, or when regardless of this conformity, one's attitude towards one's appearance is negative. In such a case, such a person may develop diverse emotional and mental disorders. Garner defines the following general factors determining whether one's image of the body is proper or improper:

- physical factor, i.e. all types of weight- and height-related indicators; physical transformations related to the person's maturation and ageing,
- interpersonal factor, i.e. the impact of the family, peers, etc.,
- emotional factor – corresponds to the individual's improper attitude towards oneself, determined by random events as well as diametrically changing perception of the self, which may be the case, for instance, when suffering from major depressive disorder.

The notion of self-awareness ("I know who I am") should also be mentioned in this respect. The phenomenon of self-awareness may be analysed in detail by referring to Markus' theory of self-schemata (based on Wojciszke, 2004). In accordance with the above-mentioned theory, a self-schema is a particular sphere of the self where an individual has specific predefined views and knowledge of oneself. Self-schemata emerge in the spheres of life which are considered important from an individual perspective, since they distinguish a person from others and define the person's values as well as pertain to one's numerous activities. The traditional division into *actual self* (real information about oneself), *ideal self* (desires and dreams about oneself) and *ought self* (duties and requirements about which an individual is convinced that they should

fulfil to become an ideal person) is the source of the sense of one's own worth. The self-worth, as a personal characteristic, is linked to the sense of inner control of events; motivation to achieve goals; perseverance; need for social approval; life satisfaction. Persons with high self-esteem are characterised by better mental state and somatic health condition as well as higher level of life achievements. Healthy self-esteem entails the acceptance of one's weaknesses, the capacity for processing them, as well as the awareness of one's strengths and using them actively. Unhealthy (i.e. either too high or too low, or completely inadequate) self-esteem, on the other hand, may lead to distortion of the reception of information regarding oneself. When one's self-esteem is low, such a person displays the tendency to reduce the probability of success and to question one's own abilities, which manifests in lesser involvement and effort while performing tasks, and consequently leads to an actual decline in the results attained, thus confirming the legitimacy of the low self-esteem.

In addition to Markus' theory explaining the problems related to the *self*, one should also mention the concept of the *self* by Higgins (based on W. Bąk, 2002), being an attempt to explain all problems with the lack of acceptance of one's own body vis-à-vis socialisation and upbringing. The *self* is understood by Higgins as a cognitive structure, i.e. self-knowledge acquired by means of an individual's socialisation and experiences. The self-discrepancy theory mainly concentrates on the correlation between a cognitive aspect of the self and its emotional-motivational component.

From an object-oriented perspective, self-perception (including one's own body image) consists of the content of the self-knowledge being created, and comprises the following components:

- *actual self*, i.e. the awareness of one's own attributes and deficiencies; what matters for self-awareness is the acceptance of the *actual self*
- *ideal self* – linked to the set of attributes which an individual would like to have, as well as to the impact of parental socialisation and mentalisation of the body image,
- *ought self* pertains to traits someone would like to have as a result of a sense of duty and responsibility – an individual pursues to gain them as well as (s)he is capable of attaining those traits.

According to the above-mentioned theory, one can assume that an individual – in the object-oriented aspect – perceives the self from one's own perspective comprising individual concepts of one's own image, as well as from the perspective of persons of significance (in other words, on the basis of an individual perception of how a person is perceived by other people). To sum up, an individual has the image of *actual self*, *ideal self* and *ought self*, developing as a result of both one's own perception and that of other people. According to Higgins, problems with the body image and difficulties with self-acceptance emerge in the event of discrepancy in the correlation among the above-mentioned three cognitive structures of the self.

Types of discrepancy in relation to cognitive structures of the self by Higgins:

- discrepancy between *ideal self* and *actual self* from one's own perspective, often related to frustration caused by a failure to satisfy a need, or dejection due to not having what one desires,
- discrepancy between *ideal self* and *actual self* from the perspective of significant persons (a set of traits others would like the individual to have), leading to a sense of dejection and embarrassment,
- discrepancy between *ought self* and *actual self* from one's own perspective, entailing low self-esteem and a sense of guilt,
- discrepancy between *ought self* and *actual self* from the perspective of significant persons, entailing a sense of anxiety, fear and being lost. This is related to yet another concept of the self in relation to the expectations of the society.

In accordance with E. Higgins's theory, the greater the discrepancy among the above-mentioned structures, the more intense one's experience of a series of negative emotions linked to self-perception. On the other hand, self-perception from the perspective of significant persons affects the individual's sense of self-acceptance to a greater extent than self-perception from one's own perspective. Because of active involvement in social groups, an individual collects information about themselves and builds one's attitude towards the world and themselves, hence the importance of the parent's role in a young person's adolescence. If one may speak of a purpose of personality crisis at all, it is for a mature personality to surface along with *adequate self-esteem*.

1.2. Role of the family in the adolescent's development

Given that the family provides grounds for the child's socialisation, it is the first and most fundamental social group which teaches interpersonal relationships and affects the moulding of the child's view of the world and the self. The family constitutes also a role model for various behaviour patterns (Brytek-Matera, 2008, 2009; Ziemska, 1996, 2009; Borecka-Biernat, 2013). Numerous studies imply that the moulding of one's body image is affected by parental attitudes, comments, behaviour and reactions, but also by appropriate dietary habits. Among a large number of studies, one may also come across those which suggest that too much criticism and too little acceptance towards the child's body from the family may contribute to the development of negative self-perception in the child (Brytek-Matra, 2008). The balance between positive and the negative emotions experienced by the child is also necessary for proper emotional development. As already mentioned, the development of an adolescent is significantly affected by the family, as it constitutes a permanent educational environment. The adolescent's personality, including the extremely important body image, is moulded through the educational styles of parents and their parental attitudes. The parental attitude is a relatively constant emotional mindset towards the object (subject) of the attitude, which

manifests itself in the parent's conduct and is aimed to trigger a specific response in the child. According to M. Ziemska (2009), the parental attitude (also referred to as cognitive-aspirational-affective structure) may be described as a tendency to feel emotions towards the child, to think about the child and to behave appropriately towards the child. According to Ziemska's typology of parental attitudes, they are divided into only two forms, thus determining which of these sub-groups is appropriate for the child's development and life. The *proper* attitudes include: acceptance, cooperation, recognition of one's rights, mindful freedom, whereas the *improper* ones are: rejection, avoidance, overprotection, and overly demanding attitude. Various inappropriate forms in the contact with the child become clear in cases of: excessive emotional distance or excessive emotional concentration in the parent-child relationship; the parents' dominant or obedient attitude. M. Ziemska states that the excessive emotional distance in the relationship results in either aggressive contact or withdrawal from contact. On the other hand, excessive emotional concentration results in so-called persistently correct contact or excessively close contact in the earlier developmental phase. Both the aggressive contact oriented against the child, and the persistently correct contact with the child are linked to the parent's pursuit of dominance.

The typology of parental attitudes, proposed by M. Ziemska, was used and described in detail by M. Plopa (2010) in his classification, where he distinguished five parental attitudes: rejection/acceptance, overly demanding attitude, autonomy, inconsistency, and overprotection.

In this context, one may claim that, in relation to diverse behaviour patterns displayed by parents/adults, a young person undertakes various instrumental activities aimed at the pursuit of one's goal, and when dealing with problematic behaviour, e.g. different constraints imposed by adults/parents, they often resort to behaviour patterns oriented towards alleviation of fear, frustration and anxiety linked to failures at school or being incapable of meeting the adults' expectations, which is why – especially during the period of growing-up – adolescents display all types of behaviour, manifesting defiance against the authority of adults and conventional society, whose norms and values are questioned by the young generation. This is aimed at demonstrating what adolescents consider to be important identity attributes as well as developing the sense of being adult by demonstrating independence and self-sufficiency. The problematic issue regarding the period of adolescence is also common self-destructive behaviour.

1.3. Self-destructive behaviour in adolescents

Self-aggression, interchangeably used with the term self-destructiveness, is a form of aggression and behaviour aimed at inflicting physical or psychological pain towards the self (Kubacka-Jasiecka, 2006; Wycisk, Ziółowska, 2010; Roszkowska, 2018; Babiker, Arnold, 2002). It is doubtless that self-aggression is a form of aggression, however, insofar as aggressiveness is generally a trait of every human being and it were it performs certain specific functions in the human existence – sometimes also of positive nature, self-aggression

constitutes a distorted behaviour pattern and very often involves a broad range of negative feelings (including the sense of guilt) as well as it is merely a reflection of a given person's actual problem hidden deep down inside them. Self-aggression may be direct, i.e. someone directs their negative emotions against themselves, e.g. through self-mutilation, non-verbal self-aggression, or engagement in self-criticism, which is an example of verbal aggression. Therefore, a self-aggressive behaviour pattern is understood as a type of behaviour which causes physical self-injury to the body, a threat to one's own life and all sorts of activities intended to trigger similar effects (Holyst, 1995). Another interesting phenomenon is indirect self-aggression, where someone intentionally seeks to provoke aggression from others to become their victim. It simply comes down to submitting themselves to any aggressive acts, either verbal or non-verbal, of other people. Self-aggression may also be verbal (e.g. taking a form of self-criticism), or non-verbal (usually manifests itself in self-inflicted bodily damage). The above-mentioned types of self-aggression are forms of active self-destructiveness, whereas there are also passive forms of self-aggression, mentioned in the literature on the subject, such as abandonment of healthy attitudes. One may speak of several classifications of self-destructiveness – a term used interchangeably with DSH (*deliberated self-harm*). As indicated by J. Wycisk and B Ziółowska (2010), different forms of DSH (in other words intentional or voluntary self-inflicted injuries) include superficial body damage, such as: cutting, hitting, burning, mutilation, jumping from heights, poisoning due to ingestion of therapeutic drugs in excessive amounts, or swallowing inedible substances.

The most commonly highlighted motive for self-aggression, particularly in the period of adolescence, is controlling the level of inner stress through its reduction (when an individual perceives the stress as threatening) or raising the level of excitement (stimulation). Such a person tackles overwhelming emotions, overcomes inner stresses or suppresses psychological distress by substituting them with physical pain and unpleasant sensations. Other authors mention further motives (based on Kubacka-Jasiecka, 2006; Wycisk, Ziółowska, 2010; Babiker, Arnold, 2002): a) handling anger directed against oneself and others; punishing oneself and others (a function related to punishing oneself; being a victim/punishing oneself – punishing others); b) regaining a sense of control of the situation (a function related to the *self*); c) communicating one's pain, rejection and alienation from others; intent to demonstrate one's pain and distress to others (a function of communication and relationship with others); d) self-harm used as a method for affecting one's own situation or other people's behaviour (a function of having an impact on other people's behaviour); one's attempt to persuade others into providing something what one wants, and what one believes to be incapable of attaining; e) coping with a past trauma (a function related to handling one's own experience).

2. Methods

The purpose of the research presented in this paper was to verify if, according to mothers and fathers themselves, parental attitudes were linked to distorted body image and aggressive behaviour in adolescent girls. As initially argued, the essence of behavioural disorders observed in adolescents is a causal link, i.e. the discrepancy between *ought self* and *actual self* from the perspective of persons of significance, as well as raising the level of negative emotions experienced in relation to self-perception, including the body image in female adolescents.

It has been assumed that such parental attitudes as negligence and rejection are associated with the adolescent's low social maturity and negative emotions, which often led to development of a negative personality. In other words, the adolescent may display aggressive and self-destructive behaviour. Analogically, proper attitudes, characterised by acceptance and autonomy, may have a positive influence on the adolescent's self-perception of the body image.

The above-mentioned assumptions were verified by posing the following research questions:

- Is there a relationship between parental attitudes of an adolescent's guardians and an adolescent's tendency towards self-aggression?
- Is there a relationship between parental attitudes of an adolescent's guardians and an adolescent's self-perception of their body image?
- Is there a relationship between an adolescent's tendency towards self-aggression and low self-perception of their body image?

Research methods applied

The tool used in the research was M. Plopa's (2010) Parental Attitude Scale (SPR-2). The indicators of the variable were attitudes of rejection / acceptance, autonomy, inconsistency, overprotection, as well as overly demanding attitude. Aggressive and self-aggressive behaviour patterns were analysed using the IPSA-II Inventory of Psychological Aggression Syndrome (Gaś, 1987). The indicators of the variable were as follows: tendency to revenge behaviour (factor I), tendency to self-destruction (factor II), aggression regulation disorders (factor III), displaced aggression (factor IV), unconscious aggressive tendencies (factor V), indirect aggression (factor VI), instrumental aggression (factor VII), self-hostility (factor VIII), physical aggression directed towards others (factor IX), hostility directed towards others (factor X), reactive aggression (factor XI). The body image was surveyed using the author's original Physical Appearance Self-Assessment Questionnaire. The indicators of this variable were: the sense of a flaw in physical appearance, masking of flaws in physical appearance, being obsessively absorbed by physical appearance, and monitoring of physical appearance.

The survey was conducted between October and November 2018 in lower secondary schools (Polish: *gimnazjum*) and upper secondary schools (Polish: *liceum*) of the Silesian Voivodeship, using a direct method. Each respondent was informed about the objective of the research and assured that the survey was completely anonymous and voluntary, as well as they were instructed on filling in the questionnaires. Both parents filled in Plopa's Parental Attitude Scale and provided metric information (gender and age). Next, the child filled in the IPSA-II Inventory of Psychological Aggression Syndrome by Z. Gaś and the Physical Appearance Self-Assessment Questionnaire devised by the author of this article, and added relevant metric information (gender and age).

3. Results

Demographic data of the research group

The research group comprised of 100 parents with daughters at the age of 11-16 years. Mothers were aged 36-49 years ($M = 39.91$; $SD = 2.94$), fathers' age ranged between 35-52 years ($M = 41.21$; $SD = 4.47$), whereas their children were aged between 11- 16 years ($M = 14.93$; $SD = 0.91$).

Table 1.
Demographic specification

Characteristics	Respondents' answers	percentage
Age	11	12
	12	11
	13	18
	14	17
	15	19
	16	23
Mother's education	Lack of education	8
	Primary	12
	Vocational	22
	Secondary	32
	Higher	26
Father's education	Lack of education	9
	Primary	19
	Vocational	27
	Secondary	24
	Higher	21

Table 2.*Father's parental attitudes vs. their child's aggression disorder*

Father's parental attitudes	Attitude of rejection/ acceptance	Overly demanding attitude	Attitude of autonomy	Inconsistent attitude
Adolescent's aggressive behaviour				
Factor I	-0,163	0,066	-0,170	-0,002
Factor II	-0,381***	0,361***	-0,445***	0,380***
Factor III	-0,089	0,221*	-0,109	0,226*
Factor IV	-0,273**	0,404***	-0,384***	0,283**
Factor V	0,057	-0,093	0,049	-0,142
Factor VI	-0,117	0,110	-0,154	0,063
Factor VII	0,011	-0,059	-0,008	-0,081
Factor VIII	-0,130	0,253*	-0,180	0,216*
Factor IX	-0,261**	0,346**	-0,344**	0,275**
Factor X	-0,304***	0,317***	-0,298**	0,230**
Factor XI	-0,154	0,154	-0,154	0,075
Total result	-0,243*	0,380***	-0,340***	0,280**

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

The survey was based on an assumption that there was a correlation between parents' improper attitudes and their child's tendency towards aggressive behaviour. Table 2 compares the values of Spearman's *rho* correlation coefficient between the father's parental attitudes and the child's aggressive behaviour. The results obtained imply that the higher the intensity of improper parental attitudes in fathers (overly demanding attitude, inconsistency, overprotection) the higher the tendency to self-destruction (factor II) – a significant and strong correlation, whereas there is a weak or moderate correlation with higher intensity of aggression regulation disorders (factor III), displaced aggression (factor IV), self-hostility (factor VIII), physical aggression directed towards others (factor IX), hostility towards others (factor X), and the total result. In turn, higher intensity of proper parental attitudes in fathers (acceptance, autonomy) is significantly and strongly correlated with lower intensity regarding tendency to self-destruction (factor II), and weakly or moderately correlated with lower intensity regarding displaced aggression (factor IV), physical aggression directed towards others (factor IX), hostility directed towards others (factor X), and the total result.

Table 3.*Mother's parental attitudes vs. their child's aggression disorder*

Mother's parental attitudes	Attitude of rejection/acceptance	Overly demanding attitude	Attitude of autonomy	Inconsistent attitude
Adolescent's aggressive behaviour				
Factor I	0.102	-0.024	0.35	-0.075
Factor II	-0.280**	0.371**	-0.235*	0.280**
Factor III	-0.029	-0.021	0.069	-0.029
Factor IV	-0.082	0.232*	-0.033	0.283**
Factor V	0.057	-0.003	-0.069	-0.042
Factor VI	-0.067	0.110	-0.099	0.163
Factor VII	0.031	-0.009	0.038	-0.037
Factor VIII	-0.024	0.079	-0.080	0.041
Factor IX	-0.061	0.146	-0.144	0.175
Factor X	-0.084	0.117	-0.128	0.127
Factor XI	-0.114	-0.054	0.054	-0.078
Total result	-0.043	0.138	-0.113	0.108

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

Having analysed the results presented above, one can observe that higher intensity of improper parental attitudes in mothers (overly demanding attitude, inconsistency) is significantly and weakly correlated with higher intensity of tendency to self-destruction (factor II) and displaced aggression (factor IV). Similarly, higher intensity of overprotective attitude in mothers is significantly and weakly or moderately correlated with higher tendency to self-destruction (factor II), displaced aggression (factor IV), physical aggression directed towards others (factor IX), hostility directed towards others (factor X), and the total result. In turn, the higher the intensity of proper attitudes in mothers (acceptance, autonomy), the lower tendency to self-destruction – significant and weak correlation.

With reference to the survey results, one can also conclude that overly demanding attitude (as an improper parental attitude) is positively correlated with the adolescent's tendency towards self-aggression. The overly demanding attitude (in fathers and mothers) is correlated with the child's stronger tendency to self-destruction (factor II). Furthermore, the overly demanding attitude (in fathers) is correlated with the child's stronger tendency towards self-hostility (factor VIII). In addition, the improper parental attitude of rejection is correlated with the adolescent's higher aggression directed towards others. The rejection attitude (in fathers) and the overprotection attitude (in fathers and mothers) are correlated with the child's very intense physical aggression directed towards others (factor IX) and hostility directed towards others (factor X).

To sum up, with reference to the opinion of Borzucka-Sitkiewicz (2010), one can state that determinants of aggressiveness are based on persons of significance. Their influence manifests itself in the aggression behaviour experienced from both the mother and the father, thereby accumulating the child's negative emotions. On the other hand, the parent's rejection attitude experienced by the child leads to deprivation of needs. Aggression is also triggered by the parent's excessive idealisation of the child, resulting in an excessive sense of autonomy –

the child is not required to abide by rules, which often entails the phenomenon of blurring boundaries between the child and the parent.

Table 4.

Father's parental attitudes vs. their child's own body image

Father's parental attitudes	Attitude of rejection/acceptance	Overly demanding attitude	Attitude of autonomy	Inconsistent attitude
Child's own body image				
Sense of a flaw in one's own physical appearance	-0,376***	0,378***	-0,315***	0,192
Masking of flaws in one's own physical appearance	-0,280**	0,271**	-0,235**	0,281**
Obsession with one's own physical appearance	-0,293***	0,218*	-0,269**	0,292**
Physical appearance monitoring	-0,128	0,132	-0,133	0,046

*** $p < 0,001$; ** $p < 0,01$; * $p < 0,05$

The statistical analysis conducted by means of Spearman's *rho* test, implies that higher intensity of improper parental attitudes in fathers (overly demanding attitude, inconsistency, overprotection) is correlated with the child's lower self-perception of their own physical appearance, i.e. it is significantly and strongly correlated with higher intensity of the sense of a flaw in physical appearance and the total result; moderately correlated with higher intensity of masking of flaws in physical appearance; and weakly correlated with being obsessively absorbed by physical appearance. In turn, higher intensity of proper parental attitudes in fathers (acceptance, autonomy) is correlated with the child's higher self-perception of their own physical appearance, i.e. it is significantly and strongly correlated with lower intensity of the sense of a flaw in physical appearance; moderately correlated with lower intensity of masking of flaws in physical appearance; and weakly correlated with being obsessively absorbed by physical appearance.

Table 5.

Mother's parental attitudes vs. their child's own body image

Mother's parental attitudes	Attitude of rejection/acceptance	Overly demanding attitude	Attitude of autonomy	Inconsistent attitude
Child's own body image				
Sense of a flaw in one's own physical appearance	-0.376***	0.228*	-0.215*	0.229*
Masking of flaws in one's own physical appearance	-0.268**	0.211*	-0.285*	0.248*
Obsession with one's own physical appearance	-0.093	0.118	-0.086	0.092
Physical appearance monitoring	-0.098	0.102	-0.033	0.006

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

The survey results obtained confirm the thesis that higher intensity of improper parental attitudes in mothers (overly demanding attitude, inconsistency, overprotection) is correlated with the child's lower self-perception of their own physical appearance, i.e. it is significantly and weakly or moderately correlated with higher intensity of the sense of a flaw in physical

appearance and masking of flaws in physical appearance. On the other hand, higher intensity of proper parental attitudes in mothers (acceptance, autonomy) is correlated with the child's higher self-perception of their own physical appearance, i.e. it is significantly and strongly or moderately correlated with lower intensity of the sense of a flaw in physical appearance and masking of flaws in physical appearance.

4. Summary

This study was focused on correlations between the body image, aggression behaviour and parental attitudes. The analysis conducted by the author of this article has revealed that the more the fathers and mothers assessed their own attitude towards the child as demanding, the more often their child had a tendency to declare their self-destructive tendencies. Furthermore, the more demanding the fathers were, the stronger was self-hostility experienced by adolescents. It has also been found that, according to the respondents, rejective, overly demanding and inconsistent attitudes of the fathers, as well as the overprotective attitude of both parents correlated with the child's intensified physical aggression and hostility directed towards others. One should also add that the correlations between aggressive behaviour and the father's parental attitude were more numerous and stronger than correlations related to the mother's attitude. Such results may stem from differences between maternal and paternal love. The mother is bonded with the child even before the baby is born, her love is unconditional. The mother-child relationship is particularly strong in the child's early years of life. The father's love, on the other hand, is something one must deserve, as it is triggered by various factors linked to how the child behaves. The father seems to play a more significant role in the development of moral attitudes in the child (Pospiszyl, 1980). Consequently, one may suspect that young people experience all abnormal paternal attitudes particularly strongly, since – in their opinion – such attitudes may pose a threat of the loss of a loving bond with the father. Perhaps the arising need for autonomy triggers fear of a failure to satisfy the father's expectations in adolescents, while their incompetence in handling negative emotions leads to releasing them through aggressive behaviour, either directed towards others or taking the form of self-mutilation. The confirmation of this conclusion may also be found in elaborations by Erich Fromm, who argues that non-satisfaction of father's expectations may result in loss of his affection towards the child. Fromm vividly describes this by claiming that “obedience becomes an advantage, while disobedience becomes a cardinal sin punished by being deprived of the father's love”.

It should be noted in summary that since parents are role models for their children, the fact that they display improper attitudes poses a risk of dysfunctional development of their children, including aggressive or self-aggressive behaviour patterns. Rejection of an individual by

a person of significance leads to deprivation of needs, and consequently affects their psychosocial development in a negative way. Regarding the above-mentioned information, one may refer to the research by M. Ziemska (2009), which indicates that parents rejecting the child or being overly demanding towards them contribute to escalation of aggressiveness. Indifference, emotional distance towards the child and unwillingness to spend time with them result in their disobedient, quarrelsome and aggressive behaviour. On the other hand, dominant parents, who attempt to subordinate their child, do not take their abilities into consideration and expose their child to pressure so that they fulfil their parents' exorbitant demands, which often deprives them of self-confidence, triggering aversion towards their parents and dissociation from them, as well as apathy and aggression in the child. The negative consequences of overly protective parental attitudes are also highlighted by M. Plopa (2010) in his studies, as he claims that a parent who believes to be guided by love towards the child while taking excessive care of them, actually interferes with the child's personal affairs and prevents them from making independent decisions, which proves to be a source of conflicts with the child, especially in adolescence, since on the one hand, the parents expect the adolescent to display behaviour patterns typical of adults, but on the other hand, they do not provide them with complete autonomy. All of this inclines the adolescent towards rebellion and emotional detachment from their guardians (Jankowska, 2013).

It has also been found that both the attitude of acceptance and autonomy in both parents are correlated with the child's less intensified sense of flaws in physical appearance and masking them. The more the fathers provided acceptance and autonomy, the lower was the child's obsession with one's own physical appearance. Furthermore, the effect of the father's rejecting attitude was an increase in the intensity of the child's obsession with their flaw in their physical appearance. The analysis has also proved that the overprotective attitude in both parents towards their child is correlated with an intensified sense of defective physical appearance and masking of flaws, while the father's overprotective attitude also correlates with the child's intensified obsession with their own physical appearance. The reason is that parental (especially paternal) care and support for the child, as well as respect towards them and trust in the decisions made by them, mould the child's self-confidence and self-acceptance, including acceptance towards one's own physical appearance, being an important part of the self-image. However, it must be emphasised that the care and support offered to the child should be provided under certain limits, since overprotectiveness and unceasing care cause that the child is parent-dependent, deprived of self-confidence and convinced that they will not manage challenges of everyday life without their parents.

In summary, one can claim that as the initial socialisation experiences occur in the family, parents exert huge influence on how adolescents mould their self-image. Dissatisfaction of one's own physical appearance may be rooted in both the parents' critical attitude towards the child's looks, and some disapproving remarks directed at the child. Before the child enters the adolescence period, the parents are usually pleased with their child physical appearance.

During adolescence, the period marked by physical and behavioural changes, this situation changes. The parents' reactions regarding corporeality or clothing of their adolescent children may trigger significant consequences for their children's psyche (Krok et al., 2010). According to Kearney-Cooke (based on Kobiecka, Brytek-Matera, 2008), parents, by means of their behaviour patterns, should develop a positive body image in their child and a conviction that the body is a source of pleasure, they should also avoid criticism towards the child's physical appearance, not to mention mockery. It is also very important to teach children a critical approach towards the information furnished by the media, and to develop self-awareness in them, understood as their own view of themselves – the adolescent children should be taught how to become gradually independent of other people's opinion (Kobiecka, 2012).

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