Maternal emotional feeding practices and adolescent daughters' emotional eating: Mediating roles of avoidant and preoccupied coping

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The current study examined the link between early childhood emotional feeding and adolescent girls' emotional eating, using maladaptive coping styles as the underlying mechanisms mediating these associations. We examined adolescent girls' and mothers' retrospective reports of emotional feeding during childhood, as well as adolescent girls' current reports of their coping behaviors (i.e., preoccupied and avoidant) and emotional eating. Findings showed that adolescent girls' and mothers' retrospective reports of early emotional feeding were positively associated with adolescent girls' emotional eating. Preoccupied coping, but not avoidant coping, mediated the associations between early emotional feeding (reported by adolescents and mothers) and adolescents' current emotional eating. In conclusion, findings suggest that early childhood feeding experiences are linked to the development of maladaptive coping and emotional eating among adolescent girls.

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In recent decades, emotional eating has become a topic of much interest in research on eating behaviors, disordered eating, and obesity (Ganley, 1989; Macht, 2008; van Strien, Frijters, Berger, & Defares, 1986). A form of disinhibited eating, or eating opportunistically in response to non-hunger cues (Stunkard & Messick, 1985), emotional eating refers to the tendency for some individuals to (over)eat in response to negative emotions such as anxiety, depression, loneliness, and boredom (Faith, Allison, & Geliebter, 1997; Thayer, 2001; van Strien et al., 1986). Though emotional eating may serve as an emotion regulation strategy (Macht, 2008), it is considered maladaptive because it is associated with overconsumption of high-calorie foods and may increase the risk of disordered eating, binge eating, and obesity (Geliebter & Aversa, 2003; Nguyen-Michel, Unger, & Spruijt-Metz, 2007; Stojek et al., 2016). Emotional eating is not uncommon during adolescence (Nguyen-Michel et al., 2007; Snoek, Engels, Janssens, & van Strien, 2007) and appears to emerge or increase during this period (Wardle et al., 1992; van Strien, van der Zwaluw, & Engels, 2010). Not all studies have found a gender difference among adolescents (Nguyen-Rodriguez, Unger, & Spruijt-Metz, 2009), but many studies have shown particularly high rates of emotional eating among adolescent girls (Snoek et al., 2007; Tanosky-Kraff et al., 2007; Wardle et al., 1992; van Strien et al., 2010). The origins of emotional eating are not well understood; however, parental use of emotional feeding has received considerable attention as a potential contributor to emotional eating in childhood (Blissett, Haycraft, & Farrow, 2010; Braden et al., 2014; Farrow, Haycraft, & Blissett, 2015; Tan & Holub, 2014). Moreover, maladaptive coping styles have been examined in relation to emotional eating, consistent with theories of emotional eating based on affect regulation (Raspopow, Matheson, Abizaid, & Anisman, 2013; Spoer, Bekker, van Strien, & van Heck, 2007). Thus, the current study included a sample of adolescent girls and their mothers to examine the following questions: (1) whether adolescents' emotional eating related to retrospective accounts of emotional feeding during childhood, (2) whether adolescents' emotional eating was associated with maladaptive coping styles, and (3) whether maladaptive coping styles mediated the association between emotional feeding in childhood and emotional eating in adolescence.
1. Parental emotional feeding and adolescent emotional eating

*Emotional feeding* describes a tendency for parents to feed their child in response to the child’s apparent distress (Mushzer-Eizenman & Holub, 2007; Snoek et al., 2007). This feeding pattern may lead to emotional eating by teaching children to use food to regulate their own emotions (Blissett et al., 2010). Supporting this possibility, cross-sectional studies have demonstrated a link between parents’ emotional feeding practices and children’s concurrent patterns of emotional eating (Blissett et al., 2010; Braden et al., 2014; Tan & Holub, 2014). Few studies, however, have demonstrated this association in adolescence or adulthood. Though one study demonstrated a link between college students’ emotional eating and their parents’ recollections of earlier feeding practices, the measured feeding practices did not include emotional feeding (Galloway, Farrow, & Martz, 2010). Moreover, only a handful of studies have empirically examined the reason for the apparent association between emotional feeding and emotional eating. The predominant explanation has been that parents who feed their children for emotion regulation undermine their children’s natural ability to regulate eating (Birch & Fisher, 1998). In other words, parents are teaching their children to soothe their emotions by eating, even in the absence of physical hunger (Blissett et al., 2010; Braden et al., 2014; Farrow et al., 2015). Thus, one possible mechanism linking parent emotional feeding to children’s emotional eating may be through children’s broader coping styles. That is, early feeding patterns may influence children’s global coping styles, which in turn lead to specific coping behaviors such as emotional eating (Sim & Zeman, 2006; Spoor et al., 2007). Individuals who engage in emotional eating may share a repertoire of strategies, including emotional eating, for regulating or coping with negative affect (Raspopow et al., 2013; Spoor et al., 2007). Though not yet empirically tested, emotional feeding may contribute to maladaptive coping through parental teaching of a particular maladaptive response to negative affect (i.e., eating).

2. Maladaptive coping

Recent research has linked female adolescents’ and adults’ emotional eating to maladaptive coping patterns that resemble preoccupied coping (i.e., ruminative, emotion-focused) and, to a lesser extent, avoidant coping (i.e., distracting, dismissive). In a sample of adult Dutch women with and without eating disorders (Spoor et al., 2007), participants reporting higher levels of emotional eating also reported more frequent use of non-social distraction (i.e., avoidance) and emotion-oriented coping (i.e., preoccupation, worry, and self-blame; Endler & Parker, 1994). Another study used an experience sampling technique to measure desire to eat among 16 obese adolescent girls four times per day over a seven-day period of dietary restriction. In this study, ruminative thinking (an aspect of preoccupied coping) increased the adolescents’ desire to eat in response to daily hassles (Kubiak, Vogele, Siering, Schiel, & Weber, 2008). In a third study, Raspopow et al. (2013) examined coping in relation to emotional eating in a large sample of undergraduate women. Like the current study, Raspopow et al. (2013) examined coping styles as mediators of emotional eating; however, their starting point was unsupportive social interactions rather than emotional feeding. The researchers found that emotion-focused coping, but not avoidant coping, mediated the relation between unsupportive social interactions and emotional feeding. In summary, a small but consistent body of evidence has demonstrated an association between preoccupied coping and emotional eating among adolescent and adult women, but there is less evidence linking avoidant coping to emotional eating, particularly among adolescents. Moreover, no studies have examined whether avoidant or preoccupied coping may explain the link between emotional feeding and emotional eating.

3. The current study

The major goal of the study was to examine whether maladaptive coping styles mediated the association between emotional feeding in childhood and emotional eating in adolescence. Specifically, we hypothesized that:

1. Retrospective emotional feeding (reported by both daughters and mothers) would be associated with higher levels of emotional eating among adolescents.
2. Retrospective emotional feeding (reported by both daughters and mothers) would be associated with both preoccupied and avoidant coping styles in adolescence.
3. Preoccupied and avoidant coping styles would be associated with greater levels of emotional eating in adolescence.
4. Both preoccupied and avoidant coping styles would mediate the relation between retrospective emotional feeding (reported by both daughters and mothers) and adolescent emotional eating.

4. Method

4.1. Procedures

Adolescent girls with ages ranging from 11 to 18 years, along with their mothers, were recruited from a Midwestern metropolitan area. Information regarding this study was distributed through electronic flyers posted on webpages (e.g., Facebook and Craigslist) and physical flyers posted in community centers (e.g., colleges and schools). Mother-daughter dyads who were interested in the study contacted the researchers to schedule a lab session and were then invited to visit the psychology department’s lab for the study. Both adolescents and their parents were required to provide written informed consent before participating. Parents and adolescents were then assigned to separate rooms to complete a computer-administered survey. As compensation for their participation, each dyad received a $40 grocery gift card.

4.2. Measures

4.2.1. Emotional feeding

Mothers and adolescents each completed a subset of items from the Comprehensive Feeding Practices Questionnaire (Mushzer-Eizenman & Holub, 2007). For this study, the three-item Emotion Regulation subscale was used to assess mothers’ and daughters’ recollections of the mother’s emotional feeding habits when the daughter was 5–10 years old. Because the original questionnaire was designed to capture parents’ perceptions of current feeding habits, item wording was modified to reflect mothers’ and daughters’ retrospective perceptions of mothers’ emotional feeding habits. Daughters answered the following questions on a scale ranging from 0 (never) to 5 (always): (1) “When you got fussy, was giving you something to eat or drink the first thing your parent did?”; (2) “Did your parent give you something to eat or drink if you were bored even if she thought you were not hungry?”; and (3) “Did your parent give you something to eat or drink if you were upset even if she thought you were not hungry?” Mothers completed the same items, but they were phrased in terms of the mother’s own feeding habits with the child in question. The three
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