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Controlling feeding practices and psychopathology in a non-clinical sample of mothers and fathers

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ABSTRACT

Objective: To explore the relationships between controlling feeding practices and a range of mental health symptoms while considering both parent and child gender.

Method: Mothers and fathers (N=214) of children aged 18–59 months completed self-report measures of their child feeding practices, eating psychopathology and general mental health symptomology.

Results: Feeding practices did not differ across any of the four parent–child gender dyads. Mothers' eating psychopathology scores were significantly higher than fathers' but parents did not significantly differ in the severity of their other mental health symptoms. Associations between disordered eating symptoms and controlling feeding practices were only seen in mothers of daughters and fathers of sons. In general, a range of mental health symptomologies in this non-clinical sample were related to more controlling feeding practices across all four dyads. Psychopathology was most strongly related to controlling feeding practices in parents of girls.

Conclusion: Symptoms of psychopathology may be more likely to associate with controlling feeding practices in parents of daughters due to societal values for slimness in females.

Psychopathology has been consistently associated with difficulties in parenting (Cummings & Davies, 1994) and, of particular interest, with problems within the domain of child feeding. Research in this domain has tended to focus on a limited selection of mental health problems, namely: symptoms of eating disorders; depression; anxiety; and, recently, obsessive-compulsive disorder (OCD) (Blissett, Meyer, & Haycraft, 2007; Coulthard, Blissett, & Harris, 2004; Francis, Hofer, & Birch, 2001; Patel, Wheatcroft, Park, & Stein, 2002; Stein et al., 2001). Previous studies have focused primarily on mothers, investigating the relationships between maternal psychopathology and children's feeding problems (e.g. Blissett et al., 2007; Lindberg, Bohlin, Hagekull, & Palmerus, 1996) and maternal psychopathology and controlling feeding practices with 1-year-old infants (e.g. Farrow & Blissett, 2005; Stein et al., 2001). With the exception of a study by Blissett, Meyer, and Haycraft (2006), which examined eating psychopathology and child feeding practices in both mothers and fathers of young children, the relationships between mental health symptomology and child feeding practices in fathers have been scarcely researched. To date, no work has looked at associations between a broader range of psychopathologies and child feeding practices in both mothers and fathers, with their daughters and sons.

Mental health problems can impair parents' responsiveness to, and interactions with, their child, which may manifest in the implementation of more controlling, less sensitive child feeding practices. Controlling child feeding practices (for example, coaxing children to eat certain foods, pressurising them to finish a meal, or withholding food to use as a reward) can be

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unintentionally detrimental. They have been found to interfere with the child's autonomy regarding feeding and eating (Fisher & Birch, 1999; Johnson & Birch, 1994), and have also been associated with children demonstrating less ability to self-regulate energy intake (Johnson & Birch, 1994) and with greater likelihood of children eating in the absence of hunger (Birch, Fisher, & Davison, 2003; Fisher & Birch, 1999). Two types of controlling feeding practices which have been widely studied in the literature (e.g. Carper, Fisher, & Birch, 2000; Fisher & Birch, 1999; Francis et al., 2001; Haycraft & Blissett, 2008; Johnson & Birch, 1994), and will be the focus of this paper, are pressure to eat and restriction. These practices have been found to commonly co-occur, with parents often reporting the use of both pressuring and restrictive feeding practices (e.g. Carper et al., 2000). Restriction of children's food consumption and the application of pressure for children to eat are feeding practices which have both been associated with the development of children's later restrained eating and disinhibition (Carper et al., 2000; Edmunds & Hill, 1999). While greater mental health symptomology has been associated with parents exhibiting both pressuring and restrictive controlling feeding practices (Francis et al., 2001), parents with mental health problems may alternatively exhibit less control over their children's eating by withdrawing from the feeding situation; a behaviour evidenced by mothers with eating psychopathology (Waugh & Bulik, 1999). Previous studies of mothers with bulimia nervosa have noted that mealtimes with a young child can be particularly stressful (Stein & Fairburn, 1989; Stein, Woolley, & McPherson, 1999; Waugh & Bulik, 1999) and there may be a tendency for these mothers to distance themselves from the feeding situation for fear that the presence of food will trigger a loss of control, resulting in them bingeing (Patel et al., 2002). Given that the optimum feeding style appears to be characterised by authoritative practices, such as guidance, moderate control over foods that are provided to the child, and modelling of positive and healthy eating behaviours (Hughes, Power, Fisher, Mueller, & Nicklas, 2005; Patrick, Nicklas, Hughes, & Morales, 2005), mental health symptomology has the potential to promote non-optimal feeding interactions between parent and child via the development of either over or under control of feeding. Furthermore, there is evidence to suggest that the presence of psychopathology in parents can be related to greater overweight in their children and to parents' perceptions of family mealtimes as less positive and more conflictual (Zeller et al., 2007).

Costanzo and Woody (1985) suggested a theory of domain specificity with regard to parenting behaviours in the context of children's obesity proneness. This theory purports that parents may be more likely to be controlling in areas in which they have concerns or high levels of investment. Thus, a parent with their own eating and weight concerns may be generally more invested in, and controlling with, their children's feeding and eating and may be more concerned about their children's potential for overweight. Costanzo and Woody found mothers with their own issues to perceive their daughters to be at greater risk than their sons in the domain of their own concern and, in turn, to be more likely to implement greater control. Numerous studies have since been conducted which support the theory that greater investment or concern might be related to controlling parenting behaviours and those which focus on the relationships between parents' disordered eating attitudes and behaviours, as well as symptoms of other psychopathologies (specifically depression, anxiety and obsessive-compulsive disorder), with the controlling feeding practices of pressure to eat and restriction, will be outlined below.

Eating psychopathology has been consistently associated with difficult feeding interactions between mothers and children. Parents for whom eating is an issue are more likely to exert control over their children's eating (Tiggemann & Lowes, 2002) and eating psychopathology has been found to interfere with a mother's ability to respond in a child-sensitive manner regarding food and mealtimes, suggesting that inappropriate parental feeding practices may result from a parent's need to maintain control over their children's feeding and eating (e.g. Stein et al., 1999). Indeed, a mother's own investment in weight and eating issues and high levels of cognitive dietary restraint with her own eating have been related to the use of more controlling child feeding practices (Francis et al., 2001; Johnson & Birch, 1994). Yet eating psychopathology, or excessive dieting, is not always associated with parents reducing their children's intake of foods. Dieting mothers who reported thinking about their own weight status when deciding which foods to eat were found to eat more healthy foods themselves, but fed their children more unhealthy foods, suggesting that dieting women who are limiting their own food consumption may find a release from their desires to eat unhealthy foods by instead feeding them to their children (St John Alderson & Ogden, 1999). Research into fathers' eating psychopathology is sparse, potentially due to its historically low prevalence in men (1:10, males:females in the UK; Eating Disorder Association, 2000). However, a more recent national survey in the US indicated a difference between eating psychopathology prevalence in males and females of 1:3 for anorexia and bulimia nervosa (Hudson, Hiripi, Pope, & Kessler, 2007). Furthermore, this study suggested that sub-threshold binge eating disorder was three times more prevalent in men than women in the US. That eating psychopathology prevalence appears to be increasing in men highlights the potential value of including fathers in this study. In addition, a recent study found fathers who reported greater dissatisfaction with their own bodies reported increased monitoring of their sons' but not daughters' food intake (Blissett et al., 2006). Furthermore, research has suggested that extrapolation of eating psychopathology may be particularly prevalent within same gender parent–child relationships (Blissett et al., 2006; Fisher & Birch, 1999), although other studies have suggested that there are also important relationships between fathers and daughters' eating psychopathology (Thelen & Cormier, 1995).

The implementation of insensitive, controlling feeding practices has also been associated with the presence of other psychopathologies. For instance, maternal depression has been found to relate to greater application of pressure for 5-year-old daughters to eat (Francis et al., 2001). Depression is neither stable nor uniform, and has been associated with hostility, coercion, withdrawal, and lower parental self-efficacy (Cox, Puckering, Pound, & Mills, 1987; Cummings & Davies, 1994; Stein et al., 2001), all of which may influence feeding interactions. Hence, for some parents, depression may relate to hostility in responding to children's signals and interference, such as overt pressure to eat, while for others it may be characterised by a withdrawal from interactions, characterised by parents' reduced involvement in feeding situations. Although limited, research evidence has found fathers' depressive symptoms, such as irritability and pessimism, to associate with less nurturing and more punitive parenting (Leinonen,