

Research report

Parental behaviour and adolescents' emotional eating

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Abstract

Parents can influence their children's emotional eating behaviour through modelling processes and parenting. In this study, data on parenting (support, behavioural control and psychological control), emotional eating, and demographic variables were gathered among both parents and two adolescent children of 428 Dutch families. Structural equation modelling showed positive associations between parents' emotional eating and adolescents' emotional eating. Adolescent's reports of low maternal support and of high psychological control for younger adolescents and low behavioural control for older adolescents were associated with higher emotional eating. Parents' reports of parenting were not significantly associated with adolescent's emotional eating. Multi-group analyses revealed no significant differences in associations between modelling and parenting factors on the one hand, and adolescent emotional eating on the other, by sex of the older or younger adolescent.

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Introduction

It is widely accepted that emotional arousal and distress affects eating behaviour (Ganley, 1989). In humans, evidence points to an individual difference model of food intake in response to negative affect (Greeno & Wing, 1994); in this model, the physiologically normal reaction to emotional arousal and distress is loss of appetite. In contrast, some individuals respond by excessive eating, or at least not eating less; a phenomenon that has been named emotional eating (Bruch, 1973; Greeno & Wing, 1994; Kaplan & Kaplan, 1957; Oliver & Wardle, 1999; Schachter, Goldman, & Gordon, 1968). Eating more versus less in response to stress is dependent on the context and type of stress, but has been considered an individual characteristic because it was found to be highly consistent over time and varied more between than within individuals (Stone & Brownell, 1994). Why some people develop this kind of eating behaviour and others do not remains unclear. Early

observational studies have led to the suggestion that parental behaviour might play an important role in the development of emotional eating in childhood (Bruch, 1973). It was proposed that especially an emotional feeding style (i.e. feeding in response to emotional distress) might enhance emotional eating. In a more recent study, mothers who scored high on emotional eating themselves were found to have a more emotional feeding style, although this feeding style was not associated with either mothers' or children's body mass index (BMI) (Wardle, Sanderson, Guthrie, Rapoport, & Plomin, 2002). In Brown and Ogden (2004) 'parental control over children's diet' and 'parental levels of control over their child's behaviour using food' were unrelated to children's scores on a short version of the DEBQ emotional eating scale. Further, young girls' perceptions of parental pressure to eat more were positively associated with emotional eating (Carper, Fisher, & Birch, 2000). Other studies on modelling or parenting effects on emotional eating in children or adolescents are lacking, although different aspects of parental behaviour are reported to be related to children's food intake, eating behaviour, disordered eating, and weight status. The

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objective of the present study is to determine how modelling and general parenting (support and control) factors are related to adolescent's emotional eating.

Parental modelling

High similarities in emotional eating between parents and children could indicate that, besides possible genetic effects, parents and children influence each other's eating behaviour, for example through modelling. Children might model not only their parents' food intake and preferences (Birch & Fisher, 1998), but also their attitudes towards food and reasons behind eating behaviours (Brown & Ogden, 2004). Surprisingly, studies on the role of familial modelling of body image dissatisfaction and disordered eating behaviour have been ambiguous, with some reporting no similarities between parents and children (Littleton & Ollendick, 2003) whereas others found that modelling occurs (especially of maternal eating behaviours) even at a very young age (Ricciardelli & McCabe, 2001).

Parenting

Many studies have suggested that parenting influences different aspects of children's behavioural and cognitive development, including disordered eating (Birch & Fisher, 1998; Minuchin et al., 1975; Tata, Fox, & Cooper, 2001). Parenting can refer to food-specific parenting or feeding practices but also covers general parenting (Hughes, Power, Fisher, Mueller, & Nicklas, 2005). This is the context in which parenting practices occur and is often operationalized by the dimensions control and support (Baumrind, 1971). The control dimension varies from supervision and monitoring to more manipulatively suppressive control while the support dimension refers to the affective and supportive behaviour of the parents (Finkenauer, Engels, & Baumeister, 2005; Lamborn, Mounts, Steinberg, & Dornbusch, 1991). Those two dimensions have been related to children's behaviours, including health risk behaviours and internalizing problem behaviour (Maccoby & Martin, 1983).

Studies on parental control and food intake tend to focus on young children. A series of experiments by Birch and Fisher in young children (Birch & Fisher, 2000; Fisher & Birch, 1999a, b, 2000) showed that food restrictions were associated with unintended outcomes, such as higher preference for and intake of the restricted foods and lower ability to self-regulate intake (Birch & Fisher, 1998; Fisher & Birch, 1999b; Johnson & Birch, 1994). Similar results on snacking were found by Brown and Ogden (2004) although others found opposite results (De Boudeaudhuij, 1997), and the association between parental control and overweight in children has not consistently been found (Faith et al., 2004; Robinson, Kiernan, Matheson, & Haydel, 2001). In a cross-sectional survey, parental supervision and monitoring were associated with higher levels of extreme dieting in boys, but not girls (Fonseca, Ireland, & Resnick, 2002).

These inconsistent findings might be explained by the way parents enforce control, thus the type of control. Parental control can consist of active supervision of and acquiring knowledge about what children are doing; this is called *behavioural control*. But control can also be harsh, suppressive and manipulating, including behaviours, such as guilt induction, love withdrawal and excessive pressure for change; this is called *psychological control*. Generally, behavioural control was found to be a protective factor for problem behaviour while psychological control was a risk factor (Finkenauer et al., 2005). Furthermore, psychological control is suppressive and authoritarian and therefore more likely to undermine the child's autonomy and ability to self-regulate intake (Birch & Fisher, 1998).

Parental support has been associated with less problem behaviour and emotional problems in children (Finkenauer et al., 2005). Studies on eating problems and obesity are generally in line with these findings. Lack of parental support and parental caring has been related to disordered eating and body dissatisfaction (Littleton & Ollendick, 2003; McVey, Pepler, Davis, Flett, & Abdolell, 2002). Another study found that parental overprotection, not care, was related to body dissatisfaction and, for females, disordered eating (Tata et al., 2001). In addition, one study reported a negative association between parental support and obesity (Lissau & Sorensen, 1994).

In the present study we examined the associations between parental emotional eating, behavioural control, psychological control and support, and the level of adolescents' emotional eating in 428 families consisting of both parents and two adolescent children. It was hypothesized that adolescents model their parents and that high behavioural control; low psychological control and high support were associated with higher emotional eating in adolescents. Both adolescents of each family were included to cover a broader age range. Our design with multiple reporters per family provided reliable information about both parents and adolescent scores on eating behaviour and allowed to compare influences of parenting reported by the adolescent and by the parents themselves. Moreover, we tested whether paternal and maternal behaviours were differentially related to adolescent behaviours, and whether the adolescent's sex moderated these associations. Most research in this area has focussed on maternal feeding practices, despite the fact that fathers seem to be important in child eating disturbances (Blissett, Meyer, & Haycraft, 2006). Given that the role of children's weight status is relevant to studies of parental influence on children's eating (Birch, Fisher, & Davison, 2003; Francis & Birch, 2005) an additional model was tested that included adolescents' weight status.

Methods

Procedure

Participants of this study were 428 Dutch families (Harakeh, Scholte, de Vries, & Engels, 2005; Van Der

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