



Research report

Associations between child emotional eating and general parenting style, feeding practices, and parent psychopathology



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ARTICLE INFO

Article history:

Received 14 July 2013

Received in revised form 17 March 2014

Accepted 11 April 2014

Available online 26 April 2014

Keywords:

Emotional eating

Parenting

Child obesity

ABSTRACT

Emotional eating is the tendency to eat in response to negative emotions. Prior research has identified a relationship between parenting style and child emotional eating, but this has not been examined in clinical samples. Furthermore, the relationship between specific parenting practices (e.g., parent feeding practices) and child emotional eating has not yet been investigated. The current study examined relationships between child emotional eating and both general and specific parenting constructs as well as maternal symptoms of depression and binge eating among a treatment-seeking sample of overweight children. Participants included 106 mother–child dyads who attended a baseline assessment for enrollment in a behavioral intervention for overeating. Ages of children ranged from 8 to 12 years old. Mothers completed self-report measures of their child's emotional eating behavior, their own feeding practices, and symptoms of depression and binge eating. Children completed a self-report measure of their mothers' general parenting style. A stepwise regression analysis was conducted to identify the parent variable that was most strongly related to child emotional eating, controlling for child age and gender. Emotional feeding behavior (i.e., a tendency to offer food to soothe a child's negative emotions) was the parent factor most significantly related to child emotional eating. Findings suggest that emotional feeding practices in parents may be related to emotional eating in children. Treatment with overweight children who engage in emotional eating may be improved by targeting parent feeding practices.

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Introduction

Emotional eating, or eating in response to negative emotional states, has been identified as an “obesogenic” trait that contributes to weight gain and, ultimately, obesity (Crocker, Cooke, & Wardle, 2011) in both children (Braet & Van Strien, 1997) and adults (Geliebter & Aversa, 2003). In one sample of children enrolled in a healthy eating and activity intervention, 63% endorsed emotional eating (Shapiro et al., 2007). Children who eat for emotional reasons may eat in response to feelings of anger, anxiety, frustration, or depression (Tanofsky-Kraff et al., 2007), and emotional eating may function as an “escape” from negative affect (Heatherton & Baumeister, 1991). Emotional eating appears to be associated with overeating (Van Strien, Engels, Van Leeuwe, & Snoek, 2005) and eating foods

high in energy density (Nguyen-Michel, Unger, & Spruijt-Metz, 2007) among adolescents. Among children, emotional eating is associated with eating in the absence of hunger (Moens & Braet, 2007) and loss of control eating, a symptom of eating disorder psychopathology (Goossens, Braet, Van Vierberghs, & Mels, 2009). Despite this, the relationship between emotional eating and weight status among children is unclear. A comparison of emotional eating among samples of underweight, normal weight, overweight, and obese children indicated that emotional eating was most prevalent in the obese, clinical sample (Crocker et al., 2011). Other studies have confirmed a significant positive relationship between emotional eating and BMI in children (Braet & Van Strien, 1997; Webber, Hill, Saxton, Van Jaarsveld, & Wardle, 2008); however, this relationship was not supported in two additional samples (van Strien & Bazelier, 2007; van Strien & Oosterveld, 2008).

Since parents are the primary socialization agents of their children, it seems likely that aspects of parent behavior may be related to emotional eating in children. Substantial evidence indicates that

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parenting has a powerful impact on child body weight, food choices, and physical activity (Sleddens, Gerards, Thijs, de Vries, & Kremers, 2011), in addition to genetic factors that influence weight status and eating. Recent research has emphasized the importance of examining parenting and obesity-related behaviors in children (Power et al., 2013). In this literature, distinctions have been made between general parenting styles and specific feeding practices (Patrick, Hennessy, McSpadden, & Oh, 2013). General parenting styles describe how parents interact with their children (e.g., level of warmth, acceptance, and control) and specific feeding practices address what parents do to influence their children's eating behavior (e.g., limiting sweets). Among children, emotional eating may be related to both general parenting style and specific feeding practices.

Three previous studies have examined the relationship between child emotional eating and parenting style, all in nonclinical samples of children. Among children aged 8–11, children who endorsed emotional eating tended to perceive their parents as “disregarding” and their relationship with their parents as “contradictory” (Schuetzman, Richter-Appelt, Schulte-Markwort, & Schimmelmann, 2008). Topham et al. (2011) found that parents who tended to minimize their children's negative emotions (e.g., “I tell my child not to make a big deal out of missing the party”) were likely to have children who were engaging in emotional eating. Similarly, among Dutch adolescents, emotional eating was related to low maternal support, high psychological control, and high behavioral control (Snoek, Engels, Janssens, & Van Strien, 2007). Although these three studies support the potential impact of general parenting style on emotional eating in nonclinical samples of children, examination of parenting style and emotional eating in a treatment-seeking, overweight sample of children has not been conducted.

In addition to general parenting style, emotional eating in children may be related to specific feeding practices. Parenting practices related to children's eating behaviors (i.e., feeding practices) have been investigated as relevant factors associated with child weight and eating habits (Hurley, Cross, & Hughes, 2011). Although parents may be well-intentioned, certain feeding practices may inadvertently promote child weight gain by removing the child's opportunity to learn to eat based on physical cues of hunger and satiety (Birch & Fisher, 1998). For example, using food as a reward to shape a child's behavior (e.g., offering a cookie if the child eats everything on the dinner plate) may decrease the child's ability to self-regulate his/her intake based on satiety and rely instead on external cues of when and what to eat (Birch, Birch, Marlin, & Kramer, 1982; Birch, McPhee, Shoba, Steinberg, & Krehbiel, 1987; Newman & Taylor, 1992). Furthermore, children whose parents offer food as an emotional regulation strategy may be prone to overeating. Results from an experimental study showed that children whose mothers offered food for emotion regulation consumed more cookies in a lab paradigm, as compared with children whose mothers did not use emotional feeding practices (Blissett, Haycraft, & Farrow, 2010). In these circumstances, it is possible that children could learn to associate food with pleasure, potentially leading to an increased reliance on food as an emotion regulation strategy and a decreased tendency to eat based on nutritional needs.

Another parent-related factor that may be associated with emotional eating in children is maternal psychopathology. Maternal psychopathology significantly impacts child development, including child behavioral and emotional functioning (Goodman et al., 2011), and child eating behaviors, more specifically. Maternal psychopathology, including eating disorders, depression, and anxiety, is associated with child feeding problems (Coulthard, Blissett, & Harris, 2004; Coulthard & Harris, 2003), and this relationship has been found in children as young as age 4 (Whelan & Cooper, 2000). Specific eating disorder symptoms, including maternal disinhibited eating, hunger, body dissatisfaction, bulimic symptoms, restraint, and drive for thinness are associated with child eating behavior in the first 5

years of life (Stice, Agras, & Hammer, 1999). Similarly, overeating behavior in mothers (e.g., binge eating and night eating) has been found to be significantly related to unhealthy eating patterns in children, including binge eating and night eating (Lamerz et al., 2005). Furthermore, observed rates of maternal psychopathology are high in samples of obese, treatment-seeking children. For example, in one sample of obesity treatment-seeking families, 25% of the mothers endorsed moderate levels of binge eating (Epstein, Myers, & Anderson, 1996), while in another sample, 8% of mothers endorsed high levels of depression (Epstein et al., 1996). Interestingly, maternal depression and binge eating were more strongly associated with child psychosocial functioning than the child's overweight status (Epstein et al., 1996). Given the association between maternal psychopathology and general child feeding problems and the high rates of maternal binge eating and depression in samples of overweight children, maternal psychopathology may also be an important factor related to child emotional eating. Children who are exposed to psychopathology in their parents may observe parents eating in response to their own negative emotions, contributing to child emotional eating and eventual overweight.

Given the high rates of emotional eating in treatment-seeking, overweight samples of children, and its association with other eating disorder behaviors, there is a need to further evaluate factors that may be related to its development. To date, there is no published research that examines child emotional eating and general parenting style in a clinical sample of overweight children. Additionally, prior research has not investigated the relationship between child emotional eating and specific parent feeding practices, as well as parent psychopathology. Based on these gaps in the literature the primary aim of the present study is to: 1) Identify the parent variable (i.e., general parenting style, parent feeding practices, and maternal binge eating and depression) that is most strongly related to child emotional eating. Clarification of parent-level factors that are associated with child emotional eating may highlight intervention and prevention targets.

Method

Participants

Participants included 106 mother–child dyads who were part of a larger sample ($n = 117$) of parent–child dyads who attended a baseline assessment for enrollment in a behavioral intervention for overeating (NCT01442142) (Boutelle et al., 2011). In the present study, parent–child dyads with a participating father ($n = 11$) were excluded in order to control for any effects of parent gender. Ages of the children ranged from 8 to 12 years. Participants were recruited from Minneapolis, Minnesota with the use of direct mailings, media announcements, advertisements, and physician referrals. After completing an initial phone screen, potential participants were invited to attend the baseline assessment if the parent reported that their child was overweight or obese (BMI percentile ≥ 85 th%) and had high eating in the absence of hunger (Boutelle et al., 2011, 2014). Eating in the absence of hunger was screened over the phone by asking the parent two questions: 1) “Imagine your child just finished a meal. How often does your child start or keep eating because the food looks, tastes, or smells so good?”; 2) “After a full meal how often does your child start or keep eating because others are still eating?” These questions were borrowed from a parent self-report version of the Eating in the Absence of Hunger Questionnaire (Shomaker et al., 2010). Exclusion criteria included concurrent enrollment in a weight loss program, use of medications that affected appetite, and the presence of a psychiatric diagnosis that could interfere with treatment (e.g. eating disorder, substance dependence). The study was approved by the University of Minnesota

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