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The effects of parental mental health and social-emotional coping on adolescent eating disorder attitudes and behaviors



Laura E. Martinson, Christianne Esposito-Smythers^{*}, Dan V. Blalock

George Mason University, Fairfax, VA, USA

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ABSTRACT

This study examined whether social-emotional coping skills moderate the association between parental mental health symptoms and adolescent disordered eating attitudes and behaviors in a clinical sample of adolescents with internalizing and/or externalizing symptoms. Fifty-nine adolescent-parent dyads ($N = 118$ total participants) recruited from a metropolitan area in the Northeastern United States completed assessments at baseline and 12-month follow-up. Generally, higher parental depression and anxiety were only found to be associated with greater disordered eating attitudes and behaviors among adolescents who reported poorer (versus stronger) emotional awareness/expression skills and less (versus greater) ability to regulate emotions. Results may suggest that adolescents who lack the ability to effectively recognize, express, and manage negative emotions that arise in the context of a challenging home environment may be at greater risk for engaging in maladaptive coping behaviors, such as disordered eating. Thus, bolstering adolescent social-emotional coping skills may help protect against adolescent disordered eating.

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Eating disorders (ED) are often first diagnosed during adolescence and comprise the third most common chronic illness among adolescents, after obesity and asthma (Fisher et al., 1995). Just as concerning is the prevalence of sub-clinical ED pathology (e.g., desire to lose weight, fear of being overweight, guilt over eating, preoccupation with food and weight, undue influence of body shape and weight on self-evaluation). In a sample of over 1600 adolescents, 61% of females and 28% of males reported disordered eating behaviors (e.g., fasting or skipping meals, consuming very little food, smoking cigarettes to lose weight) (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). Sub-clinical ED pathology and maladaptive attitudes are associated with substantial psychological, social, and physiological disturbances (Moor, Vartanian, Touyz, & Beumont, 2004; Schmidt et al., 2008) and are common precursors to EDs (Patton, Coffey, & Sawyer, 2003). These data suggest that adolescent ED behavior is an important public health problem that warrants significant study.

The purpose of the present study is to explore the potential role that parental mental health symptoms and social-emotional coping skills play in the development of maladaptive eating patterns and attitudes over time. It has been well documented that the family environment affects youth psychological and behavioral functioning. A recent review concluded that while families do not appear to play a *primary causal* role in eating pathology, dysfunctional family environments and unhealthy parenting can affect the genesis and maintenance of disordered eating (Le Grange, Lock, Loeb, & Nicholls, 2010). Parental mental health problems, such as depression and anxiety, can have a significant effect on the family environment. For

^{*} Corresponding author. George Mason University, Psychology Department, MSN 3F5, 4400 University Drive, Fairfax, VA 22030, USA.
E-mail address: cespos1@gmu.edu (C. Esposito-Smythers).

example, depressed parents exhibit more negative (e.g., irritability, rejection, and inconsistent discipline practices) and less positive (e.g., warmth, praise, nurturing, healthy monitoring) parenting behaviors (Cummings, Keller, & Davies, 2005; Elgar, Mills, McGrath, Waschbusch, & Brownridge, 2007). Adolescents of depressed parents are also more likely to experience parental withdrawal (e.g., avoidance, unresponsiveness to needs) and/or intrusiveness (e.g., over-involvement in adolescents' lives) (Jaser et al., 2005; Langrock, Compas, Keller, Merchant, & Copeland, 2002). Similarly, research has identified many of the same negative parenting behaviors (i.e., rejection, low warmth, control/intrusive behavior) as correlates of parental anxiety (Ginsburg & Schlossberg, 2002; Wood, McLeod, Sigman, Hwang, & Chu, 2003). These negative parenting behaviors can lead to a stressful and unpredictable home environment.

Though relatively more well studied in relation to the development of internalizing and externalizing disorders among offspring (Burstein, Ginsburg, & Tein, 2010; Van Loon, Van de Ven, Van Doesum, Witteman, & Hosman, 2014), parental depression and anxiety have also been associated with youth ED behavior. A large population-based study that included over 150,000 adolescents and young adults, followed for an average of 5.4 years, found that parental depression and anxiety was associated with heightened risk for an ED (Bould et al., 2015). Similar effects have been found for subclinical eating symptoms. Specifically, pre-adolescents with subclinical eating pathology, or loss of control eating (i.e., eating a large amount of food accompanied by a sense of loss of control over eating), report higher rates of parental depression than youth with normal eating patterns (Hartmann, Czaja, Rief, & Hilbert, 2012). Similarly, college women at risk for an ED (as per scores on the Eating Disorder Inventory–2; Garner, 1991) have been found to report greater perceived parental anxiety than age and SES matched controls (McGrane & Carr, 2002).

Though parental mental health can impact disordered eating among offspring, not all children of parents with depression or anxiety develop eating pathology. Thus, it is important to examine factors that may increase or decrease the likelihood of this outcome, such as social-emotional coping skills. Two major domains of social-emotional coping skills that may increase vulnerability for disordered eating are: 1) emotional awareness and expression (i.e., self-awareness of what one is feeling and the ability to express these emotions); and 2) emotion regulation (i.e., ability to manage and control difficult emotions through affect regulation skills). An individual who lacks these skills will be unable to understand, express, and manage emotions in an adaptive way, and struggle to flexibly cope with environmental stressors and changes; hence, will likely be more vulnerable to developing maladaptive coping mechanisms, such as disordered eating.

A number of studies have found an association between emotional self-awareness and expression, and disordered eating among adolescents. For example, adolescent girls from the community with high levels of disordered eating have been found to report poorer emotional awareness than those with low or no disordered eating (Sim & Zeman, 2004). Poor emotional awareness was also found to be positively associated with drive for thinness (Sim & Zeman, 2004). Similar to emotional awareness, two studies conducted with community-based samples of females found lower emotional expression to be associated with higher ED symptoms (Buchholz et al., 2007; Zaitsoff, Geller, & Srikameswaran, 2002). Relatedly, alexithymia, which is a personality construct characterized by difficulty identifying and describing one's emotions, has been associated with ED and symptoms among adolescents (Karukivi et al., 2010; Zonnevijlle-Bendek, Van Goozen, Cohen-Kettenis, Van Elburg, & Van Engeland, 2002).

Similar to emotional awareness and expression, the ability to manage and regulate one's emotions in the face of stress has also been associated with disordered eating in adolescents. In a study conducted by McLaughlin, Hatzenbuehler, Mennin, and Nolen-Hoeksema (2011), poor emotion regulation was found to predict increases in eating pathology over the course of seven months in a community-based sample of adolescents. Poor emotion regulation skills have also been associated with more ED symptoms in cross-sectional research with a community-based adolescent sample (Weinberg & Klonsky, 2009). In a study that compared adolescents and young adults (ages 15–25 years) diagnosed with an ED to same aged healthy controls, Pierrehumbert et al. (2002) found that those with an ED had poorer emotion regulation skills than healthy controls.

As suggested above, there exists ample evidence for an association between emotional awareness, expression, and regulation skills, and disordered eating, among adolescents. There is also some preliminary evidence for an association between parental depression and anxiety and disordered eating in adolescents. Therefore, it stands to reason that adolescents who have parents with depression or anxiety may be at greater risk for developing eating pathology if they have difficulty recognizing, expressing, managing, and/or controlling difficult emotions in the face of familial stress, than those with better social-emotional coping skills.

The present study examined whether parental depression and anxiety interact with social-emotional coping skills, to influence change in level of adolescent disordered eating attitudes and behaviors over the course of one year. Specifically, we hypothesized that greater parental depression and anxiety would predict more maladaptive eating attitudes and behaviors among adolescent offspring over the course of one year. Further, we hypothesized that the association between parental depression and anxiety, and adolescent maladaptive eating and body attitudes and behaviors, would be stronger among individuals with weaker (versus stronger) social-emotional coping skills, including emotional awareness/expression and emotion regulation skills.

Method

Participants

Participants included 87 adolescents, ages 13 through 18, and their primary caregiver (174 total individuals). These families participated in a pilot trial (6 dyads) or randomized clinical trial (81 dyads) that examined the efficacy of a suicide, substance

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