



Parent binge eating and restrictive feeding practices: Indirect effects of parent's responses to child's negative emotion



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ABSTRACT

Objective: Parents' emotion regulation difficulties are related to binge eating (BE), and to responses to children's negative emotion. However, less is known about how responses to children's negative emotion are related to eating and feeding in the parenting context. We examined the degree to which BE had both direct and indirect effects on parental restrictive feeding practices, through parents' reported responses to negative emotion.

Method: Parents of preschoolers ($n = 441$) completed validated questionnaires about their feeding strategies, responses to children's negative emotion, and their children's eating behaviors. Height and weight were measured in children and self-reported by parents. Unsupportive (Distress, Minimizing, and Punitive), and Supportive (Emotion-focused, Problem-focused, and Expressive Encouragement) responses to negative emotion were measured using the Coping with Children's Negative Emotions Scale.

Results: Parent's BE was correlated with Distress responses, Restriction for weight control, and Restriction for health. Controlling for confounders, BE was associated with Restriction for weight control, and Restriction for health. Model testing revealed that BE had significant direct (R^2 [SE] = .073 [.031], 95% CI [.013, .134]) and indirect effects (R^2 [SE] = .011 [.005], 95% CI [.003, .023]) on Restriction for weight control, through Distress responses, but only indirect effects on Restriction for health (R^2 [SE] = .018 [.009], 95% CI [.004, .039]).

Conclusions: This study shows an association between emotion regulation and energy-intake regulation in the parenting context. Efforts to modify feeding practices may be more effective if parents' eating behaviors and their emotional responsiveness to distress are taken into account.

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1. Introduction

High childhood obesity rates (Ogden, Carroll, Kit, & Flegal, 2012) and associated comorbidities have drawn national attention to parent feeding practices in early childhood. Restrictive feeding—the attempt to control children's eating by limiting types or amounts of food—is correlated with overeating, eating in the absence of hunger, and higher child weight (see Faith, Scanlon, Birch, Francis, & Sherry, 2004 for a review). Although the literature about the effects of restrictive feeding on children is sizable, less is known about what puts parents at risk for using them.

Specific disordered eating behaviors—such as maternal dietary restraint (Birch & Fisher, 2000), body dissatisfaction, and concern about

child weight (Gray, Janicke, Wistedt, & Dumont-Driscoll, 2010)—are associated with the use of restrictive feeding practices. However, eating disorders (ED) are not consistently associated with restrictive feeding (Hoffman et al., 2014), because different EDs have different etiologies (Hilbert et al., 2014). Maternal binge eating (BE) and purging are associated with restrictive feeding (Blissett & Haycraft, 2008; Farrow & Blissett, 2009). Moreover, prospective data reveal that expectant mothers with anorexia are less likely—whereas those with bulimia and Binge Eating Disorder (BED) are more likely—than non-ED mothers to use restrictive feeding practices with their children (Reba-Harrelson et al., 2010). These findings suggest that binge-related ED symptoms put parents at risk for using restrictive feeding practices, but no research has explored how BE in the absence of purging is related to restrictive feeding.

Emotion regulation has been implicated as a maintenance factor for BE (Stice, 2002), and warrants examination. Parent's emotion regulation practices affect the emotion socialization practices they use

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(Morris, Silk, Steinberg, Myers, & Robinson, 2007). Emotion socialization is parenting behavior that contributes to learning about acceptable norms for expressing, regulating, and thinking about emotion (Denham, Bassett, & Wyatt, 2007). Emotion socialization can occur when parents' respond to their children's negative emotion (Denham et al., 2007). Parent responses to children's negative emotion can be described as either supportive (e.g., encouraging emotion expression) or unsupportive (e.g., punishing emotion expression; Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). Supportive responses to negative emotion are linked to greater emotion self-regulation in infancy, and compliance in toddlerhood (Volling, McElwain, Notaro, & Herrera, 2002). Unsupportive responses are linked to ineffective emotion regulation in children, as well as emotion-focused feeding, and pressuring children to eat (Bost et al., 2014; Shipman et al., 2007).

What does this mean for children of parents who binge? Parallels have been drawn between how children develop emotion and energy-intake regulation, with emphasis on how parents' socialization strategies shape behavior in both domains (Frankel et al., 2012). Binge eaters self-report difficulty changing negative moods, and using fewer emotion regulation strategies (Whiteside et al., 2007). Parents with self-regulation difficulties may not model effective regulation, which could affect child energy-intake (Patrick & Nicklas, 2005; Savage, Fisher, & Birch, 2007). However, integrated models examining individual (parent eating behavior) and relational (emotion socialization practices) correlates of restrictive feeding practices are needed. This study aims to contribute to this literature.

This study examined cross-sectional direct and indirect effects of parent BE on restrictive feeding, through parents' responses to children's negative emotion. We hypothesized that BE would be positively correlated with unsupportive responses to negative emotion and restrictive feeding, and negatively correlated with supportive responses. We also hypothesized that unsupportive responses to negative emotion, but not supportive responses, would be associated with restrictive feeding. Last, we examined the direct and indirect effects of BE on restrictive feeding practices, through responses to children's negative emotion.

2. Method

2.1. Data and participants

Data for this study were from the first wave of the Synergistic Theory and Research on Obesity and Nutrition Group (STRONG) Kids Study, a prospective panel study of parents with preschool-aged children ($n = 497$), from which we drew an analytic sample of $n = 441$ parent-child pairs. The study and sampling design have been described previously (Harrison, Liechty, & the STRONG Kids Program, 2012). Sample characteristics are reported in Table 1. The University of Illinois Institutional Review Board approved this study.

2.2. Measures

Demographic characteristics and all parent measures (e.g., weight) were self-reported (Table 1). Child height and weight were measured using a scale and stadiometer. Body mass index (BMI) percentile was calculated using child BMI-for-age charts, and clinical guidelines for adults (Kuczmarski et al., 2000; Pi-Sunyer et al., 1998).

We constructed an index of BE episode frequency using the Eating Disorder Diagnostic Scale (EDDS; Stice, Fisher, & Martinez, 2004), which has good internal reliability (Cronbach's $\alpha = .89$) and criterion validity compared to a diagnostic interview ($\kappa = .74$; Stice, Telch, & Rizvi, 2000). A BE episode was defined as eating an unusually large amount of food, with loss of control, and no compensatory behaviors (e.g., purging) over the last three months. Among those reporting BE, the frequency ranged from 1 to 5 episodes per week. Individuals who

Table 1
Full sample characteristics on demographic variables ($n = 497$).

Demographic variables	n	(%)
<i>Child gender</i>		
Female	254	51.2
Male	242	48.8
<i>Child weight status (percentile)</i>		
Underweight	10	2.5
Normal weight	303	74.4
Overweight	63	15.5
Obese	31	7.6
<i>Marital status</i>		
Single	116	23.7
Married	320	65.4
Separated/divorced/widowed	30	6.0
Co-habiting/civil union	23	4.6
<i>Parent race/ethnicity</i>		
Hispanic	28	5.7
NH White	353	71.0
NH African American	95	19.1
NH Asian	40	8.0
Bi-racial	18	3.6
<i>Parent education</i>		
College degree or beyond	268	54.2
Some college	159	32.1
High school or less	67	13.5
<i>Parent gender</i>		
Female	443	89.3
Male	51	10.3
<i>Parent weight status</i>		
Underweight	9	1.9
Normal weight	205	43.6
Overweight	127	27.0
Obese	129	27.4
<i>Relationship to child</i>		
Biological parent	463	94.3
Step-parent	1	0.2
Adoptive parent	12	2.4
Relative	11	2.2
Other	4	0.8
<i>Household income per year^a</i>		
<\$24,999	140	28.2
\$25,000 to <\$39,999	63	13.0
\$40,000 to <\$69,999	78	16.1
\$70,000 to <\$99,999	84	17.3
<\$100,000	92	19.0

Note. NH = Non-Hispanic.

^a Child age in months.

met criteria for a BE episode, but who reported bingeing less than once a week ($n = 7$), were given a score of 0.5. The mean score on the BE index was 0.23 ($SD = 0.84$) among the full sample, and 2.17 ($SD = 1.42$) among parents who reported BE episodes ($n = 52$).

The Comprehensive Feeding Practices Questionnaire (CFPQ) is a 49-item questionnaire about parent feeding practices (Musher-Eizenman & Holub, 2007). We used two subscales: Restriction for weight control ($\alpha = .72$) and Restriction for health ($\alpha = .75$). Items ask how often parents use specific feeding practices; scores range from 1 (*never*) to 5 (*always*).

Parents' responses to children's negative emotion were assessed using the Coping with Children's Negative Emotion Scale (CCNES; Fabes, Eisenberg, & Bernzweig, 1990). Punitive ($\alpha = .79$), Distress ($\alpha = .64$), and Minimizing ($\alpha = .79$) response subscales represent unsupportive emotion responses, and Problem-focused ($\alpha = .87$), Emotion-focused ($\alpha = .81$), and Expressive encouragement ($\alpha = .91$) response subscales represent supportive responses (Fabes et al., 1990; McElwain, Halberstadt, & Volling, 2007).

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