



## The effect of parental rejection on the emotional eating behaviour of youngsters: A laboratory-based study



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### ABSTRACT

Results from survey studies demonstrate a relationship between parental rejection and self-reported emotional eating of youngsters. The aim of the current study was to build on this research by examining the relationship between parental rejection and actual emotional eating, using an experimental laboratory paradigm. Participants were 46 youngsters between the ages of 10 and 17 years old. Participants first completed online questionnaires at home, measuring parental rejection and emotional eating style. At the laboratory, participants were randomly assigned to a neutral condition or negative mood condition, followed by a multi-item snack buffet. The interaction effect maternal rejection  $\times$  condition on energy intake from savoury food was significant. More maternal rejection predicted more energy intake from savoury food in the negative mood condition, but not in the neutral condition. The results highlight the importance of assessing, and if mandatory, improving the emotional bond between parent and child in the prevention and intervention of emotional eating.

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Emotional eating, defined as ‘eating in response to emotions’ (van Strien & Oosterveld, 2008, p. 72), can be explained as an inadequate affect regulation strategy (e.g. Hawkins & Clement, 1984; Kaplan & Kaplan, 1957; Spoor, Bekker, Van Strien, & van Heck, 2007). Comfort food, highly palatable food rich in sugar and fat, is used to ‘eat troubles away’. This behaviour is reinforced as eating comfort food induces sensory pleasure, leading to a temporary reduction in arousal and increase in positive mood (Gibson, 2006). Emotional eating can occur in the absence of hunger as well as foster eating beyond satiation. As such, it may lead to increased energy intake and weight gain over time, which has been shown in adults through longitudinal research (Koenders & van Strien, 2011). Emotional eating already occurs in children and adolescents as well and is also positively correlated with their Body Mass Index (BMI) z-scores (Gallant et al., 2010; Turker et al., 2012; Webber, Hill, Saxton, Van Jaarsveld, & Wardle, 2009). A study of Shapiro et al. (2007) showed that 63% of children aged 5 until 13 years reported to have experienced emotional eating at least once.

Recent research indicates the influence of parental rejection on the emotional eating style of children and adolescents

(Schuetzmann, Richter-Appelt, Schulte-Markwort, & Schimmelmann, 2008; Vandewalle, Moens, & Braet, 2014; Vandewalle, Moens, Beyers, & Braet, 2016). Parental rejection can be described as a lack of parental warmth and/or the presence of physically and psychologically hurtful behaviours towards the child (Khaleque & Rohner, 2012). The relationship between parental rejection and emotional eating can be understood in terms of affect/emotion regulation. During early childhood, emotion regulation skills are learned in interaction with primary caregivers (Barrett & Campos, 1987). Supportive warm caregivers help the child to regulate their emotions by acknowledging the emotion, modelling emotion regulation strategies and teaching the child emotion regulation strategies (e.g., encouraging analysis of problem) (Power, 2004). Through this emotional socialization process, children are able to internalize effective emotion regulation strategies and use them later in life (Eisenberg, Cumberland, & Spinrad, 1998). In contrast, this process is impeded in unresponsive rejecting caregivers, which may lead to a lack in effective or adaptive emotion regulation strategies in children. Furthermore, research suggests that rejecting behaviour of the caregivers increases the distress of the child and incites the child to use maladaptive emotion regulation strategies (Eisenberg et al., 1998). Thus, the child may turn to emotional eating as alternative emotion regulation strategy, when dealing with negative emotions or stress.

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To date, the relationship between parental rejection and emotional eating of children and adolescents has been confirmed in a clinical survey study in obese youngsters (Vandewalle et al., 2014) as well as in community-based survey studies (Schuetzmann et al., 2008; Vandewalle et al., 2016). The study of Schuetzmann et al. (2008) showed that deviant eating behaviour, including emotional eating, was present in 65.2% of children feeling rejected by their parents. In contrast to Schuetzmann et al. (2008), Vandewalle et al. (2014; 2016) made the distinction between maternal and paternal rejection, and found that only maternal rejection was related to emotional eating in a clinical sample of obese youngsters as well as in a community sample. The results from these survey studies offer evidence of the relationship between parental rejection and emotional eating of youngsters. Moreover, the results suggest that maternal rejection is more clearly linked to youngsters' emotional eating than paternal rejection. However, the exclusive reliance on self-reported measures of emotional eating might be a limitation in these studies.

Bongers, Jansen, Houben, and Roefs (2013) reported that people are generally rather poor at recalling their emotions, their eating behaviour and the associations between the two. Adriaanse, de Ridder, and Evers (2011) compared self-reported emotional eating and actual snacking episodes preceded by negative emotions in normal weight females using a 7-day diary. They concluded that self-reported emotional eating did not capture the tendency to eat when experiencing negative emotions, but rather reflected the person's belief about the relationship between emotions and eating. Taking these findings into account, more research is needed to unravel the relationship between parental rejection and emotional eating. In particular, the relationship between parental rejection and actual food intake, preceded by negative emotions, should be investigated.

The laboratory is a valid setting to examine this relationship, as it enables induction of mood and direct observation of the eating behaviour after the mood induction. Results of laboratory studies in adults and children using mood induction to incite emotional eating are promising (e.g., Blissett, Haycraft, & Farrow, 2010; Goldschmidt, Tanofsky-Kraff, & Wilfley, 2011; Yeomans & Coughlan, 2009). For example, the laboratory study of Goldschmidt et al. (2011) demonstrated that overweight girls with binge eating symptoms (aged 6–12 years) consumed more energy from fat in a sad mood condition as compared to a neutral mood condition. The study used video clips as mood induction and afterwards children were presented with a multi-item food buffet. Based on this laboratory study, the current study utilized an experimental laboratory paradigm with a negative mood condition versus neutral mood condition, and a subsequent multi-item snack buffet. In both conditions video clips were used as mood induction.

The aim of the study was to examine if there was an interaction effect between parental rejection (subdivided into maternal and paternal rejection) and condition, on the subsequent energy intake of the youngsters. It was expected that there would be a significant interaction effect maternal rejection  $\times$  condition on the energy intake of the youngsters. More specifically, we expected to find a significant positive relation between maternal rejection and the energy intake of the youngsters in the negative mood condition, but not in the neutral condition. Considering Vandewalle et al. (2014, 2016) did not find a significant relation between paternal rejection and emotional eating, we did not expect to find a significant interaction effect paternal rejection  $\times$  condition on the energy intake of the youngsters.

## 1. Method

### 1.1. Participants

The participants were 46 youngsters (43.5% boys and 56.5%

girls) between the ages of 10 and 17 years old ( $M = 13.17$ ,  $SD = 1.81$ ). Individuals were eligible for the study if they were between the ages of 10 and 17 years. Participants were recruited via distribution of flyers in local schools. The participants were blind to the purpose of the study to reduce the impact of expectancy effects. In line with the procedure of Meyer and Waller (2000), Waller and Barter (2005) and Waller and Mijatovich (1998), the study was described as research investigating the influence of mild states of hunger on the visual sensitivity in youngsters. Therefore, the participants were asked to abstain from eating for about 2 h before arrival. That way, participants were more likely to experience the same amount of hunger during the experiment. After receiving a more elaborate description of the study during a telephone call, participants and one of their parents provided written informed consent. The study was approved by the Institutional Ethical Committee.

### 1.2. Measures

#### 1.2.1. Demographic measures

The BMI was calculated as weight (in kg)/height (in m)<sup>2</sup>. Participants were measured and weighed without shoes by the researcher after the experiment. We used the adjusted BMI ((actual BMI/percentile 50 of BMI for age and sex)  $\times$  100). This method allows us to compare the BMI of children of different ages and sexes. The 50th percentiles of the BMI for age and sex are based on normative data in a Flemish sample (Roelants, Hauspie, & Hoppenbrouwers, 2009). Adjusted BMI below 85% is classified as underweight, above 120% is classified as overweight and above 140% is classified as obese (Van Winckel & van Mil, 2001). The adjusted BMI of the youngsters ranged from 81.14% to 151.71%, with a mean adjusted BMI of 105.24% ( $SD = 16.23$ ).

The familial socioeconomic situation was calculated using the Hollingshead Index of Social Position. The youngsters were asked to report about their domestic situation and the education and occupation of their caregivers, which was then used to classify the families in one of five social position indexes. We recoded the five social position indexes into three social classes (high = upper and upper-middle, middle, and low = lower-middle and lower). Most participants (48.8%) were from middle class families, 18.6% of the families were classified as high class and 32.6% as low class.

#### 1.2.2. Baseline measures

Participants completed online questionnaires at home, before their visit at the laboratory. The first questionnaire, EMBU-A (Egna Minnen Beträffande Uppfostran: My memories of child upbringing – Adolescent version; Gerlsma, Arrindell, Vanderveen, & Emmelkamp, 1991), a Dutch adolescent version of the original EMBU (Perris, Jacobsson, Lindstrom, Knorrning, & Perris, 1980) was used to assess maternal and paternal rejection. Nineteen items concerning mother and 19 items concerning father, (e.g., 'Is your mother/father ever harsh and unfriendly to you?') have to be rated on a 4-point Likert-scale from 1 = No, never to 4 = Yes, most of the time. Analyses of Gerlsma et al. (1991) showed a good internal consistency reliability and construct validity. In this study, the Cronbach  $\alpha$ 's were 0.92 for both maternal rejection and paternal rejection.

Secondly, the emotional eating style of participants was assessed by the Dutch Eating Behaviour Questionnaire – child version (DEBQ; Braet et al., 2008; van Strien, Frijters, Bergers, & Defares, 1986). Thirteen items are formulated as specific eating behaviours (e.g., 'If you're sad, do you feel like eating something?') and have to be rated on their frequency of occurrence on a 5-point Likert scale from 1 = never to 5 = very often. Research showed a stable factor structure, satisfying internal consistency reliability

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