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

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A B S T R A C T

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 health, and Restriction for weight control. Controlling for confounders, BE was associated with Restriction for weight control, and Restriction for health. Model testing revealed that BE had significant direct (R² [SE] = .073 [.031], 95% CI [.013, .134]) and indirect effects (R² [SE] = .011 [.005], 95% CI [.003, .023]) on Restriction for weight control, through Distress responses, but only indirect effects on Restriction for health (R² [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...
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 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 (α = .72) and Restriction for health (α = .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 (α = .79), Distress (α = .64), and Minimizing (α = .79) response subscales represent unsupportive emotion responses, and Problem-focused (α = .87), Emotion-focused (α = .81), and Expressive encouragement (α = .91) response subscales represent supportive responses (Fabes et al., 1990; McElwain, Halberstadt, & Villing, 2007).
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