



## Research report

## Impact of emotional awareness and parental bonding on emotional eating in obese women

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## ABSTRACT

This study aimed to: (1) determine whether obese women have deficits in emotional awareness and more frequently use emotional eating to regulate their emotions, (2) assess the impact of emotional awareness on the use of emotional eating, and (3) explore the impact of parental bonding on patient level of emotional awareness. A sample of 94 obese women was compared with 56 control participants. All participants answered questionnaires concerning their eating habits (Dutch Emotional Behavior Questionnaire), emotional awareness (Level of Emotional Awareness Scale) and parental bonding (Parental Bonding Inventory). Obese women exhibited deficits in emotional awareness and used emotional eating as an emotion regulation strategy more often than controls. Regression analyses showed that paternal and maternal overprotection negatively influenced obese patients' levels of emotional awareness and that emotional awareness positively influenced their emotional eating.

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## Introduction

Stice (1994, 2001) proposed a sociocultural model (the dual pathway model) to explain the development of bulimic behaviors such as compulsive overeating resulting from body dissatisfaction. Stice suggested that patients who suffer from bulimia nervosa or binge eating disorder are characterized by high levels of body dissatisfaction that indirectly influence compulsive overeating via two pathways. Body dissatisfaction results in restrained eating, which creates a risk for overeating according to the restraint eating theory (see Herman & Polivy, 1980). Body dissatisfaction also generates negative emotions that may lead to compulsive overeating as emotion regulation strategy.

van Strien, Engels, Leuwe, and Snoek (2005) examined and expanded upon the dual pathway model in clinical and non-clinical samples of female adolescents (see Fig. 1a). Although they did not find a relationship between restrained eating and overeating, they confirmed the impact of negative affect on overeating. Moreover, van Strien et al. (2005) found that the relationship between negative affect and overeating was not direct, but mediated by poor interoceptive awareness. This latter term is defined as a difficulty in recognizing and accurately identifying emotion and the visceral sensations related to hunger and satiety (Bruch, 1973).

According to these authors, poor interoceptive awareness is positively correlated with the use of emotional eating (overeating in response to emotional states) and places an individual at risk for overeating and obesity.

In fact, emotional eating is related to emotional processing disturbances such as higher levels of alexithymia (van Strien, 2006), decreased emotional clarity (Larsen, van Strien, Eisinga, & Engels, 2006), lower attention to emotion (Moon & Berenbaum, 2009) and poor interoceptive awareness (Ouwens, van Strien, van Leeuwe, & van der Staak, 2009; van Strien, 2006) in the general population.

In clinical population, Sim and Zeman (2004) observed poor interoceptive awareness in patients who suffered from bulimia nervosa. Moreover, van Strien, Herman, and Verheijden (2009) found that emotional eating occurred more often in overweight people compared with normal-weight people.

The difficulty in differentiating internal states has been studied using various concepts such as interoceptive awareness, attention to emotional states, clarity of emotional states and alexithymia. To assess these competences, professionals typically use self-report questionnaires such as the "lack of interoceptive awareness" dimension on the Eating Disorder Inventory 2 (EDI 2; Garner, 1991), the Trait Meta-Mood Scale (TMMS, Salovey, Mayer, Goldman, Turvey, & Palfai, 1995) and the TAS-20 (Taylor, Bagby, & Parker, 1992). However, these tools are limited because they ask participants to judge their own emotional awareness. In fact, it is paradoxical to ask people with alexithymia, who may be

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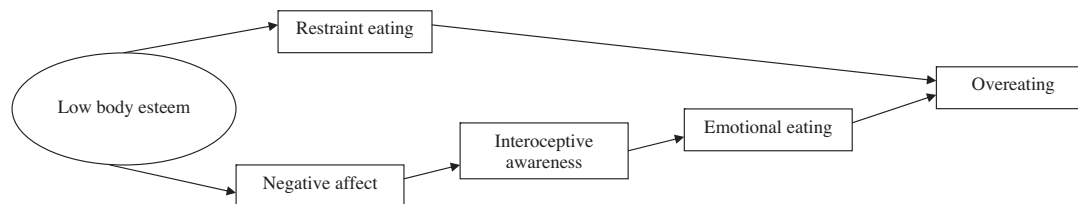


Fig. 1a. The Stice's extended model to clinical samples by van Strien et al. (2005).

unaware of their emotional states, to judge their own level of emotional awareness. Lane and Schwartz (1987) and Lane, Quinlan, Schwartz, Walker, and Zeitlin (1990) developed a performance-based instrument, the Level of Emotional Awareness Scale (LEAS), through which people identify their own emotional state as well as the emotional states of others without evaluating their own emotional competencies. One of the advantages of this methodology is that it avoids asking participants to judge their own ability to identify or describe feelings (Parling, Mortazavi, & Ghaderi, 2010; Subic-Warna, Bruder, Thomas, Lane, & Köle, 2005).

The first aim of the current study is to explore the levels of emotional awareness among obese people using the LEAS and to assess their use of emotional eating. The second aim is to examine the impact of the level of emotional awareness on emotional eating in obese women. Finally, this study explores the factors that affect patient levels of emotional awareness such as parental bonding.

Some studies of patients who suffering from eating disorders have already explored the relationships among family organization, emotional awareness and emotion regulation from a developmental perspective. De Panfilis, Rabbaglio, Rossi, Zita, and Maggini (2003) found a correlation between maternal care and the abilities to self-identify and describe feelings among patients who suffer from an eating disorder, whereas Fukunishi (1998) found the same results in a sample of college students with subclinical eating disorder symptoms. Tasca et al. (2009) found that emotion regulation mediated the relationship between attachment style and eating disorder symptoms.

More recently, some studies have found a link between parenting styles and emotional eating (Schuetzmann, Richter-Appelt, Schulte-Markwort, & Schimmelmann, 2008; Snoek, Engels, Janssens, & van Strien, 2007; Topham et al., 2011). Topham et al. (2011) showed that an authoritative parenting style negatively predicted emotional eating among 6- to 8-year-olds. Schuetzmann et al. (2008) also observed a relationship between emotional eating and rejection of parenting in 8- to 11-year-olds. Finally, Snoek et al. (2007) found that parenting style affects adolescent emotional eating. Specifically, emotional eating predominated when adolescents experienced less maternal support, more maternal psychological control and less maternal behavioral control.

## Methods

### Participants

The sample was composed of obese female patients who sought treatment in a day-unit of a general hospital in Lomme, France, a nutrition unit in Roubaix, France, or a nutrition unit in Arras, France. Of the 130 people who were asked to join the experiment by the physician or the psychologist of the unit, 25 refused because they had difficulty understanding French, were not interested, or both. Eleven people were excluded from the research due to missing data. Thus, 94 patients were included in the final sample. After all participants had been informed of the study objectives, they signed consent forms to voluntarily participate. The patients were

informed that refusing participation would have no effect on the quality of their medical treatment.

Fifty-six healthy women were recruited at a university and consented to serve as members of the control group. The control participants were healthy, normal-weight people recruited at a university and in the environment of the investigator. A clinical interview conducted by the psychologist in charge of the study ensured that patients and controls who suffered from neurological disorders, comorbid posttraumatic stress disorders, intellectual deficits, recent histories of drug or alcohol abuse, psychoses or bipolar disorder were excluded from this study. Table 1 provides group characteristics.

### Measures

Patients and controls answer questionnaires concerning eating habits, emotional processes and parental bonding.

#### Eating habits

Dutch Eating Behaviour Questionnaire (DEBQ; van Strien, Frijters, Bergers, & Defares, 1986; French translation and validation: Lluch et al., 1996). The DEBQ is a 33-item self-report questionnaire that measures three dimensions: "restrained eating" "emotional eating" and "external eating". These dimensions were also found in the French version of the questionnaire, which has a high internal consistency ("restrained eating"  $\alpha = .91$ , "emotional eating"  $\alpha = .96$  and "external eating"  $\alpha = .82$ ).

#### Emotional processes

Level of Emotional Awareness Scale (LEAS; Lane et al., 1990; French translation: Berthoz et al., 2000; French validation: Bydlowski et al., 2002). The LEAS is composed of 20 scenarios that involve two people in emotionally evocative situations. Participants respond to two questions: "How would you feel?" and "How would the other person feel?" Their answers are scored according to the emotional value of the words using a glossary. These scenes are designed to elicit four types of emotion (anger, fear, happiness and sadness) at five levels of increasing complexity from bodily sensations to more complex and differentiated emotional states. There

Table 1  
Clinical characteristics of the samples.

	Controls (n = 56) M (SD)	Obese group (n = 94) M (SD)	Controls vs. Obese group t (p)
Age	38.64 (13.04)	41.20 (11.28)	1.22 (.23)
BMI	22.61 (2.26)	39.16 (6.31)	23.07**
Education level	N	N	Fisher's exact test (p)
Undergraduate	17	43	3.46 (.09)
Graduate/ postgraduate	39	51	

BMI, body mass index.

\*\*  $p < .001$ .

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