




Effectiveness of Emotional Regulation Training on Parenting Style Related to Parental Obesity and Weight Management in Adolescents with Bulimia Nervosa

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ABSTRACT

Objective: Eating disorders are among the common mental/psychosomatic disorders that cause numerous problems in physical health, psychological functioning, and the quality of life of adolescents. The aim of the present study was to determine the effectiveness of emotional regulation training on the parenting style related to parental obesity and weight management in adolescents with Bulimia Nervosa.

Materials and Methods: The current study was a quasi-experimental research with a pre-test, post-test, and control group design. It included adolescents with Bulimia Nervosa and a body mass index above 25 who were referred to comprehensive health service centers in District 7 of Tehran in 2023. The statistical sample consisted of 30 individuals who were randomly divided into two groups of 15, an experimental group and a control group, using random allocation. The intervention group received emotional regulation training in 8 sessions lasting 75 minutes once a week. Data were collected using the Parenting Style Questionnaire (Baumrind, 1973) and the Weight Management Self-Efficacy Questionnaire (Clark et al., 1991). Multivariate analysis of covariance and SPSS software version 22 were used for data analysis.

Findings: The results showed that emotional regulation training was effective on the parenting style related to parental obesity ($P < 0.001$) and weight management ($P < 0.001$) in adolescents with Bulimia Nervosa.

Conclusion: Based on the current findings, it can be concluded that emotional regulation training for parents leads to changes and improvements in weight management in adolescents with Bulimia Nervosa.

Keywords: Bulimia Nervosa, Parental obesity, Parenting style, Emotional regulation, Weight management.

1. Introduction

The phenomenon of an increasing overweight population is one of the most significant social, economic, and health challenges of the 21st century (Vizzuso et al., 2021). Among these, eating disorders are considered common mental/psychosomatic disorders that lead to numerous problems in physical health, psychological functioning, and the quality of life of adolescents (Pellegrini et al., 2022). Bulimia Nervosa is identified as a common eating disorder in adolescents (D'Souza et al., 2020), defined according to the current edition of the Diagnostic and Statistical Manual of Mental Disorders as episodes of binge eating and inappropriate compensatory behaviors occurring, on average, at least once a week for a minimum of three months (APA, 2022). Bulimia Nervosa is often accompanied by other psychological disorders, and affected individuals report experiencing at least one mood disorder in their lifetime (Patel et al., 2018). This disorder is associated with various issues such as physical injuries, biological, psychological, and social relationship disruptions (Langdon-Daly & Serpell, 2017).

Evidence suggests that parenting styles within families have a significant correlation with psychological disorders during adolescence (He et al., 2023). Parenting styles, as proposed by Baumrind (1991), are characterized by three types: authoritarian, authoritative, and permissive. Authoritarian parents, who are cold, harsh, and indifferent, likely have children who consume fewer healthy foods. These families exhibit dominating behaviors and constantly seek to increase their power and control within the family (Rajendran et al., 2016). In contrast, parents employing an authoritative style strive to engage with their children through a warm and constructive relationship (Cerezo et al., 2018). In this approach, parents expect appropriate and reasonable behavior from their children and teach them ways to achieve success and appropriate behavior (Charalampous et al., 2018). The permissive style allows children to make all significant life decisions independently, offering them extensive freedom to do whatever they want without consulting their parents or peers (Martínez et al., 2019). Permissive parents appear very kind and accepting, but in reality, lack the maturity and readiness to manage a family and raise children, leading to behaviors that defy family and societal norms. It is expected that many of these children will be more vulnerable in adulthood (Georgiou et al., 2018).

Numerous studies on factors associated with parental obesity in children have indicated the significant role of parents in the onset of obesity in their offspring. Genetics, on one hand, and parenting and dietary styles, on the other, explain this relationship. In many studies, parental obesity, especially maternal obesity, has been directly linked to childhood obesity and identified as a related factor in some studies (Sokol et al., 2017).

A prerequisite for weight management is having an accurate perception of one's weight. Generally, weight perception refers to an individual's understanding of their body size and weight, not just as a number, but in which weight category (underweight, healthy weight, overweight, or obese) they perceive themselves to be (Al-Haifi et al., 2022). Evidence shows that having a perception aligned with actual weight is associated with improved weight control. In contrast, underestimating body weight compared to actual Body Mass Index is considered a primary factor in eating disorders (Panchenko et al., 2019).

Emotion regulation appears to be a suitable treatment for Bulimia Nervosa. Gross et al. (2011) define emotion regulation as a set of implicit or explicit actions aimed at modulating emotion-generating processes. It is a behavioral therapy method that employs principles and applications of modern cognitive-behavioral therapy, constituting structured interventions reflecting fundamental findings in the field of emotion. Strategies focused on antecedents, such as cognitive change (attentional deployment and cognitive reappraisal), lead to pre-emotional experiences; on the other hand, response-focused strategies like situation modification and response modulation refer to techniques used during an emotional event and its relationship with psychological and behavioral responses (suppression, distraction, and rumination) (Gross et al., 2011). Recent theories emphasize the use of effective emotion regulation strategies (Miu et al., 2022). Gross (2002) describes emotion regulation as encompassing all conscious and unconscious strategies employed to increase, maintain, or decrease the emotional, behavioral, and cognitive components of an emotional response (Gross, 2002). Gross and colleagues (2011) have applied this method in treating many disorders, with numerous interventions based on this concept. Although the usual goal is to reduce negative emotions, emotion regulation actually involves increasing, decreasing, and maintaining both negative and positive emotional states, as well as awareness, understanding, and acceptance of emotions (Gross et al., 2011).

Given the importance of the development of Bulimia Nervosa and since learned patterns during childhood affect the quality of life throughout one's lifespan, teaching emotion regulation can eliminate or reduce factors affecting Bulimia Nervosa. Therefore, the present study aimed to assess the effectiveness of emotional regulation training on parenting style related to parental obesity and weight management in adolescents with Bulimia Nervosa.

2. Methods and Materials

2.1. Study Design and Participants

The current study was a quasi-experimental design with a pre-test, post-test, and control group. The statistical population included parents of adolescents with Bulimia Nervosa and a body mass index (BMI) above 25, who were referred to comprehensive health service centers in District 7 of Tehran in 2023. The sample consisted of 30 individuals who were randomly divided into two groups of 15, an experimental group and a control group, through random allocation. Subsequently, the experimental group received emotional regulation training over 8 sessions, each lasting 90 minutes, while no intervention was carried out for the control group. Also, after obtaining written and oral consent from the participants, questionnaires were distributed at the beginning of the study (pre-test phase) and completed. Inclusion criteria were having a diagnosis of Bulimia Nervosa, at least a middle school level of education, and a willing and informed consent to participate in the study. Exclusion criteria included suffering from another psychological or physical illness (such as cancer or digestive disorders), and medication use.

Ethical considerations in this research included voluntary participation. Before starting the project, participants were acquainted with the project details and regulations. The views and beliefs of individuals were respected. Members of both the experimental and control groups had the option to withdraw from the study at any stage. Moreover, members of the control group could receive the same intervention performed for the experimental group in similar therapy sessions after the project's completion, if they were interested. All documents, questionnaires, and confidential records were exclusively accessible to the investigators. Written informed consent was obtained from all volunteers.

Measures

2.1.1. Parenting Styles

The Parenting Styles Inventory, adapted by Baumrind (1973) from the theory of parental authority, is based on the "Baumrind" theory, comprising three models of permissiveness, authoritarianism, and authoritative logic for investigating patterns of influence and parenting methods. The original form of this questionnaire consists of 30 items designed and constructed by Baumrind in 1972. Ten items relate to absolute permissiveness, ten to authoritarianism, and the remaining ten to authoritative logic in child-rearing. This questionnaire is structured as a 5-point Likert scale (strongly agree, somewhat agree, unsure, somewhat disagree, strongly disagree). Buri (1991) used the discriminative method to examine the validity of this questionnaire and observed that the authoritarian style negatively correlates with permissiveness (0.38) and authoritative logic (0.48), but the permissive style did not have a significant relationship with the authoritative style. In the research by Minaei and Nikzad (2017), the factorial structure of the questionnaire was tested based on fit indices and improvement indices in confirmatory factor analysis, and the findings showed that, except for items 24, 8, 13, and 18, the rest of the items measure the predetermined factors of the questionnaire, and the questions have relatively good validity. Cronbach's alpha coefficient in the current study for the permissive style was 0.89, authoritarian style 0.85, and authoritative logic 0.88 (Minaei & Nikzad, 2017).

2.1.2. Weight Efficacy Lifestyle

The Weight Efficacy Lifestyle Questionnaire, created by Clark and colleagues (1991) to measure self-regulatory capacity among obese individuals seeking treatment, assesses restraint from eating under various conditions through 20 questions. This questionnaire includes five dimensions: efficacy during negative emotions, efficacy when food is available, efficacy during social pressure, efficacy during physical discomfort, and during positive activities. Clark et al. (1991) reported factor loadings for these 20 items ranging from 0.62 to 0.92. Confirmatory factor analysis reported the five weight management efficacy factors between 0.55 and 0.85 (Clark et al., 1991).

2.2. Interventions

2.2.1. Emotional Regulation Training Protocol

The emotional regulation training protocol, based on the Gross (2002) emotion regulation model, was conducted over

8 sessions, each lasting 75 minutes, once a week (Gross, 2002).

Session 1: Introduction and Emotional Awareness

The first session is dedicated to building a foundation for the program by introducing the concepts of emotional regulation and its importance in daily life and parenting. Participants are guided through exercises aimed at enhancing their awareness of their emotional states, recognizing the physical and psychological cues of different emotions, and understanding the impact of these emotions on their behavior and decision-making processes, especially in the context of parenting and managing family health.

Session 2: Understanding Emotions and Their Triggers

In this session, parents learn to identify specific emotions related to eating behaviors and parenting styles. Through discussions and activities, they explore the triggers of these emotions, such as stress, anxiety, or conflicts within the family. The session aims to help participants make connections between their emotions and their responses to these emotions, highlighting how emotional triggers can lead to unhealthy eating habits or parenting practices.

Session 3: Emotional Regulation Strategies

Participants are introduced to various emotional regulation strategies, such as cognitive reappraisal and mindfulness. The focus is on learning and practicing these strategies to manage emotional responses effectively. This session emphasizes how altering one's emotional responses can lead to healthier eating behaviors in their children and improve overall family dynamics.

Session 4: Implementing Emotional Regulation in Parenting

This session applies emotional regulation strategies specifically to parenting. Parents practice using these strategies to respond to their children's behaviors and emotions more effectively. The goal is to reduce emotional reactivity and impulsivity in parenting decisions, leading to a more supportive and understanding family environment.

Session 5: Building a Positive Body Image and Healthy Eating Habits

Parents explore their attitudes towards food, body image, and physical activity and how these attitudes are

communicated to their children. The session includes strategies for promoting a positive body image and healthy eating habits within the family, emphasizing the importance of modeling healthy behaviors.

Session 6: Communication and Problem-Solving Skills

Effective communication and problem-solving skills are crucial for managing emotional situations and conflicts within the family. This session focuses on enhancing these skills, teaching parents how to listen actively, express their feelings constructively, and collaboratively solve problems with their children.

Session 7: Relapse Prevention and Maintaining Progress

As the program nears its end, this session addresses potential challenges and setbacks. Parents learn about relapse prevention techniques and how to maintain the progress they have made in regulating their emotions and improving their parenting practices. The session encourages reflection on the skills learned and setting goals for the future.

Session 8: Closure and Future Directions

The final session serves as a closure for the program. Participants share their experiences, progress, and challenges encountered during the training. The session also provides an opportunity for feedback and discusses strategies for continuing to apply emotional regulation skills in parenting and daily life. Future support and resources are provided to encourage ongoing personal growth and family well-being.

2.3. Data analysis

In the descriptive analysis of the data, statistical indices related to each of the research variables were calculated. For inferential statistical analysis, multivariate analysis of covariance was conducted using SPSS software version 26.

3. Findings and Results

The mean and standard deviation of the ages of participants were 30.33 ± 5.8 for the control group and 35.73 ± 6.41 for the experimental group. The sample for this study consisted of girls aged 12 to 13 years.

Table 1

Mean and Standard Deviation of Pre-test, Post-test, and Follow-up Scores for Experimental and Control Group Participants

Variable	Group	Stage	Mean	Standard Deviation
Parenting Styles	Experimental	Pre-test	105.86	29.83
		Post-test	81.86	21.40
		Follow-up	89.46	19.26
	Control	Pre-test	104.73	31.33
		Post-test	104.2	25.59
		Follow-up	105.32	32.54
Parental Obesity	Experimental	Pre-test	70.33	6.95
		Post-test	95.33	5.30
		Follow-up	89.35	6.58
	Control	Pre-test	70.13	7.03
		Post-test	69.46	6.45
		Follow-up	68.65	8.76
Weight Management	Experimental	Pre-test	122.66	10.58
		Post-test	152	6.30
		Follow-up	148.86	4.72
	Control	Pre-test	123.53	10.91
		Post-test	122.53	11.30
		Follow-up	120.89	13.76

According to Table 1, it can be observed that the post-test and follow-up scores of the experimental group in the variables of parenting styles, parental obesity, and adolescents' weight management have improved compared to the pre-test, whereas the mean scores of the control group remained relatively stable, indicating the effectiveness of the treatment. However, statistical tests must be used to assess the significance of these differences. For this purpose, after checking the assumptions of normality, homogeneity of variances, and homogeneity of covariance matrices, a multivariate analysis of covariance was used. Before performing the covariance analysis, its assumptions were examined. The Levene's test was used to check the homogeneity of error variances. The results, according to the table, showed that the error variances in the variables of

parenting styles ($P=0.271$, $F=1.260$), parental obesity ($P=0.472$, $F=0.531$), and weight management ($P=0.324$, $F=1.006$) are homogeneous ($P<0.05$), meaning the groups are comparable. The Box's M test results for checking the homogeneity of variance-covariance were statistically not significant, indicating the homogeneity of covariance matrices is established ($P=0.068$, $F=1.961$, Box's $M=13.328$). The results of Wilks' Lambda showed that, controlling for the effects of pre-test scores, there is at least one significant difference between the two groups, experimental and control, in one of the variables ($P<0.05$), confirming our general hypothesis that the intervention had an overall effect on the dependent variables. Subsequently, the results of the analysis of covariance for the dependent variables are presented.

Table 2

Analysis of Covariance Results for Research Variables

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level	Eta Squared
Parenting Styles	Pre-test	12926.471	1	12926.471	131.225	0.001	0.829
	Group	4010.726	1	4010.726	40.716	0.001	0.601
	Error	2659.662	27	98.506			
Parental Obesity	Pre-test	220.952	1	220.952	11.568	0.002	0.300
	Group	2119.770	1	2119.770	110.980	0.001	0.804
	Error	515.714	27	19.770			
Weight Management	Pre-test	1219.813	1	1219.813	29.252	0.001	0.520
	Group	6670.402	1	6670.402	159.959	0.001	0.856
	Error	1125.921	27	41.701			

According to Table 2, the results of the analysis of covariance showed that, controlling for the pre-test, there is a significant difference between the control and experimental groups' scores in terms of parenting style

($P=0.000$, $F=40.716$), parental obesity ($P=0.000$, $F=110.980$), and weight management ($P=0.000$, $F=159.959$); in other words, emotional regulation training is effective in parenting style, parental obesity, and weight

management in adolescents with Bulimia Nervosa. Furthermore, the Bonferroni post hoc test was used to

examine the observed differences in the main effect of time (three phases) the results of which are provided in Table 3.

Table 3

Bonferroni Test for Comparing Research Variables Across Three Phases

Variable	Stage I	Stage J	Mean Difference (I-J)	Significance Level
Parenting Styles	Pre-test	Post-test	-8.01	0.001
		Follow-up	-12.4	0.001
Parental Obesity	Pre-test	Post-test	-7.91	0.021
		Follow-up	-5.74	0.004
Weight Management	Pre-test	Post-test	-6.90	0.001
		Follow-up	-4.70	0.001

From Table 3, it is evident that overall, the scores for weight management increased from the pre-test to post-test and follow-up phases, indicating the impact of emotional regulation training. In the variable of parenting style, the difference between the pre-test and post-test ($P < 0.05$, $d = -7.91$) and pre-test to follow-up ($P < 0.05$, $d = -5.74$) is significant. According to Table 5, it can also be seen that overall, scores decreased from the pre-test to the post-test and follow-up, indicating the effect of psychotherapy. As observed, in the variable of parenting style, the difference between the pre-test and post-test ($P < 0.05$, $d = -8.01$) and pre-test to follow-up ($P < 0.05$, $d = -12.4$) is significant, and the variable of weight management ($P < 0.05$, $d = -6.90$) and pre-test to follow-up ($P < 0.05$, $d = -4.70$) is significant.

4. Discussion and Conclusion

The present study aimed to examine the effectiveness of emotional regulation training on parenting style related to parental obesity and weight management in adolescents with Bulimia Nervosa. The results showed that emotional regulation training effectively impacted the parenting style associated with parental obesity and weight management in adolescents with Bulimia Nervosa. The findings of the current study are consistent with the previous research (Boswell et al., 2023; Craba et al., 2023; Kolar, 2020; Meule et al., 2021; Nancarrow et al., 2018).

Parental obesity, through genetics and heredity, plays a role in child obesity. However, it is unlikely that genetic factors alone can explain the significant increase in the prevalence of adolescent obesity. Strong evidence indicates that parents' role in the family's lifestyle, eating habits, and physical activity level is also significant. The family plays a crucial role in establishing eating habits in the early years of life. A high-calorie diet and other eating habits leading to child obesity are created by parents (Meule et al., 2021).

Research has shown that individuals with Bulimia Nervosa may have experienced inadequate maternal care or overprotection during childhood. Maternal care refers to the warmth, responsiveness, and support provided by the mother. When individuals perceive a lack of maternal care, they may develop feelings of insecurity, low self-esteem, and a need for external validation. This can contribute to the development of maladaptive coping mechanisms, such as binge eating and purging, characteristic of Bulimia Nervosa. The role of fathers in the onset of Bulimia Nervosa is also important. Fathers who are overly critical, controlling, or distant may contribute to feelings of inadequacy, perfectionism, and a need for control in their children. These traits are typically observed in individuals with Bulimia Nervosa, who often struggle with self-criticism, rigid dieting behaviors, and poor body image (Craba et al., 2023). Therefore, emotion regulation skills help individuals recognize and understand emotions that lead to binge eating episodes. With greater awareness of emotional triggers, individuals can learn to anticipate these triggers without resorting to maladaptive coping strategies.

Parents who display disordered eating behaviors or have negative attitudes toward food, weight, and body image can inadvertently influence their children to adopt similar behaviors and attitudes. Children learn by observing and internalizing their parents' behaviors, so growing up in an environment where eating disorders are normalized can increase the risk of developing Bulimia Nervosa. Inconsistent or chaotic parenting styles, characterized by a lack of rules, boundaries, and unpredictable emotional responses, can create a sense of instability and insecurity in children. Individuals who experience inconsistent parenting may face difficulties in regulating emotions and coping with stress, which can lead to the development of binge eating behaviors as a way to manage emotional distress (Nancarrow et al., 2018). Conversely, using emotion regulation and

increasing emotional awareness allows individuals to accurately identify and label their emotions. This can aid in differentiating between various emotions and understanding the underlying reasons for emotional distress, leading to more targeted and effective coping strategies. Emotion regulation techniques provide alternative coping strategies for managing stress, anxiety, and negative emotions. Techniques such as mindfulness, relaxation exercises, and cognitive restructuring can help individuals regulate their emotions in healthier ways and reduce reliance on binge eating as a coping mechanism.

Overall, a nurturing, supportive, and emotionally congruent parenting style is associated with a lower risk of developing Bulimia Nervosa. Conversely, parenting styles characterized by neglect, overprotection, criticism, or inconsistency can contribute to the development and maintenance of binge eating behaviors. Understanding the impact of parenting styles on Bulimia Nervosa can inform the therapeutic approach of emotion regulation that addresses fundamental emotional issues and interpersonal dynamics within the family system. Adolescents' differences in using various emotion regulation styles based on their parents' parenting styles can be seen, with the use of reappraisal styles associated with positive emotion observed in parents with an authoritative parenting style, indicating that adolescents with this parenting style somewhat ignore eating behaviors during positive activities. Generally, integrating emotion regulation strategies into the treatment of Bulimia Nervosa can help individuals find healthier ways to cope with emotions, reduce disordered eating behaviors, and improve overall well-being.

5. Limitations & Suggestions

In summary, the findings indicated that emotional regulation training is effective in parenting style related to parental obesity and weight management in adolescents with

Bulimia Nervosa. This result suggests that the interaction between emotion and cognition is considered a cyclical causality, where their reinforcement and interaction lead to the selection of efficient coping styles and the impact of these strategies on the choice of cognitive and emotional regulation strategies. However, it should be noted that this treatment was only conducted on parents of adolescents with Bulimia Nervosa. It is recommended that this treatment be applied to similar patients in other parts of the country.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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