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# The Parent Behind the Eating Disorder: How Parenting Styles Affect Eating Disorders in Adolescents

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*The family environment, specifically parent-child interaction and parenting practices, can influence the likelihood of adolescents—especially teenage girls—developing an eating disorder. Because of the high levels of control and warmth, authoritative parenting appears to be the most promising setting for adolescents to avoid disordered eating behaviors and to develop strong mental and physical health. Parenting styles such as authoritarian and neglectful parenting include practices that generally may not be supportive and can contribute to the likelihood of eating disorders. Once a teenaged girl develops an eating disorder, authoritative parenting has also shown the most potential to intervene appropriately to assist the teen. While other factors are involved, this literature review discusses how these parenting styles influence teens in helping or hindering an adolescent's choice to engage in disordered eating behaviors.*

Eating disorders are classified as abnormal or disturbed eating habits and are becoming increasingly more widespread, affecting 9% of the US population today (Galmiche et al., 2019; Zubatsky et al., 2015). Some abnormal eating disorders are restrictive, such as anorexia nervosa or other avoidant/restrictive food intake habits, while others are permissive disordered eating behaviors that are characterized by lack of restriction or control, such as bulimia nervosa and binge-eating disorder (Duarte et al., 2016). Societal norms for thinness, unhealthy dieting practices, weight status, and body-image perceptions may all contribute to disordered eating behaviors in adolescents (Duarte et al., 2016; Krug et al., 2016; Zubatsky et al., 2015). These eating disorders can potentially cause life-threatening conditions that can affect a person's emotional and physical health (Duarte et al., 2016; Martinson et al., 2016). Although societal expectations and norms can sway adolescents in adopting disordered eating, studies suggest that the family environment, and specifically the parent-child interaction, can also be influential in positive or negative directions. For example, parents represent a source of social support by modeling lifestyle habits and can help adolescents learn and adopt healthy patterns. Parental influence, especially by those who parent with the authoritative style, can also positively affect a teen even if they have begun to engage in some disordered eating

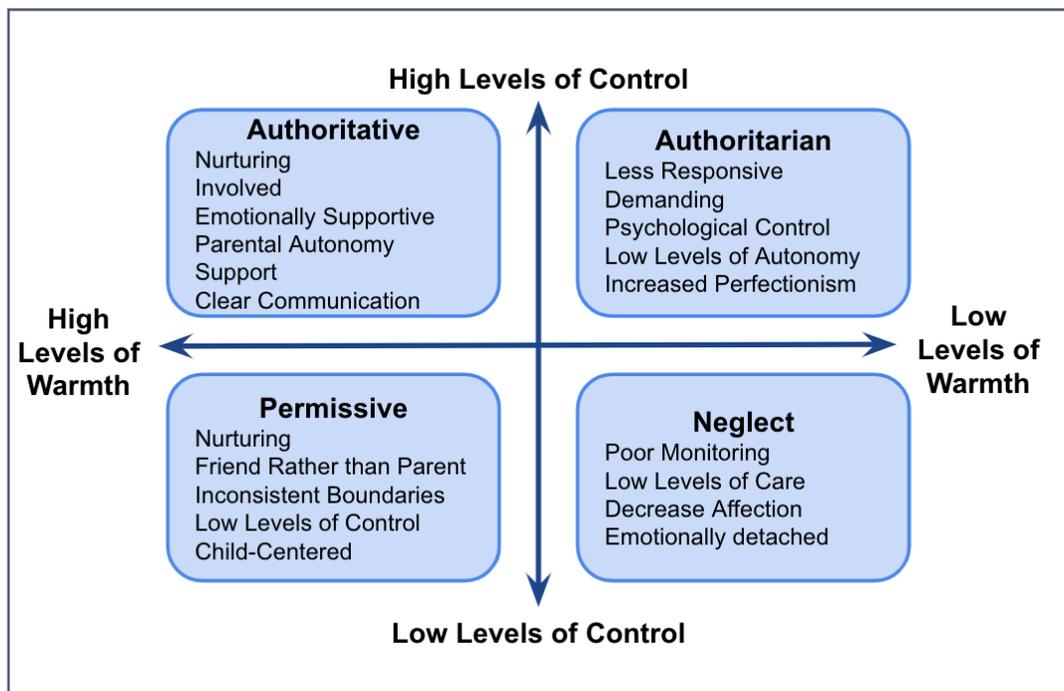
behaviors (Berge et al., 2014; Chen et al., 2019; Krug et al., 2016; Zubatsky et al., 2015) by providing support and structure in daily decisions (Zubatsky et al., 2015)

By contrast, patterns of parenting found in the authoritarian or neglectful parenting style can have a potentially negative effect (Berge et al., 2014; Krug et al., 2016; Zubatsky et al., 2015) that can hinder an adolescent's ability to develop healthy eating habits by either becoming overly involved and highly controlling in their teen's everyday choices (authoritarian) or on the other hand, by being absent and uninvolved in helping their teen make important decisions (neglectful). Research indicates that these two parenting styles, authoritarian and neglectful styles, are associated with a greater likelihood of adolescents developing an eating disorder (Berge et al., 2014; Gouveia et al., 2019; Krug et al., 2016; Zubatsky et al., 2015). So while many factors may influence eating disorders in adolescents, parenting style may have a significant impact on the likelihood of teens developing an eating disorder since parents who engage in authoritarian or neglectful parenting may not provide the kind of support and structure needed to protect their teens, while authoritative parents are more likely to do so, reducing teen disorder eating. This literature review will first discuss the impact of unhealthy parenting practices on the patterns of behaviors and attitudes that lead to disordered eating in adolescents, and second, discuss the support and structure that authoritative parents offer adolescents that may protect them from developing an eating disorder.

## **The Impact of Unhealthy Parenting Practices on Adolescent Eating Disorders**

Parenting styles are differentiated in part by control and warmth. If parents' levels of control—whether too much or too little—are present and a lack of affection is also characteristic of their interactions with their teens, these practices are associated with a higher risk factor for adolescents in these homes to develop disordered eating behaviors (Berge et al., Krug et al., 2016; Zubatsky 2015). Parenting styles have been also been distinguished by other characteristics, such as responsiveness, love and affection,

knowledge of the child's whereabouts, psychological control, and expectations (Berge et al., 2014; Krug et al., 2016; Martinson et al., 2016; Zubatsky et al., 2015). The following figure indicates how parenting practices fit into these parenting styles.



As shown, authoritarian parenting is typically low in warmth and high in control, while neglectful parenting is low in both warmth and control. Authoritative parenting, on the other hand, is high in both control and warmth. (Zubatsky et al., 2015). A wealth of research indicates that both authoritarian parenting and neglectful parenting, which are not high in neither warmth nor support, can increase the likelihood of adolescent girls experiencing disordered eating behaviors (Deas et al., 2011; Krug et al., 2016; Lobera et al., 2011; Martinson et al., 2016; Reilly et al., 2016). The warmth and support in authoritative parenting practices, however, can act as preventative measures to the development of eating disorders (Hart et al., 2015; Martinson et al., 2016). Each of the following sections describes how the difference in controlling behaviors and the lack of warmth in authoritarian and neglectful parenting can put teens at greater risk for developing eating disorders.

### Impacts of Authoritarian Parenting

As noted, an authoritarian parenting style includes a combination of low warmth and high control (Zubatsky et al., 2015), resulting in teens being granted lower levels of autonomy, increased demands for perfectionism, and higher controls on food intake—all of which may create an unhealthy environment for an adolescent (Berge et al., 2014; Deas et al., 2011; Loth et al., 2014; Reilly et al., 2016;

Segrin et al., 2020; Zubatsky et al., 2015). For example, adolescents with anorexia nervosa reported perceiving a higher level of parental overprotection than healthier adolescents (Lobera et al., 2011). When overly controlling parents show low tolerance for their children's independent

thinking, the adolescent may develop lower levels of autonomy (Reilly et al., 2016). When adolescents lack the ability to make their own choices, they are less likely to regulate food intake, make healthy food choices, or find foods they enjoy. In addition to restricting autonomy, highly controlling authoritarian parents can also be psychologically controlling. When parents are psychologically overpowering, they use manipulative tactics to control how children feel, think, or behave. Exerting this kind of excessive power over adolescents is linked to

disordered eating (Reilly et al., 2016; Segrin et al., 2020). Whether a parent's power manifests itself in inhibiting autonomy or in psychological control, such dominance creates a greater likelihood of more dieting and disordered eating in their adolescent girls (Berge et al., 2014; Deas et al., 2011; Krug et al., 2016; Lobera et al., 2011; Reilly et al., 2016). In sum, when parents exhibit a less responsive and more demanding type of parenting, they can knowingly or unknowingly create an environment where adolescent girls are more likely to engage in extreme or disordered eating behaviors (Zubatsky et al., 2015).

In addition to high control, another characteristic of authoritarian parenting is a tendency to set unreasonably high standards for their teens, sometimes encouraging an unhealthy type of perfectionism that stems from a combination of their adolescent girls' low levels of autonomy and the unreasonably high standards (Reilly et al., 2016). As these teens attempt to reach their parents' standards under these conditions, they may be less likely to build confidence in their everyday decision-making (Deas et al., 2011; Reilly et al., 2016; Segrin et al., 2020). This perceived incompetence in handling everyday tasks can lead to a higher risk of eating disorders as, over time, these adolescent girls may experience a diminished motivation to change, develop an even more severe eating pathology, and show poor treatment compliance once they are receiving help (Deas et al., 2011). Furthermore, parents who

experience higher levels of stress, control, and perfectionism in their own character may project these habits onto their children by controlling feeding practices (Gouveia et al., 2019). These controlling practices and modeling may include commentary on weight and shape, encouragement to diet, and serving unhealthy amounts or specific foods to change a child's diet (Hart et al., 2015; Krug et al., 2016; Loth et al., 2014; Zubatsky et al., 2015). These controlling behaviors prioritize, in a child's mind, certain body images and meal portions before their own health, which can lead to eating disorders.

As a result of these kinds of controlling behaviors, the authoritarian parenting style diminishes healthful eating and consumption behaviors, potentially resulting in higher levels of disordered eating behaviors in adolescent girls. (Reilly et al., 2016; Deas et al., 2011). Thus, authoritarian parents' behavior toward their adolescents' eating habits can have a significant negative influence on the adolescent (Gouveia et al., 2019; Hart et al., 2015; Krug et al., 2016; Loth et al., 2014; Zubatsky et al., 2015) and appear to be a risk factor for adolescent girls developing disordered eating behaviors (Martinson et al., 2016). Setting unattainable standards increases perfectionism and influences food intake, which tends to create unhealthy habits and attitudes leading to an increased likelihood of eating disorders in adolescent girls (Berge et al., 2014; Deas et al., 2011; Reilly et al., 2016; Zubatsky et al., 2015).

### Impact of Neglectful Parenting

In the neglectful parenting style, teens are brought up with low control, such as poor monitoring, and with low warmth (Krug et al., 2016, Zubatsky et al., 2015), low levels of care, and less involvement (Martinson et al., 2016). These characteristics of the neglectful parenting style, though different from authoritarian parenting, may also serve as a risk factor for disordered eating behaviors in adolescent girls—primarily due to the attention-seeking behavior that teens may use to attempt to receive needed parental attention and involvement (Deas et al., 2011; Krug et al., 2016, Lobera et al., 2011; Martinson et al., 2016). While parental monitoring generally includes parents being interested in and knowledgeable about their teens activities and investing time with them (Martinson et al., 2016), low parental monitoring leaves parents less involved and less knowledgeable about their adolescent's life. As a result, these parents are generally less aware of the signs of their child's disordered eating behaviors, less sensitive to the daily stresses and struggles the adolescent goes through, and less likely to know of their teens' needs and wants, and will therefore be less likely to intervene and address the adolescent's struggles (Martinson et al., 2016). The failure to monitor their teens and invest in spending

time to know their teen better increases the likelihood for their adolescent to engage in disordered eating behaviors (Deas et al., 2011; Krug et al., 2016; Lobera et al., 2011; Martinson et al., 2016).

Another characteristic of the neglectful parenting style is a low level of care, which can be defined as a lack of warmth and affection (Krug et al., 2016; Martinson et al., 2016). Unfortunately, low levels of parental care can lead to an adolescent's belief that they are flawed and unworthy of love (Deas et al., 2011). In contrast to high levels of care that allow adolescents to have a healthier view of their self-worth, these teens lack the parental affection that could help them have better self-respect (Gouveia et al., 2019). When an adolescent girl doesn't receive the level of warmth and care she needs from her parents, research shows that she has an increased likelihood of reporting body dissatisfaction, a drive for thinness (Krug et al., 2016), weight phobia, and body image concerns (Lobera et al., 2011). In sum, when teen girls do not receive the parental validation they need, they may have a greater likelihood of developing body dissatisfaction or resorting to disordered eating habits, thus increasing the risk for developing an eating disorder (Krug et al., 2016; Lobera et al., 2011; Martinson et al., 2016).

### The Positive Impact of Authoritative Parenting Practices

By contrast to these other two styles, the authoritative parenting style, which includes high levels of control and high levels of warmth, has been shown to positively influence healthy eating habits and to assist adolescent girls who may struggle with disordered eating (Berge et al., 2014; Gouveia et al., 2019; Martinson et al., 2016; Zubatsky et al., 2015). As noted in the figure, authoritative parenting is characterized by high levels of control and high levels of warmth. Parenting practices typical of the authoritative style include warmth, involvement in the children's lives, emotional support, appropriate amounts of autonomy, and clear communication between parent and child (Zubatsky et al., 2015). In addition, authoritative parenting typically incorporates disciplinary methods that are supportive rather than punitive and parents are generally consistent in establishing rules and appropriate, reasonable expectations (Lobera et al., 2011). Thus, authoritative parenting provides a healthier structure and the level of support needed for an adolescent to internalize positive behaviors unlike other parenting styles that may lead to an adolescent developing an unhealthy view of themselves (Zubatsky et al., 2015). In fact, several studies convincingly suggest that authoritative parenting has a positive impact on adolescents who are prone to developing eating disorders (Berge et al., 2014; Hart et al., 2015; Martinson et al., 2016; Zubatsky et al., 2015).

These studies also associate higher levels of parental monitoring of authoritative parenting (in contrast to the low levels of monitoring in neglectful parenting) with being more attuned to changes in an adolescent's behavior (Berge et al., 2014; Gouveia et al., 2019). This may lead parents to more quickly detect and provide their teens with needed support and opportunities for healthy parent-teen communication, which in turn lowers the levels of dieting and disordered eating behaviors in adolescents (Berge et al., 2014; Martinson et al., 2016). The characteristics of high levels of parental monitoring in the authoritative style can be considered a protective factor for adolescent girls with disordered eating behaviors (Martinson et al., 2016). By contrast, the low levels of parental monitoring by parents with other parenting styles diminishes their ability to notice signs of an adolescent's eating disorder and their likelihood of intervening and helping (Martinson et al., 2016).

High-quality, parent-teen communication, a characteristic of authoritative parenting, can create a healthy pattern of interaction that may also be protective. According to Family Systems Theory, positive communication between parents and adolescents can help parents to productively discuss sensitive issues, such as disordered eating habits if it arises, can help protect adolescents from developing a pattern of unhealthy eating behaviors (Zubatsky et al., 2015). If parents are mindfully aware and compassionate in their approach when communicating with an adolescent, they will be better at discussing the changes they may recognize in the teen's behavior and can effectively respond to their teen's nutritional and emotional needs (Gouveia et al., 2019). In fact, one study associated positive communication with mothers with fewer unhealthy weight-control behaviors (Zubatsky et al., 2015). On the other hand, a study of mothers with poor communication skills (lack of communication or demonizing a child's behavior) regarding eating disorders led to negative outcomes such as unhealthy weight-control behaviors (Zubatsky et al., 2015). Positive and mindful communication from a parent is a characteristic of authoritative parenting and decreases the chance of their adolescents developing an eating disorder (Gouveia et al., 2019; Zubatsky et al., 2015).

Another quality of an authoritative parent that can decrease the likelihood of disordered eating behaviors in adolescent girls is parental support of teen autonomy

(Berge et al., 2014; Lobera et al., 2011; Zubatsky et al., 2015). These authoritative parents encourage children to engage in autonomous behavior (Reilly et al., 2016), to think for themselves, and to make decisions on their own with appropriate levels of parental support. Although it is important for the parent to provide a safe space, support, and care for an adolescent, it is imperative to also create an environment in which the adolescent can become independent (Lobera et al., 2011). This support for a teen's growing autonomy is especially important for adolescent girls who are at greater risks of developing a disordered eating behavior pattern. In summary, the authoritative parenting style protects adolescents from disordered eating behaviors through mindful communication between the parents and adolescent, through parental monitoring, and by supporting teen autonomy (Berge et al., 2014; Lobera et al., 2011; Martinson et al., 2016; Reilly et al., 2016; Zubatsky et al., 2015)

## Conclusion

Authoritarian, neglectful, and authoritative parenting styles each appear to have a distinct influence on whether an adolescent is at greater risk of developing an eating disorder or not. Authoritarian and neglectful parenting have a negative impact on teens with eating disorders. (Deas et al., 2011; Lobera et al., 2011; Martinson et al., 2016; Zubatsky et al., 2015). On the other hand, authoritative parenting with its combination of high levels of warmth and control appears to be a better combination for protecting teens from and preventing unhealthy disordered eating behaviors. Authoritative parents are also the most likely to create support through a functional family setting (Berge et al., 2014; Lobera et al., 2011; Martinson et al., 2016; Reilly et al., 2016; Zubatsky et al., 2015). As a result, the authoritative parenting style appears to be the most promising setting for assisting adolescents, especially teen girls, to have the support and structure they need to avoid eating disorders and to develop strong mental and physical health.

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## References

- Berge, J., Wall, M., Larson, N., Eisenberg, M., Loth, K., & Neumark-Sztainer, D. (2014). The unique and additive associations of family functioning and parenting practices with disordered eating behaviors in diverse adolescents. *Journal of Behavioral Medicine, 37*(2), 205-217. <https://doi.org/10.1007/s10865-012-9478-1>
- Chen, Y., Kawachi, I., Berkman, L. F., Trudel-Fitzgerald, C., & Kubzansky, L. D. (2019). Does optimal parenting style help offspring maintain healthy weight into mid-life? *Preventive Medicine: An International Journal Devoted to Practice and Theory, 123*, 84-90. <https://doi.org/10.1016/j.ypmed.2019.03.001>
- Deas, S., Power, K., Collin, P., Yellowlees, A., & Grierson, D. (2011). The relationship between disordered eating, perceived parenting, and perfectionistic schemas. *Cognitive Therapy and Research, 35*(5), 414-424. <https://doi.org/10.1007/s10608-010-9319-x>
- Duarte, C., Ferreira, C., & Pinto-Gouveia, J. (2016). At the core of eating disorders: Overvaluation, social rank, self-criticism and shame in anorexia, bulimia and binge eating disorder. *Comprehensive Psychiatry, 66*, 123-131. <https://doi.org/10.1016/j.comppsych.2016.01.003>
- Galmiche, M., Dechelotte, P., Lambert, G., & Tavolacci, M. P. (2019). Prevalence of eating disorders over the 2000-2018 period: A systematic literature review. *American Journal of Clinical Nutrition, 109*(5), 1402-1413. <https://doi.org/10.1093/ajcn/nqy342>
- Gouveia, M. J., Canavarro, M. C., & Moreira, H. (2019). How can mindful parenting be related to emotional eating and overeating in childhood and adolescence? The mediating role of parenting stress and parental child-feeding practices. *Appetite, 138*, 102-114. <https://doi.org/10.1016/j.appet.2019.03.021>
- Hart, L. M., Cornell, C., Damiano, S. R., & Paxton, S. J. (2015). Parents and prevention: A systematic review of interventions involving parents that aim to prevent body dissatisfaction or eating disorders. *International Journal of Eating Disorders, 48*(2), 157-169. <https://doi.org/10.1002/eat.22284>
- Krug I., King, R. M., Youssef, G. J., Sorabii, A., Wertheim, E. H., Lee Grange, D., ... Olsson, C. A. (2016). The effect of low parental warmth and low monitoring on disordered eating in mid-adolescence: Findings from the Australian Temperament Project. *Appetite, 105*, 232-241. <https://doi.org/10.1016/j.appet.2016.05.015>
- Lobera, I. J., Rios, P. B., & Casals, O. G. (2011). Parenting styles and eating disorders. *Journal of Psychiatric and Mental Health Nursing, 18*(8), 728-735. <https://doi.org/10.1111/j.1365-2850.2011.01723.x>
- Loth, K. A., MacLehose, R. F., Fulkerson, J. A., Crow, S., & Neumark, S. D. (2014). Are food restriction and pressure-to-eat parenting practices associated with adolescent disordered eating behaviors? *International Journal of Eating Disorders, 47*(3), 310-314. <https://doi.org/10.1016/j.appet.2016.07.035>
- Martinson, L. E., Esposito-Smythers, C., & Blalock, D. V. (2016). The effect of parental monitoring on trajectories of disordered eating attitudes and behaviors among adolescents: An individual growth curve analysis. *Appetite, 107*, 180-187. <https://doi.org/10.1016/j.appet.2016.07.035>
- Reilly, E. E., Stey, P., & Lapsley, D. K. (2016). A new look at the links between perceived parenting, socially-prescribed perfectionism, and disordered eating. *Personality and Individual Differences, 88*, 17-20. <https://doi.org/10.1016/j.paid.2015.08.038>
- Segrin, C., Burke, T. J., & Kauer, T. (2020). Overparenting is associated with perfectionism in parents of young adults. *Couple and Family Psychology: Research and Practice, 9*(3), 181-190. <https://doi.org/10.1037/cfp0000143>
- Zubatsky, M., Berge, J., & Neumark-Sztainer, D. (2015). Longitudinal associations between parenting style and adolescent disordered eating behaviors. *Eating and Weight Disorders, 20*(2), 187-194. <https://doi.org/10.1007/s40519-014-0154-z>