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Original Article

A Phenomenological Analysis of the Parental Role in Emotional Eating of Young Obese Iranian Women

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Abstract

Introduction: Previous studies have confirmed the high prevalence of emotional eating in obese women and its relationship with weight gain. Given that eating behavior is formed since early childhood in interaction with parents, it is essential to study the parental role in obese women's emotional eating experiences. Accordingly, the present study aimed to describe and interpret the parental role in the emotional eating experiences of young obese Iranian women.

Methods: The participants in this qualitative study that was conducted using a hermeneutic phenomenological approach were 17 young women with a body mass index (BMI) of 30 and above. The women were selected using purposive sampling with maximum variation. The data in this study were collected through semi-structured in-depth interviews that were conducted individually and face to face. Data analysis was performed using the seven-step analysis method proposed by Dickelman et al.

Results: The main theme revealed from the data analysis was "parenting experiences". This theme was further categorized into 6 subthemes including "the insecure attachment symbol", "alleviation of psychological distress caused by parents", "misunderstanding of food as a magic parenting wand", "over-providing food security for the child", "contradiction in fostering overeating behavior with destructive blaming", and "child learning".

Conclusion: The subthemes that emerged in this study reflect various dimensions of the parental role in the emotional eating of young obese Iranian women. The results of this study provide deep insights into planning psychotherapy interventions for emotional eating and weight management, especially in women.

Keywords: Phenomenology, Hermeneutics, Emotional eating, Obesity, Parenting

Introduction

Emotional eating behavior is defined as eating in response to negative emotions or stress (1). In recent years, researchers have been trying to explain and manage obesity by focusing on emotional eating (2) because research evidence has confirmed the high prevalence of emotional eating in obese and overweight people and its relationship with weight gain (3). To manage obesity through psychotherapy interventions focusing on emotional eating, it is necessary to identify the conditions and situations that cause emotional eating behavior and also recognize the interpretations based on which people give meaning to this experience. Since psychotherapeutic interventions do not consider the essential role of people's meanings and interpretations of events and situations, they may take an ill-considered approach (4). Considering this issue and the fact that eating behavior is formed and continues to grow since early childhood in interaction with parents (5-6), it is important to study parents' role in people's emotional eating experiences. Numerous quantitative studies have addressed this issue around the world, and each of these studies has focused on a few aspects of parents' role in the development and persistence of emotional eating of children, including the role of insecure attachment in the child's emotional eating (5-7), the relationship between children's emotional eating and parenting styles and child feeding techniques (8-12) and the relationship of children's emotional eating and parents' use of food to regulate emotions (13). To investigate more deeply the parental role in children's emotional eating, there was a need for exploratory studies. Besides, qualitative studies are suitable for exploring the various aspects of psychological, social, and cultural contexts of emotional eating experiences (14). To do this, it is needed to enter the world of children's experiences, discover the meaning of this concept from their point of view, provide access to their inner experiences, discover the variables related to this issue through deep exploration, and describe and interpret the findings. This is possible by using qualitative research with a hermeneutic phenomenological approach (15-16). Since women are more vulnerable to emotional eating (17), two qualitative studies with a phenomenological approach addressed women's emotional eating in the United States and the United Kingdom. Their findings revealed some aspects of parents' role in children's emotional eating, especially insecure attachment and some childhood experiences about parenting styles and children's feeding methods

(18-19). To explore the various dimensions of parents' role in their children's emotional eating, there was a need to focus more deeply on this issue. Moreover, since emotional eating is a culture-dependent eating behavior (20), conducting studies in Iran using a hermeneutic phenomenological approach can provide results fitting Iranian society. Accordingly, the present study aimed to describe and interpret parents' role in the lived experiences of emotional eating in young obese Iranian women.

Methods

The current study was a qualitative one conducted using a hermeneutic phenomenological approach. The research population included young unpregnant women aged 24 to 45 years living in cities of Kermanshah and Karaj, with a body mass index (BMI) of 30 and above. Members of the research population who were qualified to enter the study were those who had emotional eating experiences, could speak and think well, and were able to express their thoughts and feelings fluently. The participants were selected using purposive sampling. To achieve maximum sampling variation, the location of the study covered large areas in two cities of Kermanshah and Karaj from March to September 2020. First, seven face-to-face interviews were conducted in 3 comprehensive health service centers in Kermanshah. Following the COVID-19 outbreak, other participants were selected from people introduced by acquaintances, through notifications posted on the WhatsApp messenger, or via snowball sampling from among those introduced by the previously interviewed participants. The participants were interviewed online through video calls on WhatsApp messenger. The researcher tried to come up with an understanding of the participants' feelings and behaviors during video call interviews. After conducting the 17th interviews, the collected data were saturated and no new information and theme were observed.

Before conducting each interview, the researcher provided the necessary explanations about the objectives of the study and obtained informed consent from the participants. They were also told that they could level the study at any stage and ensured their data would remain confidential. All main interviews were conducted individually and face to face. If necessary, additional interviews were conducted by telephone with the participants to clarify and resolve any discrepancies in the interpretation of the data. The time and duration of the interviews were determined with the participants' agreement. The shortest interview

lasted 25 minutes and the longest interview took 85 minutes to be completed. The interviews were recorded upon the participants' consent and they were appreciated at the end of each interview.

The main question asked in the interviews was: *What experiences do you have about the emotional eating of the family members and your parents? What do these experiences mean to you?* Probing questions were also asked to obtain additional information. For example: *What did you mean by Can you explain more? Can you give an example? Do you have anything to add to your statements? What conclusion do you draw?, and Do you have any memories of this event?*

The collected data were collected through hermeneutic phenomenology that provides a description and interpretation of the meaning of lived experiences (16, 21). The basis of data analysis was a type of hermeneutic phenomenology called philosophical hermeneutics, which was founded by Heidegger. In philosophical hermeneutic phenomenology, the involvement of the interpreter's mentality in understanding is the underlying condition for achieving understanding, and there is no such thing as fixed and final understanding because every interpreter's understanding is rooted in their time, society, culture, and upbringing. In this approach, ontology prevails over epistemology and its important feature is relativism (15). This approach has greatly contributed to the science of psychology for a sound understanding of the human world. Accordingly, data analysis was performed using Dickelman et al.'s seven-step analysis method, which is a seven-step process that follows Heidegger's hermeneutic phenomenology (philosophical hermeneutics) (16) and is conducted through the following steps: After each interview, the recorded audio files and the field notes on important cases such as the participants' feelings or their other reactions were transcribed and typed word by word. The transcripts were then reviewed several times to get a general understanding of them (Step 1). For each of the transcripts, an interpretive summary was written to understand and extract meanings hidden in the interviews (Step 2). The researcher and several professors as members of the research team reviewed the transcripts to extract the codes and themes. Explicit and implicit meanings were extracted from the manuscripts. These meanings also reflected the context of the interviews and how the participants answered the questions (Step 3). To clarify and eliminate any disagreement and inconsistencies in the interpretations, the

researcher repeatedly returned to the transcripts and sometimes referred to the participants (Step 4: the hermeneutic cycle). The interpretive summaries were merged into a more general interpretation so that the resulting themes could be related to each other in the best possible way (Step 5). Then, a final interpretation or structural statement reflecting the connections between the extracted subthemes and themes was prepared (Step 6, the highest level of hermeneutic analysis). Finally, a draft copy of the extracted themes and subthemes and an excerpt of interview transcripts were provided to the members of the research team and an external reviewer who was familiar with qualitative research, and their comments and suggestions were applied in the final version of the project report (Step 7).

To ensure the rigor and trustworthiness of the collected data using scientific techniques, the following five criteria proposed by Lincoln and Guba (16) were used:

Credibility: The validity of the data was increased in the following ways: long-term engagement with the subject, constant observation, allocating sufficient time to collect data, and in some cases returning the results to the participants to confirm that the themes extracted from the interview transcripts reflected their intended meaning in the statements made by them. Furthermore, the findings of the study were reviewed and modified using the opinions of several professors.

Dependability: To ensure the dependability of the data, the researcher, while being aware of the research process, allowed the participants' experiences and interpretations to direct the research process so that the findings come from the meaning of living with the phenomenon of emotional eating. Dickelman et al.'s method, which focuses on teamwork, was used to guide the research process. The research procedure and data analysis steps were clearly described so that any reader and critic could evaluate the research procedure and the findings. The research process was evaluated by the professors attending the research project and an external reviewer who was familiar with qualitative research.

Confirmability: The interview data and the extracted themes were checked by the professors and the reviewers to minimize the impact of the researcher's perceptions. The confirmability of the findings was also ensured by recording documents related to different stages of conducting the study.

Transferability: To increase the transferability of the data, a purposive sample of obese young women

with lived experiences of emotional eating was selected to generalize the findings to other samples. Besides, a database was created during the data collection phase that included a rich description of the study data. The use of techniques to classify the data during the data analysis phase and presenting a detailed description of the collected data enables readers to judge and evaluate the research procedure and findings.

Authenticity: The authenticity of the research findings was checked and confirmed by using reflection strategies, taking thoughtful notes, long-term presence and interaction with the participants, constant observations, dynamic and in-depth descriptions, accurate recording of the participants' statements, taking notes of their intonation and pronunciation of the words during the interviews, and recording the participants' feelings and behaviors.

Results

The participants in this study were 17 women aged 24 to 45 years who lived in the cities of Kermanshah or Karaj. Most of them were married (88%), housewives (65%), and had university education (65%). Ethnically, they were Kurds (47%), Fars (41%), or Turks (12%). The participants' body mass index (BMI) ranged from 30.06 to 35.40.

Data analysis highlighted the role of parents in emotional eating in the participants' childhood and current experiences. Accordingly, the main theme was identified as "parental experiences", which was subcategorized into the following subthemes:

Insecure attachment symbol

According to participants' statements one of the underlying causes of their emotional eating was related to their childhood and current experiences of insecure attachment, which, in addition to primary caregivers, affected other significant people in their adulthood lives such as spouses and children.

One of the participants, a 44-year-old married woman, talked about her insecure attachment and recalled her experiences when her mother forced her to eat while she did not want to eat anything. *"My mother is always asking me to drink tea, and I don't like to eat anything. But she insists so much that I'm forced to drink the tea. This is also the case for eating food. I cannot refuse my mother's requests. I think she gets upset if I don't listen to her. It's very hard for me to reject her offer. I think it's for her love and it means that someone wants me and I have a supporter ...*

When I was an unmarried girl living with my mother, I did not think so as I was spending most of the time with my mother. But now that I have been separated from her and living independently I cannot refuse her requests".

The participant's insecure attachment to emotional eating can be explained by the fact that by not rejecting her mother's requests for eating, she not only prevents her mother from being offended and rejected by her but also receives his mother's love and support. In this way, she also compensates for the physical distance from her mother.

Another participant, a married woman with 3 children, stated that her insecure attachment to emotional eating was extended to her husband and children. She shared a memory, *"I did not have much appetite and feel like eating anything. But once my family members insisted and forced me to eat spaghetti with them. I do not like spaghetti, because everyone ate, I ate too. There is something that may be I don't want to say.... [hesitantly] ... Frankly speaking, I want them not to reject me".*

Alleviation of psychological distress caused by parents

The findings of the study indicated that the participants resorted to emotional eating to relieve their psychological distress from their parents' speech and behavior. Some examples are stated as follows:

"My mom loves to have a son, and she keeps saying having a son is something special.... Every time I hear this from my mom, I get very nervous and I like to eat" (Participant 7).

"The pleasure I get from eating distracts me for a moment from my mother's annoying words and interference" (Participant 12).

Misunderstanding of food as a magic parenting wand

According to the findings of the study, some participants believed that their parents used food and snacks to calm, relieve, and convince them, or as a means of showing love, rewarding, or controlling them. Some examples are detained as follows:

"[My parents] said that if I did something, e.g. studying, doing school assignments, or tidying the room, they would buy me a snack, something I like; ice cream, sweets, etc." (Participant 10).

"When I said I got a bad grade, my parents told me to

eat something. When I said I had a headache, they would either give me a meal or give me a bar of chocolate ... once I got angry, [my mom] used to say that my blood pressure dropped and I had to eat some ice cream to feel get better” (Participant 3).

Some parents considered eating as the most preferred way to express love to their child. One participant said, *“The only way I get love from my mom is just to eat. My mother had always given food her priority”* (Participant 2).

Some parents also used feeding as a tool to control their children. Accordingly, one of the participants stated, *“When we were children, if my mom made foods that we did not like, she would say: Well, do not eat, you must be full. But then [when we grew up], we said we were worried about getting fat and we wanted to go on a diet. But my mom said to eat a little now and go on a diet later or she would go out and bought something we liked. If we went on a diet to lose weight, she would do these mischiefs [smiling]”* (Participant 7).

Over-providing food security for the child

Some participants stated their parents provided plenty of food and snacks to ensure that their child ate enough food. They also forced their child to overeat by provoking, encouraging, and compelling him or her, and they did not control or prevent their child from overeating. Some examples are provided as follows:

“When I was a child [my mom] gave me a full breakfast. Then, she gave me some orange juice at 10 a.m. followed by a glass of milk at 11 a.m. We had lunch at 2.5 - 3 p.m. In the meantime, she would throw a raw egg into the sink, throw the egg white away, then pour the yolk into an egg holder, add salt to it, and give it to me to eat. If I said I'm not hungry she would reply no, I have to it. It's good for me” (Participant 8).

“My mom used to say that I'm too clumsy to eat. This way, she wanted to provoke me to eat better or more food” (Participant 6).

“When I was a child, sometimes we went to a party, but I ate so much despite my small body that I would vomit when I came home” (Participant 16).

Contradiction in fostering overeating behavior with destructive blaming

Some participants reported that although their parents themselves unknowingly developed overeating

in their child, when overeating was institutionalized in their child leading to obesity, they began to blame, humiliate, insult, stigmatize, and instill guilt in their child for overeating and obesity. For example, one of the participants stated:

“When we were kids, my mom used to give us so much good food. As we got older, she started stopping it because we were very overeating. Then, she started blaming us for overeating and said that I got very overweight. She asked us to eat less food ... During our adolescence, she used to blame and humiliate us. [My parents] instilled a sense of guilt about food and said that we were just eating and understand nothing ... [sobbing]” (Participant 8).

Child learning: The participants described lived experiences that reflected how they had learned emotional eating in the family. Accordingly, one participant said, *“We learned from childhood to eat a sweet to make us feel better. Our parents told us to eat food so that we could feel better”* (Participant 6).

Discussion

Following the findings of the present study, parents play an important role in the formation (5-13) and persistence (5, 6, 18) of children's emotional eating. Bowlby's attachment theory offers profound insights into the onset of eating disorders and their persistence (5, 6, 18). In a phenomenological study of emotional eating in obese women, the participants' statements about their relationship with food and eating revealed some contradictions and ambivalences that were similar to the descriptions of their childhood attachment relationships. Parents were seen as a source of comfort and despair, similar to the role of food in emotional eating (18). In fact, insecure attachment has a significant relationship with emotional eating in obese people (5). Consistent with the findings of the present study, the role of insecure attachment in emotional eating extends to other significant people in a person's life in addition to parents (18). Besides, the resort to emotional eating to relieve negative emotions caused by interaction with parents or others confirms the existence of insecure attachment because insecure attachment style in the growth process leads to negative emotional deposition and these negative emotions induce an individual to engage in overeating (6). Previous studies have shown that at least some of the incompatible coping cycles with insecure attachment can be examined in the context of emotional eating. Furthermore, insecure attachment relationships can be considered as accelerating and underlying factors stimulating a

person to turn to emotional eating (7).

Consistent with the findings of this study on the parental misunderstanding of food as a magic wand for parenting, previous studies in the literature have suggested that the parental use of food as a reward or offer when the person/child is upset is associated with emotional eating and weight gain (8, 13). Studies have also shown that when parents use food to control their children, they dominate children's hunger and inner satiety symptoms (11), and parental control is associated with high levels of emotional eating in adolescents (9).

In line with the results of the present study that indicated parents' oversupply of food security for their children, previous studies have shown that traditional feeding methods used for infants and children include frequent and rapid feeding of children in response to distress and encouraging them to eat as much food as possible, which is often accompanied by coercion and force when feeding the child. This evidence suggests that excessive parental control and pressure for eating food can negatively affect children's diet and are associated with consuming fewer fruits and vegetables and consuming more fat in adolescence (10). Parents' oversupply of food security for their children can be attributed to the parents' unawareness. Research reports indicated that most parents believe that their children are too young or do not take the responsibility to decide on their diet. Thus, parents should decide for the children what to eat. Accordingly, addressing misconceptions and incorrect beliefs about children's nutrition can play an important role in implementing effective interventions to prevent overeating and obesity in children (12). Moreover, it can be argued that throughout human history, feeding patterns have evolved as a result of parents' responses to perceived environmental threats to children's well-being and food shortages (10).

Furthermore, consistent with the findings of the current study, children receive conflicting messages about their nutrition that confuse them and impede their ability to make healthy lifestyle decisions (22). Besides, parents who blame, humiliate, insult, stigmatize, and instill guilt in their children for overeating and obesity, induce negative emotions in

their children and these negative emotions reinforce the consistency of the emotional overeating behavior cycle in children (19).

The results of previous studies about the way children learn emotional eating have suggested that parents' feeding style influences a child's eating behaviors through food availability and modeling (observational learning). Furthermore, children's perception of their parents' eating habits causes them to adapt their behavior to their parents' eating behavior as a natural and correct behavior (23). Thus, children's emotional eating is associated with parents' emotional eating (13).

The present study was conducted with some limitations. For instance, the research sample did not include men, other age groups, women, and individuals from other regions and ethnicities in Iran. Thus, this limitation needs to be eliminated in future research.

Conclusion

Following the results of this study; In Iran, as in other parts of the world, parents have a fundamental and lasting role in their children's emotional eating. The present study revealed various aspects of the parental role in children's emotional eating. This is an advantage of qualitative research that explores and reveals various aspects of a phenomenon profoundly and provides valid hypotheses to be tested by quantitative studies. The results of this study also provide in-depth insights into planning psychotherapy interventions for emotional overeating and weight management especially in women.

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Conflict of Interest

The authors declared no conflict of interest.

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