Negative eating attitudes and behaviors among adolescents: The role of parental control and perceived peer support

Ugo Pacea, Giulio D’Ursob, Carla Zappullab

a Faculty of Human and Social Sciences, Kore University of Enna, Cittadella Universitaria, 94100, Enna, Italy
b Department of Psychological and Educational Science, University of Palermo, Viale delle Scienze, ed. 15, 90128, Palermo, Italy

ABSTRACT

In the present study, we examined from a longitudinal perspective the relationship between parental (both maternal and paternal) psychological control, perceived peer support, and negative eating attitudes and behaviors, focusing on the moderating role that perceived peer support may play in the relationship between parental psychological control in early adolescence and negative eating attitudes and behaviors in late adolescence. In Wave 1, participants were 507 adolescents (249 boys and 258 girls) aged from 14 to 15 years ($M=14.76; SD=0.63$). Three years later (Wave 2), the same adolescents participated again in the study ($M=17.88$ years; $SD=0.57$). Regression analyses displayed that paternal, but not maternal, achievement-oriented psychological control during early adolescence positively predicted negative eating attitudes and behaviors in late adolescence, whereas perceived peer support negatively predicted negative eating attitudes and behaviors. Results also showed a moderator effect of perceived peer support in the relationship between father's psychological control and negative eating attitudes and behaviors; such that at higher levels of paternal achievement-oriented psychological control, negative eating attitudes and behaviors tended to be higher when perceived peer support was low and to be lower when perceived peer support was high.

© 2017.

1. Introduction

Negative eating attitudes and behaviors are typically frequent among adolescents (Eaton et al., 2010) and may include restrictive dieting or unsafe weight and shape control behaviors (e.g., fasting, self-induced vomiting, and skipping meals for weight loss). According to Jones, Bennett, Olmsted, Lawson, and Rodin (2001), the individuation of negative eating attitudes and behaviors among the nonclinical population, especially in adolescence, is very important to monitor trends and changes and to identify the factors most related to disordered eating habits. When these behaviors become unhealthy (e.g., an obsession with calories or ritual eating patterns such as cutting small pieces of food, eating alone, and/or hiding food), their presence can be a sign of significant psychological and medical risks and can be precursors of subsequent eating disorders, such as anorexia, bulimia, and binge eating (Fryer, Waller, & Stenfert Kroese, 1997; Jones et al., 2001). Data from the National Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2013) showed that 1–3% of adolescents between the ages of 14 and 18 are anorexic and 1–5% are bulimic. The World Health Organization (WHO; 2014) recently reported anorexic and bulimic diseases are the second leading cause of death among adolescents, after road accidents. In line with other countries, in Italy about 3–4% of people, especially adolescents and young adults, have some kind of eating disorder (especially anorexia or bulimia). According to data from the Italian Ministry of Health, the incidence of eating disorders in Italy is at least 8 new cases per 100,000 people every year among female adolescents, while boys comprise between 0.02 and 1.4 new cases (Laghi, Pompili, Baumgartner, & Baiocco, 2015).

As underlined by the Primary Socialization Theory (PST), adolescent risk behaviors can be explained by understanding their social context (Oetting & Donnermeyer, 1998). Norms for many risk behaviors are predominantly developed in the context of interaction with family and peers (Francis & Thorpe, 2010; Lopez et al., 2001).

The family is the primary social agency influencing children (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000), thus, it is likely that many risk factors for childhood negative eating habits have substantial roots in the family context (Ventura & Birch, 2008). A great amount of research has focused on the role of parenting practices in children's eating attitudes and behaviors. Starting from the seminal work of Baumrind (1971, 1989, 1991) and Maccoby and Martin (1983), who identified responsiveness/nurturance and demandingness/control as the two global dimensions along which parents differed in their behaviors toward their children, research exploring the role of parenting practices and styles in the domain of childhood eating behaviors has found that demanding and controlling practices, such as restricting and monitoring, are associated with negative eating behaviors (Haycraft & Bliss, 2010; Hughes, Power, Orlet Fisher, Mueller, & Nicklas, 2005; Patrick, Hennessy, McSpadden, & Oh, 2013). It has been found that families with children and adolescents who have eating disorders are emmeshed, intrusive, hostile, and negative toward the child's emotional needs or excessively concerned with parenting (Hinrichsen, Sheffield, & Waller,
2007; Soenens et al., 2008). On the contrary, affective and warm parenting has been found to moderate children's poor food habits or maladaptive eating behaviors (Liang et al., 2016).

Some research has focused attention on the association between eating disorders in children and adolescents and parental psychological control, defined as a “particular parenting dimension characteristic of parents who pressure their children to comply with their own agenda through insidious and manipulative tactics” (Soenens, Vansteenkiste, & Luyten, 2010, pp. 217–218). Generally, psychologically controlling parenting engages in restrictions of autonomy and independence, is empirically related to internalizing difficulties, and does not advance good interactions with others (Pace et al., 2014; Passanisi & Pace, 2017; Soenens & Beyer, 2012). Soenens et al. (2010) have identified two components of parental psychological control: dependency psychological control and achievement psychological control. Dependency psychological control can be defined as the use of psychological control in the domain of parent-child intimacy, where control is used as a means to keep children within close physical and emotional confines. Achievement psychological control can be explained as the use of psychological control in the domain of achievement, where psychological control is used as a way to make children comply with excessive parental standards for performance. Both constructs have been found to be related to maladaptive consequences, especially to internalizing difficulties, as well as disordered eating behaviors (Soenens et al., 2008).

In particular, adolescents with eating disorders, in comparison to a control group (adolescents without eating disorders), have been found to perceive their parents, and particularly their fathers, as more controlling (Passanisi, Craparo, & Pace, 2017; Soenens et al., 2008). The quality of the relationship with one's father has been found to be an important factor in the development of eating disorders: girls with anorexia described their fathers as intrusive and overprotective and as turning often to their daughters for nurturance and support (Pace, Cacippio, & Schimmenti, 2012; Rowa, Kerg, & Geller, 2001).

Besides family, peers are adolescents' other fundamental context for socialization (Francis & Thorpe, 2010; Lopez et al., 2001; Oetting & Donnermeyer, 1998) that influences more and more of their behaviors and consumption decisions in different fields (John, 1999), including food consumption (Moreno, Pigeot, & Ahrens, 2011). Adolescents become more peer-oriented as reliance on friends for support and approval increases significantly during puberty. In this sense, the perception of support from peers may serve a protective role primarily during times of stress, by enhancing adaptive coping behaviors (Pace, Zappulla, & Di Maggio, 2016). Perceived peer support plays a buffering role against the consequences of stressful life events such as anxiety, depression, and behavioral distress during adolescence (Lo Cascio, Guzzo, Pace, & Pace, 2013; Zappulla, Pace, Lo Cascio, Guzzo, & Huebner, 2013) as well as against the impact of stress eating on male adolescents' weight (Darling, Fahrenkamp, Wilson, Karazia, & Sato, 2017). Some research has underlined how perceived peer support is an important variable connected to eating behaviors in adolescence, suggesting that the perception of a good level of peer support may be related to body satisfaction (Kwan & Gordon, 2016), which in turn may play a protective role against maladaptive eating behaviors such as restrictive dieting, binge eating, and purging (Fitzsimmons & Bardone-Cone, 2011). In the same way, adolescents who perceive low peer support are more likely to experience body dissatisfaction; from this perspective, low levels of peer support may be a significant risk factor influencing negative attitudes and values about their own bodies (Stice & Whitenton, 2002). Peer support may have compensatory effects on adolescents’ negative eating attitudes and behaviors, especially when it is expressed as acceptance and not as pressure (Ata, Ludden, & Lally, 2007). From this perspective, adequate perceived peer support may serve a protective function against eating disorders in adolescents (Wonderlich-Tierney & Vander Wal, 2010).

In the present study, we examined from a longitudinal perspective the relationship between parental (both maternal and paternal) psychological control, perceived peer support, and negative eating attitudes and behaviors, focusing on the moderating role that perceived peer support may play in the relationship between parental psychological control in early adolescence and negative eating attitudes and behaviors in late adolescence. We examined the following hypotheses. H1: Parental psychological control (especially fathers’ psychological control) is expected to be positively associated with negative eating attitudes and behaviors. H2: Perceived peer support is expected to be negatively associated with negative eating attitudes and behaviors. H3: Perceived peer support is expected to moderate the relationship between parental psychological control and negative eating attitudes and behaviors, so that at higher levels of parental psychological control, negative eating attitudes and behaviors are expected to be lower when perceived peer support is high.

2. Material and methods

2.1. Participants

Participants in this study are drawn from a larger longitudinal study on adolescent development, peer relationships and adjustment. In Wave 1, participants were 507 adolescents (249 boys and 258 girls) aged from 14 to 15 years (M = 14.76; SD = 0.63), attending the second classes of two public high schools situated in two big Italian cities. Three years later (Wave 2), the same adolescents participated again in the study when they attended the fifth classes of high school (mean age = 17.88 years; SD = 0.57). Of the entire group, at Wave 2 only 482 adolescents (245 boys and 237 girls) participated, because some of them (N = 25) had abandoned school or moved. All the participants were Caucasian and, based on demographic information, were mostly of middle class backgrounds. Most of the participants (85%) came from intact two-parent families. At both Waves, a written informed consent was obtained for all by sending letters to their parents in order to inform them of the study. No parents objected to their child's involvement in the study. We also obtained assent from all the adolescents involved in the study.

2.2. Procedure

This study is part of a larger longitudinal study on the role played by individual and relational characteristics during early adolescence as precursors of some developmental outcomes in late adolescence. Data collection for the current study took place in the second (Wave 1) and in the fifth year (Wave 2) of the ongoing study. Two researchers collected data during school visits conducted in February, March and April 2013 (Wave 1) and in February, March and April 2016 (Wave 2). Participants completed self-report measures on parental psychological control and perceived social support from peers at Wave 1 and self-report measures on eating attitudes and behaviors at Wave 2. No questionnaire was rejected due to missing data. All procedures performed in studies involving human participants were in accordance with the ethical norms approved by the Italian Psychology Association and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards and with ethical norms of the research.
2.3 Measures

2.3.1 Parental psychological control

We used the Italian version (Guzzo, Lo Cascio, Pace, & Zappulla, 2014) of the Dependency-oriented and Achievement-oriented Parental Psychological Control Scale (DAPCS; Soenens et al., 2010) to evaluate adolescents perceived parental psychological control. The scale consisted of 16 items regarding parental dependency-oriented psychological control (DPC; e.g. “My mother/My father is only friendly with me if I rely on her/him instead of on my friends”), and achievement-oriented psychological control (APC; e.g. “My mother/My father makes me feel guilty if my performance is inferior”), which participants were asked to answer on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In the present study, Cronbach’s alphas for APC were 0.81 for mothers and 0.79 for fathers and for DPC were 0.76 for mothers and 0.73 for fathers.

2.3.2 Perceived peer support

We administered the six-item short form (SSQ6; Sarason, Sarason, Shearin, & Pierce, 1987) of the Social Support Questionnaire (SSQ; Sarason, Levine, Basham, & Sarason, 1983) to assess adolescents’ appraisal of the support that might be available to peers. Each item (e.g. “Whom can you really count on to distract you from worries when you feel under stress?”) has two parts, one asking about people whom the adolescents can count on for help or support, the other asking to rate how satisfied (from 1 = very dissatisfied to 6 = very satisfied) adolescents are with the support received. For the present study, we used the perceived support from close peers (friends, classmates). Higher scores indicate higher levels of perceived support. Cronbach’s alpha in this study was 0.82.

2.3.3 Eating attitudes and behaviors

We used the Eating Attitudes Test (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) which assesses negative eating attitudes and behaviors related to dieting, food preoccupation, bulimia and oral control. It consists of 26 items referring to anorexic/bulimic-like eating attitudes (e.g., “I am preoccupied with the thought of having fat on my body”), and behaviors (e.g., “I cut my food into small pieces”), which participants were asked to indicate frequency of each attitude or behavior on a 6-point Likert-type scale ranging from always (1) to never (6). A total score greater or equal to 20 points is indicative of an eating problem (Garner & Garfinkel, 1979; Rosen, Silberg, & Gross, 1988). According to Mintz (2000), in the present study the EAT was scored continuously (rather than clinically). The internal consistency of the composite measure was 0.87.

2.4 Analytic strategy

We conducted preliminary analyses, including descriptive statistics on the independent and dependent variables, and intercorrelations between all the variables. To examine the unique and common contributions of parental psychological control (DPC and APC) and peer support in predicting eating attitudes and behaviors, we conducted a series of regression analyses using eating attitudes and behaviors as dependent variable, with DPC, APC and peer support as the predictor variables. In the first step, we entered gender into the regression analysis to serve as a control variable. In the second and third steps, we added parental psychological control variables and peer support. In the fourth step, we included the interactions between parental psychological control variables and peer support (maternal DPC × peer support, paternal DPC × peer support, maternal APC × peer support, paternal DPC × peer support). After we centered all continuous variables by standardizing to a mean of 0 and standard deviation of 1 (Aiken & West, 1991), we created interaction terms by multiplying the standardized scores. Finally, we probed the significant interactions using the procedure recommended by Aiken and West (1991) and Holmbeck (2002). We restructured the significant regression equation to express the regressions of eating attitudes and behaviors on parental psychological control at levels of the moderator variable (peer support).

3. Results

3.1 Preliminary analyses: descriptive statistics

The data presented in Table 1 showed significant differences between boys and girls for parental dependency-oriented psychological control (F(1,480) = 4.16, p < 0.05), with girls showing higher levels of perception of fathers’ control than boys, and for paternal achievement-oriented psychological control (F(1,480) = 5.06, p < 0.05), with boys showing higher levels of perception of fathers’ control than girls. Significant differences emerged also for negative eating attitudes and behaviors (F(1,480) = 28.58, p < 0.000) with girls showing higher levels of negative eating attitudes and behaviors than boys. Correlational analyses showed that maternal psychological control and paternal psychological control were positively correlated to each other (the correlation coefficients (r) ranged from 0.30, p < 0.001, to 0.61, p < 0.000). Perceived peer support was negatively correlated to maternal DPC (r = 0.10, p < 0.05) and to paternal DPC (r = 0.17, p < 0.001) and to maternal APC (r = 0.15, p < 0.001) and to paternal APC (r = 0.17, p < 0.001). Moreover, perceived peer support was negatively correlated to negative eating attitudes and behaviors (r = −0.26, p < 0.001). These latter were positively related to maternal DPC (r = 0.13, p < 0.05) and to paternal DPC (r = 0.11, p < 0.05) and to maternal APC (r = 0.16, p < 0.05) and to paternal APC (r = 0.44, p < 0.001).

3.2 The contribution of parental psychological control and perceived peer support in predicting negative eating attitudes and behaviors

To examine the unique contributions of parental psychological control (DPC and APC) and peer support in predicting eating attitudes and behaviors, we conducted a series of regression analyses using negative eating attitudes and behaviors as dependent variable, with DPC, APC and peer support as the predictor variables. In the first step, we entered gender into the regression analysis to serve as a control variable. In the second and third steps, we added parental psychological control variables and peer support. The overall regression

Table 1

<table>
<thead>
<tr>
<th>Description</th>
<th>Boys (n = 245)</th>
<th>Girls (n = 237)</th>
<th>F(1,480)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Maternal DPC</td>
<td>2.96</td>
<td>0.82</td>
<td>2.86</td>
</tr>
<tr>
<td>Paternal DPC</td>
<td>2.21</td>
<td>0.78</td>
<td>2.34</td>
</tr>
<tr>
<td>Maternal APC</td>
<td>1.96</td>
<td>0.68</td>
<td>1.89</td>
</tr>
<tr>
<td>Paternal APC</td>
<td>2.50</td>
<td>0.56</td>
<td>2.36</td>
</tr>
<tr>
<td>Perceived peer Support</td>
<td>3.32</td>
<td>0.61</td>
<td>3.36</td>
</tr>
<tr>
<td>Negative eating attitudes</td>
<td>5.22</td>
<td>5.60</td>
<td>8.88</td>
</tr>
</tbody>
</table>

Note: DPC Dependency-oriented Psychological Control; APC Achievement-oriented Psychological Control.

*p < 0.05, ***p < 0.000.
analyses was significant ($R^2 = 0.24, F(6,475) = 23.41, p < 0.000$). The results of the regression analysis (Table 2) conducted to examine whether the variables in each block made a unique contribution to explaining variance in negative eating attitudes and behaviors revealed, a significant effect for parental psychological control ($R^2 = 0.24, F(4,476) = 22.18, p < .000$), with fathers’ APC emerging as positive predictor ($\beta = 0.38, p < 0.000$), and for perceived peer support ($R^2 = 0.20, F(1,475) = 13.08, p < 0.000$) emerging as negative predictor ($\beta = -0.21, p < 0.001$). Maternal psychological control was not significant.

In the regression analysis examining the common contribution of the variables on negative eating attitudes and behaviors, we entered fathers’ APC, the only parental psychological control variable that was significantly related to negative eating attitudes and behaviors, and perceived peer support. In the first step we entered gender as control variable; in the second and third steps we entered fathers’ APC and perceived peer support; in the fourth step we entered the interaction between fathers’ APC and perceived peer support. The results of the regression showed that the overall model was significant ($R^2 = 0.24, F(4,477) = 25.74, p < 0.000$). As far as the interactions are concerned the results of regression analysis were significant ($R^2 = 0.24, F(4,477) = 20.93, p < 0.000$), with the interaction between APC and perceived peer support emerging as a significant negative predictor ($\beta = -0.34, p < 0.000$).

We probed the significant interaction following the procedure recommended by Aiken and West (1991) and Holmbeck (2002). We restructured the regression equation to express the regression of negative eating attitudes and behaviors on APC at levels of perceived peer support. The values of perceived peer support chosen corresponded to 1 SD above the mean (high) and 1 SD below the mean (low). These equations are plotted in Fig. 1. As expected, the strongest relation between paternal APC and negative eating attitudes and behaviors was obtained for the adolescents who had the lower level of perceived peer support. The simple slope for the high level of perceived peer support was significantly different from zero ($\beta = -0.32, p < 0.000$), and the simple slope for the low level of perceived peer support was significantly different from zero ($\beta = 0.36, p < 0.000$). As indicated, the simple slope of negative eating attitudes and behaviors tended to differ from one another as a function of the value of perceived peer support.

Thus, at higher levels of paternal APC, negative eating attitudes and behaviors tended to be higher when perceived peer support was low and to be lower when perceived peer support was high.

**Table 2**
Regression analysis predicting negative eating attitudes and behaviors from parental psychological control and peer support.

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Negative eating attitudes and behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$B$</td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.87</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
</tr>
<tr>
<td>Maternal DPC</td>
<td>-0.40</td>
</tr>
<tr>
<td>Paternal DPC</td>
<td>-0.15</td>
</tr>
<tr>
<td>Maternal APC</td>
<td>0.70</td>
</tr>
<tr>
<td>Paternal APC</td>
<td>0.44</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
</tr>
<tr>
<td>Perceived peer support</td>
<td>-0.08</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td></td>
</tr>
<tr>
<td>APC x Peer Support</td>
<td>0.83</td>
</tr>
</tbody>
</table>

Note. $R^2 = 0.07$ for Step 1; $R^2 = 0.24$ for Step 2; $R^2 = 0.20$ for Step 3; $\Delta R^2 = 0.24$ for Step 4 ($p < 0.000$). DPC: Dependency-oriented Psychological Control; APC: Achievement-oriented Psychological Control. **$p < 0.001$, ***$p < 0.000$.**

**Fig. 1.** Regression lines for relationships between paternal achievement-oriented psychological control (APC) and negative eating attitudes and behaviors as moderated by perceived peer support (a 2-way interaction).

4. **Discussion**

The current study examined, from a longitudinal perspective, the relationship between parental (both maternal and paternal) psychological control, perceived social support, and negative eating attitudes and behaviors, focusing on the moderating role that perceived peer support may play in the relationship between parental psychological control in early adolescence and negative eating attitudes and behaviors in late adolescence.

As for the preliminary analyses, the results revealed that girls reported higher levels of negative eating attitudes and behaviors than boys. This evidence is in accordance with the literature: females often show eating problems, not only at a certain point in time but also in the long term (Ata et al., 2007; Jones et al., 2001; Lewinsohn, Striegel-Moore, & Seeley, 2000). Historically, to explain this discrepancy, researchers have pointed to the dramatically different physical changes between girls and boys; that is, the transformations that girls experience, including acquiring more fat and becoming more round, as opposed to boys’ increased muscularity, may push girls to control their developing bodies through diets, which can constitute a risk factor for developing eating disorders in adolescence (Stoving et al., 2011). Recent research has proposed that the relationship between gender and eating disorders would be mediated by rumination (Opwis, Schmidt, Martin, & Salewski, 2017): according to this model, rumination, as a maladaptive regulation strategy typical of females, would explain gender differences in eating pathology. Moreover, data showed that girls reported a higher level of fathers’ dependency-oriented psychological control than boys, who, on the contrary, reported higher levels of paternal achievement-oriented psychological control. According to some authors (Hendrich, Blatt, Kupermine, Zohar, & Leadbeater, 2001), fathers may hinder their daughters’ need for independence, and girls often attempt to preserve harmonious relationships, thus responding to parental attempts to direct their behaviors and emotions by internalizing their harmful effects; conversely, boys tend more than girls to reply with behaviors and attitudes that affirm their own independence and points of view.

The evaluation of parental psychological control’s contribution to negative eating attitudes and behaviors showed, according to the literature (Soenens et al., 2008), that fathers’ psychological control was positively related to negative eating behaviors, whereas mothers’ psychological control was not. The literature on this subject has highlighted that adolescents suffering from eating disorders describe their fathers as cold and distant with scarce empathy and as intrusive and overprotective, as a controlling father can generally be. Fathers are considered to be more judgmental than mothers, less willing to listen,
and more likely to impose their authority rather than try to understand (Noller & Fitzpatrick, 1993). Fathers’ parenting through psychological control devoted to achievement in early adolescence may negatively affect the development of children’s regulatory skills; it would seem that when a father-child relationship is founded on the importance of reaching high performance standards, the self-regulatory incapacity of adolescence may lead to the development of eating disorders.

Perceived social support in early adolescence was negatively associated with negative eating attitudes and behaviors in late adolescence, suggesting peer support may help to deal with frustration, prevent eating problems in adolescents, and increase individual well-being during the crucial passage through the different steps of adolescent development. This predictive model is valid for the whole sample (i.e., for both boys and girls). Therefore, an interesting peculiarity in this study concerns the moderating role that peer support plays in the relationship between fathers’ achievement-oriented psychological control in early adolescence and negative eating attitudes and behaviors in late adolescence. Adolescents, indeed, discover new emotional context during the passage from early to late adolescence, and the ability to rely on support from peers could represent an important protective factor toward an adaptive development trajectory. Finally, it is interesting to note that it is the perception that adolescents have of the availability of support, and not the support that is actually received, that intervenes in the relationship between fathers’ psychological control and negative eating attitudes and behaviors. Already the chance to rely on an extrafamilial support network seems to be crucial for these adolescents (Oetting & Donnermeyer, 1998; Pace et al., 2016).

4.1. Limitations and future research

Although the present investigation provides valuable new insights about longitudinal relationships among parenting, perceived social support, and adolescent eating attitudes and behaviors, some important considerations should be noted. First, the use of self-report questionnaires permits only a partial assessment of the complexity of the studied psychological variables. Moreover, the decision to assess different constructs in the two waves did not allow us to have data on their stability over time. Second, although the current longitudinal design is appropriate for testing the moderator model, a more comprehensive analysis of the causal directions may require full-panel longitudinal data collected from more than two time points, preferably with one of the time points’ occurring during young adulthood. Despite the limitations, the present longitudinal data confirm a moderating model that tested whether perceived social support has a buffering effect on eating disorders in adolescents who have experienced parental psychological control devoted to achievement.

5. Conclusions

In conclusion, the present research represents an important attempt to increase understanding of the relationship between individual factors in the development of negative eating behaviors. It adds novel insight into the role that perceived social support plays in influencing outcomes for adolescents. The results contribute to the existing literature by identifying a longitudinal model that explains how adolescents may count on peer support, which could in turn provide a buffer against the development of maladaptive eating attitudes and behaviors when a father’s parenting may represent a risk factor. In light of these considerations, psychologists and social workers should consider how peer support can become a key factor in interventions involving adolescents whose negative perception of their relationship with their father may lead to dysfunctional eating behaviors.

Conflicts of interest

Authors declare that they have no conflict of interest.

References


APPET xxx (2017) xxx-xxx