



The relationship between adult attachment orientation and child self-regulation in eating: The mediating role of persuasive-controlling feeding practices



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ABSTRACT

The present study examines the hypothesis that adult attachment orientation, specifically anxious attachment, is related to children's diminished ability to self-regulate their food intake, and that this relationship is mediated by parents' persuasive-controlling feeding practices. Two hundred and sixty five mothers and fathers of preschool children completed online questionnaires that included measures of Adult Attachment Orientation, Parental Persuasive-Controlling Feeding Practices, and Child Self-Regulation of Eating. Structural equation modeling revealed a significant relationship between parental anxious attachment and child self-regulatory abilities, which was fully mediated by parental persuasive-controlling feeding. Also as predicted, parents' avoidant attachment was found to be unrelated to persuasive-controlling feeding and child self-regulated eating. Findings suggest that parents with an anxious attachment orientation may be more likely than other parents to try to use persuasive techniques to control their children's food intake, which may impair children's ability to regulate their food intake, increasing their obesity risk. Implications for intervention are discussed.

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1. Introduction

The purpose of the present study is to examine the potential association between adult attachment orientation and parents' use of persuasive-controlling feeding practices, which should in turn relate to children's diminished ability to self-regulate in the context of eating. According to attachment theory (Bowlby, 1982), adults develop "working models" of attachment based on early experiences with their own caregivers that influence their emotions and expectations concerning close relationships, especially their attachment relationships with their own children. Feeding serves a survival purpose (Savage, Fisher and Birch, 2007) and is one of the primary ways in which the caregiver and child establish an attachment relationship (Pickler, 2009). A secure attachment relationship is based on the parent responding in a sensitive and responsive way to the child's emotional cues (Spagnola & Fiese, 2007), and interactions around food and feeding may be one of the most salient ways in which a caregiver demonstrates sensitivity and responsiveness to the child, as these are routines that occur several times throughout the day (Spagnola & Fiese, 2007). Thus, a relation between parents'

attachment orientations and their feeding practices seems likely, but has been understudied to date.

A recent review conducted by Anderson and Keim (2016) highlighted the importance of the emotional quality of interactions between parents and their children, and the potential impact on child self-regulatory abilities and obesogenic behaviors (Anderson & Keim, 2016). One aspect of positive parent-child interactions includes parental responsiveness, and previous research has demonstrated the impact of parental responsiveness on children's emotions and hunger and satiety (Saltzman, Pineros-Leano, Liechty, Bost and Fiese, 2016; Hughes et al., 2011; Topham et al., 2011). While parental responsiveness has been examined in relation to the impact on child outcomes, the underlying mechanisms accounting for why parents respond in certain ways to their children are still not well understood. The present investigation proposes that parents' attachment orientation is one factor that may affect the ways in which parents interact with and respond to their children around feeding (Saltzman et al., 2016; Hughes et al., 2011).

Parents with a secure attachment orientation are likely to respond in a sensitive manner to their child's eating behavior, for example, by ending the feeding when the child slows down or pushes food away. This should, in turn, support and scaffold children's inborn ability to self-regulate energy intake, promoting the child's healthy eating behaviors. In contrast, insecure attachment orientations may relate to feeding practices that promote less healthy eating behaviors. Insecure attachment orientations may be anxious or avoidant. Anxiously attached parents'

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perception of their inability to cope with their own feelings of distress have been found to relate to their use of hyperactivating strategies (Pietromonaco & Beck, 2015) for dealing with distress, which includes intensifying and directing attention toward the distress (Mikulincer & Shaver, 2008), and adopting strategies centered on negative emotions (Mikulincer & Shaver, 2008; Mikulincer & Shaver, 2007). This includes hypervigilance to their children and their children's distress, often leading them to overreact or exhibit controlling behavior. This may extend to use of a persuasive-controlling style of feeding with their child, such as making their children eat all of the food on their plate or offering food as a reward for behaviors. In contrast, the avoidant attachment orientation is typically related to the use of deactivating strategies for dealing with distress (Raval et al., 2001), which includes diverting attention away from the stressful situation, suppressing negative emotions, and inhibiting communication of distress (Mikulincer & Shaver, 2008; Kobak, Cole, Ferenz-Gillies, Fleming and Gamble, 1993; Mikulincer, Florian and Weller, 1993). Thus, parents with avoidant attachment may be more inclined to disengage from stressful feeding interactions with their child, which may result in a more "hands off" approach, including permissive feeding practices such as letting children dictate what they want to eat (Davison et al., 2015).

There are many different ways that parents can exhibit control in the context of feeding. Broadly speaking, control often refers to restriction of certain foods or of eating at certain times (Fisher & Birch, 1999a; Fisher & Birch, 1999b). However, conceptually, there are varied types of control that parents can use when feeding their children. Some types of control involve structuring of feeding situations using overt restriction (e.g., forbidding the child to eat certain foods or to eat between meals) or covert restriction (e.g., not buying sweets or putting snacks out of reach) (Ogden, Reynolds and Smith, 2006). Other types involve persuasion such as rewarding children for cleaning their plate, telling children that they must eat their vegetables before getting dessert, or using favorite foods as a reward for desired behavior (Mason, 2015; Shloim, Edelson, Martin and Hetherington, 2015).

Examining the antecedents of parental persuasive-controlling feeding practices is critical since such practices have been related to children's unhealthy eating behaviors, particularly the child's ability to self-regulate intake of food (Goldberg, MacKay-Soroka and Rochester, 1994). Although children are born with the ability to regulate their intake (Mikulincer & Shaver, 2007; Davison et al., 2015), controlling feeding practices have been related to child's diminished ability to self-regulate their eating (Birch, McPhee, Shoba, Steinberg and Krehbiel, 1987; Frankel et al., 2012; Birch & Deysher, 1985), which could result in greater risk for overweight or obesity (Carper, Orlet Fisher and Birch, 2000; Fisher & Birch, 2002). Moreover, persuasive controlling practices such as offering food rewards or persuading children to eat when they are not hungry may lead to children linking eating with parental approval and love, which may result in emotional overeating, especially under conditions of stress (Farrow, Haycraft and Blissett, 2015). Use of persuasive control may therefore lead children to eat in response to the persuasion rather than their own internal cues of hunger and fullness, thereby impairing their ability to self-regulate their intake of food.

While it is known that parental use of controlling feeding practices can change depending on types of food and occasion at hand (O'dea, 1999), we propose that parents' use of persuasive-controlling feeding practices (e.g. trying to get a child to eat even if they say they're not hungry or using desserts as a bribe) might be rooted in psychological mechanisms such as their own attachment anxiety. Persuasive-controlling strategies represent hyperactivating strategies, as attention is directed toward the distress (as seen in feeding practices like bribing with food and insisting the child eats). In contrast, restrictive-controlling strategies, such as keeping unhealthy food out of reach of the child, and not keeping unhealthy items in the house, may be seen as more deactivating, as attention is diverted away from the source of distress. Thus, it seems likely that individuals with an anxious attachment orientation may be likely to use persuasive controlling feeding practices to

cope with distress experienced around feeding interactions (e.g. their children not eating as they wish they would or children's distress at not being able to eat what they want).

To date, very little research has examined the relationship of attachment orientation to controlling parental feeding practices. One study found that mothers who were classified having a preoccupied attachment orientation (similar to anxious attachment) were more controlling when feeding their 8-month-old infants (Messina, 2015), supporting the suggestion that parents with an anxious attachment orientation may be more likely to use controlling feeding practices than secure or avoidant mothers. Notably, this study was conducted with infants, whereas most of the research linking parent feeding practices to child eating behaviors and overweight/obesity have been conducted with preschool or school-aged children. In addition, parental feeding behaviors with infants are quite different than with children over the age of three, since most of the infants were spoon-fed and had little control over their own food intake.

To our knowledge, only a few studies to date have examined the relation of parents' attachment orientation to parental feeding practices and children's eating behaviors with children beyond infancy. Bost et al. (2014) examined the relationship between adult insecure attachment, parent responses to children's negative emotions, use of parenting strategies associated with childhood obesity, and children's eating behaviors (Bost et al., 2014). This study found that parents with an insecure attachment orientation engaged in behaviors around feeding that have been associated with childhood obesity, such as TV watching during mealtime and lower likelihood of family meal sharing. Additionally, serial mediation was demonstrated, in that insecure mothers were more likely to use negative emotion regulation strategies (for example, punishing or dismissing responses) in response to child distress, which then predicted use of maladaptive feeding practices (emotion-related feeding strategies, fewer mealtime routines), resulting in children's unhealthful food consumption.

In another study that examined adult attachment and child eating behaviors, Hardman, Christiansen, & Wilkinson (2016) found that maternal attachment anxiety was related to emotional overeating, or eating when one is not hungry to soothe emotional distress, in their preadolescent children (Hardman et al., 2016). Emotional overeating is one aspect of eating practices characterized by poor self-regulation. Moreover, the relation between mothers' anxious attachment and their children's emotional overeating was mediated by mothers' greater use of emotional feeding strategies, that is, offering food as a source of comfort to a distressed child even when hunger is not the source of the child's distress.

We propose that the parents' anxious attachment may be related not just to emotional overeating, but also to the more broad construct of self-regulated eating. Poor self-regulation of eating includes emotional overeating as well as food responsiveness (i.e., eating in response to external food cues) (Tan & Holub, 2015; Webber, Cooke, Hill and Wardle, 2010), whereas appropriate self-regulation entails eating based on hunger and satiety cues. We also hypothesize that the link between parental attachment anxiety and children's lower self-regulation of food intake will be mediated by persuasive-controlling feeding strategies.

Therefore, the primary goal of this study is to examine the potential association between adult attachment orientation, persuasive-controlling parent feeding practices, and children's diminished ability to self-regulate their food intake. Specifically, we hypothesize that higher levels of anxious attachment will relate to higher use of persuasive-controlling feeding practices and to lower child self-regulation in eating, and that parental persuasive-controlling feeding practices will mediate the relation between anxious attachment and children's lower self-regulated eating. In contrast, we do not expect avoidant attachment to be related to persuasive-controlling feeding practices or children's self-regulated eating. Avoidant attachment is related to use of deactivating strategies, including diverting attention away from distress (Mikulincer & Shaver, 2008), which in the context of feeding may result

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