



RESEARCH SUMMARY

Associations Between Adult Attachment Style, Emotion Regulation and Preschool Children's Food Consumption (2014)

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Paediatric obesity experts have called for different models to discover the processes involved in the emergence of healthy and unhealthy eating patterns. This is particularly relevant to the pre-school age group as 25% of this age group in the US, for example, are overweight or obese and it is weight increases in this age group which predict being overweight in adulthood. Researchers have requested assessments of how parenting behaviours and interpersonal environments can shape children's eating behaviours early in life. In particular, clinical practice can be informed by exploring how aspects of parenting, children's eating behaviour and childhood obesity are connected.

An area of particular interest is how the parent-child relationship can affect obesity-related outcomes by influencing how children regulate their emotions. Using an attachment theory framework, previous researchers have linked the quality of early mother-child relationships, at 15, 24 and 36 months, to adolescent obesity at 15 years of age. They suggest that one of the mechanisms which accounts for the associations is the impact of attachment relationships on the child's capacity to regulate the effect of negative events and their response to stress. Stress responses have been linked with obesity and metabolic syndrome, whilst emotion dysregulation has been linked to higher intake of sweet or salty foods and an increase in children's body mass index.

Although previous research has linked parents being unresponsive to a child's hunger cues with later feeding difficulties and difficulty for the child in regulating their own energy intake, there have been no associations recorded between attachment between parent and child with emotion regulation and children's eating behaviour. This study therefore looked at the association between parent attachment and the child's consumption of unhealthy food. They tested three models which examined how the carers' insecure attachment could influence the child's food consumption by influencing their emotion regulation. They also selected three secondary mediators which are known to increase the risk of paediatric obesity and that could be influenced by ineffective emotion regulation strategies within everyday family life. These were carers' feeding practices, family mealtime routines and the child's TV viewing.

Attachment is an innate regulatory mechanism which promotes the child's proximity to their carer when distressed, uncertain or facing threat. A secure attachment to an available and responsive carer gives the child a 'secure base' from which to explore the environment, a safe haven when distressed or uncertain and a source of joy in ordinary conditions. On the other hand, an insecure attachment relationship can evoke feelings of anxiety and uncertainty, and can also be a potential threat in close relationships.

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Attachment creates distinct emotional response patterns independent of inherited differences in reactivity and regulation. People who are secure will have enduring emotional security and open and flexible expressions of emotion. However, those who are insecure either suppress negative emotions and/or have overly intense emotional responses, which could be due to a history of either an angry or rejecting carer's response to normal requests for help or contact, or from having to make escalated requests for contact because of inconsistent responsiveness from the carer. The attachment relationship is partly a two-way context for regulation of overwhelming emotional stress and for embracing positive experiences. If the stress-reducing components of a parent-child relationship are regularly missing, neuro-hormonal systems can become stress sensitive and impair the child's regulatory capacities.

By adulthood the child's attachment history has become part of their personality. Studies have recorded adult attachment style differences in coping with stress and also with both the experience, and the regulation, of events. Adults who are insecure with dysregulated emotional responses are particularly at risk for ineffective parenting behaviours affecting their children's sleep/wake cycles, and reactions to stress, which are both implicated in paediatric obesity.

Emotional overeating is associated with controlling carer feeding practices such as giving a child preferred foods as a response to distress or a negative mood. Pre-schoolers whose mothers use food to regulate the child's distress ate more palatable foods in the absence of hunger than those whose mothers rarely used emotion controlling feeding practices. Emotional overeating increases and remains stable between four and ten years of age. Carer attachment and emotion regulation strategies could influence a child's eating behaviour by affecting the feeding style of the parent. The first model used in the study tested the association between carer's insecure attachment and the child's unhealthy food consumption, with emotion regulation as 'mediator 1' and negative parent-feeding strategies as 'mediator 2'. The researchers hypothesised that carer insecure attachment would be associated with the carer's negative emotion regulation strategies to children's distress. It is thought these strategies would influence feeding practices, which would in turn predict children's consumption of unhealthy food.

A carer's ineffective stress response may impact children's food consumption through family activities other than feeding styles. Attachment relationships are constructed through everyday interactions such as feeding, playing and sleep routines. Over time these interaction patterns help with predictability and self-regulation. Family routines are also associated with parenting skills and child competence and have been shown to lower the likelihood of obesity in pre-schoolers. Family mealtime routines have been shown to consistently predict obesity-related outcomes. Sharing a family meal four or more times a week is associated with healthy child outcomes such as eating more fruit and vegetables and fewer high-calorie foods and a reduced risk of childhood obesity. The researchers' second model therefore looked at associations between carer insecure attachment and children's food consumption through the effect on emotion regulation and mealtime routines.

Television viewing is linked to unhealthy eating and being overweight in pre-schoolers. Parent stress and child TV viewing are also linked. Children are allowed to watch more TV by parents who are distressed than by those who are not distressed. Carers who are insecure and who are more likely to have ineffective emotion regulation strategies may use TV viewing to manage or avoid stress when interacting with their child. The third model therefore tested whether child TV viewing was a second mediator in the relation between the carer's insecure attachment and the child's consumption of unhealthy food. It was thought that insecure carers would find it more difficult to manage children's negative emotions and would allow more TV viewing time. Child TV viewing was expected to predict their food consumption.

The study showed strong associations between carer insecurity and their negative emotion regulation strategies in response to a child's distress, as the researchers expected. Also with carers, the findings showed connections between insecurity, emotion regulation and other factors that have been shown to increase obesity risks for those in their care. Insecure parents were less likely to have family mealtime routines, allowed more TV viewing and reported emotion regulation/pressure carer feeding practices more often than less insecure carers. Insecure carers also reported their children consuming more unhealthy foods. Parents' emotion regulation strategies also predicted food-related practices. Carers who responded more negatively to children's distress had fewer family mealtime routines, were more likely to use emotion-related feeding practices and allowed more TV viewing than less negative parents. Negative emotion regulation was not associated so much with consumption of unhealthy food, but rather was related more to children consuming less fruit and vegetables. On the other hand, carer positive emotion regulation was associated with children consuming higher quantities of fruit and vegetables; it was also associated with carers' feeding styles such as teaching about healthy food, modelling healthy eating and providing a variety of foods at mealtime. Altogether, this suggests that insecure attachment may put parents at risk of using negative emotion regulation strategies in response to their children's distress, which can affect the interpersonal environment surrounding food and how children's early eating behaviours develop.

Insecure parents were more likely to respond negatively to their children's distress, which increased their emotion feeding or pressure feeding practices, which, in turn, predicted children's unhealthy food consumption. This suggests that differences in parent attachment and associated emotion responses may determine their use of emotion-related feeding practices even in preschool years. This is particularly important because pre-schoolers' consume sweets or salty snacks, even when already full, if their mothers report using emotion controlling feeding practices. Carer insecurity and negative responses to distress may also hamper the parenting skills necessary to establish family mealtime routines. There is already much literature supporting the importance of family routines in the development of children's healthy habits and that differences in attachment contribute to behaviours surrounding family mealtimes. The earliest attachment experiences are related to parental sensitivity to hunger and distress signals.

Carer insecurity can also affect child TV viewing, perhaps as a way of rejecting interaction with the child or avoiding a negative interaction. In turn, child TV viewing predicted the child's consumption of unhealthy foods.

This study shows the importance of family routines in reducing behaviours which can lead to obesity. It also shows possible mechanisms through which parent-child interactions may lead to obesity-causing practices. Parent adult attachment style and accompanying emotional responses to distress are associated with carer feeding practices and capacity to manage family mealtimes and child TV viewing, which all predict children's consumption of unhealthy food. The associations between insecurity, emotion regulation and factors that increase the risk of obesity also show the importance of attending to adult emotion regulation in the prevention of child obesity. Parents' own emotion regulation strategies and attachment styles must be addressed because these affect the parenting behaviours which are implicated in the food environment and the development of children's early eating behaviours. Clinicians should encourage parents to be aware of the degree to which their own emotion regulation affects their parenting behaviours and ultimately their children's health.

Dr C. Cunningham