

Predicting of Eating Attitudes Based on Parenting and Attachment Style

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Abstract: Abnormal eating attitudes encompass a range of behavioral or psychological characteristics that define unnatural and unhealthy eating practices, including maintaining or reducing body weight. The aim of this study was to determine the predictive variables, attachment and parenting in eating attitudes. The research method was a descriptive Ex post facto research to determine the predictive power components parenting and attachment styles in the development of eating attitudes, among 421 female students studying at universities in Tehran and Shahid Beheshti who were selected by multistage random cluster. In order to collect the required information from the Eating attitudes questionnaire, 26 questions and 36 questions for questionnaire attachment style and relationship scale of parent-children 24 material was used. Using multiple regression analysis showed that eating attitudes in their attachment style can predict not eating attitudes in general and results in the next variable also showed that parenting cannot predict the eating attitudes.

Key words: Attitude to eating, parenting, attachment styles, parenting, attitudes

INTRODUCTION

Abnormal eating attitudes encompass a range of behavioral or psychological characteristics, including abnormal and unhealthy eating practices to maintain or lose weight is the body. These features can be self-imposed measures for the prevention of weight regain, fear of fatigue, preoccupation with diet, social pressure associated with eating, conflicts with body weight (Faith *et al.*, 2004), agitated and disturbed body image named in body image and Haslam *et al.* (2008). Others or disrupt negative attitude towards eating have disturbed in the middle of the continuum eat. In this classification, these people are a special kind of chaotic and disordered eating behaviors and eating disorders such as anorexia or bulimia, indicating the no. People who have this kind of disturbed eating patterns are not stipulated in eating disorders and in some cases show symptoms of both types of eating disorders and will be a precursor to clinical eating disorder.

Longitudinal studies have shown that eating disorders are not diagnosed often leads to an increase in eating pathology. This shows that there is certainly potential for progression of symptoms. People who are at risk for eating disorders include not only the largest proportion of people but they most likely benefit from early intervention (Lucas, 2010).

Evidence pointed out that maladaptive eating behaviors during adolescence is a risk factor for chronic eating disorders in youth are (Rosen *et al.*, 1998). One of

the factors contributing to eating problems are parents that affect the attitudes and behaviors of children. Families have always been known as a vital resource for the healthy growth of young people who make a variety of health outcomes (Lane *et al.*, 2004).

Socio-economic family environment is a major component in the development of eating disorders and parent-child relationships are most important in preventing eating disorders). Parenting styles are different people with eating disorders have been reported they will be more supportive mothers, control, intervention and fathers as cold, aloof and passive described. Referring to the findings that the assessment of the parent-child relationships, each of the different aspects studies the subject and its role in the development of eating disorders, on the other hand, there are conflicting findings as well as deficiencies and contradictory results of the child's relations in the field of eating disturbances (Soenens *et al.*, 2008). Therefore, it is essential to investigate the role of parent-child in eating attitudes.

Attachment theory provides a comprehensive framework for understanding Anorexia and Bulimia and determines how much of the factors discussed in this complicated and painful conditions, contribute and therapists allows a wide range of functions related to eating disorders and identify psychological involved (Shaughnessy and Dallos, 2009). Different aspects of attachment (avoidant, anxiety, ambivalence and safe), predictive variables are concerned about their weight. In the meantime, attachment style, anxious/ambivalent,

secure and insecure the highest correlation with weight concerns. Apart from the secure attachment style which negatively associated with weight concern, other variables are positively correlated with weight concern. More recently, researchers have a more complex relationship between attachment, eating disorders and symptoms of pathology review. Due to the uncertainty of research on the relationship between attachment styles with eating pathology and given that even contradictory findings in this area is associated with eating disorders not necessarily attitude towards eating, so we study the effects of different styles of attachment described in attitudes toward eating (Zachrisson and Kulbotten, 2006).

Parents, however, have important roles in children's eating disorder, the overall effect on the environment should not be overlooked. Admission to the university because of high rates of diet, body dissatisfaction and disordered eating among peer students (Meyer *et al.*, 2010) can be a high-risk environment for the development of eating disorders. This study seeks to answer these questions was:

- Can parenting style predict in eating attitudes
- Can attachment style predict in eating attitudes

MATERIALS AND METHODS

This research has the goal of basic research and in terms of data collection methods (research design) is a descriptive Ex post facto research statistical population consisted of all female students studying at the University of Tehran in the academic year 2012-2013 to calculate the sample size required by the type of formula sample size (to estimate sample size in unlimited communities). In this equation, the desired values are:

$$n = \frac{t^2 s^2}{d^2}$$
$$n = \frac{(1.96)^2 (0.5)^2}{(0.05)^2}$$
$$n \cong 385$$

Due to the possibility of some problems in the process of completing the questionnaire by students or in the process of collecting and entering data, the number of samples was considered 450 people. At the end, sampling was done and 29 questionnaire were white or distorted that were excluded from the study. The following questionnaire was used to collect information:

Eating attitudes questionnaire EAT-26

Eating attitudes questionnaire EAT-26: The questionnaire was developed in 1979 by Gerner and Grfinkle, on a large scale as a screening tool for self-assessment of attitudes and behaviors of patients with eating species which contains 26 questions. Each of the items was based on the Likert scale rating to EAT.

In question 1-25, options "always, almost always, often" respectively have 1, 2 and 3 points and the next options have zero points. Options "sometimes, rarely or never" in Question 26, have 1, 2 and 3 points and the next options have zero points. The scores of the EAT-26 can be from 0-78. In the study by the validity of the test was confirmed and test-retest reliability have been reported 0.91. In the study by, the validity was 0.84.

Parent-Child Relationship Scale (PCRS) is a 24-item tool developed by with the aim of measuring the parent child relationship is provided. This means that it has the two forms that ask the children about their relationship with their parents. Questions of both form are the same. This scale consists of these subscales are: positive affect (questions 1-3, 6, 7, 15 and 24), resentment/role confusion (questions 14 and 9), identification (questions 13, 23, 24) and communication or dialogue (questions 4, 5, 7, 8, 15 and 17). Grading the scale in this case is that the negative questions (9-13-14) we reverse and then every single question scores together and the sum of the number of questions each agent to get the score (mean) we split it in scale. The total score is the sum of the averages in measures. Studies have shown a relationship scale the children with alpha coefficients 6.10-0.94-0.96 on the scale of mother and alpha general, the internal consistency was high.

To calculate the reliability, alpha coefficient of the instrument, split-half (odd and even) was used 0.93. The test-retest reliability coefficient of the first run after a week was obtained 0.80.

Adult attachment revised version by D'Zurilla and Nezu (1990) and includes a self-assessment of skills, relationships and self-description of the method of forming the attachment figures are close attachment relationships. This scale consists of eighteen items and respond to it in a 5-point Likert scale (1 = not correspond in any way with my qualities, to "5 = completely consistent with my character). Exploratory factor analysis of three factors, each consisting of 6 items shown. These three factors are dependent on (the extent to which their subjects to trust others and rely on them. In this way, whether they are available when needed); close (the amount of comfort in relation to intimacy) and emotional closeness, anxiety (fear of having an affair). In accordance with the proximity of secure attachment and

dependency factors can be almost opposite avoidant contract. Each subject will be determined based on any subscale score. For options 1-5 in order to be considered scores of 0-4 and Question 6, ×1, ×8, 13.12, ×17 secure attachment measures. Questions ×5, 2, ×16, 14.7, ×18 evaluate the avoidant attachment and finally, questions 4, 3, 9, 10, 11, 15 measure ambivalent attachment/anxiety. Those questions must be reversed in scoring (scoring in the instructions marked with an asterisk) have the option of 1-5 by scores of 1, 2, 3, 4 and are considered to be zero. Questions marked with an asterisk should be collected before the scores were inversely. The 6 material together any scale scores and subscale scores obtained.

Show that close subscales, dependence and anxiety between two months and remained stable even during the eight months and Cronbach's alpha for the subscales of secure, avoidant and anxious was respectively 0.81, 0.78 and 0.85. The validity of the retrial method was evaluated in a pilot group of 20 people within 10 day. The correlation coefficient is 76% which indicates the validity of the questionnaire (Collins and Read, 1990).

RESULTS AND DISCUSSION

To review the research questions and the predictive power of the variables Multivariate regression was used. First, the descriptive indicators of variables are discussed in Table 1.

As it can be seen from the Table 2, Average attitude to eating is 10.93. The significant differences in parenting styles, positive affect and 81.44 and identification with the highest and lowest average is 12.26. The significant differences in attachment styles, proximity to 14.29 and anxiety with the highest and lowest average is 9.28. The next section explores whether one can predict the attitude of eating to feed through components of parenting styles and attachment styles?

According to Table 3 with an emphasis on the F obtained, it is concluded that the overall relationship between the concepts of parenting practices "with" eating attitudes $\alpha = 0.05$ is not found. In other words, the prediction cannot be done in "eating attitudes" through the components of "parenting style".

Turning to the constituent components of eating attitudes were found that there is positive relationship between annoyance/confusion and food preoccupation.

Results are presented as follows: According to the Table 4 with an emphasis on the F obtained, it is concluded that no significant association between the concepts of "parenting style" with "preoccupation with food" $\alpha = 0.01$ is observed. In other words, the prediction can be done in "preoccupation with food" through the components of "parenting styles". Therefore, in order to identify and explain the regression coefficients, it is necessary to be as regression coefficients table.

According to multiple regression coefficients and regression coefficients obtained with the same input method, it is concluded that significant positive relationship between "role confusion irritation" and the negative association between "assimilation" and "preoccupation with food" is observed. Thus with increasing "role confusion irritation", "preoccupation with food" "increases and by reducing it" preoccupation with food "will be reduced". While increasing the "replication", "preoccupation with food" cuts and by reducing it, "preoccupation with food" increases. "Can the components of attachment predict the attitude to eat? The results of answers to the question are presented in Table 5.

According to the Table 5 with an emphasis on the F obtained, it is concluded that no significant association between the concepts of attachment styles "with" eating attitudes $\alpha = 0.05$ is found. In other words, it is not generally possible to predict "eating attitudes" through the components of "attachment style". But in the constituent components of eating attitudes among the styles of attachment regimes take control of oral and bulimia and attachment styles but in terms of preoccupation with food, a positive correlation was found between anxiety and preoccupation and food. Results were presented as follows.

According to the table above with an emphasis on the F obtained, it is concluded that no significant association between the concepts of attachment styles "with" preoccupation with food "at $\alpha = 0.05$ is observed. In other words, the prediction is "preoccupation with food" through component-by "attachment style".

Table 1: Table indicators describe the variables of eating attitudes, practices attachment parenting styles subscales

Scales	Subscales	Mean	Average	Variance	SD
Components of parenting style	Eating attitudes	9	10.93	58.83	7.67
	Positive affect	86	81.44	312.46	17.67
	Irritation, confusion of roles	4	4.83	9.71	3.11
	Replication	13	12.26	11.83	3.43
Attachment styles	Contact dialogue	40	37.71	88.81	9.42
	Close relationship	14	14.29	13.02	3.60
	Dependence	12	11.95	14.44	3.80
	Anxiety	9	9.28	28.62	5.35

Therefore, in order to identify and explain the regression coefficients, it is necessary to be as regression coefficients table.

According to multiple regression coefficients and regression coefficients obtained with the same input method, it is concluded that a significant positive correlation between “anxiety” and “preoccupation with food” is observed. Thus with increasing “anxiety”, “preoccupation with food increases and by reducing it, preoccupation with food” will be reduced.

Researchers interested in examining the factors affecting the family have been eating pathology. According to existing theories, parent-child is the core of the studies (e.g.,) (Rollins, 2012). Research on parenting style which is associated with problems, eating is contradictory. So our knowledge about proper parenting is to prevent and improve the precision and not enough eating problems (Hautala *et al.*, 2011). The findings of this study showed that parenting can be predicted based on the components of eating attitudes. In relation to the constituent components of eating attitudes, it was found that there is positive relationship between annoyance confusion and food preoccupation. There is negative correlation between simulation and preoccupation and food. And other components of eating attitudes have nothing to do with parenting style.

In research carried out in the normal society and students, it has been specified that less parental care and support is associated with a higher risk of eating disorders.

Striegel *et al.* (2009) found that low care, high control, in the sample increases vulnerability to eat. All of these can cause conflict and confusion and resentment in him in person. In samples of this study, a conflict between the

roles imposed by the mother confusing role in children, this is associated with pathology in eating problems related preoccupation with food.

According to many people with eating disorders, self-determination and independence of maturity (mature) as a contradiction between experiences. Called love it-or the ability to combine individualism and self-reliance this inconsistency may cause confusion in people who are at risk of eating problems is that in this regard we are already seeing examples.

As Lali research identified people with eating disorders experience more conflict with their parents. Berge *et al.* (2014) showed that having a good relationship with parents when disturbed eating behaviors in adolescents are important. In the present study replicated in relation to the negative relationship between food preoccupation and identification specified that this indicates that the increased risk of eating problems in the field of preoccupation with food, mothers are not good models for replication in their daughters. The relationship obtained in the present study indicates that parents with increasing confusion of roles/irritation and reduce replication in their children’s risk of eating problems in their preoccupation with food components increase.

The overall result of this study which is based on the lack of predictability on the basis of the child’s eating attitudes due to the milder the problem is in the eating attitudes compared with eating disorders. It can then be raised to eat very mild attitude of eating disorders or even a category distinct from it. As Barone and Guiducci (2009) in comparison between clinical and non-clinical people found that in clinical subjects those who have high relationship with the mother is having more problems.

Kiang and Harter (2006)’s research also found that avoidant attachment and anxious mother, father and romantic partner is a predictor of eating disorders. So, disturbed behaviors increase your risk. As Koskina and Giovazolias (2010) stated that insecure attachment in people with eating disorders than people who do not have eating disorders. Also in accordance with the Barone and Guiducci (2009) Persons with clinical disorders than people without clinical problems have more problems with their mothers, based on the present findings can be argued that attachment or through an intermediary or latent variables can no longer have an impact on eating

Table 2: Summary of significant results of a regression model to predict eating attitudes through the components of parenting

Source changes	Total squares	Degree of freedom	Mean of squares	F-values	Sig.
Regression	179/80	4	44/95	0/78	0/539
Remained	20803/92	361	57/62		

Table 3: Multivariate regression to predict “A preoccupation with food” through components “parenting styles”

Source changes	Total squares	Degree of freedom	Mean of squares	F-values	Sig.
Regression	32/38	4	8/09	3/63	0/006
Remained	835/85	375	2/22		

Table 4: Regression coefficients associated with Table 3

The criterion variable	The predictor variables	Beta coefficient	t-values	Sig.
A preoccupation with food	Positive affect	0/15	0/96	0/335
	Irritation, confusion of roles	0/21	3/22	0/001
	Replication	-0/18	-2/38	0/018
	Communication and dialogue	-0/01	-0/07	0/939

Table 5: Summary of significant components of eating attitudes attachment styles

Source changes	Total squares	Degree of freedom	Mean of squares	F-values	Sig.
Regression	207/31	3	69/10	1/28	0/279
Remained	15347/99	286	53/66		

Table 6: Multivariate regression to predict "a preoccupation with food" through the components of "attachment style"

Source changes	Total squares	Degree of freedom	Mean of squares	F-values	Sig.
Regression	23/76	3	7/92	3/65	0/013
Remained	636/85	294	2/16		

Table 7: Regression coefficient associated with the table

The criterion variable	The predictor variables	Beta coefficient	t-values	Sig.
A preoccupation with food	Close relationship	0/08	1/33	0/185
	Dependence	-0/02	-0/34	0/732
	Anxiety	0/19	3/06	0/002

attitudes or if we consider a continuum, eating problems can be determined that eating problems in the continuum of variables involved in such attachment become more obvious and in this study because the study only examined the eating attitudes, the role of attachment significantly as research in relation with eating disorders in abnormal attitude is not significant.

Shaughnessy and Dallos (2009) studied the relationship between attachment styles and types of eating disorders in youth and they found that the relationship between attachment styles and eating disorders depends on the severity of symptoms of eating disorders that is beyond the types of eating disorders. In their study, people who are admitted for treatment of eating disorders may be more insecure attachment patterns (e.g., fear) to have students study (Han, 2010).

CONCLUSION

According to the results of the present study, since abnormal eating attitudes can increase the risk of eating disorders, it is recommended based on the extension of research in the field of eating attitudes, considerations should be done at the community level, especially in the schools and universities to increase awareness of the risks of eating.

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