Promoting Family Health Through the Parent–Child Feeding Relationship

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Childhood obesity and problematic eating habits can impact child and family health. Our current environment does not support physical or psychological health, but a good parent–child feeding relationship can buffer children from these unhealthy environmental influences.

The parent–child feeding relationship includes the interactions that take place as parent and child engage in food selection, food consumption, and energy regulation behaviors, but this relationship is more than just the sum of these behaviors. It is defined by the way that parents interact with their children (general parenting style), their feeding style, their feeding practices, and children’s response.

Research gives us clues into what a good parent–child feeding relationship looks like. Features of good feeding relationships are:

**Trust**- parents should trust children to determine when they are hungry and full. Children should trust parents to provide developmentally–appropriate, healthy foods. Practicing a division of responsibility in feeding (parent is responsible for what, when, and where; child is responsible for how much and whether) demonstrates trust.

**Use of autonomy–promoting, not controlling feeding practices**- although less is known about the most effective autonomy promoting feeding practices, research suggests controlling feeding practices are often counterproductive. When parents use pressure, food as a reward, or restriction it undermines children’s self–regulatory abilities and changes attitudes about the target food in undesirable ways.

**Sensitive and responsive parenting**- parenting styles are directly related to child eating outcomes and also change the way feeding practices are implemented by the parent and/or experienced by the child. For example, sensitive parents might still use restrictive feeding practices, but when they do, they avoid harsh prohibitions. Psychological control is a parenting style dimension characterized by limiting children’s emotional and psychological autonomy; it appears to be detrimental to parents’ feeding behaviors and children’s eating behaviors.

**Positive emotional response, regardless of challenge**- feeding children can be stressful, but parents in good parent–child feeding relationships show the right amount of cohesion (being
engaged, without being intrusive or enmeshed) and adaptability (avoiding chaos or rigidity). Positive emotional responses to feeding challenges encourage healthy eating; negative emotional responses can be disruptive to children.

**Long-term goals with a focus on health** - successful parent–child feeding relationships are focused on the long-term goal of developing healthy habits. Parents and children should focus on health, not weight.

Some families are especially at risk for developing problematic parent–child feeding relationships. Risk factors include lack of resources, maternal psychopathology, maternal attitudes about weight, and child temperament. These risk factors should be considered when intervening with families.

Interventions that target the parent–child feeding relationship can be successful at increasing children’s healthy eating behaviors, promoting healthy weight, and encouraging acceptance of all body shapes and sizes. Nonetheless, although examining the parent-child feeding relationship is useful for understanding parent and child health, researchers and interventionists need to remember that feeding takes place within a larger family unit. Future research should explore features of successful family feeding relationships.

**Resources for Parents and Caregivers**


http://www.ellynsatterinstitute.org/

http://www.pbs.org/parents/special/article-nutrition-picky.html


Please visit http://healthydevelopmentproject.utdallas.edu/ for more information about my lab and for more resources. You can also find tips for parents on our Facebook page, which officially launches March 7th.