ATTACHMENT STYLE AND DIETARY SELF-REGULATION IN PERSONS AT RISK FOR TYPE II DIABETES

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Abstract

Introduction: Attachment theory and Self-Determination Theory were used as explanatory frameworks for understanding diet-related health behaviour for persons identified at risk for type II diabetes. The effect of attachment modality on autonomous motivation was examined. The model predicted that accurate fitness perceptions of type II diabetes and ability to regulate emotions would determine autonomous motivation.

Method: A sample of 116 volunteer participants (73 female, 43 male) aged between 40 to 65 years (mean age of 51.28 years) completed an online survey. The measures used were the Relationship Questionnaire, the Brief Illness Perception Questionnaire, the Self-Regulation Scale, the Perceived Competence Scale and the Treatment Self-Regulation Questionnaire.

Results:

Using hierarchical regression, models of self and other were not found to add significantly to the prediction of diet amotivation, autonomous motivation or controlled motivation for diet. Gender was found to be the most significant contributor to the prediction of controlled motivation for diet. Positive models of self (secure attachment) were associated with self-regulation, perceived competence to make dietary changes and lowered amotivation. Negative models of self and others (fearful, dismissing attachment) were not related to treatment motivation to make dietary changes.

Conclusions: An attachment framework does not appear to be useful in understanding treatment motivation for persons at risk for Type II diabetes. This finding needs to be replicated with other chronic illnesses and has significance for self-management.

The World Health Organization reported that 422 million adults worldwide had diabetes in 2016, which corresponds to a global prevalence of 8.5% in the adult population.

TREATMENT MOTIVATION

Treatment motivation enhances one’s physiological and psychological well-being based on health recommendations. It can be understood from the perspective of Self-Determination Theory (SDT, Ryan & Deci, 2000). SDT specifies three corresponding innate psychological needs essential for the activities involved in goal setting and planning: 1) the experience of competence (perceived ability to perform a specific task, action or function successfully), 2) relatedness (the desire to be connected to feel connected to others), and 3) autonomy (the individual’s desire to self-organise experience and behaviour with their integrated sense of self (including the experience of integration and freedom). (deCharms, 1985; Deci, 1980; Deci, Koestner, & Ryan, 1999; Ryan & Connell, 1989; Sheldon & Elliot, 1999).

Autonomous and controlled activities involve different types of regulatory processes, yet both are instances of internalising and self-regulating behaviour. Within the SDT theory interaction is considered the most complete form of internalisation of extrinsic motivation. It involves identifying with the importance of behaviours and integrating those with other aspects of the self – including coherence with one’s values and identity (Pelletier, Tunson & Haddad, 1997, Ryan, 1995). Identification represents a form of less than fully self-determining behaviour. The individual recognises the underlying cause of a behaviour, with the resulting behaviour being more autonomous and becoming a part of their identity. External regulation is the most controlled form of motivation. The individual has no control over the extrinsic motivation to act (1991), others administration of contingencies. Individuals believe to have obtained a desired outcome. Introspection entails accepting external regulations in their relative form where the individual has received consistent early caregiving, have a positive view of self and others, and are comfortable depending on, and being comforted by others. Adults with a perceived attachment style are likely to have received inconsistent caregiving, have a negative view of self, but view others positively and become emotionally dependent on them. Adults with a fearful attachment style have both a negative view of self and others, and are likely to have received rejecting and insensitive early caregiving. Adults with a dismissive attachment style, who have a predominantly secure attachment style (dimensional constructs of attachment) on treatment motivation for a group of at risk individuals.

ATTACHMENT

Bartholomew and Horowitz (1991) proposed a model of adult attachment in which an individual’s views of self and others represent general expectations about the worthiness of the self and the availability of others. Their self-other description describes four types of adult attachment patterns: one secure (namely secure) and three insecure (preoccupied, fearful and dismissive) styles. Adults who have a predominantly secure attachment style are likely to have received consistent early caregiving. Adults with a dismissive attachment style, who have a predominantly secure attachment style (dimensional constructs of attachment) on treatment motivation for a group of at risk individuals.

AIM OF THE STUDY

To examine the relationship between attachment style and health outcomes. In particular to investigate the effect of mozos at stier and differ (dimensional constructs in attachment) on treatment motivation for a group at risk individuals. It is hypothesised that models of self and others will be differently related to treatment motivation.

FUTURE DIRECTIONS

Use of a national risk assessment tool rather than sole perception of risk of developing type II diabetes. More precise examination of situational variables including maintenance versus engagement motivation. Examination of cognitive maturation affects via age comparisons (as these may have influenced the results, with older individuals having more experience and opportunity to adopt maladaptive working models). Behavioural outcome investigation (longitudinal design). Further examination of sex differences in controlled motivation in relation to diet

CONCLUSION

Attachment theory is not a useful framework for understanding treatment motivation for at-risk individuals.