How Choosing for Others Affects Consumption for the Self: The Consequences of Preference Imposition and Accommodation

by

Ali Utku Akkoc

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ABSTRACT

Consumers make choices not only for themselves but for others. For example, parents make a variety of consumption decisions in a typical day for themselves as well as for their family. Yet, little is known about how decisions made for others influence the decision maker's subsequent consumption. Identifying two approaches—imposition and accommodation—that are available to decision makers, this dissertation provides insights into how choosing for another person affects the healthiness of one's own subsequent consumption preferences and tests a power-based framework which explains the psychological process underlying this phenomenon. Looking at consumption choices adults make for children, four experiments and one field study demonstrate that imposing a consumption choice on others makes individuals feel more powerful relative to accommodating the target's preferences, and subsequently leads decision makers to make more indulgent choices for themselves. Moreover, findings show that the social context of consumption moderates the effects of imposition and accommodation on the decision maker's own choices. Finally, the results rule out licensing and guilt as alternative explanations. Implications for theory and practice are discussed.

PREFACE

This thesis is an original work by Ali Utku Akkoc. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “How Choosing for Others Effects One's Personal Choices”, No: Pro00041191, Date: 7/25/2013 (renewed in 06/2014 and 07/2015).

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INTRODUCTION

Imagine a mother who gives her young child a healthy snack such as an apple rather than a piece of chocolate cake that the child wants. How does making this choice for the child affect the mother's subsequent food choices for herself? Is she more likely to select an unhealthy or healthy snack? What happens if she decides to give her child a slice of chocolate cake instead? Parents make choices such as these each day when they decide what their young children must do and consume. Other decision makers such as managers, health care professionals, and day care workers make similar choices for individuals under their care or supervision.

Although consumers make consumption choices for other people as well as for themselves, research has typically focused on the effects of making a choice for the self on one's other choices (e.g. Dhar and Simonson 1999; Vohs et al. 2008). Other research has examined how making a choice for another person differs from choosing for the self, and shown that when individuals choose for others they become more promotion focused and less risk averse (Laran 2010; Polman 2012a; Polman 2012b). However, we still do not know how decisions made for other individuals shape the decision maker's subsequent personal consumption. The absence of research on how making decisions for others influence one's own consumption decisions is noteworthy because prior research has found significant carry over effects in sequential decision making and these carryover effects vary in both magnitude and direction (Aarts, Verplanken, and van Knippenberg 1998; Dhar and Simonson 1999).

The objective of this dissertation is to address this important question and understand the consequences of choosing for another consumer for the decision maker in the food consumption domain as this issue has critical implications for consumers in domains such as health and nutrition. For example, parents and other caregivers regularly make consumption choices for

their children as well as for themselves. Unfortunately, although many households are trying to eat healthy and stay active, obesity rates in North America have grown dramatically from 1990 through 2010, and this growth has important implications for millions of households (Chandon and Wansink 2007; National Center for Health Statistics 2012).

I identify two strategies that are available to decision makers when they choose for others: imposition and accommodation. I propose that the healthiness of the decision makers' subsequent consumption will be affected depending on whether the demands of the target are granted as a result of accommodation or disregarded as a result of imposition. I theorize that these effects will be driven by the difference in feelings of power between the two conditions because whereas accommodation involves a passive obedience of the target's demands, imposition requires the active use and experience of power which increases the urge for immediate gratification (Anderson and Berdahl 2002; Galinsky, Gruenfeld, and Magee 2003; Keltner, Gruenfeld and Anderson 2003). Moreover, drawing on the literature on social norms (Birenbaum and Sagarin 1976), I propose and show that the social context of consumption moderates the effects of imposition and accommodation on the subsequent consumption of the decision maker. Finally, I test and rule out licensing and guilt as two alternative possible outcomes of preference imposition and accommodation.

I present five studies that employ different contexts (parenting, babysitting, managerial decision making), methods (lab study, online study, and diary), populations (mothers and students) and dependent variables (snack preferences, hypothetical food choices, and actual eating behavior). The results show that when adults make an imposition decision they feel more powerful compared to when they accommodate the target's preferences, which in turn leads them to make indulgent and therefore less healthy food choices for themselves.

This research sheds light on the consumption related consequences of making choices for others. While previous research has basically shown that the number and nature of previous consumption choices made for the self can affect another choice in a consumption episode (Dhar and Simonson 1999; Vohs et al. 2008) and influence habit formation (Aarts et al. 1998), the results of the current research reveal that when individuals make consumption choices for others, these carry over effects are moderated by whether decision makers impose their own will or accommodate their target's preferences.

Second, previous research shows that making a choice is associated with a powerful psychological state and that it shapes consumer decisions accordingly (Inesi et al. 2011). The current research identifies a boundary condition to this finding by showing that individuals' feelings of power are impacted differently when they make choices for others -depending on whether the demands of the target are accommodated or the preferences of the decision maker are imposed. The results also show that the indulgence of the decision maker's subsequent food consumption is affected differently by preference imposition and accommodation.

Finally, these findings have important implications for individuals such as parents and caregivers who occasionally make choices for children. The parenting literature has looked at how parental traits and motivations affect the ways parents shape their children's eating habits (Gray et al. 2010; Tiggemann and Lowes 2002; Vereecken et al. 2010). It has also studied the effects of adults' decisions on children's future food preferences and demonstrated how making children eat certain foods can create a dislike for that food in adulthood (Galloway et al. 2006). The current research focuses on the psychological and consumption outcomes for the adults, and extends this literature by revealing how the healthiness of their own choices is affected by the

consumption choices adults make for children. Hence, this research improves our understanding of this phenomenon in a domain that has substantive implications for consumers.

CONCEPTUAL FRAMEWORK

Choosing for Others versus Choosing for the Self

There is growing evidence that decision making for the self is different than decision making for others. The risk taking literature shows that choices for others can be less or more risk seeking depending on the context (Beisswanger, Stone, Hupp and Allgaier 2003; McCauley, Kogan and Teger 1971; Polman 2012b; Zaleska and Kogan 1971). For example, Zaleska and Kogan (1971) show that people chose less risky gambles for others than for themselves. Chang, Chuang, Cheng and Huang (2012) found that decision makers tend to choose the compromise option more for other people than for themselves, especially when they have little information about others' preferences. In contrast, Beisswanger et al. (2003)'s research reveals that individuals are more likely to recommend riskier decisions to others especially in contexts without serious life impacts, and that they are willing to take potentially negative consequences into consideration more when they choose for themselves.

Prior research has attempted to explain the potential reasons for these differences. For example, Polman (2012a) shows that people choosing for other individuals take higher risks in their decisions for others because when choosing for others people become more promotion focused (Polman 2012b). Other research indicates that because individuals have to live with the consequences of their own choices, they tend to be more careful about the potentially negative consequences (Chang et al. 2012). A recent brain imaging study supports this notion by showing

that choosing for others involves a lesser degree of emotional involvement than choosing for oneself (Albrecht et al. 2011).

To summarize, previous research has primarily focused on identifying the differences in self-other decision making primarily through between subjects experiments where a group of individual's personal choices were compared to another group of participants' choices for other individuals. However, research on the effects of choosing for others on one's subsequent consumption inclinations for the self is scant. In particular, how people's own consumption is affected as a function of their own preferences for a target individual and the preferences of the target still remains open to question.

The target's preferences are an important but neglected factor in this context. Decision makers often strive to take them into account in order to maintain one's bonds with others in a relationship (Schwartz 1967). However, as described in the opening vignette, decision makers can also make choices that are in conflict with the target's preferences. An essential choice facing decision makers in these situations has been identified in the joint decision-making literature as accommodation and preference imposition, respectively. In the next section, I discuss these two alternative strategies.

Preference Imposition and Accommodation

A preference imposition decision occurs when decision makers make a choice that they desire but that is inconsistent with the desires of the target (Thomas 1976). The consumption choices parents make for their young children is a typical example. Children often want to keep on watching TV rather than going to sleep, have a sugary treat before dinner, or play games rather than do their homework. Under these circumstances, parents must choose between allowing a child do what they want and making a decision that is against the child's preferences.

Despite its challenges parents often have to make imposition decisions if they believe that their own preference is the best alternative which improves the well-being and development of the child (Kochanska and Aksan 1995; Lamborn et al. 1991; Steinberg 2004). Similarly, managers often have to make choices that are not liked by their subordinates if doing so is necessitated by the task or would provide a benefit to the organization or the decision maker (Ansari 1990).

An alternative to an imposition decision is accommodation, in which decision makers choose the alternative that is preferred by the target but not necessarily by themselves (Thomas 1976). Accommodation is different than cooperation, because the latter leads to a decision that both parties accept. On the other hand, accommodation is a type of decision that pleases (or appeases) the other, but that the decision maker does not see as the best outcome. When decision makers accommodate, they actually "give in" to the demands of the target. The benefit is that it avoids conflict and involves little persuasive effort. Also, accommodation of a child's preference can occur to reward the child for good behavior or after parents have made a number of decisions that are against the child's preferences. In that case accommodation helps maintain a sense of equity in the relationship (Corfman and Lehmann 1987).

In sum, accommodation and imposition can be preferred under different circumstances by decision makers. Yet, I argue that they have an important influence on the feelings of power and subsequently the personal food choices made by an individual. In the next section, I discuss the notion of power and outline my central hypotheses.

The Power Hypothesis

Power is a state in which an individual has control over others' outcomes (Anderson and Berdahl 2002; Keltner et al. 2003), and is viewed as fundamental to 'interpersonal' interactions (Keltner et al. 2003; Kipnis 1972; Russell 1938). Since having power provides constraints over

the things another party values, power is viewed as a source of personal control (Averill 1973). Recent research demonstrates that power and choice share commonalities because making a choice also provides a sense of control (Inesi et al. 2011) as having a choice implies that the decision maker has multiple ways to achieve an outcome (Averill 1973).

I argue that even when individuals have freedom of choice, there are situations in which they do not feel powerful after choosing. For example, parents or caregivers may not feel powerful even though most of the time they are free to make choices for children under their care. I argue that parents are more likely to feel powerful immediately after they have imposed their preferences on a child compared to when they have accommodated the child's preferences. This is because, while accommodation is simply yielding to the child and involves a passive reaction, imposition requires adults to proactively modify the child's behavior. Similarly, although managers hold the power to make choices for their subordinates (e.g. training program choice, sales region allocation, etc.), managers are less likely to feel powerful if they end up signing off on an alternative that is preferred by their employees but not by themselves. Based on this logic, I propose that the salience of decision makers' power is higher and therefore they feel more powerful after they successfully impose their own preferences on a target compared to when they accommodate the target's demands.

Feelings of power have been found to have significant effects on human perceptions and behaviors such as interpersonal conflict (Thomas 1976) and feelings of freedom and autonomy (de Charms 1968; van Prooijen 2009). For consumers, power has been found to affect the desire to consume (Rucker and Galinsky 2008), what is valued (Rucker and Galinsky 2009; Rucker, Galinsky, and Dubois 2012), brand switching behavior (Jiang, Zhan and Rucker 2014) and satisfaction with decisions made for the self and for other consumers (Fisher, Grégoire, and

Murray 2011). Power has also been found to lower risk perceptions and increase risky behaviors such as willingness to engage in unprotected sex (Anderson and Galinsky 2006; Inesi 2010). Specifically, when consumers feel powerful their behavioral activation system is triggered (Keltner et al. 2003). This system regulates behaviors regarding nutrition, sex, and aggression (DePue 1995). For example, it is known that priming power facilitates the accessibility of sex related words as having power is often associated with sexual behavior (Bargh et al. 1995). Keltner et al (2003) argue that the behavioral activation system it is affected by states of high power because high power is associated with greater resources (French and Raven 1959) as well as the awareness that one can behave freely without outside interference (Keltner et al. 1998). When consumers feel powerful their inhibitions are reduced and they have a greater urge for immediate gratification since their attention to potential rewards increases relative to threats (Anderson and Berdahl 2002; Galinsky et al. 2003; Keltner et al. 2003). Therefore, in addition to arguing that preference imposition is associated with higher feelings of power compared to accommodation, I expect that the preference for indulgent foods such as chocolate cake becomes greater relative to the preference for healthier foods after individuals make an imposition rather than an accommodation decision.

H1a: When individuals impose a choice that is inconsistent with a target's preferences, their personal preference for indulgent foods will be greater than when they accommodate the target's preferences.

H1b: When individuals impose a choice that is inconsistent with a target's preferences rather than accommodate, their feelings of power will be higher, which will mediate the effects of imposition decision on the indulgence of the adult's subsequent food preferences.

Another relevant factor that is known to influence consumption is the social context. For example, it is known that the presence of others in the eating environment has profound effects on food choices (Ariely and Levav 2000, Christakis and Fowler 2007; Fisher and Dubé 2011; McFerran et al. 2010). The social context is likely to influence the decision maker's own consumption depending on the salience of the social norms that provide guidance on acceptable conduct in a given situation (Birenbaum and Sagarin 1976). When socially normative constraints that constrain or proscribe a certain behavior (e.g. impulsive buying, littering) are salient, consumers will be less likely to perform that behavior (Cialdini, Reno and Kallgren 1990). For example, CEOs of poor performing companies tend to accept pay cuts or bonus losses after they force their employees to share the financial burden (Gilson and Vetsuypens 1990). Highly impulsive buyers reduce their spontaneous purchases if there is a salient social norm against it (Rook and Fisher 1995). Similarly, parents would feel uneasy about eating a piece of chocolate cake in the presence of their child if they had just made the child eat a rice cake. It would also be hard to choose the rice cake while the child is eating a slice of delectable chocolate cake. This is because decision makers would appear hypocritical if their choices for others do not match their own when subsequent choices and behaviors of the decision maker can be observed by the targets (Fried and Aronson 1995). In line with this perspective, the presence of the child in the eating environment is likely to yield conformity in which parents tend to choose the same option for their own consumption. In this social context, pressure to conform would be high, and power-based effects should no longer influence the personal consumption of the decision maker.

H2: When subsequent consumption takes place in the presence of the target, decision makers will choose the same type of food as they chose for the target individual.

Overview of Present Research

I test my hypotheses and proposed process mechanism in five studies that use different methods, populations and dependent variables. I study this phenomenon in a highly relevant context: consumption choices adults make for children. Studies 1 and 2 investigate the personal consequences of making imposition and accommodation decisions and demonstrate the indulgent effects of imposing a choice on a child. Study 3 delves into the underlying process mechanism, reveals the mediating effect of power, and rules out alternative explanations based on licensing and guilt. In addition to offering further support for a power-based account, study 4 examines the moderating role of the social context and shows that the effects of power on indulgent food consumption are turned off when parents consume their snack with their child rather than alone. Finally, I test and find support for my central hypothesis in a field setting in which mothers make actual food choices for their children.

STUDY 1

Study 1 aims to examine the effects of preference imposition and accommodation on a decision maker's own consumption. Consistent with H1a, I expect that imposing an alternative that is not desired by the child versus accommodating the child's preference increases the likelihood that an adult makes an indulgent food choice for him or herself.

Method

Study 1 employs a single-factor between-subjects design with participants randomly assigned to either an imposition or accommodation decision condition. One hundred thirty nine

undergraduate students (74 males, 65 females; Mage = 20.74; SD = 1.43) from a research participant pool at the University of Alberta who did not have health conditions that precluded them from consuming unhealthy snacks (e.g., diabetes or food allergies) participated in a lab study on food choices. They received course credit for their participation.

After entering the lab, participants were seated in partitioned cubicles where they completed the study individually. Participants were asked to imagine that they were babysitting the young child of a close relative and that the child wanted to watch a video (see Appendix A). The two animated videos that were available were Frozen and Letter Sounds. Frozen is a recent Disney movie and Letter Sounds is an educational DVD designed to improve children's reading skills. In a pretest on an unrelated sample (n = 53) I had asked participants to rate the degree to which the videos were entertaining and educational on a semantic differential scale anchored with Letter Sounds (1) and Frozen (7). I then used t-tests to confirm that Frozen was perceived to be more entertaining (M = 6.19 versus the midpoint of the scale, $t(52) = 10.87$, $p < .001$) than Letter Sounds, and that Letter Sounds was perceived to be more educational (M = 1.96 versus the midpoint of the scale, $t(52) = 10.11$, $p < .001$) than Frozen.

After seeing the DVD descriptions on the screen, all participants were told that the child in their care wanted to watch Frozen. The type of decision was manipulated in the scenario. Respondents in the imposition condition read: "It is sometimes better to get your own way, even if it means choosing an alternative that the child does not favor. Therefore, you have decided to choose Letter Sounds for the child". In contrast, participants in the accommodation condition read: "It is sometimes better to accommodate and give children what they want, even if it is a choice alternative that you do not personally favor. Therefore, you have decided to choose Frozen for the child". After reading the scenario, participants were asked to explain their choice

to the child in an open-ended text box on their screen. The question was designed to increase involvement in the babysitting scenario by asking participants to take on a specific responsibility of the adult in the described situation (Martin 1994).

Participants were then informed that the child was watching the DVD they had selected and that they had gone to another room to have a snack. Participants were then presented with a list of snacks on their screen (see Appendix A) and asked to select from several healthy (i.e., yogurt, mixed dried fruits and baby carrots) and unhealthy (i.e., M&Ms, gummy bears, potato chips) snacks. These snacks were pretested on an unrelated undergraduate sample (n = 86) to ensure that they differed on perceived healthiness using a not at all healthy (1) to very healthy (7) scale ($p < .01$). The snacks were presented randomly on the screen to avoid order effects. The number of snacks participants chose from the unhealthy snack category was the dependent variable which varied between 0 and 3. After responding to demographic questions that included gender and dieting status, participants were debriefed and discharged.

Results

Manipulation Check. Two research assistants rated the degree to which the explanation participants provided for the video they selected for the child was consistent with an imposition versus accommodation decision. The research assistants, who were blind to the hypotheses, coded the explanation on a two-item semantic differential scale anchored with accommodating (1) versus imposing (7), and goes along with the other party (1) versus tries to get his or her own way (7). Bivariate correlations between the two items were above .89 ($p < .01$) and inter-rater reliability was high (Krippendorff's alpha = .83) (Hayes and Krippendorff 2008). An imposition measure (r = .91) was formed with higher scores indicating a decision that reflected the adult's

rather than the child's preferences. A typical explanation by participants in the accommodation condition was: "Good choice! This is a good movie with singing and dancing—you are going to enjoy it." In the imposition condition a typical explanation was: "I have decided you are going to watch Letter Sounds because it will help you become better at reading and understanding words." The manipulation check confirmed that responses in the imposition condition reflected the adult's preferences more than responses in the accommodation condition (Mimposition = 6.09, SD = .63 > Maccommodation = 2.22, SD = .92; $t(137) = 28.88$, $p < .01$).

Hypothesis test. The results of an ANOVA revealed a significant effect of the type of decision ($F(1, 137) = 4.62$, $p = .033$) on the number of unhealthy snacks chosen. Consistent with my hypothesis, participants in the imposition condition chose a greater number of indulgent snacks than participants in the accommodation condition (Mimposition = 1.3, SD = .87 > Maccommodation = 1.00, SD = .76). The effect remained significant ($F(1, 136) = 4.37$, $p = .038$) when the number of healthy snacks chosen was included in the model as a covariate ($F(1, 136) = 6.51$, $p = .012$; Mhealthy_snacks_imposition = 1.31, SD = .99; Mhealthy_snacks_accommodation = 1.24, SD = .86). Further, I included dieting and participant gender as covariates, but neither dieting ($F(1, 135) = 1.01$, $p > .31$; Mdieters = .94 , SD = .78; Mnon_dieters = 1.19, SD = .84) nor gender ($F(1, 135) = .25$, $p > .61$; Mmales = 1.1, SD = .87; Mfemales = 1.21, SD = .80) had a significant impact on the number of unhealthy snacks chosen by participants, and including these covariates did not change the significance of the effects of the type of decision ($F(1, 135) = 4.37$, $p = .049$).

Discussion

Study 1 provides initial support for the central hypothesis. Participants who imposed an educational DVD on the child in their care selected a greater number of unhealthy snacks for themselves than participants who accommodated the child's request to watch an entertaining video. This result is in line with the prediction that imposing a choice on children leads adults to make more indulgent and less healthy food choices for themselves.

STUDY 2

Study 2 was designed to examine the robustness of the results of study 1 with actual snack consumption as the dependent variable rather than a preference measure. Again, it is expected that adults consume more indulgent snacks when they impose a choice on a child rather than accommodate the child's preference.

Method

Sixty five students (24 males, 41 females; Mage = 22.29 , SD = 3.69) from a research participant pool at the University of Alberta who did not have health conditions that precluded them from consuming unhealthy snacks participated in this lab study in exchange for a $5 gift card. The stimuli and procedures were the same as study 1 with the exception of the dependent variable, which was the number of unhealthy snack items consumed during the experiment. Two full bowls, one containing healthy (i.e., dried apricots and pitted prunes) and the other containing unhealthy (i.e., gummy bears and chocolate drops) snacks were placed in each participant's cubicle after the DVD choice manipulation. A pretest involving an unrelated sample of

undergraduate students (n = 26) rated each of the food items on a seven-point scale (1 = not healthy at all, 7 = very healthy) confirmed that dried apricots and pitted prunes were each perceived to be significantly healthier than the gummy bears and chocolate drops ($p < .001$). I then created an unhealthy snack measure by adding the number of gummy bears and chocolate drops consumed and a healthy snack measure by adding the number of dried apricots and pitted prunes consumed. I also weighed the bowls and calculated the weight of the snacks participants consumed to create alternative measures of healthy and unhealthy snacks.

Results

Manipulation Check. Consistent with the previous study, two research assistants who were blind to the hypotheses coded participants' written explanations to the child for their movie choice using the same two-item semantic differential scale described in study 1. Correlations between the two items were above .95 ($p < .01$) and inter-rater reliability was high (Krippendorff's alpha = .96). Again, an imposition measure was formed by averaging the two raters' assessments (r = .96). As expected, the manipulation check indicated that the responses of participants in the imposition condition were more likely to explain their choice to the child in a way that focused on their own (i.e., the adult babysitter's) preferences compared to participants in the accommodation condition ($M_{imposition} = 6.43$, $SD = 1.11$ > $M_{accommodation} = 1.91$, $SD = 1.44$; $t(63) = 14.06$, $p < .001$).

Hypothesis tests. Consistent with my hypothesis, the results of study 2 revealed a significant effect of the type of decision on the number of unhealthy snacks consumed ($F(1, 63) = 7.49$, $p < .01$), with participants in the imposition condition consuming more of the unhealthy snacks than participants in the accommodation condition ($M_{imposition} = 4.06$, $SD = 4.63$ >

Maccommodation = 1.36, SD = 3.22). The significance of the type of decision does not change ($F(1, 60) = 6.45$, $p < .02$) when the number of healthy items ($F(1, 60) = .59$, $p > .81$; Mhealthy_snacks_imposition = .88, SD = 1.89; Mhealthy_snacks_accommodation = 2.79, SD = 3.5), gender ($F(1, 60) = .001$, $p > .98$; Mmales = 2.62 , SD = 4.52; Mfemales = 2.73, SD = 4.00), and dieting ($F(1, 60) = 1.75$, $p > .19$; Mdieters = 1.0, SD = 1.73; Mnon_dieters = 2.90, SD = 4.33) are included in the model as covariates and none of these variables has a significant effect on the dependent variable. Finally, I found the same significant results for decision type when the weight of unhealthy snacks was the dependent variable rather than the count (Mimposition = 13.7 grams, SD = 16.21 > Maccommodation = 4.54 grams, SD = 10.66; $F(1, 63) = 7.31$, $p < .01$).

Discussion

Consistent with study 1, in study 2 I found that participants made less healthy (more indulgent) food choices for themselves after imposing an educational video choice on a child in their care compared to participants who accommodated the child's preference for an entertaining video choice. In contrast to study 1, in study 2 participants made actual snack choices for themselves. Hence, I found consistent results using both a hypothetical food choice measure (study 1) as well as actual food consumption measured (study 2) as the dependent variable.

STUDY 3

The first two studies were designed to reflect a common decision in which adults choose between imposing something good rather than accommodating a request for an alternative that is less healthy, virtuous, or good. Frozen is a popular movie that educates children about redemption, forgiveness, and love (Pinsky 2014) whereas Letter Sounds is a more educational

alternative. Yet, accommodating the child's request to watch Frozen is unlikely to expose the child to significant harm. Hence, in this study I examine two alternatives that are farther apart in terms of their healthiness — chocolate cake and fruit salad. Chocolate cake is a highly appealing yet less healthy food choice, whereas fruit is a recommended part of a healthy diet (United States Department of Agriculture 2015). Also, prior research on impulsivity has often asked consumers to choose between chocolate cake and fruit salad (e.g., Shiv and Fedorikhin 1999).

The second major change in study 3 is that I introduce a full-factorial design to examine two additional strategies available to the decision maker: accommodating the target's wish for a good/healthy/virtuous choice and imposing a bad/unhealthy/indulgent choice on the target. Parents desire to make good decisions for their children because they love them and want to enhance their well-being; yet, they can also make bad or unhealthy choices for their children because doing so may be easier or more convenient. If the power explanation is correct then we should observe that decision makers are more likely to prefer an unhealthy or indulgent food option when they impose either a good or bad choice. Study 3 therefore employs a 2 (child's food preference: healthy versus indulgent) by 2 (adult's food choice: healthy versus indulgent) between-subjects design in which the dependent variable is the relative preference for an unhealthy food option. Study 3 also tests H1b by examining whether feelings of power are the mediator.

Another goal of study 3 is to rule out two alternative explanations for the relationship between decision type and adults' subsequent food choices: licensing and guilt. Licensing theory is based on the findings of Khan and Dhar (2006) about the tendency for consumers to indulge after making a virtuous consumption choice. The authors demonstrate that making a charitable donation can enhance a favorable self-concept related to helping others, which reduces the

negative self-attributions that are associated with making luxury purchases. Hence, virtuous behaviors have been found to lead consumers to behave in less restrained ways.

As parents want to make good decisions for their children they must sometimes make choices that are not in line with what their children want (i.e., impose a good choice that is inconsistent with the child's preferences). Parents can also make good decisions by accommodating their children's requests for something virtuous or healthy. As a consequence, parents may get a sense of self-fulfillment from knowing that they have made a decision that enhances their children's well-being. From a licensing perspective, those who make such decisions may have their beliefs that they are a good parent strengthened, which might justify them to consume indulgent foods.

A second theory is based on the guilt that decision makers might experience when they make bad or unhealthy choices for others. Although one may not typically imagine adults imposing poor choices on children, food choices made for children is a typical example in the parenting context. A recent national survey in the United Kingdom found that eight out of 10 parents admitted giving their children unhealthy snacks such as potato chips and chocolate bars because it is not always feasible to offer healthier options such as fruits and vegetables (Daily Mail 2011). Parents can give their children unhealthy foods because of the time and effort needed to prepare healthy foods, lack of meal planning, and the increasing cost of healthier options (Chan 2011; Rose 2014; Wong 2014). Parents might also end up making poor choices such as not returning home on time when their child needs to sleep because they want to continue visiting at a friend's home, or for accommodating their child's will to stay up late to watch a favorite show although they acknowledge that the child will be tired at school the following day. When adults make a choice that they know has a negative effect on a child's well-

being it could lead them to experience guilt (Baumeister, Stillwell, and Heatherton 1994; Tangney et al. 1996). In turn, feelings of guilt have been linked to an increased likelihood of consuming unhealthy or indulgent foods (Hofmann and Fisher 2012; Muraven et al. 2005).

To summarize, if a licensing explanation is tenable there must be evidence of a boost in the adult's self-concept after making a good choice for a child in their care, which then licenses them to eat indulgent or unhealthy foods. If a guilt-based explanation is tenable adults must feel guilty after making an unhealthy food choice for the child, which then increases their own preference for an unhealthy snack. In study 3, I also empirically test and rule out these alternative explanations.

Method

Eighty four undergraduate students (41 males and 43 females; Mage = 20.8, SD = 1.42) from a research participant pool of the University of Alberta completed the study online in exchange for course credit. After being introduced to a study on consumption decisions and providing informed consent, participants were randomly assigned to one of the four conditions involving a babysitting scenario. Participants were asked to imagine themselves babysitting a relative's child and that they had chosen either fruit salad or chocolate cake for the child after the child had indicated his or her snack preference. Participants were then told that the child went to bed after having his or her snack and they were asked to indicate their own preference for the two snacks.

Dependent measure. Participants indicated their snack preference on a two-item semantic differential scale anchored with fruit salad (1) and chocolate cake (7). The first item asked

participants to indicate the relative appeal of the two snacks and the second item asked them to indicate their relative preference (r = .83, $p < .01$).

Feelings of power. Power was measured with three items. Participants were asked to indicate how powerful, dominant, and controlling (Galinsky et al. 2003; Mast and Hall 2003) they felt after having made their choice for the child on a not at all (1) to very much (7) scale (α = .88).

Self-concept. I measured participants' self-concept after making the choice for the child with five items on a not at all (1) to very much (7) scale (α = .90). The measure was adapted from Khan and Dhar (2006). Participants reported the degree to which they felt like a responsible, dependable, sensible, conscientious, and good babysitter.

Guilt. Participants reported how guilty and remorseful they felt after making the choice for the child on a not at all (1) to very much scale (7) (r = .89, $p < .01$) (Zemack-Rugar, Bettman, and Fitzsimons 2007).

Results

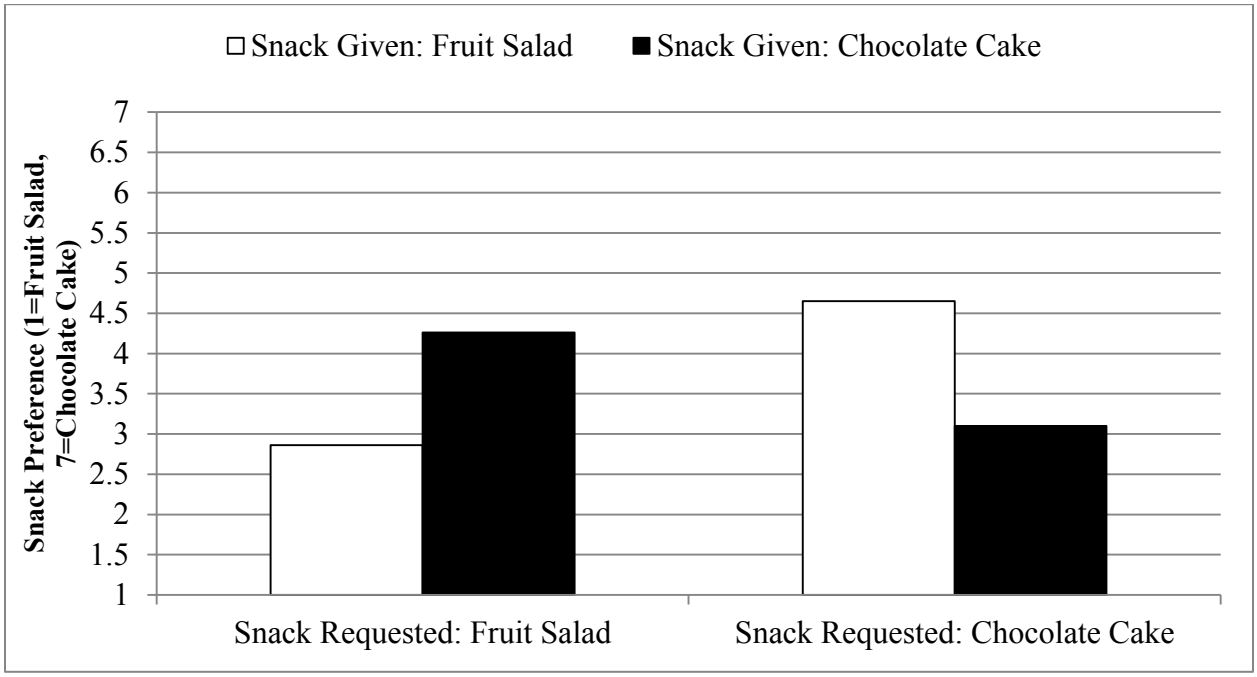
Scenario Evaluations. An ANOVA showed that there was not a significant interaction between the snack demanded by the child and the snack given to the child on participants' ratings of the believability and possibility (r = .84) of scenario conditions (F (1, 80) = .10, $p >$ .74). Further analyses confirmed that participants rated the scenario situations as very likely (Mscale = 4.0 vs. Mscenario_index= 5.21; t (83) = 6.28, $p < .001$). In addition, I looked at whether the unhealthy snack given condition was perceived as believable and possible by participants. A t-test showed that evaluations of this scenario condition is not significantly different from the midpoint of the scale (Mscale = 4.0 vs. Mscenario index = 4.02; t (20) = 0.04,

$p > .96$), and significantly higher than the third point of the scale (Mscale = 3.0 vs. Mscenario index = 4.02; t (20) = 2.31, $p = .031$). Therefore, imposing the unhealthy option is viewed as a plausible option by the participants.

Hypothesis test. An ANOVA revealed a significant interaction between the snack demanded by the child and the snack given to the child on the participant's own snack preference (F (1, 80) = 9.24, $p < .01$). Neither of the main effects was significant ($p > .63$). A dichotomous measure of the participant's gender and whether the participant was currently on a diet were then added as covariates. Neither gender (F (1, 78) = 2.30, $p > .13$; Mmales = 3.34, SD = 2.26; Mfemales = 4.09, SD = 2.42) nor dieting (F (1, 78) = .42, $p > .51$; Mdieters = 3.81, SD = 2.63; Mnon_dieters = 3.71, SD = 2.34) was significant and including them did not change the significance of the results (F (1, 78) = 9.25, $p < .01$).

Simple effects tests revealed that participants who imposed the fruit salad when the child asked for the chocolate cake subsequently preferred the chocolate cake more than participants who accommodated the child's request for chocolate cake (Mimpose = 4.58, SD = 2.48 > Maccommodate = 2.97, SD = 2.22; F (1, 80) = 4.73, $p = .033$). As well, participants who imposed the chocolate cake when the child requested fruit salad indicated a greater preference for the chocolate cake compared to those who accommodated the child's request for fruit salad (Mimpose = 4.26, SD = 2.31 > Maccommodate = 2.80, SD = 2.00; F (1,80) = 4.52, $p = .037$). The results are presented graphically in figure 1.

FIGURE 1: EFFECTS OF IMPOSITION VERSUS ACCOMMODATION BY SNACK HEALTHINESS ON SNACK PREFERENCE



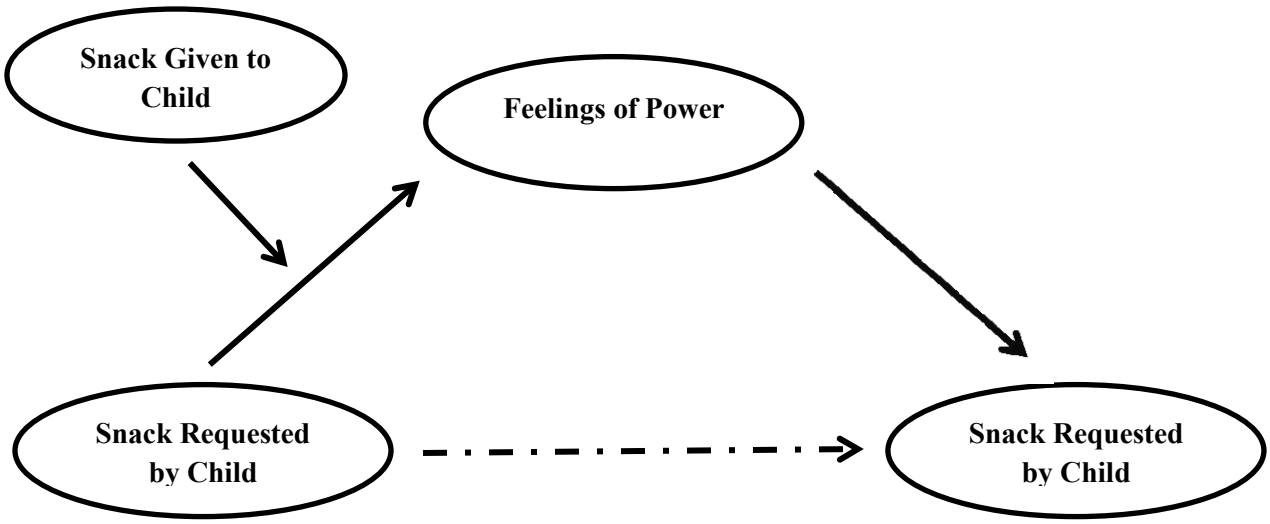
Feelings of power. There was a significant snack-requested by snack-given interaction on feelings of power (F (1, 80) = 28.31, $p < .001$). Results of the simple effects tests indicate that participants felt more powerful when they imposed rather than accommodated the child's preferences. Compared to when participants accommodated the child's request for chocolate cake, participants felt significantly more powerful when the child requested the chocolate cake and was given the fruit salad (Mimpose = 4.33, SD = 1.93 > Maccommodate = 2.64, SD = 1.34; F(1,80) = 11.26, $p < .01$). Similarly, compared to when participants accommodated the child's request for fruit salad, participants felt more powerful when the child requested the fruit salad and was given the chocolate cake (Mimpose = 4.90, SD = 1.16 > Maccommodate = 3.07, SD = 1.41; F(1,80) = 18.18, $p < .001$).

Power mediation. The next objective is to test whether the effects of imposing either fruit salad (a good or healthy choice) or chocolate cake (an indulgent or unhealthy choice) on the

participant's snack preference is mediated by feelings of power. Hence, I use moderated mediation analysis to test each path separately (Preacher, Rucker and Hayes 2007; Zhao; Lynch and Chen 2010). The conceptual model for this test is presented in figure 2.

FIGURE 2

CONCEPTUAL MODEL OF MODERATED MEDIATION TEST



The results revealed that feeling powerful mediates the relationship between imposing a snack choice on the child and participants' subsequent snack preference for themselves. Feeling powerful significantly predicted the participants' preference for chocolate cake (β = .31, t = 2.12, p = .036). Further, when the child requested chocolate cake but fruit salad was imposed the conditional indirect effect was positive through feelings of power (β = .57) and the corresponding bootstrap confidence interval based on 1,000 samples did not include zero (95% CI = .023 to 1.302). Similarly, the conditional indirect effect was positive through feelings of power (β = .53) when the child requested fruit salad but chocolate cake was imposed and the corresponding bootstrap confidence interval did not include zero (95% CI = .093 to 1.243). The

direct effect of snack requested was insignificant (β = .35, t = .69; p > .49). Since zero does not fall within either confidence interval, successful mediation was observed.

Licensing. I tested the potential role for positive self-concept attributions after making a good choice for the child to explain the effects of the manipulations on participant's preferences for an indulgent snack. The data do not support a licensing explanation given that self-concept does not mediate the effect of making a good food choice for the child and participants' subsequent snack preference. Participants in the healthy snack given condition expressed more positive self-attributions (F (1, 80) = 157.86, p < .001; Munhealthy = 3.03, SD = 1.13 < Mhealthy = 5.87, SD = .89), but it had no effect on participants' own snack preference (β = - .14, t = - .92, p > .35). The bootstrapping procedure verified that there was no indirect effect of making a healthy snack choice for the child on participants' subsequent snack preference via self-concept (95% CI = - .048 to .226).

Guilt. I assessed the role of guilt as a potential mediator when the unhealthy snack option is given to the child. Only the main effect of snack given was significant (F (1, 80) = 91.99, p < .001) and participants in the unhealthy snack given condition reported higher feelings of guilt (Munhealthy = 4.62, SD = 1.66 > Mhealthy = 1.64, SD = 1.15). Importantly, the analysis did not reveal a significant effect of feelings of guilt on the snack preference of participants (β = .06, t = .52, p > .60) and the corresponding bootstrap confidence interval includes zero (95% CI = - .317 to .095). Therefore, no evidence was found to indicate that guilt acts as a mediator.

Discussion

Study 3 provides support for a power-based explanation for the hypothesized effects. As expected, the results show that participants felt more powerful and had a stronger preference for

an unhealthy snack for themselves when they made an imposition rather than accommodation decision. When participants accommodated the child's request for an indulgent snack there was no significant effect of feelings of power on their snack preference.

Study 3 also tests and rules out two possible alternative explanations based on licensing and guilt. I found that when participants used power to impose their preferences on a child in their care they made more indulgent eating choices regardless of whether they made a good or bad choice on the child. In contrast, a licensing explanation predicts that indulgence would increase only when the adult makes a good or virtuous decision, and a guilt-based explanation maintains that indulgence would increase when the adult makes a bad or less virtuous decision for the child. I found that feeling powerful was a significant mediator, and that there was no evidence of either self-concept or guilt as mediators.

STUDY 4

While in the first three studies participants consumed their snack alone (i.e., separately from the child in their care), study 4 is designed to examine how the social context of consumption affects the results. Hence, in this study I manipulate whether participants consume their snack in the presence of the child or alone. In line with H2, I expect that after the parent chooses the child's snack, the presence of the child in the eating environment will lead to a conformity effect in which the parent tends to prefer the same food for their own snack.

Method

I recruited 100 mothers (Mage = 37.3, SD = 8.09) who were members of an online consumer panel managed by Qualtrics and who had at least one child between the ages of three

to 12. I focused on preteen and younger children because their food choices are more likely to be determined by their parents than children in their teens (Roedder John 1999). Participants completed the study online in exchange for monetary payment paid directly by the research firm.

I employed a 2 (food decision for the child: accommodate versus impose) x 2 (social context of consumption: alone versus together) study design. After panel members agreed to participate in a study about consumption decisions, they read a scenario in which they were asked to imagine themselves at home with one of their young children. After the child requested a slice of chocolate cake the participant was randomly assigned to either give the child a serving of fruit salad or the requested chocolate cake. Consistent with the previous studies, participants were asked to explain their decision to the child in an open-ended response box as a manipulation check on decision type. Finally, I manipulated the social context of consumption. Participants in the alone condition were asked to indicate their personal snack preference after the child had eaten the snack and gone to bed. Participants in the together condition were asked to indicate their preference for a snack that would be eaten in the presence of the child.

Dependent measure. Participants reported their preference for a slice of chocolate cake relative to a serving of fruit salad on the same two-item semantic differential scale used in study 3 ($r = .80$, $p < .01$).

Feelings of power. I measured participants' feelings of power on the same three-item measure used in study 3 ($\alpha = .92$).

Self-concept. I asked participants to indicate the degree to which they felt like a responsible, caring, mature, sensible, conscientious, and good parent after making their choice for the child on a seven point not at all (1) to very much (7) scale ($\alpha = .96$) .

Guilt. I employed the same two-item measure to assess feelings of guilt that was used in study 3 (r = .83, $p < .01$).

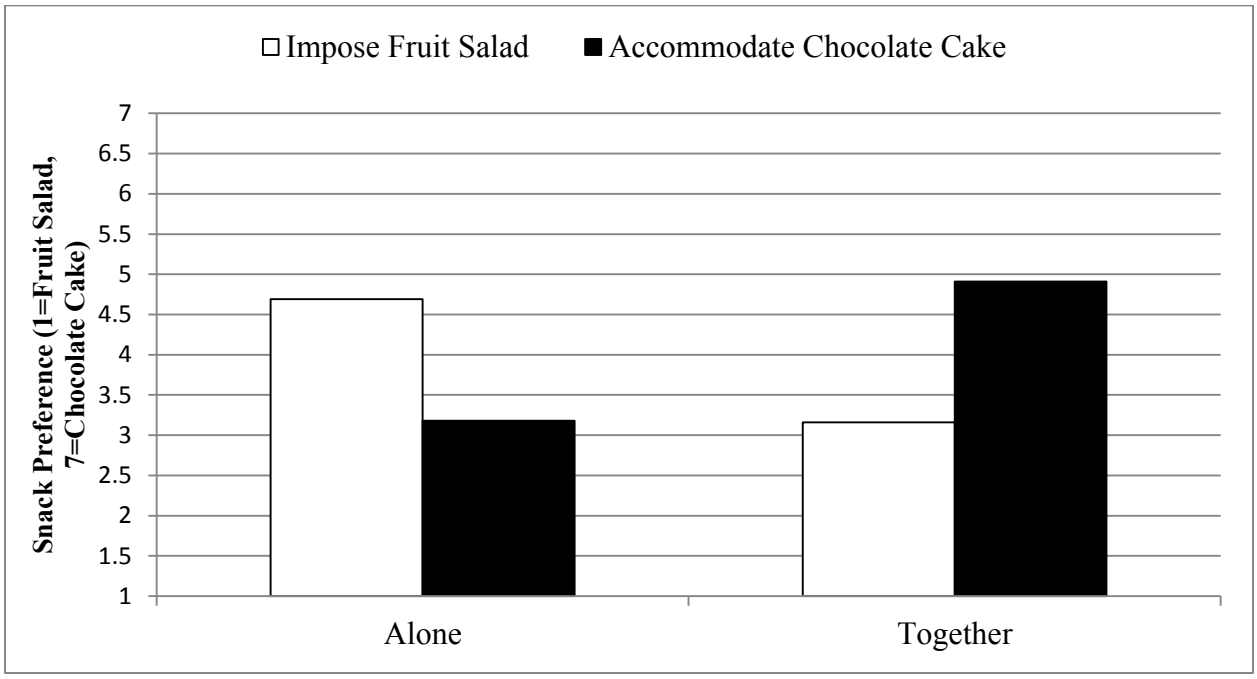
Results

Manipulation check. Two research assistants who were blind to the study hypothesis coded each participant's explanation to the child on the same two-item scale described in the first study. The two items were highly correlated (r > .97, $p < .01$) and inter-rater reliability was high (Krippendorff's alpha = .90). Therefore, I created an imposition measure by averaging the ratings of the two coders (r = .91).

The manipulation check confirmed that the manipulation was successful. Compared to participants in the accommodation condition, participants in the imposition condition wrote explanations that were more focused on their own relative to the child's preferences (Mimposition = 6.12, SD = .75 > Maccommodation = 2.02, SD = 1.36; $t(98) = 18.90$, $p < .001$).

Hypothesis test. As figure 3 illustrates, a full-factorial ANOVA on the relative preference for chocolate cake revealed a significant interaction between the food choice for the child and the consumption context on the participant's own snack preference ($F(1, 95) = 11.01$, $p < .01$) and the main effects were not significant ($p > .81$). The dieting covariate was marginally significant ($F(1, 95) = 3.41$, $p = .068$, Mdieters = 2.93, SD = 2.28; Mnon_dieters = 4.08, SD = 2.52) and removing the covariate from the model did not change the results ($F(1, 96) = 9.83$, $p < .01$).

FIGURE 3: EFFECTS OF IMPOSITION VERSUS ACCOMMODATION BY SOCIAL CONTEXT ON SNACK PREFERENCE



As hypothesized, simple effects tests show that participants in the alone consumption condition who imposed the fruit salad on their child preferred chocolate cake more than participants who accommodated the child's request for chocolate cake (Mimpose = 4.69, SD = 2.44 > Maccommodate = 3.18, SD = 2.39; $F(1, 95) = 3.99$, $p = .049$). In contrast, participants in the together condition who accommodated the child's chocolate cake request expressed a greater preference for the chocolate cake than participants who imposed the fruit salad (Mimpose = 3.16, SD = 2.39 < Maccommodate = 4.91, SD = 2.40; $F(1, 95) = 7.67$, $p < .01$).

Feelings of power. As predicted, participants who imposed the fruit salad on their child felt significantly more powerful than participants who accommodated the child's chocolate cake request (Mimpose = 3.88, SD = 1.41 > Maccommodate = 3.02, SD = 1.64; $F(1,98) = 7.70$, $p < .01$).

Power mediation. I conducted a moderated mediation analysis to assess the mediating role of power across the social context of the snack consumption (Preacher, Rucker and Hayes 2007). Recall that I expect that feelings of power mediate between decision type and participants' snack preferences in the alone but not together condition. Consistent with this prediction, making an imposition decision had a positive indirect effect on preference for chocolate cake via feelings of power (β = .82) only in the alone condition. The 95% CI based on 1,000 samples was .007 to 1.097. In the together condition, there was no indirect effect through feelings of power with the 95% CI including zero (- .403 to .462). When the mediator was included in the model the direct effect of the type of food decision was insignificant (β = - .71, t = - 1.35, p > .17).

Licensing. Next I tested the potential for a positive self-concept to explain the effects of making a virtuous or healthy food choice on participant's own food preferences. Participants in the imposition condition reported a more favorable self-concept after making the snack choice for the child than participants in the accommodation condition (Mimpose = 6.09, SD = 1.21 > Maccommodate = 4.43, SD = 1.46; F(1,98) = 15.27, p < .001). This alternative explanation again did not find support since the mediation analysis showed that self-concept attributions after making a choice for the child did not affect participants' own snack preference (β = .45, t = .80, p > .42). Bootstrapping also indicated that making a healthy food choice for the child had no effect on participants' snack preferences via self-concept in either the alone (95% CI = - .624 to 1.588) or together condition (95% CI = - 1.230 to .761).

Guilt. Participants who imposed the fruit salad felt less guilty than participants who accommodated the child's chocolate cake request (Mimpose = 2.25, SD = 1.53 < Maccommodate = 3.52, SD = 1.71; F(1,98) = 38.51, p < .001). A guilt based explanation

suggests that those in the accommodation of the unhealthy snack condition would consume more unhealthy snacks. This perspective is not supported as Figure 3 illustrates. The mediation analysis further rules out this alternative explanation by showing that there was no effect of guilt on participants' snack preferences (β = - .31, t = - .64, p > .51). Finally, the bootstrapping procedure confirmed that guilt was not a mediator since zero was in the bootstrap confidence interval in both the alone (95% CI = - .476 to .791) and together (95% CI = - 1.039 to .169) conditions.

Discussion

Unique to study 4 is the finding that the social context of the eating environment moderates the effects observed in previous studies. I found that the effects of power on mother's choices were eliminated when they would be eating their snack in the presence of their child: the mothers in the together consumption condition selected fruit salad (chocolate cake) for themselves when they had imposed fruit salad (chocolate cake) on their child. Hence, I found a strong consistency effect when the mother and child ate their snacks together rather than apart. In that respect, study 4 presents an important boundary condition for the central hypothesis.

Also, study 4 results in the alone condition are consistent with results from the previous three studies. I found that mothers made more indulgent and less healthy food choices for themselves after imposing food choices on their child when they consumed the snack alone. Beyond offering additional support for the power-based explanation, this study again shows that there is no evidence to support either licensing or guilt as alternative explanations based on mediation tests.

STUDY 5

The studies I have employed so far have manipulated imposition and accommodation in experimental settings. The goal of study 5 is to test my central hypothesis in a field setting in which adults make actual consumption choices for a child.

Method

Study 5 employs a diary method, in which participants record their attitudes and behaviors contemporaneously to minimize memory loss in reporting (Lida, Shrout, Laurenceau, and Bolger 2012). The method is frequently used in psychological as well as nutrition and health research (e.g., Krishnamurti 2008; Lida et al. 2012). Fifteen stay at home mothers were recruited using snowball sampling based on referrals from friends, family and neighbors. During the study period, all of the mothers prepared their children's lunches in the morning before sending their child or children off to school or daycare. The mothers were 33 years old on average with a mode of two children between two and 13 years old. All of the participants were blind to hypotheses and none received payment for their participation.

Participants were invited to participate in a study about family nutrition. Consistent with the stated purpose of the study, the mothers were asked to keep a diary of the food they ate and the food they gave to their children during the day along with the time of each eating occasion. My focus, however, was on the packed lunches the mothers made for their school-aged children. This is because, when making packed lunches the mothers would be making food choices specifically for each child and these choices would not be influenced by the food preferences of others as in the case of family meals. Second, school lunches are not consumed when children

are with their parents, who often attempt to influence their children's food consumption during family meals (Gray et al. 2010; Vereecken et al. 2010).

The independent variable in the study was the number of food items that the mother included in her child's lunch but that were inconsistent with her child's preferences. The mothers rated the degree to which each food she included in the lunch was something the child wanted to eat (= 0) or not (= 1). The dependent variable was the average healthiness of all foods consumed by the mother after making the child's lunch during the morning but before lunch. Mothers recorded their responses and entered them on the study website each evening. Nine mothers started the study one day early and the additional data were retained. The resulting data set consists of 114 instances in which the mother made a lunch in the morning and ate something afterwards.

Results

Three independent raters who were blind to the study hypotheses coded the healthiness of the food consumed by the mothers using a very healthy (1) to not healthy at all (5) scale. Food items such as donuts (M = 5.00), chocolate bars (M = 4.87), and croissants (M = 4.78) were rated among the least healthy foods, whereas items such as fruit salads (M = 1.00), fruit (M = 1.01) and cereal (M = 1.67), were rated among the most healthy foods. There were significant bivariate correlations among the three coders' ratings above .59 ($p < .01$) and inter-coder reliability was good (Krippendorff's alpha = .73). I therefore created a measure of the healthiness of the food consumed by the mothers by averaging the three ratings ($\alpha = .89$). Two additional coders then independently rated the degree to which the food items the mother included in the child's lunch were unhealthy (= 0) or healthy (= 1). Employing different raters for the healthiness of the foods

included in the lunches and the healthiness of the foods later consumed by the mothers helps avoid common method bias (Podsakoff et al. 2003). The bivariate correlations between the coders' ratings of the healthiness of items included in the child's lunch were above .70 ($p < .01$) and inter-coder reliability was good (Krippendorff's alpha = .75). Hence, I averaged the two ratings.

I ran a series of regressions. First, the mothers' own food consumption was regressed on the degree to which the mother included a food item that she knew was not preferred by her child regardless of its healthiness rating. I assumed that the effects of the mother's food imposition on her subsequent food consumption lasted one hour on average (Yet, I also looked at the data of mothers who ate within a half-hour period as well as within a two hour period and found the same pattern of results). Prior research has found that feelings of power can be evoked by the recall of even long-ago events, and in most instances the effects of these feelings on attitudes and intentions are measured within the same experiment (e.g., DeCelles et al. 2012; Rucker, Galinsky and Dubois 2012).

Consistent with my theory, I found that the greater the number of items that a mother included in her child's packed lunch that she thought the child did not like, the more likely she was to make unhealthy food choices for herself ($\beta = .297$, $t = 3.09$, $p < .01$). I included a variety of covariates to test the robustness of the results: the mother's age, the number of children who required a school lunch, and the presence of others in the eating environment when the mother consumed her snack, but none of the covariates were significant and the original result remained significant ($\beta = .295$, $t = 2.99$, $p < .01$). The results do not change if we look at the data from those who ate within half an hour as well as within two hours after preparing the lunch box. I summarize these regressions in table 1.

TABLE 1: REGRESSION RESULTS: DIARY STUDY

	With Covariates			Without Covariates		
	Standardized Beta	*t*	Significance	Standardized Beta	*t*	Significance
Number of food items imposed	.347	3.483	.001	.297	3.09	.01
Number of children	- .466	- .800	.428			
Age of mother	.148	1.785	.081			
Presence of others	.240	.688	.495			

I also ran separate regressions to test if the results depend on the healthiness of the food items being imposed. Consistent with the results of study 3, I found that the healthiness of the mother's food consumption after making the child's snack decreased both when she imposed healthy ($\beta = .33$, $t = 2.19$, $p = .033$) and unhealthy food items ($\beta = .52$, $t = 3.06$, $p < .01$) in the child's lunch.

Discussion

Study 5 offers additional evidence that the imposing choices that are inconsistent with children's preferences increases parental indulgence. Importantly, I found this result within a field setting using a very different methodology than the first four studies. Consistent with the findings of study 3, the more healthy or unhealthy food items a mother imposed on her child, the more likely she was to consume indulgent snacks herself. Finding that this effect occurred regardless of the healthiness of the food imposed on the child is important because it again suggests that neither licensing nor guilt explain these results. If licensing were a viable alternative explanation we would observe greater indulgence only when the mother imposed or

accommodated a healthy option. A guilt-based explanation would find support if greater indulgence occurred when the mother imposed or accommodated an unhealthy option.

Study 5 also generated additional insights into the different types of foods that are imposed and accommodated. The data shows that mothers reported imposing a variety of both healthy and unhealthy foods on their children. For example, the healthy foods that were frequently imposed included boiled eggs, cheese, and milk. The unhealthy foods that were frequently imposed included French fries, white bread and jam, and pancakes and syrup. Interestingly, many of the unhealthy foods that were most frequently preferred by the child and included in the lunch (i.e., accommodated) were also not preferred by the child at other times (i.e., imposed). One reason is that even a child's favorite food can become undesirable if it has been routinely and frequently included in his or her lunch. Inability of the child to reheat the lunch properly or foods that become bland unless consumed immediately (e.g., French fries) can be other reasons that indulgent foods lose their appeal. Therefore, the findings from this field study provide support for the notion that mothers may sometimes impose less healthy foods on their children.

GENERAL DISCUSSION

This research sheds light on the individual consequences of making choices for others by testing how imposing one's own preferences versus accommodating the target affects the healthiness of the decision maker's own subsequent consumption. In the context of choices parents and other adult caregivers make for children, I found an ironic effect in that making choices for others can backfire for decision makers in some circumstances. In particular, findings reveal that imposition decisions lead to more indulgent, less healthy food preferences than

accommodation decisions. Five studies utilizing different designs (lab experiment, online experiments, and diary study) populations (students, mothers), and dependent variables provide support for these results. The studies also show that the negative consequences of imposition decisions can be eliminated when the consumption of the decision maker takes place together with the target rather than apart.

These findings extend the dyadic decision making literature, which mainly focuses on the effects of a personal choice on one's consecutive choices (Dhar and Simonson 1999; Vohs et al. 2008). Previous literature on sequential decision making suggests that individuals tend to prefer consistency in subsequent decisions after making an initial decision (Aarts et al. 1998). The theory of cognitive dissonance affirms that individuals experience psychological dissonance when their behaviors are not in harmony with their existing attitudes, beliefs, or prior behaviors (Festinger 1957). Therefore, this theory predicts that when adults make a (un)healthy choice for a child they must make a (un)healthy choice for themselves to avoid dissonance. Given the fact that there are differences between choosing for the self and others (e.g. Laran 2010; Polman 2012b) my research pinpoints that making choices for others leads to carry over effects on the decision makers' own choices, and that these effects are moderated by whether the target's preferences are accommodated or whether decision makers impose their own will on the target. I find a consistent pattern in which imposing a healthy option on a child increased feelings of power and preference for unhealthy snacks for adults when they consumed the snack alone.

Similarly, these findings do not support a goal balancing account, which suggests that when there is a trade-off between two desirable but competing goals (e.g. health and taste), consumers tend to balance their goals across consumption episodes (Dhar and Simonson 2009). Goal balancing might take place after choosing for others because it is known that goals

associated with a close other can affect personal goal pursuit. For example, Shah (2003) found that goals may be primed by the mere representation of a significant other (e.g. one's spouse) and these goals can become salient non-consciously even in that person's absence (Fitzsimons and Bargh 2003). In my context, this goal balancing account would predict a main effect of snack given only. That is, we would expect to observe that when adults make a healthy choice for the child, it should fulfill the consumer's own health goals and consequently validate a subsequently unhealthy personal choice, and vice versa. Nevertheless, because the main effect of the type of snack given was not significant, the third and fifth studies rule out this goal balancing account.

These results also have implications for the limited literature that looks at the relationship between power and choice. Although the literature views power and choosing as interchangeable concepts because both are sources of personal control (Averill 1973; Inesi et al. 2011) my dissertation reveals a boundary condition to this assumption. In this research I found that making an imposition decision can increase the salience of the decision maker's power compared to when the decision maker accommodates the wish of the other party. It may be striking to observe that people reported feeling significantly more powerful when they imposed a choice that was against the other party's preferences, such as declining to give a child a slice of chocolate cake or making the child watch an educational rather than a more entertaining video. Given the fact that prior research has manipulated the subjective possession of power by merely having participants sit in the chair of a high-status person (Chen, Lee-Chai and Bargh 2001), or by having participants recall distant events in which they were in a powerful position (e.g., DeCelles et al. 2012; Rucker and Galinsky 2008), my findings demonstrate that very subtle manipulations can lead consumers to feel and behave more powerfully.

It is known that power mostly has a "dark side" as it can lead to negative outcomes such as objectification of other individuals (Gruenfeld et al. 2008), increased self-interestedness (DeCelles et al. 2012), or reduced feelings of social responsibility (Handgraaf et al. 2008). Recent research also shows that feelings of power can lead to positive outcomes such as seizing good opportunities in the environment (Guinote 2007). For example, power can yield greater savings if a saving goal leads more favorable outcomes than spending (Garbinsky, Klesse and Aaker 2014). These findings are in line with a behavioral activation system perspective that also explains the results observed in my research. When people feel powerful they see tempting rewards (e.g. a delectable chocolate cake) dancing in front of them and they would like to obtain these enticing opportunities (Lammers, Stapel and Galinsky 2010). Only the social presence of the person for whom the choice is made precludes the decision makers from making an otherwise hypocritical personal choice. Therefore, my research reveals that the effects of power on our decisions are also driven by what is afforded by a particular social situation.

While making a bad or unhealthy choice for another person can make the decision maker feel guilty, results indicate that guilt does not impact decision makers' subsequent consumption preferences. This finding can be explained with the notion that guilt is an "other oriented" emotion; i.e. when people feel guilty, they need to make retributions to reduce it by fixing or undoing the negative consequences of the situation primarily for the affected party (Baumeister et al. 1994; Izard 1977). Therefore, rather than adjusting their own consumption preferences participants who felt guilty about their choice would probably turn their focus on the child and seek to console or compensate the child by making another choice that is in line with the child's preferences.

The results of this research also reveal that making a virtuous choice for the child does not make the individual more vulnerable to an indulgent snack subsequently due to a more positive self-concept. Such a licensing effect is not observed presumably because although some participants decided to reward themselves with treats, some others still believed that they should eat healthy like the child (e.g. in the accommodating the child's fruit request condition). Khan and Dhar (2006) explain that licensing through the self-concept may not occur if a prior intent is closely related to the eventual behavior (e.g. a moderately religious individual who otherwise consumes pork might not prefer it after a visit to the synagogue). Making a choice for the self after making a choice for another person presents such a case because the initial choice is very likely to influence the subsequent one.

Finally, I designed my studies to ensure that resource depletion does not constitute an alternative explanation for the results. The self-regulatory strength model asserts that self-control is a resource that can be depleted (Muraven, Tice, and Baumeister 1998). Research shows that a latter choice in a sequence of decisions is likely to be more indulgent because making choices deplete one's regulatory resources (Vohs et al. 2008). However, in all of my experiments I manipulated the choices made for the child so that they did not deplete regulatory resources that might have reduced participants' self-control.

Practical Contributions. Although many households are trying to eat healthy and be active, global obesity rates have grown dramatically in the past decades and consequently spurred scientific interest in this phenomenon (e.g., Chandon and Wansink 2007; Christakis and Fowler 2007). My research contributes to our understanding of one of the potential reasons of this problem by being the first to show that parents and other adults can increase their own consumption of indulgent or unhealthy foods after imposing their own preferences on children.

Naturally, individuals sometimes have to make decisions that are against the preferences of those under their supervision. For example, children lack the experience to make the best decisions, therefore their parents' judgment and foresight is needed to contribute to their development. The parenting literature also consistently shows that parental rules and decision making is an essential part of bringing up well-adjusted children (Lamborn et al. 1991; Steinberg, Blatt-Eisengart and Cauffman 2006). The current research brings another perspective to this literature by showing how imposing one's preferences on a child can actually affect the personal well-being of parents. Parents and other caregivers must be made aware of the potentially deleterious effects of imposing their own preferences on children not only for children's individual development but also for their own health and well-being. Taking the findings from this research into consideration, parenting books and public policy makers must design programs that help adults make healthier choices for themselves.

Another practical contribution of this research is the finding related to the social context of consumption. Previous research has demonstrated that consuming together has significant influences on the amount (Herman, Roth, and Polivy 2003) and variety (Ariely and Levav 2002) of foods consumed. I found that the effects of power on indulgence were mitigated when adults ate their snack with the child in their care rather than alone. This finding has important implications for parents because it provides a simple and effective recipe for improving their own healthy food consumption. Parents can increase the likelihood that they eat healthy by making a healthy or virtuous choice for their child and then eating in the presence of the child. The mothers who were in the together consumption condition in my study subsequently preferred a healthy option for themselves because they refrained from eating chocolate cake in the presence of a child they had just made to eat fruit salad. The decisions adults make for

children are significant also because consuming together with the child leads to a conformity effect and increases the likelihood of either a healthy or unhealthy choice for the adults depending on the healthiness of the choice made for the child.

Future Research. This dissertation creates venues for future research. In this research, I focused on decision makers' food choices and preferences as my dependent variable. Individuals can indulge in other ways after making imposition decisions. For example, parents may prefer watching TV instead of exercising, drinking an alcoholic rather than a non-alcoholic beverage at dinner, or playing Candy Crush rather than reading a book. Future research may examine other types of indulgent or perhaps unwise consumption behaviors that individuals may engage in after making imposition decisions. Future research may also look at other relevant behaviors such as the amount of time and attention decision makers spend evaluating healthy vs. unhealthy alternatives in a choice set.

Obviously, individuals other than parents and babysitters make choices for others. For example, I anticipate that caregivers who make imposition decisions for other populations such as the disabled, ill, and elderly are prone to making unhealthy and indulgent food choices for themselves afterwards. Other decision makers such as managers occasionally impose their preferences on their subordinates, such as when the manager selects the dates when employees take a vacation, or the location of an appreciation event. Surrogate consumers such as interior designers, physicians or investment bankers also make decisions on behalf of their clients regularly and those decisions involve either making clients follow their own advice or accommodating the client's preferences. Further, in some cases the target is unable (or unwilling) to indicate his or her preferences to the decision maker, and thus the decision maker is unaware of them. As a result, the choice for the target is not an imposition and the negative

effects of the decision maker's choice would be diminished under those circumstances. Further research can look at the personal implications of making such decisions for professionals who choose for others.

Another area for further investigation relates to the determinants of imposition and accommodation when choosing for other individuals. One can speculate that accommodation is more likely to occur when there is a desire to build or improve a relationship with the other party. Under these circumstances, existing and desired social closeness between the target and the decision maker can shape choices for others (Aron, Aron and Smollan 1992). On the other hand, imposition can be preferred more if there are resource constraints, or if the decision maker maintains that the request of the target will not yield the best outcome. Future research is needed to examine the antecedents of imposition and accommodation in consumers' choices for other individuals.

Finally, although adults are ultimately able to impose their preferences on young children, chances of success are lower when they try to impose a preferred alternative on another adult such as a friend, spouse, or colleague. If the imposition decision takes place successfully in these contexts, it should yield a higher increase in feelings of power and an even higher preference for unhealthy foods than we observed in the adult-child context. On the other hand, an unsuccessful imposition attempt that leads the decision maker to yield to the target should not bolster feelings of power and increase subsequent indulgence. Hence, future research should examine the effects of unsuccessful imposition decisions on the decision makers' own consumption and situations in which adults attempt to impose their preferences on other adults.

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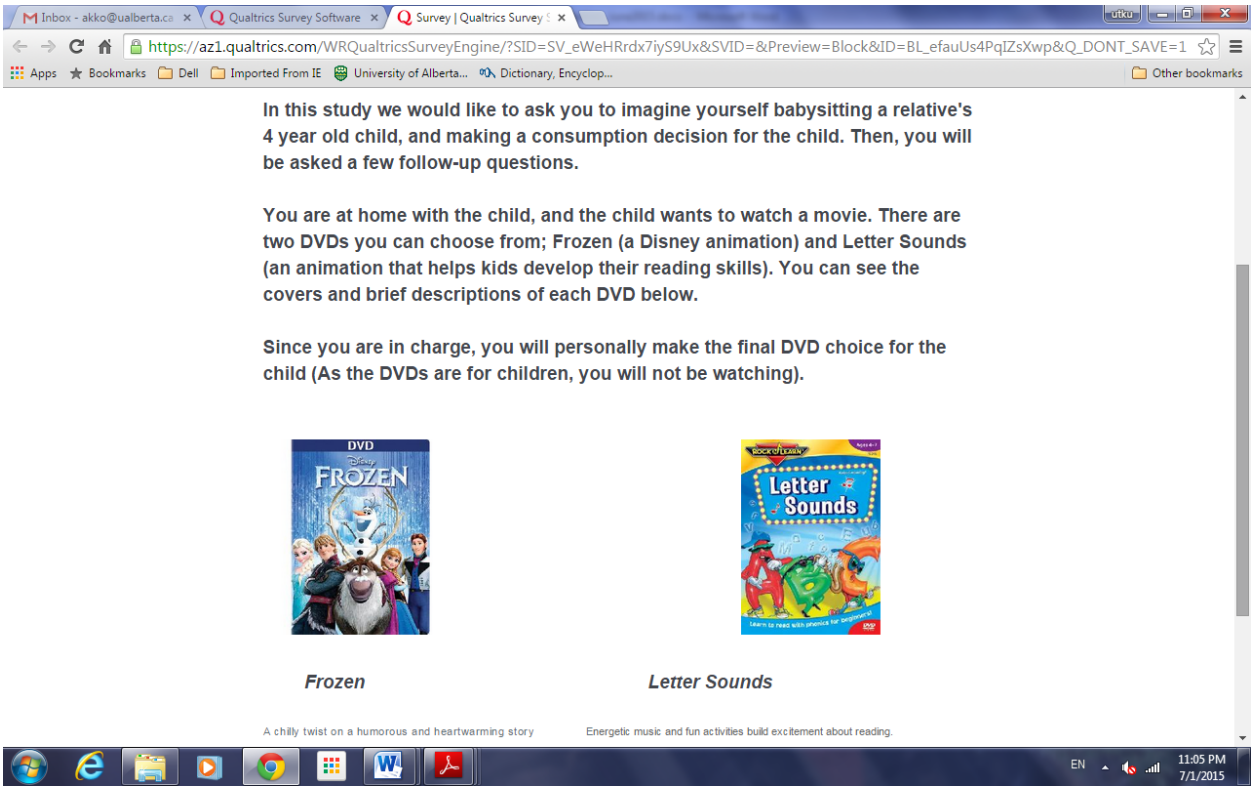
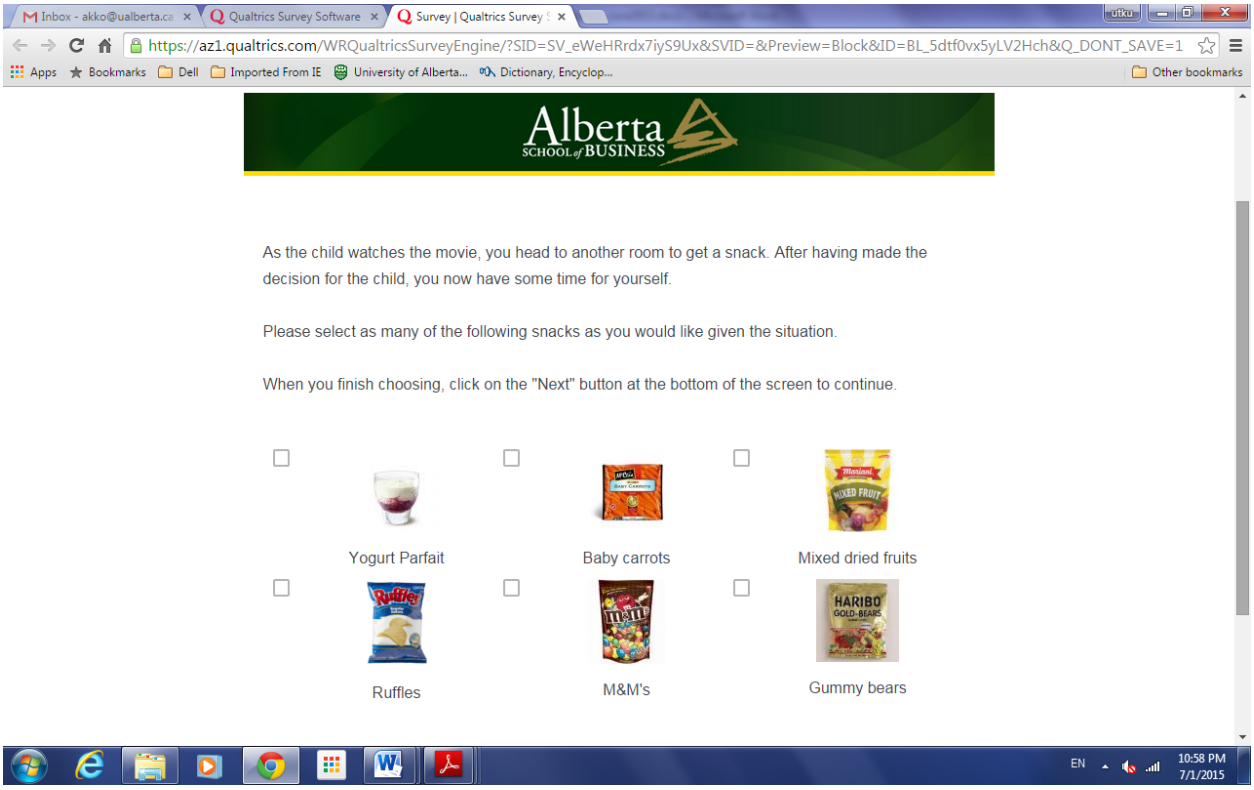
APPENDIX

Babysitting DVD Choice Description in Studies 1 and 2



Snack choice in Study 1



Scenarios used in Study 3

Indulgent Request-Healthy Choice

Imagine you are at home with your child and your child asks for a snack. You have some chocolate cake and a bowl of fruit salad in the refrigerator. Your child asks for some of the chocolate cake but you choose to give the child a cup of fruit salad.

Indulgent Request-Indulgent Choice

Imagine you are at home with your child and your child asks for a snack. You have some chocolate cake and a bowl of fruit salad in the refrigerator. Your child asks for some of the chocolate cake and you choose to give the child a piece of chocolate cake.

Healthy Request-Healthy Choice

Imagine you are at home with your child and your child asks for a snack. You have some chocolate cake and a bowl of fruit salad in the refrigerator. Your child asks for some fruits and you choose to give the child a cup of fruit salad.

Healthy Request-Indulgent Choice

Imagine you are at home with your child and your child asks for a snack. You have some chocolate cake and a bowl of fruit salad in the refrigerator. Your child asks for some fruits but you choose to give the child a piece of chocolate cake.

Stimuli for Studies 3 and 4

Fruit Salad

Chocolate Cake