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The Role of Relationship Attachment Styles in Disordered Eating Behaviors

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A recent study indicated that 57 to 69% of college women exhibit a high likelihood of disordered eating, such as limiting attempts, overeating, and binge eating (Cain, Epler, Steinley, & Sher, 2010). The prevalence of bulimia nervosa is approximately one to three percent of women (APA, 2000). Bulimia nervosa is recurrent episodes of binge eating (uncontrollably eating large amounts of food within a short time) followed by compensatory behavior and self-evaluation influenced by body weight and shape (APA, 2000). The binge-purge behavior may become cyclical when it results in feelings such as shame, guilt, and anxiety. An individual may then try to escape negative affect through further binge-purge behavior (Stice & Fairburn, 2003). Purging behavior includes self-induced vomiting, laxatives, and diuretic abuse. Non-purging compensatory behavior includes excessive exercise, dieting, or starvation (Stice, Marti, Fischer, & Bohon, 2008). Binge eating disorder is eating large amounts of food uncontrollably in a short time without compensatory behavior and it is in the appendix of the DSM-IV-TR as a potential new disorder (APA, 2000).

Emerging adulthood (ages 18-29) has been identified as a period of onset for bulimia nervosa and binge eating disorder due to the change in life stability, social and role identity, and loss of proximal social support (Cain et al., 2010). The transition to college may create a high-risk environment for the development of eating disorders because of the high rates of dieting, body dissatisfaction, and disordered eating among college student peers (Vohs, Heatherton, & Herrin, 2001). Risk factors for bulimia nervosa include personal and environmental factors such as dieting, perfectionism, body dissatisfaction, low self-esteem, and disturbed family interactional patterns (Bardone, Vohs, Abramson, Heatherton, & Joiner, 2000). General family dysfunction (i.e., parent-child conflict), family eating attitudes and behaviors, and negative family communication regarding physical appearance and dieting are predictors of bulimic symptom severity in college-aged women (Crowther, Kichler, Shewood, & Kuhnert, 2002). Dysfunctional family relationships and interactions, such as inappropriate roles and boundaries, may cause and/or maintain eating disorders. Some family interactions related to bulimic behavior are parental overprotectiveness, lack of conflict resolution, rigidity, and involvement of the child in parental conflict (Johnson, Maddeaux, & Blouin, 1998).

Parental attachment styles are predictors of psychological symptoms among college students (Love, Tyler, Thomas, Garriott, Brown, & Roan-Belle, 2009) and these symptoms are often a precursor to eating disorder symptoms (Stice, Nemeroff, & Shaw, 1996). Previous research has found that family interactions may indirectly influence adult attachment through influence on attachment and romantic relationships during adolescence (Dinero & Conger, 2008). Ainsworth, Blehar, Waters, and Wall (1978) identified three primary attachment styles: *anxious/ambivalent* is a mix of attached behaviors and anger

under distress, *avoidant* is detached behaviors under distress, and *secure* is staying close and attached under distress. Previous research has suggested that 96% of adolescents with eating disorders have an anxious attachment style (Armstrong & Roth, 1989).

This study focused on mother-daughter and daughter-romantic partner attachment styles. Romantic partner attachment was included because parental attachment shifts to peers and romantic partners in late adolescence and early adulthood (Dinero & Conger, 2008). The shift to peers and romantic partners as primary attachment figures can change the persons' original attachment style. The purpose of this research is to gain a better understanding of how a woman's relationship with her mother and a romantic partner relates to her eating behavior and mental health. Previous research has indicated that eating problems and depression among college-aged women relate to an anxious attachment style and difficulty in interpersonal relationships (Evans & Wertheim, 2005). The quality of these relationships with peers and romantic partners can increase or decrease risk for eating disorders.

This study assessed the quality of romantic and maternal relationships between participants in, and not in, treatment for an eating disorder. There were two hypotheses. First, we hypothesized that participants in treatment will report more depression, anxiety, bingeing, and dieting than participants who are not in treatment. Second, we hypothesized that the anxious-ambivalent attachment style and esteem threat from mothers and romantic partners will correlate positively with depression, anxiety, and eating disorder symptoms for both groups.

Method

Participants

There were 117 female participants, ages 18-22. Seventeen of the participants were in treatment for an eating disorder and 100 were not. The 100 participants that were not in treatment had engaged in binge eating and dieting behavior for the past 6 months. All of the participants had a romantic relationship in the previous 6 months.

Procedures and Measures

The 17 participants in treatment responded to flyers posted in several Overeaters Anonymous (OA) meeting places in an urban area, or from an announcement on Craigslist. They received $10 for their participation. The 100 participants not in treatment were from a public university and received course credit.

Participants from both groups completed an internet questionnaire that consisted of three scales and demographic items. The Experiences in Close Relationship-Revised Questionnaire (Fraley, Waller, & Brennan, 2000) consists of 36

items with two subscales for anxiety and avoidance in their relationship. The participant was asked to choose to what degree do they agree with feeling the emotion stated in their intimate relationship on a scale (1= strongly disagree and 7= strongly disagree). The anxiety scale included statements such as "I often wish that my partner's feelings for me were as strong as my feelings for him" and "I worry a lot about my relationships." The avoidance scale included statements such as "I found it difficult to allow myself to rely on my romantic partners" and "I talk things over with my partner."

The Esteem Enhancement and Threat Scales (EETS; Short, Sandler, & Roosa, 1996) consist of 10 items measuring esteem enhancement and 10 items measuring esteem threat from the participant's mother and romantic partner. The participants rated items on a scale ranging from "not at all" to "extremely." The Esteem Enhancement Scale included statements such as what my mother said and did made me think I was "more competent" and the Esteem Threat Scale included "less competent." Twenty-three items of the Symptom Checklist-90-R (SCL-90-R; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1977) were used to assess anxiety and depression symptoms. The questionnaire asked the participants to rate to what degree they were distressed in the past week. Participants rated the statements on a scale ranging from "not at all" to "extremely." The anxiety subscale included statements such as "nervousness or shakiness inside" and "worrying too much about things." The depression subscale included statements such as "feeling lonely" and "feeling worthlessness." Demographic items asked about education, ethnicity, and eating behavior. Eating behavior was the measure of the number of days spent bingeing, purging, and dieting in the past 31 days.

Results

Table 1 displays the means, standard deviations, observed ranges, and possible ranges for the major variables in the study for the entire sample.

Table 1. Summary of Major Variable Characteristics for all Participants

Variable	M	SD	Observed Range	Possible Range
Bingeing Episodes Monthly	2.47	4.00	0 to 30	0 to 31
Dieting Days Monthly	12.54	10.27	0 to 31	0 to 31
Depression	1.35	.87	0 to 3.62	0 to 4
Anxiety	1.02	.88	0 to 3.80	0 to 4
Mother Esteem Enhancement	3.21	1.02	1.00 to 5.00	1 to 5
Mother Esteem Threat	1.91	.89	1.00 to 4.60	1 to 5
Romantic Partner Esteem	1.92	.90	1.00 to 4.30	1 to 5

Threat				
Romantic Partner Esteem Enhancement	3.41	.95	1.00 to 5.00	1 to 5
Anxious Ambivalence	3.46	1.10	1.11 to 6.37	1 to 7
Attachment Avoidance	3.37	1.08	1.00 to 5.32	1 to 7

Between Group Comparisons

There were no significant differences between the two groups in bingeing episodes and dieting. The treated group had higher levels of depression ($F(1,115)= 11.00$, $p<.001$), anxiety ($F(1,115)=9.17$, $p< .001$), esteem threat from mothers ($F(1,115)=13.82$, $p< .001$), esteem threat from romantic partners ($F(1,115)=13.46$, $p< .001$), attachment avoidance ($F(1,115)=4.00$, $p< .05$), and attachment anxiety ($F(1,115)=4.52$, $p< .05$) as compared to the untreated group. The scores for the untreated group were in the normal range and similar to other college student groups on these variables. Table 2 shows the results from the mean comparisons between groups.

Table 2. Mean Comparisons by Treatment Status

	In Treatment (n =17)		**Not in Treatment** (n =100)		
Variable	**M**	**SD**	**M**	**SD**	**F**
Bingeing Episodes Monthly	3.29	(3.12)	2.33	(4.13)	0.84
Dieting Days Monthly	10.35	(12.18)	12.92	(9.93)	0.90
Depression	1.97	(.64)	1.24	(.86)	11.00[c]
Anxiety	1.60	(.75)	0.92	(.87)	9.17[c]
Mother Esteem Enhancement	2.99	(.86)	3.25	(1.04)	0.92
Mother Esteem Threat	2.62	(.87)	1.79	(.84)	13.82[c]
Romantic Partner Esteem Enhancement	3.17	(.75)	3.45	(.97)	1.25
Romantic Partner Esteem Threat	2.63	(.94)	1.80	(.85)	13.46[c]
Attachment Avoidance	3.85	(.51)	3.29	(1.13)	4.00[a]

Anxious Ambivalence	3.98 (.79)	3.37 (1.13)	4.52[a]

[a]p <. 05; [b]p < .01; [c]p<.001

Within Group Relations

For the treated participants, esteem threat from mothers was related to less dieting, more anxiety, and more depression. Esteem enhancement from romantic partners was negatively related to anxiety. Esteem threat from romantic partners was positively related to anxiety and depression. Esteem threat from romantic partners was positively related to esteem threat from mothers. Attachment anxiety was related to more depression. Attachment avoidance was related to more anxiety. Table 3 shows the correlations of variables for participants in treatment.

For the untreated participants, depression was positively related to bingeing and anxiety. Esteem threat from mothers was positively related to anxiety and depression. In addition, esteem threat from a romantic partner was positively related to anxiety and depression. Esteem enhancement from a romantic partner was negatively related to depression. Attachment avoidance was positively related to anxiety and depression. In addition, attachment anxiety was positively related to anxiety and depression. Table 4 shows the correlations of variables for untreated participants.

Table 3: Relations among Variables for Treated Participants (n = 17)

	BING	**DIET**	**ANX**	**DEP**	**MEN**	**MTH**	**RPE**	**RPT**	**RAV**
DIET	.19								
ANX	-.27	-.39							
DEP	.21	-.36	.59[a]						
MEN	-.18	.05	.18	-.20					
MTH	.15	-.57[a]	.51[a]	.65[b]	-.28				
RPE	.17	-.05	-.55[a]	-.43	-.09	.08			
RPT	.03	-.34	.72[b]	.73[b]	.32	.64[b]	-.48		
RAV	.10	.11	.58[a]	.35	-.32	.41	-.35	.37	
RAX	-.08	-.24	.23	.57[a]	-.31	.19	-.41	.26	-.48

[a]p < .05; [b]p < .01.

BING: Bingeing Symptoms, **DIET:** Days dieted in past month; **ANX:** Anxiety; **DEP:** Depression; **MEN:** Mother Enhancement; **MTH**: Mother Threat; **RPE:** Romantic Partner Enhancement; **RPT:** Romantic Partner Threat; **RAV:** Revised Avoidance Scale; **RAX:** Revised Anxious Ambivalence Scale

Table 4: Relations among Variables for Untreated Participants (n = 100)

	BING	**DIET**	**ANX**	**DEP**	**MEN**	**MTH**	**RPE**	**RPT**	**RAV**
DIET	.19								
ANX	.13	-.06							
DEP	.24[a]	-.10	.79[b]						
MEN	-.10	.02	-.10	-.18					
MTH	.17	.06	.52[b]	.45[b]	-.43[b]				
RPE	.01	.09	-.14	-.28[b]	.49[b]	-.17			
RPT	.08	.02	.44[b]	.53[b]	-.23[b]	.63[b]	.51[b]		
RAV	.12	-.05	.24[a]	.24[a]	-.34[b]	.26[b]	-.37[b]	.30	
RAX	.14	-.20	.51[b]	.54[b]	-.23[a]	.30[b]	-.35[b]	.39[b]	-.21[a]

[a]p < .05; [b]p < .01.

BING: Bingeing Symptoms, **DIET:** Days dieted in past month; **ANX:** Anxiety; **DEP:** Depression; **MEN:** Mother Enhancement; **MTH**: Mother Threat; **RPE:** Romantic Partner Enhancement; **RPT:** Romantic Partner Threat; **RAV:** Revised Avoidance Scale; **RAX:** Revised Anxious Ambivalence Scale

Discussion

The results of this study showed that women in treatment for eating disorders reported more depression and anxiety than untreated college students reported. There were not significant differences in eating disorder symptoms including bingeing episodes and the number of days dieting between the two groups. The perceived quality of mother-daughter relationships as measured by ratings of anxious-ambivalent attachment and esteem threat from mothers related to more anxiety and depression. Negative emotions of anxiety and depression are often precursors to eating disorder symptoms (Stice et al., 1996).

Esteem threat from mothers related to fewer dieting behaviors in the treated group. This finding is somewhat counterintuitive. Perhaps young women perceive dieting as an observable sign of losing control of their weight. The esteem threat messages from mothers include doubts about their daughter's self-control and independence**.** Daughters in treatment may try to demonstrate more self-control to their mothers through less dieting. Previous research has shown that experiences with the attachment figure can change the attachment style and cause either secure, anxious, or avoidant coping strategies to become more prevalent (Dinero & Conger, 2008).

Esteem enhancement from romantic partners related to less anxiety for participants in treatment and less depression for participants not in treatment. Esteem threat from romantic partners related to more anxiety and depression for both groups of women. The results suggest the importance of the quality of romantic relationships for young women with eating disorder symptoms and the value of strengthening these relationships for their mental health. There is evidence that these relationship perceptions can change through cognitive-behavioral and interpersonal therapy (Fairburn, Agras, Walsh, Wilson, & Stice, 2004).

The study had limited power to detect only large significant correlations of variables for the group in treatment due to the small sample of 17 participants. A second limitation was a lack of a standardized measure of eating behavior, such as the Eating Attitudes Test-26 (Stice, 1998) to measure eating disorder symptoms of dieting, bulimia, and food control behavior. This scale could have allowed placement of participants in either an abnormal or normal eating behavior category. Instead, the survey included single questions asking how many episodes of bingeing and dieting the participant had in the past month.

The study was cross-sectional with correlation analyses that cannot determine cause and effect. Future research could benefit from a prospective longitudinal design that measures attachment and eating disorder symptoms at two or more time points, such as the beginning and a midpoint through college. This type of design could aid in understanding the sequence of events, causes, and

effects among attachment styles, psychological symptoms, and disordered eating behaviors. In addition, researchers should investigate the difference in young women's perceived relationship quality with their mothers and their romantic partners before, during, and after treatment to understand how this relationship may help or hinder treatment. Better understanding of these relationships could help in the development of more effective prevention and treatment programs for women with disordered eating.

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