

AN EXAMINATION OF THE RELATIONSHIP BETWEEN ATTACHMENT INSECURITY TO MOTHERS AND THE RISK OF EATING DISORDERS IN A SAMPLE OF FEMALE STUDENTS IN ALBANIAN COLLEGES

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Abstract

The purpose of this study is to examine the relationship between attachment insecurity to mothers and the risk of eating disorders in a sample of female students in Albanian colleges. 812 female students were selected from three public universities, namely: University of Shkoder, University of Tirana, and University of Durres. They had a mean age of 19.26 and an SD of 0.89. These students completed a questionnaire about demographic and anthropometric data (that is age, height, and weight). They also provided information based on the scale of *Eating Disorder Risk* and *Eating Disorder Inventory* (Garner, 2004). This scale is composed of three subscales, namely: *Body dissatisfaction*, *Drive for thinness*, and *Bulimia*. Data on attachment insecurity to mothers was collected using the following sections of the questionnaire on relationship: *Experience in Close Relationship and Relationship Structures* (Fraley, Brennan & Waller, 2000). Comparisons between different attachment insecurity groups were made with respect to levels of eating disorder risk. Results revealed that girls with insecure attachments to their mothers differed from girls with secure attachments in levels of body dissatisfaction, drive for thinness, bulimia, and eating disorders risk. Correlational analysis indicated that the association between attachment insecurity and the risk of eating disorders, although significant, was not strong. Hence, it defines the need for further studies in this area.

Keywords: Attachment Insecurity, Body Dissatisfaction, Drive for Thinness, Bulimia, Eating Disorder Risk

Introduction

Eating disorders represent a complex clinical pathology with regards to risk and maintenance factors as implied in the etiology of this pathology. Although at first sight, eating disorders are centered on disturbances in eating habits and attitudes towards body weight and shape. Subsequently, a complex interplay between biological, socio-cultural, familiar, and psychological factors contribute to the onset, development, and maintenance of eating disorders.

Despite specific clinical categories like anorexia nervosa and bulimia nervosa, eating disorders have in common subjective negative self-evaluation of body weight or shape. This self-evaluation is usually expressed as body dissatisfaction, extreme fear of gaining weight, engagement in weight controlling practices such as extreme dieting and binge purging episodes. This is then followed by compensatory behaviours such as vomiting or laxative abuse which is aimed at preventing weight gain.

Adolescence is considered a risk factor of eating disorders because of the natural weight gain taking place at this time. Another reason is the higher preoccupation of adolescents, especially females, with their blossoming physical appearances. Socio-cultural factors like the societal ideal of being thin, media, peer pressure, and social comparisons play a significant role in elevating the risk of eating disorders through increasing the possibility of the internalization of the thinness ideal. However, a number of research have reported the onset of anorexia nervosa during early and late adolescence (APA, 2000) and of bulimia in late adolescence or young adulthood (APA, 2000). In spite of the foregoing, not all adolescents develop eating disorders and unhealthy eating behaviours. Thus, a number of factors like low self-esteem, high perfectionism, deficits in emotional regulation, attachment insecurity, and dysfunctional relationships with parents contribute to increasing the vulnerability of some adolescent girls in developing eating disorder symptoms, especially during times of transition.

Late adolescence and college transition have been confirmed in a number of studies as a period associated with high stress due to changes in a number of contexts like school, higher academic pressure, new peers, and separation from parents. These occurring along with the need for self-realization after separation from parents as well as the need for individualization, raises questions on redefining identity. This process can be successful if it is not associated with deep feelings of guilt and anxiety regarding separation from parents (Lapsez, Rice & Shadid, 1989). For girls who are raised with the mindset of prioritizing interpersonal relationships and defining themselves based on dependence on others rather than independence, this process might become more difficult for them.

Different studies have linked the process of college transition to eating disorder pathologies in female college students (Vohs, Heatherton, & Herrin, 2001). Some factors that may explain this link have to do with higher body dissatisfaction and extreme dieting among college girls. Thus, this occurs due to intimacy issues with partners, the needs for achievement, and social or academic success. Nevertheless, coping with this transition period can be more successful when girls have a positive relationship with their parents, especially their mothers. In this period, parents being fervent about their emotional responsibility is more important than physical affinity, though upper adolescents have a reduced penchant for seeking parental support (Meuss et al., 2005). Therefore, supportive relationships with parents can serve as a stable and secure base from which upper adolescents can cope successfully with transitioning to college.

Recent research on the subject matter have focused on the way individual differences in adolescents and adults regarding attachment relates to psychological difficulties and adjustment (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Fonagy, Steele, & Steele, 1991; Sperling, Berman & Fagen, 1992). More especially, it focuses on the onset, development, and maintenance of eating disorders (Humphrey, 1987; Kenny & Hart, 1992). Early insecurity attachments and difficulties in separation and individualization during adolescence has been linked to eating disorder symptomatology in a number of recent studies (Armstrong & Roth, 1989; Humphrey, 1987; Kenny & Hart, 1992). Hazan and Shaver (1987) structured a theoretical conceptualization of adult attachment (Feeney & Noller, 1996) based on a previous work by Bowlby (1973) and Ainsworth et al. (1978). Furthermore, Hazan and Shaver (1987) focused on measuring romantic relationship and suggested that romantic attachments are governed by the same processes that govern infantile attachment. They posited that these attachments can be classified based on the dimensions of anxiety (the degree to which a person is concerned that his partner may not be available and supportive when needed) and avoidance (the degree to which a person seeks to maintain distance from his/her partner). Individual differences in adult attachment reflect working models that are based on early experiences with caregivers, usually with mothers (Fraley & Shaver, 2000). Also, internal working models can be understood as mental schema, which include early viewpoints about one's self and other people. Therefore, this guides the affective, cognitive, and behavioural functioning of an individual regarding interpersonal relationships (Bowlby, 1973). According to this viewpoint, insecurely attached individuals can be described as high in both dimensions of anxiety and avoidance of attachment. They can be characterized by the fear of being abandoned or refused. Also, they may attempt to seek extreme closeness or distance themselves from attachment figures as a way of

preventing the possibility of rejection. In this viewpoint, secure attachment can be understood as an emotional tie-in in which individuals score low in the anxiety and avoidance dimensions. This means that they believe in the responsibility of attachment figures and therefore use it as a source of support in times of distress. Recently, various self-reported measurements of adult attachment were created and have reflected the differences in the theoretical conceptualization of this construct. Fraley, Brennan, and Waller (2000) created the Experience in Close Relationship questionnaire to assess adult attachment using two main dimensions of attachment: anxiety and avoidance. These authors found that these dimensions are crucial in categorizing individuals according to Bartholomew and Horowitz four category model (insecure, dismissive, preoccupied, and fearful attachment). However, they suggested that using such dimensions without categorization into specific attachment styles will maintain research precision to a greater degree than using categories of attachment.

Early experiences of sensible and responsive caregiving are crucial in developing a feeling of security in children. This means that the child feels secure that his mother will be responsible and responsive in reducing distress in times of threat. In the case of an inconsistent, unresponsive, or dismissive mother, the development of this sense of security will be comprised. This in turn will inevitably lead to difficulties in the general adjustment and functioning of the child later in life. Thus, a number of research argue that attachment insecurity to mothers is linked to higher negative body image, eating disorder symptoms (Suldo & Sandberg, 2000), and higher body dissatisfaction (McKinley & Randa, 2005; Ward et al., 2000).

No previous study on eating disorder risks or unhealthy eating attitudes and behaviours among female college students from the attachment perspective has been carried out in Albania. Considering attachment as a relatively stable personality factor across one's life span (Rothbart & Shaver, 1994; Waters, 2000) is very important in shedding light on the possible role of attachment in increasing the risk of the onset of eating disorders. Through this means, better prevention and treatment programs can adequately be addressed.

Methods

Participant and Procedure

The sample of the study consisted of 812 nonclinical Albanian female students enrolled at three major public universities. Participants' ages ranged from 18 years to 21 years, with a mean of 19.26 years and a SD of 0.89. Data on demographic and anthropometric variables, such as eating disorders, unhealthy eating attitudes and behaviours, and attachment to mothers were

collected using self-reported measures. However, all participants provided a written informed consent.

Measures

Weight status: Body mass index (BMI, kg/m²) was calculated from self-reported heights and weights. A classification of underweight, normal weight, and overweight status was done using the classification scheme outlined by the World Health Organization (WHO, 2006). Individuals with a body mass index < 18.40 were considered underweight, those with BMI ranging from 18.50 to 24.99 were considered as having normal weight, and those with a body mass index > 25.00 were considered overweight. Obese participants were not included in this study.

Eating Disorder Inventory: Eating Disorder Inventory is a 91-item self-report measure focused on assessing eating disorders and unhealthy eating attitudes and behaviours. Also, it accesses the psychological traits associated with them. Three subscales are specific to eating disorders, yielding the composite scale of Eating Disorder Risk. On the other hand, 9 are general psychological scales relevant to eating disorders. For the purpose of this study, only the three subscales of body dissatisfaction, drive for thinness, and bulimia were used. Taken together, these three subscales construct the scale of Eating Disorder Risk. All subscales are based on items rated on a 0-4 point scoring system. Items pertaining to body dissatisfaction subscale measure the belief that specific body parts associated with shape change or increase are too large. Drive for thinness refers to the degree of concern with dieting and preoccupation with weight. Finally, the items on bulimia subscale measure the tendency to engage in binge eating episodes that may be followed by compensatory behaviours like vomiting. In this study, the reliability coefficients obtained (α) were 0.75 for body dissatisfaction, 0.80 for drive for thinness, 0.70 for bulimia, and 0.72 for eating disorder risk.

Experience in Close Relationship-Relationship Structures: ECR-RS is a 36-item self-report measure assessing attachment in four relationship contexts (with mother, father, partner, and close friend). Only the section of relationship with mothers was used for the purpose of this study. Items are based on a 7 point scoring system ranging from 'strongly disagree' (1) to 'strongly agree' (7). Thus, items are constructed in order to assess two dimensions of attachment: avoidance and anxiety attachment to mother. In this study, the reliability coefficients (α) were 0.78 for attachment avoidance, 0.80 for anxiety, and 0.80 for the whole scale.

Statistical Analysis

The data obtained was inspected for normality. Nonparametric tests were used to analyse the differences in eating disorder risk between the group of securely attached individuals and the group of insecurely attached individuals utilizing Mann-Whitney U test. Correlations between attachment insecurity and body dissatisfaction, drive for thinness, bulimia, and eating disorder risk were analyzed using Spearman's rho correlation coefficient. Data was analyzed using SPSS software, version 20 for Windows.

Results

Results for the descriptive statistics revealed that 17.4% of participants were underweight, 78.1% had normal weight, and 4.6% were overweight. Body mass correlated significantly, although not strongly, as shown the following values: body dissatisfaction $r=0.287$, $p<0.01$, bulimia $r=0.185$, $p<0.01$, and the risk of eating disorders $r=0.278$, $p<0.01$. Furthermore, the strongest correlation was found between body mass and drive for thinness $r=0.429$, $p<0.01$.

Table 1.1. Correlations between Body Mass and Body Dissatisfaction, Drive for Thinness, Bulimia, and the Risk of Eating Disorders as calculated by Spearman's rho

	<i>Body Mass</i>	<i>Sig.</i>
<i>Body dissatisfaction</i>	0.287**	$p<0.01$
<i>Drive for thinness</i>	0.429**	$p<0.01$
<i>Bulimia</i>	0.185**	$p<0.01$
<i>Risk of eating disorders</i>	0.278**	$p<.01$

A series of Mann-Whitney *U* tests were carried out to see if there were significant differences between groups of insecurity attachment to mothers in levels of body dissatisfaction, drive for thinness, bulimia, and eating disorder risk.

Table 1.2. Comparison of Securely and Insecurely Attached Girls to their Mothers Regarding Body Dissatisfaction, Drive for Thinness, Bulimia, and Eating Disorder Risk

	<i>Secure Attachment</i> (<i>n=514</i>) <i>Mean Rank</i>	<i>Insecure Attachment</i> (<i>n=298</i>) <i>Mean Rank</i>	<i>Z (U)</i>	<i>P</i>
Body dissatisfaction	389.49	435.84	-2.719 (67841.500)	0.007
Drive for thinness	378.41	454.95	-4.500 (62148.000)	0.001
Bulimia	370.61	468.40	-5.748 (58140.500)	0.001
Eating Disorder Risk	365.90	476.53	- 6.478 (55718.000)	0.001

As indicated in Table 1.2., significant differences were found between securely and insecurely attached girls to their mothers regarding body dissatisfaction ($U=67841$, $z=2.719$, $p=0.007$), drive for thinness ($U=62148$, $z=4.500$, $p=0.001$), bulimia ($U=58140$, $z=5.748$, $p=0.001$), and eating disorder risk ($U=55718$, $z=6.478$, $p=0.001$).

The relationship between attachment insecurity to mothers, body dissatisfaction, drive for thinness, bulimia, and eating disorder risk were assessed by utilizing Spearman's rho correlation.

Table 1.3. Correlations among Variables as Calculated by Spearman's rho

Variable	1	2	3	4	5
<i>Body dissatisfaction</i>	1.				
<i>Drive for thinness</i>	0.458**	1			
<i>Bulimia</i>	0.285**	0.293**	1		
<i>Eating disorders risk</i>	0.461**	0.713**	0.648**	1	
<i>Attachment insecurity</i>	0.143**	0.156**	0.227**	0.263**	1

Note: 1 = *Body dissatisfaction*, 2 = *Drive for thinness*, 3 = *Bulimia*, 4 = *Eating disorders risk*, 5 = *Attachment insecurity*, $p < 0.01$ (1-tailed)

Consequently, it was found that attachment insecurity to mothers significantly correlated with body dissatisfaction, drive for thinness, and bulimia ($r=0.143$, $p < 0.01$; $r=0.156$, $p < 0.01$; $r=0.227$, $p < 0.01$ respectively). Also, a significant relationship was revealed between attachment insecurity and eating disorder risk ($r=0.263$, $p < .01$), although it was not a strong association. An overall correlational analysis indicated that girls that are insecurely attached to their mothers show a higher risk of developing eating disorders and unhealthy eating behaviours and attitudes such as body dissatisfaction, restraint eating, binge purging, and compensatory behaviours.

Discussion

The purpose of this study is to analyze the relationship between attachment to mothers and eating disorder risk in female students in Albanian colleges. It was assumed that transitioning to the university exposes girls to higher stress. Hence, this stress is hazardously managed through developing unhealthy eating attitudes and behaviours in conditions of insecure attachments to mothers. For demographic characteristics, only BMI and age group of the onset of weight problems were tested as variables. Analysis revealed that only BMI was associated significantly, although not strongly, with body dissatisfaction, drive for thinness, bulimia, and eating disorder risk. Attachment avoidance and attachment anxiety dimensions were combined to produce the levels of attachment security to mothers. In addition, they were tested as psychological constructs implicated in eating disorder risk. As predicted, insecurely attached girls differed from securely attached girls in levels of eating disorder risk as measured by the levels of body dissatisfaction, drive for thinness, and bulimia. Correlational analysis revealed that attachment insecurity was associated more strongly with bulimia which made sense as long as attachment is also an affective system. Insecurely attached individuals typically try to manage emotional distress using avoidance strategies. Thus, they may also employ the use of emotional

regulation which may focus on food and weight, and subsequently extreme dieting, binge eating episodes, and compensatory behaviours (Cole-Detke & Kobak, 1996). The links between attachment insecurity and body image, body dissatisfaction, and symptoms of eating disorders are consistent with the results of many studies (e.g., Troisi et al., 2006; Suldo & Sandberg, 2000; Greenwood & Pietromonaco, 2004; Cash, Theriault & Amis, 2004).

This study adds to the existing knowledge on eating disorder risk and the role of familial attachment in its pathology, especially in the Albanian context, for which no previous study exists. On the other hand, this study represents some limitations due to self-reported data regarding weight and height, small sample size, and missing norms in the Albanian population regarding the measuring instruments used in the study. Therefore, further study is needed to explore processes that may link attachment insecurity to eating disorder symptoms. This is with a view of adequately addressing prevention and treatment programs which is focused on enhancing secure attachments between girls and their mothers.

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