**Insecure Attachment and Eating Pathology in Early Adolescence: Role of Emotion Regulation**

**Kim van Durme1, Caroline Braet1, and Lien Goossens1 Abstract**

*The present study investigated whether associations exist between attachment dimensions toward mother and different forms of eating pathology (EP) in a group of early adolescent boys and girls, and whether*

*these associations were mediated by maladaptive emotion regulation (ER) strategies. Developmentally appropriate self-report questionnaires were administered to a community sample of 952 early adolescents (X— age = 12.19, 54.6% female). The results demonstrated associations between the insecure*

*attachment dimensions and the different forms of EP. Moreover, the relationships between both attachment anxiety and attachment avoidance toward mother on the one hand and restraint and EP concerns on the other hand, were partially mediated by maladaptive ER. These results assign an important role to maladaptive ER, in explaining the relationship between insecure attachment and EP. Future longitudinal research should replicate and elaborate on these findings.*

**Keywords** attachment, eating pathology, emotion regulation, early adolescence

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Disturbed eating behavior and attitudes can be defined as “behaviour and attitudes toward body perception, eating habits, weight regulation and selfevaluation that increase the risk of developing clinical eating disorders as well as the risk of developing physical health problems” (Waaddegaard,

Thoning, & Petersson, 2003, p. 434). In this manuscript, these problems will further be referred to as eating pathology (EP). Based on this definition, EP includes attitudes such as concerns about weight, shape, and eating; as well as behaviors such as dieting, binge eating, and compensatory behavior. EP is already observable from the age of 10 (Kaneko, Kiriike, Ikenaga, Miyawaki, & Yamagami, 1999) and gradually expands throughout adolescence. In a community study of Carter, Stewart, and Fairburn (2001), 13% of the girls (aged 12-14) had weight concerns, 20% had shape concerns, and 24% of the girls restrained their eating to influence weight or body shape on at least half of the days during the past month. Furthermore, objective binge eating (eating an objectively large amount of food in a limited amount of time accompanied with experiencing loss of control) was reported by 21% of the girls, self-induced vomiting by 4%, and use of laxatives and/or diuretics by 1.4% at least once during the past month. Research suggests higher levels of EP in adolescent girls compared with boys (Klein & Walsh, 2003). However, gender differences in younger adolescents (11.6 years) are somewhat less profound compared with the gender differences in older adolescents (15.6 years). Moreover, in a group of young adolescents with EP, about 16.5% was male while in an older adolescent group only 7.8% was male (Peebles, Wilson, & Lock, 2006). In our study, both boys and girls have been included.

Within the transdiagnostic theory of EP (Fairburn, Cooper, & Shafran, 2003), an insight is given on different EP features and how they evolve over time. In this model, EP concerns, that is, concerns about weight, shape, and eating and their control (cf. the abovementioned attitudes), are considered to be the core pathology of EP which contribute to the development of a dysfunctional system of self-evaluations, which in turn leads to the development of more extreme eating disorder symptoms and weight control methods (cf.

behaviors). More specifically, EP concerns may trigger the start of restrained eating/dieting which in turn may cause more extreme EP features to develop, such as objective binge eating and compensatory behavior.

Longitudinal studies have found EP in children and adolescents to be stable for a 6-month time period (Matton, Goossens, Braet, & Van Durme, 2013) as well as predictive for the development of full-blown eating disorders (Neumark-Sztainer et al., 2006) and obesity later in life (Kotler, Cohen,

Davies, Pine, & Walsh, 2001). These results emphasize the importance of understanding the development and maintenance of EP in youngsters in order to construct adequate prevention and treatment programs.

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EP is generally considered to be the result of an interaction between several biological, cultural, personality, and family factors (Klein & Walsh, 2003). Although family factors have received a lot of attention in EP research and evidence for a link between insecure attachment and EP has been established since 1989 by research of Armstrong and Roth, recent research is still trying to entangle the role of attachment in the development and maintenance of EP (Zachrisson & Skarderud, 2010). The attachment theory (Bowlby,

1973, 1969/1982) views attachment as an innate behavioral system that stimulates both safety and exploratory behavior. The goal of the system is to feel secure by pursuing proximity toward attachment figures in times of actual or symbolic threat. The attachment process starts with the mother–child relationship where hunger is the “threat” that makes the baby cry (innate attachment behavior) to get proximity (breast) of the mother. The child’s early experiences with primary caregivers gradually lead to the development of a cognitive schema, the internal working model, which consists of two cognitive representations. First, it contains expectations about the caregiver’s availability in times of need/stress (safe haven). Second, it entails a representation of the self as being (or not being) worthy of taking care for. This internal working model determines whether secure attachment patterns will emerge. Secure attachment can only be obtained when attachment figures are/were available and responsive to the child in times of need. When attachment figures are not available and responsive, no sense of security can be obtained and insecure attachment patterns will emerge. The attachment system remains important during life because secure attachment enhances mental health and social adjustment later in life, whereas insecure attachment has

frequently been related to various forms of psychopathology in general (Bowlby, 1988; Mikulincer & Shaver, 2007b), and EP in specific (Wilfley, Pike, & Striegel-Moore, 1997).

Several studies found a higher prevalence of insecure attachment in an adult eating-disordered population compared with adult non-clinical samples (Okearney, 1996; Ward, Ramsay, & Treasure, 2000; Ward, Ramsay, Turnbull, Benedettini, & Treasure, 2000; Zachrisson & Skarderud, 2010), as well as associations between insecure attachment and EP symptoms in both adult clinical (Broberg, Hjalmers, & Nevonen, 2001; Troisi et al., 2006) and nonclinical samples (Kiang & Harter, 2006). Although some research is also performed in late adolescence (e.g., Pace, Cacioppo, & Schimmenti, 2012;

Salzman, 1997), research on parental attachment and EP in early adolescence and childhood is scarce. The few available studies found associations between insecure attachment and the presence of weight and shape concerns in preadolescent girls, aged 9 to 12 (Sharpe et al., 1998), and overweight boys and

girls aged 10 to 17 (Bosmans, Goossens, & Braet, 2009). A recent, and to our Downloaded from jea.sagepub.com at Moscow City University of on May 15, 2016 *van Durme et al.* 57 knowledge first, longitudinal study of Goossens, Braet, Van Durme, Decaluwe, and Bosmans (2012) provides preliminary evidence for a prospective association between insecure attachment toward mother and dietary restraint, eating concerns, weight concerns, shape concerns, and adjusted Body Mass Index (BMI) in children (8-11 years).

Although associations have been found between insecure attachment and EP, conclusions are limited due to several reasons. First, to date, no studies have been performed on early adolescents, a group which is particularly at risk for EP due to puberty onset (Klein & Walsh, 2003) and in which parental factors are still important determinants for personal development (e.g., Soenens et al., 2008).

Second, research results are difficult to compare due to different conceptualizations and operationalizations of attachment and EP. As concerns attachment, categorical measures are most often used. Although some studies found similar attachment disturbances underlying different EP features (e.g., Ward, Ramsay, & Treasure, 2000; Ward, Ramsay, Turnbull et al., 2000), others did found specific associations. Some found anxious attachment style (e.g., Eggert, Levendosky, & Klump, 2007), others found avoidant attachment style to be more related to EP (e.g., ColeDetke & Kobak, 1996). Still others found dismissive attachment styles to be associated with symptoms of anorexia nervosa of the restricting type and preoccupied attachment styles with symptoms of anorexia nervosa of the purging type and bulimia (Candelori & Ciocca, 1998).

Due to these inconsistencies, no decisive conclusions can be drawn about possible specific effects of different attachment styles.

Even though a dimensional view on parental attachment is widely accepted and used within the general attachment domain (Mikulincer & Shaver, 2007b), this view has rarely been adopted within EP research. According to the dimensional view on attachment, two dimensions can be distinguished,

that is, attachment-related anxiety and attachment-related avoidance (Brennan, Clark, & Shaver, 1998). Attachment anxiety refers to a strong need for closeness, worries about the unavailability of others, and fear of being rejected, while attachment avoidance refers to distrusting others, striving to independence and emotional distancing from others (Brennan et al., 1998; Mikulincer & Shaver, 2007a). One recent study of Shanmugam, Jowett, and Meyer (2012) in adult athletes used the dimensional view and found both

attachment anxiety and attachment avoidance to be related to elevated levels of EP.

Third, and most importantly, the existence of an association between attachment and EP does not tell how attachment is theoretically and empirically linked to EP. In their review, Zachrisson and Skarderud (2010) posit theoretical hypotheses to explain the relationship between insecure Downloaded from jea.sagepub.com at Moscow City University of on May 15, 2016 58 *Journal of Early Adolescence 35(1)* attachment and EP, of which the existence of an indirect effect is considered most plausible. This view acknowledges that attachment might be of importance but perhaps acts as a more distal factor and affects EP through possible mediating factors.

Based on The Interpersonal Vulnerability Model (Wilfley et al., 1997), emotion regulation (ER) might be expected to be an important mediating factor.

ER can be defined as “all the extrinsic and intrinsic processes responsible for monitoring, evaluating and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goal” (Thompson, 1994, p. 27). Maladaptive ER might then be understood as deficits in the ability to adequately cope with challenging emotions, a factor that has repeatedly been linked to different psychological problems (Berking & Wupperman, 2012).

According to the interpersonal vulnerability model (Wilfley et al., 1997), disturbances in the early parent–child relationship lead to insecure attachment, which through disturbances in the self (self-esteem and social self) may lead to increased negative affect combined with lack in functional ER to regulate this negative affect (affective dysregulation) which may ultimately result in binge eating (or other EP). The interpersonal vulnerability model clearly assigns a mediating role to maladaptive ER in the relationship between insecure attachment and EP as it presumes links between (a) insecure attachment and maladaptive ER, which is conform with the attachment theory (Bowlby, 1982) and (b) maladaptive ER and EP, which is conform with ER theories (Stice, 2001). The latter states that failure to adequately deal with emotions leads to the development of maladaptive mechanisms to temporarily reduce, compensate, or neutralize the experienced emotions such as EP.

The ER model of attachment (Shaver & Mikulincer, 2002) explains more clearly how insecure attachment might be related to maladaptive ER (and how maladaptive ER might in turn lead to psychopathology). Dependent on the quality of attachment, people adopt different strategies to regulate emotional distress. Securely attached individuals apply the primary attachmentrelated affect regulation strategy of proximity seeking due to its effectiveness in the past. However, insecurely attached individuals, not acquainted with

responsiveness of attachment figures, develop secondary affect regulation strategies (strategies other than proximity seeking) to relieve distress. Those secondary affect regulation strategies (like clinging responses, suppression, etc.) may be adaptive for a short time period by reducing negative feelings toward primary caregivers who have been unavailable, unresponsive, or unpredictable. However, continued use of these strategies throughout life, appears to be associated with psychological problems such as EP (Mikulincer,

Shaver, & Pereg, 2003).

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*van Durme et al.* 59 Maladaptive ER has also been empirically linked to EP in both adults and adolescents (Aldao & Nolen-Hoeksema, 2010; Ball & Lee, 2000; Sim & Zeman, 2005). More specifically, maladaptive ER has been linked to EP rather than the non-use of adaptive ER (e.g., Aldao & Nolen-Hoeksema,

2010; Czaja, Rief, & Hilbert, 2009). Although both attachment and maladaptive ER have been associated with EP, only few studies have been empirically investigating the possibility of the assumed mediation effect. Tasca et al.

(2009) found that attachment anxiety indirectly contributed to eating disorder symptoms through maladaptive ER, while attachment avoidance was only directly linked to symptoms in adult female eating-disordered patients.

Another recent study of Burns, Fischer, Jackson, and Harding (2012) found the association between emotional abuse and emotional dysregulation (ED) symptoms, to be partially mediated by ED, which is interesting because emotional abuse might be linked to the development of insecure attachment in

children and adolescents (Limke, Showers, & Zeigler-Hill, 2010).