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THE EFFECT OF ATTACHMENT STYLES ON THE DEVELOPMENT OF EATING DISORDERS AMONG CHILDREN AND ADOLESCENTS

ABSTRACT. Abdo Areej, *The Effect of Attachment Styles on the Development of Eating Disorders Among Children and Adolescents* [Wpływ stylów przywiązania na rozwój zaburzeń jedzenia u dzieci i nastolatków]. *Studia Edukacyjne* nr 45, 2017, Poznań 2017, pp. 413-423. Adam Mickiewicz University Press. ISSN 1233-6688. DOI: 10.14746/se.2017.45.27

This article seeks to examine the relationship between attachment styles in childhood and the development of eating disorders later in life. The assumption underlying the article is, the development of the social structure places considerable emphasis on eating as a way of socialization and a comfortable experience.

A review of the research literature on the field documents a positive relationship between eating disorders, health problems and difficulties in family and interpersonal relationships.¹ Therefore, it can be said that the assumption that the relationship between the attachment style of parents and children and eating is justified, since personal coping habits, especially attachment styles, are expressed to a certain extent in the specific eating behavior of the individual.

Key words: eating disorder, attachment styles, children, parents, health problems, childhood, bulimia, anorexia, psychological health, safe and unsafe attachment

Introduction

This article seeks to look into the relationship between attachment styles during childhood and the development of eating disorders later in life. The assumption underlying the article is that the development of the social structure places considerable emphasis on eating as a way of socialization and comfort-

¹ For example: S.E. Romans, K.A. Gendall, J.L. Martin, P.E. Mullen, *Child sexual abuse and later disordered eating: A New Zealand epidemiological study*, *International Journal of Eating Disorders* 2000, 29(4), p. 380-392.

able experience. Therefore, the family's eating time is a personal experience that reflects aspects of attachment styles between parents and children. Food choices and eating behaviors are related to the parents' attachment style with their children in general, and during meals in particular.

A review of the research literature on the field reveals that there is evidence of a direct relationship between eating disorders, health problems and difficulties in family and interpersonal attachment styles.² The importance of understanding this evidence may improve the outcome of treatment in children and adolescents with eating disorders and reduce their risk of developing later in life.³

What are Eating Disorders?

Eating Disorders are now considered to be a common type of disease that has no satisfactory explanation among young girls and women in the Western world.⁴ These are mental and physical disorders that result in poor nutrition habits, distortion of the physical image, and uncontrolled preoccupation with body weight. They are accompanied by processes of denial, concealment and diversion, which make it difficult for them to be noticed by others. If they remain undiagnosed by a professional, they can become chronic, prolonged and cause serious damage.⁵ It should be noted that eating disorders are the result of multiple reasons such as, genetics, physical, familial, cognitive and personality, also social and cultural variables.⁶ There are common types of eating disorders. Anorexia Nervosa is an extreme and voluntary restriction of food intake.⁷ The diagnosis of this eating disorder is done by observing the refusal to maintain normal body weight, anxiety about obesity despite the existence of low body weight, physical image disorder, permanent dissatisfaction with the appearance or denial of underweight. As the disease progresses in girls, the menstruation stops⁶.

² A. Ward, R. Ramsay, J. Treasure, *Attachment research in eating disorders*, British Journal of Medical Psychology, 2000, 73, p. 35-51.

³ A. Tetley et al., *Parental bonding and eating disorders: A systematic review*, Eating Behaviors, 2014, 15(1), p. 49-59.

⁴ T. Marom et al., *Cognitive behavioral therapy in adults*, Dianon Publishing, 2011.

⁵ S.E. Romans et al., *Child sexual abuse and later disordered eating: A New Zealand epidemiological study*, International Journal of Eating Disorders, 2000, 29(4), p. 380-392.

⁶ A. Weisblay, *Eating disorders among children and adolescents: a description of the phenomenon, its prevention and its location*, Knesset Jerusalem 2010.

⁷ D. Marcus, M. Wiener, *Anorexia Nervosa re-conceptualized from a psychosocial transactional perspective*, American Journal of Orthopsychiatry, 1989, 59, p. 346-354.

On the other hand, Bulimia Nervosa is described as uncontrolled binge eating and the use of actions aimed at eliminating its consequences. Some of the criteria of diagnosing this disorder are, eating very much food in a short period of time at least twice a week for three months; loss of control over eating during an attack⁶.

Researchers⁸ report that for women suffering from anorexia, there is an estimated heredity of 58%, with a different balance attributed to unique rotational factors. For twins in adolescence, they reported that the genetics is about 76%. There is an affinity analyzes for eating disorders, which is a statistical method used to correlate gene function with their chromosomal location. Another study of families with at least two relatives diagnosed with restricted anorexia identified a significant association with the pi chromosome. The conclusion of these studies is that it is possible to identify atypical genes for eating disorders.

Hilesheimer⁹ believes that eating disorders represent the changes that have occurred in the social norm. It is connected also with one's desire to control. She noted that this phenomenon usually occurs during adolescence, when an overweight girl decides to lose weight for a family event or as a result of others comments about her body structure. In 2005, Witzthum and colleagues presented the sociocultural model of eating disorders.¹⁰

There are other types of eating disorders, but this article will focus mainly on anorexia and bulimia, as these are the most common types of eating disorders¹⁰.

The Attachment Styles

Parenthood is considered the basis of the social structure of many cultures and societies.¹¹ Children develop many relationships throughout their lives; but their most meaningful relationship is the one with their parents.

The newborn has a most basic and primal need for assurance in its caretaker, usually the mother, which is crucial for its normal development.¹² He or

⁸ R. Bachner, A. Bord, R. Wabstein, *Genetics of Eating Disorders*, Tnuva Research Magazine, 2011, 33, p. 14-17.

⁹ Y. Hildesheimer, *And Nhni way plane*, Library Publishing 2008.

¹⁰ A. Witzthum, D. Stein, Y. Weltzer, *Anorexia nervosa as a binge-dependent syndrome in the age of globalization*, [in:] *Preserving mental health among women in Israel*, Ed. R. Lev-Weisel, G. Wickel, N. Barak, Beersheba 2005.

¹¹ R. Sutzkever Cohen, *15 Comments on Israeli parenting*. *Interior*, Journal of Culture, Society and Education, 2005, 19, p. 112-117.

¹² P. Steinhauer, *Evaluation of the potential of parenting*. *Society and Welfare*, Quarterly for Social Work, 1985, (2-3), p. 131-146.

she is responsive to the intimacy between them and the mother. This responsiveness will soon become a bond based on pleasure, satisfaction and safety. In the first weeks of a baby's life, one can see how the touch of his parents provides the baby with a sense of secureness.¹³

The British psychoanalyst John Bowlby was the origins of the attachment theory. The original framework of the attachment theory was Ethnologic Evolution. It expressed notions that concerned with the attachment between the baby and its main caretaker. The theory examined how this relationship projects on the baby's "self" and how he will later grasp the world around him.¹⁴ Bowlby defines three kinds of attachment: "Safe", "Unsafe" and "Disorganized". The "Unsafe" attachment is divided to two kinds: "Ambivalent", and "Avoidant".¹⁵

People with "safe" attachment patterns have very positive feelings towards intimate relationships, are comfortable in relationships which involve dependency, have positive beliefs about intimacy, and function very well in long lasting relationships. They have a high self-esteem; they make themselves vulnerable to others in accordance to the level of intimacy in the relationship, and feel comfortable when others share intimate things with them¹⁵

The "Unsafe" attachment is divided to two kinds.

The first one, people with an "Unsafe-refrained" attachment pattern scorn intimacy, do not feel comfortable with intimacy and dependency, are less inclined to communicate in inter-personal communication, and enjoy the communication less than a person with a "Safe attachment" pattern. They would believe it is rear to find 'True Love'. They will tend to spend time in solitude, will not like to make themselves vulnerable to others, and will have negative emotions towards others who share intimate things with them¹⁵.

An adult with an "Unsafe-refrained" attachment will be a lenient adult. Parents who have this attachment pattern might reject the baby in stressful situations and not shelter the baby or support the child.¹⁶

Children with an "Unsafe-refrained" attachment pattern tend to disguise their negative feelings, to engage with their care-takers in a way that is neutral in its emotional aspect, and not rely on their care takers for support.¹⁷

¹³ S. Freiberg, *The wonderful years: childhood problems and their treatment from the day the child was born until school age*, Workers' Library 1974.

¹⁴ A. Rom, *The role of attachment theory in explaining the functioning of the individual in team frameworks*, Meeting for Social Work, 2005, 21, p. 89-113.

¹⁵ A. Peled, *(I'm a place): about humanistic architecture*, Haifa 2005. (Hebrew)

¹⁶ A. Elitzur et al., *Selected Chapters in Psychiatry*, Dianon Publishing 2010.

¹⁷ L.E. Brumariu, K.A. Kerns, *Parent-child attachment and internalizing symptoms in childhood and adolescence: A review of empirical findings and future directions*, Development and Psychopathology, 2010, 22, p. 177-203.

The second, “Unsafe ambivalent” attachment pattern can be found with individuals that tend to be obsessive in their approach to their friends and romantic partners, and tend to be possessive of her. Upon meeting new people, they will make themselves vulnerable in a way that is not in proportion of their closeness to others. Their frankness will be regarded as intrusive, arbitrary, and tiresome. They are bound to fall in love quickly and easily, and they fall out of love quickly as well. Their self-esteem is low and unstable¹⁵.

Children with an “Unsafe Ambivalent” attachment are highly dependent of their caretakers, since they feel they are not constantly there for them¹⁷.

Elitzur and his colleagues¹⁶ define the “Disorganized attachment” pattern as the pathological kind of attachment. The definition refers to parents who scare and intimidate their baby when they are stressed. They are afraid of attachment, and they do not give their baby intimacy and support.

To sum up the different kinds of “Attachment”, we can look at Rivko’s (2005) thoughts of Bowlby: Bowlby argued that positive interactions of an individual with a significant other that is accessible to him or her and is responsive to his or her needs will promote the individual’s basic attachment patterns, which include a positive perception of the “Self” and of the “Other”. Another way to phrase this notion will be to say that interactions with significant characters that are not accessible, and are not attentive to the child’s needs, creates an unsafe attachment pattern, which molds a negative perception of the “Self” and of the “Other”.

The theoretical explanations of the relationship between Attachment styles and the development of Eating Disorders

The dynamic interaction between a relationship, psychological health, and physical health is especially important when it comes to people with eating disorders. Eating and mealtime are an inseparable part of parent-child interaction.¹⁸ The primary caregiver has the responsibility to feed the child both in the emotional and physical senses. Crittenden¹⁹ describes ways in which the parent-child interaction reflects both the caregivers’ behavior (that is – consideration, consistency and responsiveness vs. disrespect, avoidance, reaction, abuse or critical) and the child’s cognitive and emotional experience to participate and meet his/her needs.

¹⁸ I. Krug et al., *A new social-family model for eating disorders: A European multicentre project using a case-control design*, *Appetite*, 2015, 95, p. 544-553.

¹⁹ P.M. Crittenden, *Teoria dell’attaccamento, psicopatologia e psicoterapia: L’approccio dinamico maturativo*, *Psicoterapia*, 2005, 30, p. 171-182.

Attachment theory can serve as a theoretical framework for understanding the underlying dynamics of symptoms and treatment of people with eating disorders. For example, Cole-Detke and Kobak²⁰ assumed, that in response to significant problems associated with attachment that are considered to be beyond the control of the individual, people with eating disorders develop their own eating behavior in an attempt to control their eating habits. This theory assumes that eating disorders are partly due to attachment-style problems.²¹ In addition, it can be argued that obsession, and the tendency to report low levels of psychopathology despite significantly lower body weight and high levels of distorted body image among people with eating disorders, are used as symptoms of the attachment system in which individuals are not fully aware of their levels of distress and emotional responsiveness²¹.

Bowlby²² for his part argued that a healthy attachment style leads to sensory experience of warmth, nourishment, protection and decreased levels of self-awareness in children. In families, this attachment style promotes healthy parenting, socialization and tendency to exploration. A sense of identity is nurtured in a family climate that balances the "connection" with "individuality". With regards to the phenomenon of anorexia as predefined social behavior, Stierlin and Weber²³ describe how anorexia sends a paradoxical message to the environment. Beyond the reasons that led the adolescent to her hunger journey and beyond the additional motives that might be involved in the process, this behavior conveys a kind of dramatic weeping.

Because of the parents' inability to decode this message, they respond by increasing their efforts to provide their children with more food and increase the attention to their physical wellbeing, which the child continues to refuse. Therefore, parental concern turns out to be a primary risk factor for the development of anorexia, due to insufficient care that might be the result of parental separation, marital crisis, socioeconomic deficiency, or other risk factor. A lack of appropriate parental care makes the child feel a sense of helplessness, inferiority, low self esteem and more vulnerable to feelings of frustration or deprivation²³.

Protection or over-control is another risk factor that is common in many of the characteristics of families for an anorexic person. For example, Minuchin,

²⁰ H. Cole-Detke, R. Kobak, *Attachment processes in eating disorders and depression*, Journal of Consulting and Clinical Psychology, 1996, 64, p. 282-290.

²¹ G. Tasca et al., *Using the PAI with an eating disordered population: Scale characteristics, factor structure and differences among diagnostic groups*, Journal of Personality Assessment, 2002, 79, p. 337-356.

²² J. Bowlby, *The making and breaking of affectional bonds: Aetiology and psychopathology in the light of attachment theory*, British Journal of Psychiatry, 1977, 130, p. 201-210.

²³ H. Stierlin, G. Weber, *Unlocking the family door: A systematic approach to the understanding and treatment of anorexia nervosa*, New York 1989.

Rosman & Baker²⁴ claimed that there was a connection between overprotection, sternness, the inability of parents to resolve conflicts and the development of health disorders, including anorexia. Parker²⁵ referred to overprotection as a combination of several components, which are opposite pole of what is supposed to promote independence and autonomy. For example, McCormick and Kennedy²⁶ found during their research that students who defined the parenting style, to which they were exposed to as safe, ranked their parents as supportive for their independence and social acceptance. The primary clinic consequence of over-parenting is the slowing or restriction of the child's essential socialization. In modern society, overprotection presents a more immediate risk factor for low self-image and leads to neurotic dysfunction, making the way to develop eating disorders in the future that much shorter²⁵.

Research evidence of the relationship between attachment style and eating disorders

Studies have linked family's attachment patterns and interactions between parents and their children to eating disorders. In addition, people with eating disorders were found to have emotional and behavioral characteristics that are partly due to their early contact with their parents.²⁷

For example, Ward, Ramsay and Treasure²⁸ reports that unsafe attachment, fear of abandonment, lack of autonomy distinguishes between those who experience eating disorders and those who do not. Chassler²⁹ found that women with eating disorders had higher rates of unsafe attachment style and low scores of safe attachment style. Likewise Ward, Ramsey, Turnbull, Steele, Steele & Treasure²⁸. Also Fonagy, Leigh, Steele, Steele, Kennedy, Mattoon & Gerber³⁰ reported similar findings.

²⁴ S. Minuchin, B.L. Rosman, L. Baker, *Psychosomatic families: Anorexia nervosa in context*, Cambridge 1978.

²⁵ B. Parker, B. Gordon, *Parental overprotection: A risk factor in psychosocial development*, New York 1983.

²⁶ B.C. McCormick, J.H. Kennedy, *Parent-child attachment working models and self-esteem in adolescence*, *Journal of Youth and Adolescence*, 1994, 23, p. 118.

²⁷ T. Erez, *Parenting as a resource in healthy development and as a protective factor and building resilience among children and youth*, *Psycho actualism*, 2011, October 21-29.

²⁸ A. Ward et al., *Attachment in anorexia nervosa: A Trans generational perspective*, *British Journal of Medical Psychology*, 2001, 74, p. 497-505.

²⁹ L. Chassler, *Understanding anorexia nervosa and bulimia nervosa from an attachment perspective*, *Clinical Social Work Journal*, 1997, 25, p. 407-423.

³⁰ P. Fonagy et al., *The relation of attachment status, psychiatric classification, and response to psychotherapy*, *Journal of Consulting and Clinical Psychology*, 1996, 64, p. 22-31.

Cooper and Warren³¹ conducted a study among young women and found that an unsafe attachment patterns predicted higher BMI levels. They assumed that disruptions in mood lead to significant variations. Hintsanen, Jokla, Pulkki-Raback, Viidarj, and Keltikangas-Jarvinen³² estimated a broad sample of 1553 men and women. They found a link between overweight and unsafe attachment style in both sexes. They concluded that their study also found that overweight people were at a higher risk for psychological disorders than people with normal weight.

Theoretically, according to Tural³³ people with eating disorders use food to gain attention and try to initiate behaviors of concern and comfort from individuals they are trying to communicate with. For those who develop the behavior of binge eating, the food is used to achieve a sense of comfort and closeness. Troisi and Gabriel³⁴ found that food has a comforting effect for many people. Without proper treatment, they will seek comfort in food instead of establishing attachment with their caregivers. The findings of Orzolek-Kronner³⁵ study also supported this idea. Adolescents with eating disorders indicated poorer attachment styles and expressed behavior-seeking closeness. The researcher assumed that eating disorders had become a way for adolescents to receive more attention and affection, thus fulfilling their need for attachment., which the researcher calls hunger for closeness.

In a study of three year olds and their mothers, Lewinsohn, HolmDenoma, Gau, Joiner, Striegel-Moore, Bear, and Lamoureux³⁶ they found that the control struggles between children and mothers during meals were associated with excessive behaviors, both within and outside the meal concept. Moreover, refusal to eat was associated with maternal psychopathological history.

Stenhammar, Olsson, Bahmanyar, Hulting, Wettergren and Edlund³⁷ they found that maternal stress was associated with BMI outside the normal range. They also found that abnormal BMI was associated with an unsafe attach-

³¹ M.J. Cooper, L. Warren, *The relationship between body weight (body mass index) and attachment history in young women*, *Eating Behaviors*, 2011, 12, p. 94-96.

³² M. Hintsanen et al., *Associations of youth and adulthood body-mass index and waist-hip ratio with attachment style and dimensions*, *Current Psychology*, 2010, 29, p. 257-271.

³³ M. Tural, *Parenthood, authority and adolescents*. *On What*, A Journal for the Advancement of the Status of Women, 2003, 12, p. 14-17.

³⁴ J.D. Troisi, S. Gabriel, *Chicken soup really is good for the soul, "Comfort food" fulfills the need to belong*, *Psychological Science*, 2011, 22(6), p. 747-753.

³⁵ C. Orzolek-Kronner, *The effect of Attachment Theory in the development of eating disorders: Can symptoms be proximity seeking?* *Child and Adolescent Social Work Journal*, 2002, 19(6), p. 421-435.

³⁶ P.M. Lewinsohn et al., *Problematic eating and feeding behavior of 36-month-old children*, *International Journal of Eating Disorders*, 2005, 38, p. 208-219.

³⁷ C. Stenhammar et al., *Family stress and BMI in young children*, *Acta Psychiatrica*, 2010, 99, p. 1205-1212.

ment style; however, this finding was partly dependent on maternal stress levels. Trombini, Baldaro, Bertaccini, Mattei, Montebanocci, and Rossi³⁸ found a significant association between overweight in childhood and mothers with unsafe attachment style.

Summary and Conclusions

The relationship between difficulties in close relationships and psychological distress has been widely documented in literature. Poor attachment in primary relationships, generally referred to as an “unsafe” attachment style, leads individuals to mutually affect each other in unmanageable way. Such thing is not conducive to the development and maintenance of healthy relationships in adulthood.³⁹

In the case of relationships with unsafe attachment style towards the primary caregiver, behaviors that are required to satisfy the basic needs, such as when physical and emotional nourishment were absent from the dyadic development psychotherapy between the child and the caregiver, become ineffective for the use of healthy relationships. The dynamic interaction between relationships, psychological and physical health is especially important for individuals with eating disorders.

Literature indicates the presence of direct relationship between eating disorders, health problems, family and interpersonal difficulties. Understanding the relationships between attachment styles and eating behaviors may improve the outcome of treating people with eating disorders and reduce the risk of deterioration or complications.

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³⁸ E. Trombini, B. Baldaro, R. Bertaccini, C. Mattei, O. Montebanocci, N. Rossi, *Maternal attitudes and attachment styles in mothers of obese children*, Perceptual and Motor Skills, 2003, 97, p. 613-620.

³⁹ J. Bowlby, *Attachment and loss*, vol. 1 - *Attachment*, New York 1982.

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