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Early separation anxiety and adult attachment style in women with eating disorders

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Objective. To ascertain whether women with eating disorders have a higher frequency of separation anxiety symptoms in childhood, and a higher prevalence of insecure styles of adult attachment, compared with healthy women.

Methods. The Separation Anxiety Symptom Inventory (SASI) and the Attachment Style Questionnaire (ASQ) were administered to 78 women with eating disorders and 64 healthy women.

Results. Compared with control women, women with eating disorders reported more severe symptoms of separation anxiety during childhood, and scored higher on the ASQ scales, reflecting insecure styles of adult attachment. Early separation anxiety and insecure attachment were not correlated with age of onset or illness duration. The diagnostic subgroup was not associated with a specific style of insecure attachment: compared with control women, both anorexic and bulimic women scored higher on the ASQ scales reflecting anxious attachment, but not on the scales reflecting avoidant attachment.

Conclusions. The results confirm the link between eating disorders and insecure attachment that has been found in previous studies, and extend it to childhood symptoms of separation anxiety.

From the perspective of attachment theory, eating disorders are conceptualized as externalizing behaviours enacted to allow the diversion of attention away from attachment-related concerns, and toward the more external and more attainable goal of body change (Cole-Detke & Kobak, 1996; Dozier, Stovall, & Albus, 1999). Based on this model, persons with eating disorders are expected to have a high frequency of adverse early experiences with their attachment figures, and a high prevalence of insecure attachment. Both these predictions have been repeatedly confirmed by studies of clinical and non-clinical populations. The insecure attachment style has been also considered as a risk factor for the development of an eating disorder. In a sample of

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305 pre-adolescent and adolescent girls, the insecurely attached subjects reported significantly higher weight concerns than did securely attached subjects, and exhibited lower levels of self-esteem (Sharpe *et al.*, 1998). However, a recent review of the literature on attachment research in eating disorders has shown that many methodological problems complicate the interpretation of the findings (Ward, Ramsay, Turnbull, Benedettini, & Treasure, 2000a).

The present study was designed to address three of these methodological problems. A first problem lies in the various authors' approach to the measurement of attachment. Most of the early studies were based on the Parental Bonding Instrument (PBI), which examines childhood experiences with parents, but is not specifically designed to assess current attachment organization. Adopting a different approach, recent studies have often used the Adult Attachment Interview (AAI). Even though the AAI can be considered the 'gold standard' for assessing an individual's overall state of mind with respect to early attachment relations, its validity for measuring current adult attachment style is still under investigation (Hesse, 1999). In this study, we used the Attachment Style Questionnaire (ASQ), a self-report measure specifically designed to assess current approaches to relating to significant others. Like other self-report attachment measures, the ASQ assumes that people can accurately describe some of their thoughts, feelings, and behaviours in adult attachment relationships. Self-report attachment measures, including the ASQ, have proved to be useful to uncover important aspects of intrapsychic processes and behaviour in close relationships (see Crowell, Fraley, & Shaver, 1999, for a review). A related problem is that previous studies have investigated either current perceptions of attachment relationships or early experiences. As a result, there are no published data based on the concurrent assessment in the same sample of both adult attachment style, and early attachment-related experiences. In this study, psychometric assessment included the combined use of the ASQ and the Separation Anxiety Symptom Inventory (SASI), a self-report measure that evaluates retrospective memories of separation anxiety symptoms and their frequency in childhood. Our hypothesis was that a current style of insecure attachment should be associated with more severe symptoms of separation anxiety in childhood. Finally, to our knowledge, no study has controlled for the possible confounding effects of socio-demographic and anamnestic variables on the relationship between attachment style and eating disorders. In this study, we analysed the relationships between the ASQ and SASI scores with age, educational level, age of onset, and illness duration.

The primary aim of the present study was to ascertain whether women with eating disorders have a higher frequency of separation anxiety symptoms in childhood, and a higher prevalence of insecure styles of adult attachment, compared with healthy women. The secondary aim of the study was to ascertain whether different styles of insecure adult attachment are linked with diagnostic subgroups of eating disorders.

Methods

Participants

The participants were 78 women with eating disorders and 64 healthy women with no current or past psychiatric disorder. The women with eating disorders had a mean $\pm$ *SD* age of 24.5 $\pm$ 4.7 years (range, 17–36), and their average educational level was 12.8 $\pm$ 2.4 years (range, 8–19). The women in the control group had a mean $\pm$ *SD* age of 23.0 $\pm$ 2.81 years (range, 18–33), and their average educational level was 13.1 $\pm$ 0.6 years (range, 13–18).

The women with eating disorders were recruited from the out-patients attending the Centre for Eating Disorders of the University of Rome, Italy. They had a mean ± *SD* age at onset of 17.3 ± 3.4 years (range, 10–28), and their average illness duration was 7.0 ± 5.0 years (range, 0–22). The Structured Clinical Interview for DSM-IV Axis I Disorders-Patient Edition (SCID-I/P) was administered to determine diagnosis (First, Spitzer, & Gibbon, 1995). According to the DSM-IV criteria, they had the following diagnoses: anorexia nervosa, restricting type ($N = 13$); anorexia nervosa, binge eating/purging type ($N = 6$); bulimia nervosa, purging type ($N = 29$); bulimia nervosa, non-purging type ($N = 2$); and eating disorder not otherwise specified (EDNOS, $N = 19$). The subgroup of women with EDNOS included cases of anorexia that did not meet the DSM-IV criterion of amenorrhea, and cases of bulimia that did not meet the DSM-IV criterion of frequency/duration of binge eating and inappropriate compensatory behaviour. The remaining nine women had a recent history of anorexia or bulimia but, at the time of diagnostic evaluation, they had no active symptoms and did not fulfil the DSM-IV criteria for eating disorders.

In the data analysis, we used two different criteria to group the women with eating disorders. According to the broad criteria, all the patients (including those with EDNOS and those with an eating disorder in remission) were divided into two groups: anorexics ($N = 37$), and bulimics ($N = 41$). The rationale behind this classification was that the DSM-IV amenorrhea and frequency/duration criteria may be inappropriately restrictive (Bulik, Sullivan, & Kendler, 2000), and that the psychological features of anorexia and bulimia are relatively independent from the presence of active symptoms (Lehoux, Steiger, & Jabalpurlawa, 2000; Stein *et al.*, 2002). The alternative classification was based on narrow criteria, and excluded the cases of EDNOS and of eating disorders in remission. Thus, this narrowly defined clinical sample included only those women who met the full DSM-IV criteria for anorexia nervosa ($N = 19$), or bulimia nervosa ($N = 31$).

The control subjects were healthy volunteers recruited among young women hired to applaud at a television show, or among students attending paramedic courses. To confirm the absence of current or past psychiatric disorders, they were interviewed by a clinical psychiatrist with the Italian version of the MINI International Neuropsychiatric Interview (MINI Plus 5.0.0; Conti, 1999). Prior to clinical assessment, all participants were given a complete description of the study, and granted written informed consent.

Measures of separation anxiety and attachment

To measure separation anxiety and attachment style, we used the Italian versions (Troisi, D'Argenio, Peracchio, & Petti, 2001) of the SASI (Silove *et al.*, 1993), and the ASQ (Feeney, Noller, & Hanrahan, 1994).

The SASI evaluates retrospective memories of separation anxiety symptoms and their frequency in childhood. It is a 15-item self-report questionnaire with individual items being scored according to a frequency rating (0–3). Individual items are summed to derive a total score. The SASI has been shown to have a coherent factor structure, high internal consistency, and sound test–retest reliability. Serial SASI scores have been shown to be independent of changes in respondents' levels of anxiety and depression over time, suggesting that scoring remains stable despite shifts in the emotional status of the respondent (Silove *et al.*, 1993). Indirect validity estimates have included concordance of SASI scores with retrospective diagnoses of juvenile separation anxiety disorder made blind by clinically experienced interviewers, and associations of SASI scores with histories of absenteeism from school and reports of school anxiety,

respectively (Manicavasagar, Silove, & Hadzi-Pavlovic, 1998). In a further test of the SASI's validity, each member of twin pairs was asked to complete a checklist of descriptors depicting early insecure behaviours observed in the other member of the pair. SASI scores corresponded with observer twins' ratings on the proband, thus providing a crude index of the SASI's concurrent validity (Silove *et al.*, 1993).

The ASQ is a 40-item self-report questionnaire with individual items being scored on a 6-point scale from 1 = *totally disagree* to 6 = *totally agree*. The ASQ includes five scales derived from principal components analysis: confidence (in self and others); discomfort with closeness; need for approval; preoccupation with relationships; and relationships as secondary (to achievement). Confidence is a factor representing secure attachment, whereas each of the other four scales represents a particular aspect of insecure attachment (Feeney *et al.*, 1994). The Need for approval scale and the Preoccupation with relationships scale assess the anxiety (about abandonment) dimension of the attachment style, whereas the Discomfort with closeness scale and the Relationships as secondary scale pertain primarily to the avoidance (of intimacy) dimension of the attachment style. The scales have high levels of internal consistency and acceptable levels of test–retest reliability. The validity of the ASQ is indicated by a number of findings: the pattern of associations with previous measures of attachment style; the predictable patterns of correlations with measures of family functioning and personality; and the lack of correlation with lie scores of the Eysenck Personality Questionnaire (Feeney *et al.*, 1994).

Statistical analysis

Statistical analysis included Pearson's coefficient of correlation and one-way ANOVA, followed by Bonferroni *post hoc* tests. In order to minimize the likelihood of a Type I error, univariate ANOVAs were preceded by an overall MANOVA using all the ASQ scales as dependent variables. The significance of MANOVA effect was assessed by means of the F test in association with Wilks' lambda.

Results

Control subjects and the women with broadly defined anorexia or bulimia did not differ on age ($F = 2.55$, $df = 2,141$, $p = .08$), and educational level ($F = .69$, $df = 2,141$, $p = .50$). In the entire sample, age and educational level were correlated neither with the SASI (r ranging from .07 to .09) nor with any of the five scales of the ASQ (r ranging from .01 to .13). Among patients with eating disorders, age of onset and illness duration were correlated neither with the SASI (r ranging from .03 to .04), nor with any of the five scales of the ASQ (r ranging from .03 to .15).

In the entire sample, there were highly significant correlations between the SASI and each of the five scales of the ASQ. However, the pattern of correlation between the two measures varied with the diagnostic status. Among women with anorexia, the correlations were much stronger than those found among bulimics and control subjects, with the exception of a highly significant and positive correlation between the SASI and the Need for approval scale of the ASQ in control subjects (Table 1).

A one-way ANOVA indicated that there were significant differences between the SASI scores of the control subjects and those of the two groups of patients with eating disorders ($F = 5.67$, $df = 2,141$, $p = .004$). *Post hoc* tests indicated that both anorexics

Table 1. Correlations between the Separation Anxiety Symptom Inventory (SASI) and the Attachment Style Questionnaire (ASQ) scales

	All subjects ($N = 142$)	Anorexics ($N = 37$)	Bulimics ($N = 41$)	Controls ($N = 64$)
ASQ confidence	$r = -.27$	$r = -.39$	$r = -.08$	$r = -.08$
	$p = .001$	$p = .016$	*ns*	*ns*
ASQ discomfort with closeness	$r = .20$	$r = .12$	$r = .24$	$r = .15$
	$p = .015$	*ns*	*ns*	*ns*
ASQ need for approval	$r = .37$	$r = .21$	$r = .24$	$r = .52$
	$p = .000$	*ns*	*ns*	$p = .000$
ASQ preoccupation with relationships	$r = .23$	$r = .41$	$r = -.08$	$r = .22$
	$p = .005$	$p = .012$	*ns*	*ns*
ASQ relationships as secondary	$r = .23$	$r = .07$	$r = .31$	$r = .21$
	$p = .006$	*ns*	$p = .052$	*ns*

and bulimics scored higher than control subjects on the SASI ($p = .01$ and $p = .03$, respectively). The difference between the two groups of patients with eating disorders was not significant.

A MANOVA using all the five scales of the ASQ as dependent variables indicated that the attachment styles of the control subjects and of the patients with eating disorders were significantly different (Wilks' $\lambda = .79, F = 3.44, df = 10, 270, p < .0001$). A series of follow-up one-way ANOVAs indicated highly significant differences on the scale measuring security of attachment (confidence, $F = 6.41, df = 2{,}141, p = .002$), and the scales measuring anxious attachment (need for approval, $F = 16.17$, $df = 2{,}141$, $p < .0001$; preoccupation with relationships, $F = 7.77$, $df = 2{,}141$, $p = .001$). The differences on the scales measuring avoidant attachment were less significant (discomfort with closeness, $F = 3.06$, $df = 2{,}141$, $p = .05$; relationships as secondary, $F = 2.93$, $df = 2, 141$, $p = .06$; Table 2).

Post hoc tests indicated that, compared with control subjects, anorexic patients scored lower on the confidence scale ($p = .003$) and higher on the discomfort with closeness scale ($p < .05$), the need for approval scale ($p < .0001$), and the preoccupation with relationships scale ($p < .0001$). The difference between the two groups on the relationships as secondary scale was quasi-significant ($p = .06$).

Table 2. Means, standard deviations, and one-way ANOVAs for women with eating disorders and control subjects on the Attachment Style Questionnaire (ASQ) scales and the Separation Anxiety Symptom Inventory (SASI)

Scale	Anorexics ($N = 37$) *M (SD)*	Bulimics ($N = 41$) *M (SD)*	Controls ($N = 64$) *M (SD)*	*p*
ASQ confidence	27.62 (7.01)	29.02 (5.79)	31.66 (4.79)	.002
ASQ discomfort with closeness	37.92 (10.70)	36.15 (6.36)	34.08 (6.17)	.05
ASQ need for approval	27.97 (8.71)	26.46 (7.41)	20.55 (5.51)	.0001
ASQ preoccupation with relationships	34.86 (7.31)	31.95 (7.90)	28.89 (7.19)	.001
ASQ relationships as secondary	18.24 (6.31)	17.12 (5.54)	15.64 (4.54)	.06
SASI	16.62 (10.50)	15.85 (9.71)	11.48 (5.70)	.004

The differences between bulimic patients and control subjects were limited to the need for approval scale ($p < .0001$), with the bulimic patients scoring significantly higher than control subjects. There were no significant differences between the anorexic and bulimic patients on any of the five ASQ scales.

To ascertain whether the inclusion in the clinical sample of patients in remission or with EDNOS altered the results, we excluded these women from the database and repeated the statistical analyses. The results did not change, except that the marginally significant differences between the control subjects and the patients with eating disorders on the discomfort with closeness scale and the relationships as secondary scale became non-significant.

Discussion

The main findings were as follows. Compared with control women, women with eating disorders reported more severe symptoms of separation anxiety during childhood and scored higher on the ASQ scales reflecting insecure styles of adult attachment. Early separation anxiety and insecure attachment were not correlated with age of onset and illness duration. The diagnostic subgroup was not associated with a specific style of insecure attachment; compared with control women, both anorexic and bulimic women scored higher on the ASQ scales reflecting anxious attachment but not on the scales reflecting avoidant attachment. Anorexics and bulimics did not differ significantly from each other on any of the psychometric measures.

The results of this study are in keeping with those of previous studies based on self-report measures of adult attachment style. Using the Relationship Questionnaire in a small sample of women with eating disorders, Friedberg and Lyddon (1996) found a high prevalence of preoccupied attachment among both anorexics and bulimics. Comparing the scores of control subjects on the Reciprocal Attachment Questionnaire with those of a mixed sample of patients with anorexia nervosa, bulimia nervosa, obesity, and EDNOS, Ward, Ramsay, Turnbull, and Treasure (2000b) found that their patients were characterized by insecure styles of attachment consisting of both compulsive care-seeking and compulsive self-reliance. Taken together, these results suggest that, in patients with eating disorders, self-report measures delineate a picture of disturbances of attachment that is highly consistent with that emerging from the studies based on the AAI (reviewed in O'Kearney, 1996; and Ward, *et al.* 2000a).

Less clear is the question of the relationship between diagnostic subtype and pattern of insecure attachment. Using the AAI, Candelori and Ciocca (1998) found that a dismissing style of attachment was overrepresented among the patients with restricting anorexia, whereas a preoccupied style of attachment was over-represented among the patients with the binge–purging subtype of anorexia, and with bulimia. In contrast, both Broberg, Hjalmers, and Nevonen (2001), and Ward *et al.* (2000b), reported that the various dimensions of insecure attachment did not differentiate the different subgroups of eating disorders, and suggested that attachment insecurity may cut across eating-disorder diagnosis. Similar findings emerged from the present study. Our results did not confirm the hypothesis that anorexic patients have an avoidant/dismissive attachment style, whereas the bulimic patients have an angry/preoccupied style. Rather, the finding that both anorexic (most with the restricting type) and bulimic patients had high scores on the need for approval scale of the ASQ supports the hypothesis that, irrespective of diagnostic subtype, the personal cognitive organization of eating-disordered patients is

characterized by a loose demarcation between the self and others, whereby personal identity is organized around a strong need for approval from significant others, together with a fear of rejection from them (Friedberg & Lyddon, 1996). In terms of pathogenetic mechanisms, our results suggest that insecure attachment may predispose an individual to an eating disorder, and that other factors may influence the type of eating disturbance that emerges. More in general, this finding is in line with the notion that insecure attachment is a non-specific risk factor for psychopathology, as shown by the studies that have found an association between attachment disturbances and a variety of different psychiatric disorders (Fonagy *et al.*, 1996; Dozier *et al.*, 1999).

Discussing the methodological shortcomings of the studies on attachment disturbances in eating disorders, O'Kearney (1996) has noted that the potential confounding effects of age of onset and illness duration have been generally ignored. The present study was designed to address this issue. We found that these anamnestic variables did not play a significant role in modulating the relationship between attachment style and eating-disordered pathology. Patients with late onset and/or short illness duration showed disturbances of attachment comparable to those of patients with early onset and/or long illness duration. This finding casts doubt on the hypothesis that the insecure attachment of anorexic and bulimic women is a consequence of the impact of eating disorder on current interpersonal relationships.

Another original contribution of this study is the demonstration that symptoms of separation anxiety during childhood were more frequent in anorexic and bulimic patients than in control subjects. This finding is in line with the results of the study by Armstrong and Roth (1989), who found that women with eating disorders responded to imagined minor separations from loved ones in extreme ways. The high frequency of symptoms of separation anxiety during childhood, found in the anorexic and bulimic patients of this study, may be interpreted as indirect evidence linking their insecure styles of adult attachment to adverse early experiences with attachment figures. In fact, according to Dozier *et al.* (1999), retrospective accounts of anorexic and bulimic patients typically describe a pattern of family interaction where parents combine emotional rejection with overprotection and lack of support for their daughter's struggle for autonomy.

This study has several methodological limitations. First, we did not use dimensional measures of either eating or mood symptoms. Thus, we could not analyse the relationship between these clinical variables and attachment style. Second, we did not assess the presence of co-morbid Axis I and Axis II disorders in the anorexic and bulimic patients. Since the prevalence of co-morbid psychiatric disorders is extremely high in eating disorders (O'Brien & Vincent, 2003), and since insecure attachment is a common correlate of a variety of psychiatric disorders (Fonagy *et al.*, 1996; Dozier *et al.*, 1999), it is possible that different results would emerge in patients with 'pure' eating disorders, and in patients with co-morbid Axis I and/or Axis II disorders. Third, we used a self-report measure to assess the frequency of symptoms of separation anxiety during childhood. Retrospective data may be subject to faulty recall or systematic distortions. Although prospective studies are clearly desirable in delineating the role of separation anxiety as an early risk factor to adult eating disorders, such investigations face daunting methodological difficulties. Until such methodological problems can be overcome, reliance will have to be placed on a variety of sources of information, including retrospective data, to study the pathogenic role of early separation anxiety.

Attachment research in eating disorders needs to move from the stage of documenting the mere existence of attachment disturbances, to the stage of identifying

specific relationships between attachment patterns and a variety of clinical variables, including the presence of co-morbid disorders, severity of the disorder, adherence to therapy, response to therapeutic intervention, and long-term outcome. This requires large numbers of patients, and therefore the use of measures that are easy to administer and rate. The results of the present study add to the growing body of evidence showing that self-report measures of attachment relationships can be profitably included into routine clinical assessment of patients with eating disorders.

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