

Attachment Style and Weight Concerns in Preadolescent and Adolescent Girls

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Abstract: Objective: *The purpose of this study was to assess the association between attachment style and weight concerns, a major risk factor for eating disorders, in preadolescent and adolescent girls. Method:* Three hundred and five female elementary and middle school students completed measures of attachment style and weight concerns. **Results:** *Insecurely attached subjects reported higher weight concerns than did securely attached subjects. A greater proportion of insecurely attached subjects obtained "at risk" weight concerns scores than securely attached subjects. Discussion:* *The findings suggest that attachment style may play an important role in the development of weight concerns, which, in turn, have been shown to be associated with the onset of eating disorders.* © 1998 by John Wiley & Sons, Inc. *Int J Eat Disord* 23: 39–44, 1998.

Key words: attachment style; weight concerns; adolescent girls

INTRODUCTION

Attachment theory may provide an important perspective for identifying factors that contribute to the development of eating disorders. Attachment theory suggests that when a caregiver is consistently available and sensitive in response to an infant's attachment behaviors, the infant develops a sense of the caregiver as a "secure base" from which to explore the environment. Should danger arise, the attached infant is secure in the knowledge that there is a "safe haven" to return to (Armstrong & Roth, 1989; Bowlby, 1969;

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Hazan & Shaver, 1987). Such experiences make it more likely that the growing child will develop a sense of emotional comfort and self-competence.

In contrast, those lacking a secure foundation may develop a negative view of the self and may be at risk for the development of adverse outcomes. Insecure attachment may play a role in the development and maintenance of eating disorders (Heesacker & Neimeyer, 1990; Mallinckrodt, McCreary, & Robertson, 1995). Similarities have been found between eating-disordered and insecurely attached individuals. Eating-disordered individuals, like insecurely attached individuals, often report feelings of social incompetence, low self-esteem, and a lack of perceived personal effectiveness (Armstrong & Roth, 1989; Garner & Garfinkel, 1985; Kenny & Hart, 1992).

Becker, Bell, and Billington (1987) found that bulimic subjects scored significantly higher than normal subjects on an insecure attachment subscale. Furthermore, 36% of the bulimic subjects (in comparison to 17% of the normal subjects) had insecure attachment scores in the pathological range. Armstrong and Roth (1989) reported that 96%, a percentage that is markedly higher than those obtained for normal comparison groups, of their eating-disordered sample exhibited anxious attachment. Additionally, Kenny and Hart (1992) found that a group of eating disorder inpatients described themselves as less securely attached to their parents than did a group of normal, college-aged women.

Although eating disorder patients may be more likely than normals to report insecure attachments, few studies have investigated the relationships between attachment style and eating disorder risk factors among preadolescents. This study examines the link between attachment style and level of weight concerns in a sample of 9- to 12-year-old girls. Our focus on weight concerns stems from previous longitudinal research conducted by our group, showing that weight concerns predict the onset of eating disorders (Killen et al., 1994, in press). We hypothesized that insecurely attached subjects would report higher weight concerns than securely attached subjects.

METHODS

Subjects

Fourth through eighth-grade female students from three public schools were recruited for a larger study on risk factors for eating disorders. Active consent was obtained from the parents of fourth and fifth graders, and passive consent was used with the middle school students (sixth through eighth graders). Of the total fourth- and fifth-grade female population ($N = 119$), 54 (45%) volunteered to participate. Of the total sixth- through eighth-grade female population ($N = 329$), 294 (89%) participated. Eleven (3.3%) middle school students refused to participate. The remainder were absent during data collection. Participants were not significantly different than nonparticipants with respect to ethnicity. Subjects included in the present study ($N = 305$) are those participants who completed all of the measures described below. These subjects did not differ from the remainder of the subjects on grade in school, age, ethnicity, subjects' reports of parental marital status and parental education, attachment style, weight concerns, perception of current body shape, and self-esteem. The mean age of the subjects included in this study was 11.9 ± 1.3 years. The ethnic distribution of this sample was 37.8% white, 25.7% Latina/Hispanic, 21.7% Asian, 5.9% African American/black, and 8.9% other.

Measures

Attachment Style

Attachment style was assessed using a single, self-report item that instructs subjects to classify themselves with respect to their feelings about relationships (Hazan & Shaver, 1987). Use of the Hazan and Shaver attachment item has elicited classification distributions (56% secure, 25% avoidant, and 19% anxious/ambivalent) that are similar to those reported in studies of infant attachment (Hazan & Shaver, 1987). The wording of the item was modified slightly for the younger subjects in this study. Subjects were asked, "Which of the following best describes your feelings (Please circle the letter of the answer that describes you the MOST)." The following answer choices were provided for the subjects and correspond, respectively, to secure, avoidant, and anxious/ambivalent attachment styles: (a) I find it pretty easy to get close to others. I am comfortable depending on others and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me. (b) I am somewhat uncomfortable being close to others. I find it difficult to trust them completely and to allow myself to depend on them. I am nervous when anyone gets too close, and often friends want to be closer to me than I feel comfortable with. (c) I find that others don't usually get as close to me as I would like. I often worry that my friends don't really like me or that they will not stay friends with me for long. I like to spend a whole lot of my time with other people, and sometimes this scares people away.

Weight Concerns Scale

The weight concerns scale was developed by Killen et al. (1994) to assess individuals' preoccupations with thinness and body shape. The scale includes the following questions: "How much more or less do you feel you worry about your weight and body shape than other girls your age?" "How afraid are you of gaining 3 pounds?" "When was the last time you went on a diet?" "Compared to other things in your life, how important is your weight to you?" and "Do you ever feel fat?" This scale has excellent stability ($r = .75$ over 12 months) and predictive validity (Killen et al., 1994, in press).

Perception of Current Body Shape

Subjects reported their current body shape using drawings of female silhouettes (Childress, Jarrell, & Brewerton, 1992). These silhouettes portray eight levels of body shapes, each gradually increasing in size. Adequate reliability and validity of this measure have been established (Childress, Brewerton, Hodges, & Jarrell, 1993).

Self-Esteem

Self-esteem was assessed with the following question: "How happy are you with yourself (who you are)?" This question is a modified version of the self-esteem measure utilized in a large study of young girls and boys which showed associations between self-esteem and factors such as ethnicity, sense of self-competence, and enjoyment of math and science (American Association of University Women [AAUW], 1991).

Procedure

Surveys were completed during one class period (approximately 50 min). Trained staff members supervised the completion of the instruments.

RESULTS

Sixty-eight percent ($N = 208$) of the subjects were classified as securely attached and 32% ($N = 97$) of the subjects were categorized as insecurely attached. Securely attached subjects did not differ from insecurely attached subjects on the following variables: grade in school, age, ethnicity, and subjects' reports of parental marital status and parental education.

Table 1 presents the means for securely and insecurely attached subjects on weight concerns, perception of current body shape, and self-esteem. Insecurely attached subjects had significantly higher weight concerns scores than securely attached subjects [$t(303) = -4.00, p < .001$], although there was no significant difference between the two groups with respect to perception of current body shape. Attachment style was also found to be significantly associated with self-esteem, with insecurely attached subjects indicating lower levels of self-esteem than securely attached subjects [$t(303) = 3.90, p < .001$].

We used chi-square tests to compare the proportions of those with low and high weight concerns with respect to attachment style. Killen et al. (1993) have shown that students with high scores (>57) on the weight concerns scale are at risk for eating disorders. Therefore, we used a cutpoint score of 57 to classify subjects into low and high weight concerns groups. A significantly greater proportion of insecurely attached subjects (27%) obtained at risk scores (>57) on the weight concerns measure than did securely attached subjects (17%; $p < .05$).

DISCUSSION

This is perhaps the first study to explore the association between attachment style and weight concerns in preadolescent and adolescent girls. Insecurely attached subjects reported significantly higher weight concerns scores than did securely attached subjects. Additionally, insecurely attached subjects were more likely to obtain weight concerns scores which place them at risk for eating disorders. These findings suggest that attachment style may contribute to the development of weight concerns. Insecurely attached individuals are characterized by a decreased sense of self-worth and a heightened impression of rejection by others. These cognitions may make such individuals reliant on the gaining of acceptance from others and sensitive to society's standards. Therefore, insecurely attached individuals may be more likely to internalize and idealize society's appearance-related messages. Through the assimilation of these messages, insecurely at-

Table 1. Means and standard deviations for securely and insecurely attached subjects on weight concerns, perception of current body shape, and self-esteem measures

Variable (Range)	Securely Attached ($n = 208$)	Insecurely Attached ($n = 97$)	p
	M (SD)	M (SD)	
Weight concerns (0-100)	29.1 (24.1)	41.1 (24.9)	<.001
Perception of current body shape (1-8)	4.2 (1.3)	4.3 (1.3)	NS
Self-esteem (1-5)	3.5 (1.2)	2.9 (1.1)	<.001

tached individuals may strive for unrealistic ideals (e.g., a "perfect" body) in an attempt to gain acceptance from others; hence, the development of excessive weight concerns.

Insecurely and securely attached subjects did not differ with respect to perception of current body shape. Although insecurely attached subjects did not perceive themselves as having larger body shapes than the securely attached subjects, they reported having greater weight concerns and were more likely to obtain "at risk" weight concerns scores. Perhaps it is the insecurely attached individuals' reactions to, rather than their perceptions of, body shape that are of significance. Insecurely attached subjects may have different concepts regarding what body shape is most ideal and may place greater importance on obtaining an "ideal" body shape in comparison to securely attached subjects.

Insecurely attached subjects also exhibited lower levels of self-esteem than securely attached subjects. Insecure attachment has previously been linked with low self-esteem (Hazan & Shaver, 1994; Kenny & Hart, 1992). Our findings provide additional support for the use of the Hazan and Shaver attachment item and suggest that attachment may play a role in determining the self-esteem and psychological functioning of preadolescent and adolescent girls.

Some limitations of this study should be noted. There are unresolved problems involving the assessment of attachment styles, including issues of singular versus multiple attachments and categorical versus continuous assessment techniques (Hazan & Shaver, 1994; Rutter, 1995). The Hazan and Shaver attachment item has, however, been found to be significantly associated with factors that are theoretically related to attachment such as relationship characteristics, loneliness, and work difficulties (Feeney & Noller, 1991; Hardy & Barkham, 1994; Hazan & Shaver, 1987). Findings from the present study reveal attachment style proportions (68% securely attached and 32% insecurely attached) similar to those proportions presented in previous research (Hazan & Shaver, 1987; Holmes, 1993). This consistency indicates that subjects' responses to Hazan and Shaver's attachment item are nonrandom and that the item may assess some portion of attachment relationships in a younger population.

This is a cross-sectional study. We have discovered relationships among variables, but we have revealed nothing about causation. Prospective studies will allow us to examine the causal roles of risk factors for eating disorders and how these factors change and interact over time. Multivariate analyses are needed to help us understand the importance of attachment style relative to the many factors that are thought to influence the development of eating disorders. Future studies should address the specific role of attachment style in the development of eating disorders: Does insecure attachment represent a risk factor and/or does secure attachment act as a protective factor for eating disorders?

Our findings underscore the importance of recognizing and addressing attachment issues in the study of eating disorders. Although not labeled as such, attachment issues have been considered important in treatment by therapists of different orientations (Garner & Garfinkel, 1985). Further examination of attachment style may allow for the utilization of more effective techniques in the prevention and treatment of eating disorders.

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