Ever since I can remember myself: Implications of attachment and perceived maternal feeding practices on adult women’s body dissatisfaction

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ABSTRACT

Background: Research indicates that women with an eating disorder are more insecurely attached than those without. Over-restrictive maternal feeding practices in childhood are associated with elevated BMI and more disordered eating in adult women.

Goals: The goal of the current study was to examine the extent to which the two insecure attachment styles contribute to women’s body dissatisfaction indices and to examine their role in moderating the influence of restrictive maternal child feeding practices.

Methods: 283 women between the ages of 18-42 (mean=25.04; SD=3.53) sampled through social networking completed an online self-report, including the Figure Rating Scale (from which Self-Ideal comparison was calculated), retrospective child feeding questionnaire (RCFQ), the experience in close relationship (ECR) questionnaire, and the EDI’s Drive for Thinness and Body Dissatisfaction subscales.

Results: Insecure-anxious attachment positively predicted Drive for Thinness, Body Dissatisfaction and Self-Ideal Disparity. However, insecure-avoidant attachment did not predict indices of body dissatisfaction. Recalled over-controlling maternal childhood feeding behaviors were associated with Drive for Thinness, Body Dissatisfaction and greater Self-Ideal body image disparity. Significant interactions between attachment styles, maternal childhood feeding behaviors, and body dissatisfaction indices emerged.

Conclusions: In the presence of restrictive feeding practices in childhood, insecure attachment styles moderate women’s adult body dissatisfaction indices. Avoidant attachment style plays a protective role while anxious attachment style exacerbates body dissatisfaction indices.

INTRODUCTION

Body image disturbance is central to the development of eating pathology (1). The evaluative component of body image represented in terms of body dissatisfaction has been identified as a risk factor for EDs and to maintaining disordered eating in young women (2). Body dissatisfaction has been shown to remain remarkably stable across the adult female lifespan and is consistently associated with dieting and with disordered eating (3). Because of the particular importance of body dissatisfaction to women’s development and their ED risk, the current study focused on women.

It is clear that current societal standards for female beauty inordinately emphasize the desirability of extreme thinness so as to be increasingly unachievable for most women (4, 5), endlessly perpetuating the thin ideal (6).

There is support for the importance of media, peer, and family influence on body dissatisfaction (7). Many of the processes underlying disturbances of eating and body image in young girls are established as early as 7 years of age (8).

The current study focuses on the effects of woman’s perceived maternal influences and present psychological functioning on body dissatisfaction. In particular, we
examine the women's association of anxious and avoidant attachment styles with their retrospective maternal feeding practices in childhood as predictors of their body dissatisfaction. The present study offers a developmental approach. We assume that the emotional bonds of attachment, and the perceived maternal feeding patterns were established in the psyche of the child, and thus predate the adult daughter's body dissatisfaction.

**ATTACHMENT STYLES**

Attachment theory originally explained the emotional bond between infants and their caregivers (9). Later it was suggested that this primal emotional bond is internalized by the developing child and forms a working model or a template for all future emotional bonds (10). Fraley and Shaver (11) suggested four types of attachment patterns that could be placed within a two-dimensional space defined by people's anxiety and avoidance (11). Adults with secure attachment styles have low anxiety and low avoidance. Adults with insecure attachments have high anxiety and low avoidance (preoccupied) or high avoidance and low anxiety (dismissing) or are high on both (fearful) (11).

Securely attached adults' behavior is characterized by seeking support in relationships, desiring intimacy and closeness with others and being able to effectively regulate their affect (12).

Individuals with high avoidant attachment styles or high anxious attachment styles have developed alternative ways of coping with threats and stress (13). Avoidant attachment (dismissing) is organized around strategies of affect regulation that deemphasizes threats (see 13 for an extensive review of the subject). Individuals with avoidant attachment style prefer to avoid seeking proximity and use emotional distancing strategies characterized by deactivation or down-regulation of emotions (11, 13-15). As a result, they tend to avoid attachment-related experiences and have a defensive memory structure (15).

Individuals with anxiety attachment style (preoccupied) have poor self-regulatory skills and their behavior is organized around hyperactivating strategies of affect regulation (13, 16). In face of threats they can become very emotional and intrusive or insistent in attempts to gain protection and support from other people (see 13 for an extensive review of the subject). As a result, they tend to re-access painful attachment-related memories, thereby maintaining their constant agitated state (17). Individuals with avoidant and anxious attachment style (fearful) use incoherent emotional and behavioral strategies and show disorganized behavior (18).

As stated, research on attachment is based on the notion that the two dimensions of avoidance and anxiety underlie adult attachment. In the late 1990s, research began indicating that people may vary continuously and not categorically in security (19). Current research suggests that dimensions of attachment may detect more subtle differences between individuals than categories of attachment (20). Current research also suggests a multi-item self-report measures with respect to these latent dimensions (20). Current data indicate that individual differences in adult attachment are best conceptualized and measured in a dimensional fashion regardless of the level of specificity and the type of relationship (21) Accordingly, in the current study we focused on avoidance and anxiety dimensions instead of the individual attachment categories.

Research on attachment functioning and eating disorders is small but growing (15). Attachment is an important factor in the development of body dissatisfaction (22-26). Insecure attachment styles have been linked to body image dissatisfaction and to eating disturbances in both clinical and nonclinical populations (27). Current studies suggest a positive relationship between insecure attachment styles and eating disorders (15, 28). Results also show a positive relationship between body dissatisfaction, eating disorders and insecure attachment and current depressive symptomatology that is a frequent co-morbid in eating disorders (29).

In addition, anxious attachment style has been associated with greater eating disorder symptoms and poorer treatment outcomes, even after controlling for differences between eating disorder diagnostic groups (15). Anxious attachment has been found to be a factor in the pathway to body dissatisfaction (22, 24, 30). Research suggests that women who are anxiously attached place more of their self-worth on their body image than do avoidantly attached women (31). Anxious attachment has served as a significant moderator between cultural attitudes and body dissatisfaction, i.e., less anxious attachment may buffer a woman from sociocultural influences while more anxious attachment may exacerbate these same influences (32, 33). Avoidant attachment style has been associated with dropping out of treatment for patients with Anorexia Nervosa (15).

**MATERNAL FEEDING PRACTICES IN CHILDHOOD**

Early maternal feeding practices are important contributors to the development of obesity and overeating in children in a culture of plenty (34-37).

Early maternal feeding practices determine infant exposure to food type, amount and frequency (38). These
feeding practices include monitoring intake, restrictive or controlled feeding, pressure to eat and instrumental and emotional feeding (36).

Results of correlational studies show a positive association between maternal restriction, concern, and responsibility for the child’s eating, and the child’s BMI (39-41). Maternal controlling behavior may also establish a negative association with specific foods and anger toward the parent, which is maintained into young adulthood (42). It may also, paradoxically, be linked to lower BMI in children of mothers who use over-controlling methods (40). Recent studies have found that instrumental and emotional feeding as well as restriction and encouragement to eat more may be related to weight gain and to overeating in young children (36). Feeding practices are also related to socio-demographic characteristics (see 43 for an extensive review of the subject).

The longitudinal study of the influence of maternal feeding behavior on children's eating behavior has extended from the first years of life until about age 11 (44). Retrospective studies suggest that the influence of maternal practices extend beyond childhood into adulthood (43, 45, 46). Lev-Ari and Zohar (47) showed that mother’s preoccupation with her daughter's eating practices in childhood (which was reported retrospectively) were associated with the daughter having higher adult BMI and increased dissatisfaction with her own body image in adulthood.

The goals of the current study were to examine the differences between the two insecure attachment styles (anxious and avoidant) in their contribution to women’s Drive for Thinness, Body Dissatisfaction and Self-Ideal comparison and to assess the long-term influence of retrospectively perceived maternal feeding practices in childhood on these indices. Following previous literature pertaining to the different effects insecure attachment styles (anxious and avoidant) have on body dissatisfaction and disordered eating, and literature pertaining to the relationships between retrospective child feeding and adult body dissatisfaction, we hypothesized that: 1. Insecure-anxious, but not avoidant attachment style would positively predict body dissatisfaction. 2. Recollection of over-stringent maternal feeding practices would result in a more disturbed body image.

MEASURES
Retrospective Child Feeding Questionnaire (RCFQ): The CFQ was developed by Birch et al. (44) to be administered to mothers of young children and consists of 7 subscales: (1) perceived parental responsibility regarding child’s weight, (2) perceived parental weight during parent's childhood, (3) perceived child’s weight, (4) concern about child’s weight (concern), (5) maternal restriction of food intake (restriction), (6) maternal pressure to eat (pressure to eat) and (7) maternal monitoring of high fat food consumption (monitoring). The retrospective version (RCFQ) includes sub-scales 2-7 of the CFQ and is reworded to allow adults to reconstruct their childhood recollections of their mother’s feeding. The questions are written in a very general manner and no specific age range is given in the instructions. Participants are expected to reflect on their childhood as a whole. An example for this is “How concerned was your mother that you would eat too much when she wasn’t around to monitor you?” The Hebrew version of the RCFQ has excellent psychometric qualities. Cronbach’s alpha for the revised Hebrew subscales in the original study were .81 for maternal concern (and .89 for the current study); .81 for maternal restriction (and .87 for the current study); .73 for maternal pressure to eat (and .74 for the current study); and .91 for maternal monitoring (and .94 for the current study) (49).

Eating Pathology was assessed using the Eating Disorder Inventory-2 (EDI-2; 50) was used to obtain a measure of eating pathology. The EDI-2 has been used extensively on non-clinical populations (51, 52). We used a Hebrew version of this inventory (on a 6-point questionnaire. Participants were recruited through social networking using a “snowball” procedure. Personal contacts (i.e., friends, family members, other researchers and students) were asked to volunteer and were also requested to send the study on to other female friends and family members. All participants who completed the online questionnaire were included in the current study. In total, 283 (out of 290 who started the questionnaire; 97.6%) women between the ages of 18-42 (mean=25.04; SD=3.53) completed an online self-report, including the experience in close relationship (ECR) questionnaire, the retrospective child feeding questionnaire (RCFQ), the Figure Rating Scale (FRS), the Drive for Thinness and Body Dissatisfaction subscales of the Eating Disorder Inventory-2s (EDI-2). Participants self-reported height and weight for calculating BMI.
scale), which has been used in research and performed well (53). The current study used two of the subscales: Drive for Thinness, which assesses excessive concern for dieting and preoccupation with weight gain, and Body Dissatisfaction, which assesses dissatisfaction with overall shape and size of particular body parts that are of the greatest concern to those with eating disorders. In the current study, the internal consistency of the subscales gave Cronbach’s alpha values of .93 (.88 in the original study) for Drive for Thinness and .90 for Body Dissatisfaction (.88 in the original study).

SELF-IDEAL DISPARITY OF BODY IMAGE

The Stunkard Figure Rating Scale (FRS, 54) contains an array of seven hand-drawn silhouettes of women that increase linearly in body fat. The first silhouette presents a slender woman with little body fat and the last one represents an obese woman. Participants are asked to identify (1) their self-perceived current body size, (2) their ideal body size, (3) the woman who is best looking, and (4) the healthiest one. The discrepancies between the current figure and ideal, healthy, and best looking figures are then calculated. In each case, a score of 0 indicated body satisfaction, a negative score indicated a desire to be larger, and a positive score indicated a desire to be thinner. The Hebrew version of the FRS (55) and has been widely used in research concerning body image.

ATTACHMENT

The Experiences in Close Relationships (ECR) scale assesses attachment. The ECR is the result of a combination of factor analysis performed on all self-report measures of attachment created in the 1990s (56). The questionnaire consists of two subscales, one for each of the insecure attachment styles: avoidant and anxious. One can either be low on both axes (secure attachment), high on the avoidant axis and low on the anxious axis (insecure attachment – avoidant-dismissive), high on the anxious axis and low on the avoidant axis (insecure attachment – anxious-preoccupied), or high on both axes (insecure attachment – avoidant-anxious). The authors’ advice using the ECR in its continuous form but also supply statistics helpful in building the four known attachment styles suggested by Ainsworth and Bowlby (57) and Bartholomew and Horowitz (58). The ECR was translated into Hebrew by Mikulincer and Florian (17), who also validated its two-factor structure on an Israeli sample, with high internal reliability (Cronbach’s alpha=.92 for anxious attachment in the original study and .93 in this study; and .93 for avoidant attachment in the original study and .89 in this study). To our knowledge, the ECR-S in Hebrew has not been studied in relation to eating disorders. The current study uses the subscale scores as well as the four category allocation.

RESULTS

Hypothesis 1: Insecure-anxious but not avoidant attachment style would positively predict body dissatisfaction.

Table 1 describes Pearson correlations between the study measures.

In order to predict body dissatisfaction from attachment styles and child feeding behaviors we regressed attachment styles and child feeding behaviors onto body dissatisfaction indices (see Tables 2 & 3).

The RCFQ sub-scales: concern, restriction, and monitoring were all positively and significantly correlated with BMI, Drive for Thinness, Body Dissatisfaction, and Self-Ideal Disparity. Pressure to eat was not corre-

<table>
<thead>
<tr>
<th>Table 1. Correlations between Retrospective Child Feeding Questionnaire, Attachment, BMI, Body Dissatisfaction and Self-Ideal Disparity</th>
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<tr>
<td><strong>Correlation Coefficients</strong></td>
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<tr>
<td><strong>BMI</strong></td>
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<tr>
<td>Concern</td>
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<td>Restriction</td>
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<td>Pressure to Eat</td>
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<tr>
<td>Monitoring</td>
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<tr>
<td>Avoidant attachment</td>
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<tr>
<td>Anxious attachment</td>
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Table 2. Means and Standard Deviations of the RCFQ, EDI-2 and ECR

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<tr>
<th><strong>Table 2. Means and Standard Deviations of the RCFQ, EDI-2 and ECR</strong></th>
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<tr>
<td><strong>RCFQ</strong></td>
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<td>Concern</td>
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<td>Restriction</td>
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<td>Pressure</td>
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<td>Monitoring</td>
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<td><strong>EDI-2</strong></td>
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<tr>
<td>Drive for Thinness</td>
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<td>Body Dissatisfaction</td>
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<tr>
<td><strong>ECR</strong></td>
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<td>Anxious</td>
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<td>Avoidant</td>
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N=406, *p<.05, **p<.01, ***p<.001

N=283, Concern = concern about child’s weight; Restriction = maternal restriction of food intake; Pressure = maternal pressure to eat; Monitoring = maternal monitoring of high fat food consumption; Anxious = anxious-ambivalent attachment style; Avoidant = avoidant attachment style.
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Avoidant attachment style was positively correlated only with Self-Ideal Disparity. Anxious attachment style was positively correlated with BMI, Body Dissatisfaction, Drive for Thinness, and Self-Ideal Disparity (see Table 1). Anxious but not Avoidant attachment styles positively predicted all body dissatisfaction indices. Addition of child feeding behaviors only slightly did not significantly change this effect. Concern about child’s weight positively predicted all body dissatisfaction indices, meaning that adult women who remember their mothers as more concerned with their weight as children grow up with a less satisfactory body image. Pressure to eat negatively predicted two of the three body dissatisfaction indices, meaning that adult women whose mothers pressured them to eat as children grow up with a better body image. Monitoring also positively predicted two of the three body dissatisfaction indices, meaning that adult women who recall their mothers as highly monitoring their high fat food consumption also grow up with a worse body image. In all cases, attachment and child feeding behavior accounted for 19-25% of the overall dissatisfaction with body image (see Table 2).

Hypothesis 2. Recollection of over-stringent maternal feeding practices would result in a more disturbed body image. The anxious and avoidant axes were divided into the four

categorical attachment styles (using Brennan et al’s [56] instructions). We then conducted four one-way ANOVAs comparing women with the different attachment styles for body dissatisfaction indices (Table 3 depicts these comparisons).

Significant differences were found between the attachment styles on Drive for Thinness, Body Dissatisfaction, and Self-Ideal Disparity. Anxious individuals were highest in Drive for Thinness and Body Dissatisfaction compared to women with all other attachment styles. Avoidant individuals were lowest in all body dissatisfaction indices. Interactions were studied for variables that had meaningful relationships in our previous analyses. We conducted two different two-way ANOVAs comparing Drive for Thinness with attachment styles (first with avoidant and then with anxious) and Concern for child’s weight. In order to do this, we first divided avoidance, anxious and concern into high and low, using all three medians, respectively.

When examining the interaction between avoidant attachment style and maternal concern for her daughter’s weight on Drive for Thinness, a significant effect for Concern emerged (F(1,278)=27.25, p<.001), but no

Table 3. Hierarchical Regression Analysis predicting body dissatisfaction indices by attachment styles and child feeding behaviors

<table>
<thead>
<tr>
<th>Predicting</th>
<th>Body Dissatisfaction (EDI)</th>
<th>Drive for Thinness (EDI)</th>
<th>Self-Ideal Disparity (FRS)</th>
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<tr>
<td>Step 1</td>
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<tr>
<td></td>
<td>R² / Adj. R²</td>
<td>F</td>
<td>F(3,279)=4.39**</td>
</tr>
<tr>
<td></td>
<td>.06 / .06</td>
<td>(2.27)=8.97***</td>
<td>F(3,279)=3.79*</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>(1.24)</td>
<td>F(3,279)=3.79*</td>
</tr>
<tr>
<td>Avoidant</td>
<td>.06</td>
<td>.01</td>
<td>.13*</td>
</tr>
<tr>
<td>Anxious</td>
<td>.23***</td>
<td>.24***</td>
<td>.15*</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R² / Adj. R²</td>
<td>F</td>
<td>F(7,269)=12.00***</td>
</tr>
<tr>
<td></td>
<td>.24/.22</td>
<td>(2.76)=13.98***</td>
<td>F(7,269)=13.98***</td>
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<td></td>
<td>.27/.25</td>
<td>(2.76)=13.98***</td>
<td>.27/.25</td>
</tr>
<tr>
<td>Avoidant</td>
<td>.02</td>
<td>.04</td>
<td>.08</td>
</tr>
<tr>
<td>Anxious</td>
<td>.19***</td>
<td>.10</td>
<td>.08</td>
</tr>
<tr>
<td>Concern</td>
<td>.25**</td>
<td>.31**</td>
<td>.39*</td>
</tr>
<tr>
<td>Restriction</td>
<td>.003</td>
<td>.02</td>
<td>.12</td>
</tr>
<tr>
<td>Pressure to eat</td>
<td>.08</td>
<td>.04</td>
<td>.08</td>
</tr>
<tr>
<td>Monitoring</td>
<td>.11</td>
<td>.14</td>
<td>.13</td>
</tr>
<tr>
<td>BMI</td>
<td>.18***</td>
<td>.15***</td>
<td>.21***</td>
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</tbody>
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N=283. *p<.05, **p<.01, ***p<.001

Table 4. Analysis of Variance comparing indices of body dissatisfaction between attachment styles

<table>
<thead>
<tr>
<th></th>
<th>Drive for Thinness Mean (SD)</th>
<th>Body Dissatisfaction Mean (SD)</th>
<th>Self-Ideal Disparity Mean (SD)</th>
<th>BMI Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>3.37 (1.20)</td>
<td>3.10 (1.34)</td>
<td>.80 (1.90)</td>
<td>22.64 (3.64)</td>
</tr>
<tr>
<td>Avoidant</td>
<td>3.12 (1.06)</td>
<td>3.02 (1.34)</td>
<td>.79 (1.13)</td>
<td>21.61 (3.79)</td>
</tr>
<tr>
<td>Anxious</td>
<td>3.80 (1.24)</td>
<td>3.60 (1.35)</td>
<td>1.06 (1.00)</td>
<td>23.11 (4.83)</td>
</tr>
<tr>
<td>Disorganized</td>
<td>3.67 (1.17)</td>
<td>3.58 (1.25)</td>
<td>1.24 (1.23)</td>
<td>23.37 (5.04)</td>
</tr>
<tr>
<td>F(1,278)</td>
<td>F(1,278)=4.39**</td>
<td>F(1,278)=3.79*</td>
<td>F(1,278)=2.98*</td>
<td>F(1,278)=2.02</td>
</tr>
</tbody>
</table>

N=283. *p<.05, **p<.01

Figure 1. Interaction between anxious attachment style and maternal concern for her daughter’s weight on Drive for Thinness
significant effects for avoidant attachment style or for the interaction were found.

However, when we examined the interaction between anxious attachment style and maternal concern for her daughter's weight on Drive for Thinness, we found significant effects for Concern ($F_{(1,278)}=38.48$, $p<.001$), for attachment style ($F_{(1,278)}=22.85$, $p<.001$), and for the interaction between the two ($F_{(1,278)}=5.08$, $p<.05$) (see Figure 1). As can be seen in Figure 1, women who were high in anxious attachment style had a higher Drive for Thinness compared with those low in anxious attachment. Women whose mothers were more concerned with their weight as children had a higher Drive for Thinness as adults. For women with low maternal concern, the difference between low anxious attachment style and high anxious attachment style was more profound on Drive for Thinness than those with high maternal concern. This means that attachment style is highly significant when mother's concern for her child's weight is low. But, when mother's concern for her child's weight is high, the child's attachment style is no longer such an important factor when assessing Drive for Thinness.

Post hoc tests were performed for each of the analyses. For Drive for Thinness, the difference between avoidant and anxious ($p<.01$) and the difference between avoidant and disorganized ($p<.05$) were found to be statistically meaningful. For Body Dissatisfaction and Self-Ideal Disparity, no post hoc tests were found to be statistically meaningful. For Body Dissatisfaction and Self-Ideal Disparity, we examined the association of anxious and avoidant attachment styles with adult women's retrospective maternal feeding practices in childhood as predictors of their current body dissatisfaction indices. Insecure-anxious but not insecure-avoidant attachment positively predicted body dissatisfaction indices. Significant differences were found between the attachment styles on Drive for Thinness, Body Dissatisfaction, and Self-Ideal Disparity. Anxious attachment style was positively correlated with all indices of body dissatisfaction, while avoidant attachment style was positively correlated only with Self-Ideal Disparity.

It is possible to speculate that girls who learn early in their development not to seek comfort from their mothers when stressed, and to distance themselves from their mothers, as evidenced by adult avoidant attachment, were less affected by their mothers’ Concern, Restriction, and Over-Involvement in feeding them and overseeing their body shape when girls. On the other hand, girls who were particularly needy of maternal reassurance and emotional support, as reflected in adult anxious attachment, were more permeable to their mother’s concerns, worries, and disapproval; wishing to please their mothers and not experience rejection drove them to share their mothers’ focus on bodyweight and eating. Thus the particular insecure attachment style mediated influence of the maternal feeding practices and were embodied in adult women’s body dissatisfaction and disordered eating.

The current findings are consistent with other research showing an adaptive role for avoidant attachment in individuals in threatening situations. These individuals are better equipped to suppress distress-related thoughts, and emphasize autonomy and self-efficacy (13, 59). Thus if a safe haven is not available, avoidantly attached individuals are less distressed than others; this might be the experience of girls growing up in an atmosphere in which eating and body shape are scrutinized and criticized. In addition, the tendency to ignore one’s own needs and serve others, i.e., Selflessness, has been shown to be a predisposing factor for ED (60). It is possible that individuals with Avoidant attachment are less likely to ignore their own needs and serve others and thus are less prone to develop and maintain ED. Future research using self-report Attachment measures and self-report Selflessness measures should assess this association.

In regard to the interactions between body dissatisfaction indices and retrospective child feeding behavior, the results show that individuals whose mothers were more concerned with their weight as children showed greater Self-Ideal Disparity, higher Drive for Thinness and more Body Dissatisfaction as adults, regardless of attachment style. These findings replicate previous work that proved there was nothing gained by maternal over-focusing on the child’s eating (47).

This finding is important in the field of health policy and highlights the significance of primary and secondary psycho-education interventions in family health centers aimed at promoting adaptive maternal feeding behaviors. Current research suggests that controlling parenting style was found to have positive correlation to emotional eating in adolescents (61). More research is needed to
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understand how possible confounding factors such as general parental psychological control is related to Body Dissatisfaction indices. Furthermore, current research suggests that child feeding practices recollected by parents are linked to the development of emotional eating and weight status of women in early adulthood (62) and that parents’ perceptions about their feeding practices can be different from their children’s perceptions (63). Longitudinal data are necessary to generate conclusions about the role of maternal child feeding practices vs child feeding practices and the direction of their associations to Body Dissatisfaction indices. In therapeutic settings, women with EDs and Avoidant attachment are prone to dropout (15). It is suggested by our findings that insight-centered therapy that works to explain current distress by early childhood experience might fail with women of Avoidant attachment because the experience of these women of their Body Dissatisfaction is not emotionally linked with their recalled maternal rejection or worry.

The results reported here should be evaluated keeping in mind the limitations of this study. All data were retrospective and self-reported, including height and weight, for the calculation of BMI. The participants were a convenience sample, and thus may not be representative of the general population. Mothers’ behavior when feeding their girls was retrospectively reported by adult women, and not in real time. Thus what is reported and analyzed in the current study is the perception of adult women of their childhood, their emotional security and the view they currently take of their body. These results would be shored up by replication, and would be even better validated if repeated by a prospective longitudinal study. Further research is needed in order to study the relationship between body dissatisfaction, eating disorders, attachments styles and depressive symptomatology. In addition, disordered eating may be related to other co-occurring conditions such as anxiety disorders, stress responses, and borderline personality disorder.

The study of attachment and EDs is not new, but not enough is known about sub-types of insecure attachment and EDs. In their review of the research on attachment and EDs Tasca and Balfour (28) found that women with EDs were more likely to have insecure attachment, although the subtype of insecure attachment could not be consistently identified with a particular ED. This conclusion is seconded in the extensive meta-analysis published by Caglar-Nazali et al. (64). Tasca and Balfour (28) did conclude, however, that insecure anxious women tended to have more severe forms of EDs, and that insecure avoidant women were more likely to drop out of ED therapy. A large-scale empirical study (65) supported a pathway that led from insecure anxious attachment via maladaptive perfectionism to EDs. The mediation of maladaptive perfectionism between avoidant insecure attachment and EDs was weaker. It appears then that not enough is known about the relationship between subtypes of insecure adult attachment and EDs, although there is overwhelming evidence that the great majority of adult women with EDs are insecurely attached (65).

CONCLUSIONS

Insecure-anxious but not insecure-avoidantly attached women carry the burden of their mother’s over focusing on their body shape, weight, and eating when they were girls. Avoidant attachment thus exercises a protective role. Replication of the study findings in longitudinal studies is necessary due to the correlational nature of the current study.

Acknowledgements

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