



Do changes in affect moderate the association between attachment anxiety and body dissatisfaction in children? An experimental study by means of the Trier Social Stress Test[☆]



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ABSTRACT

Objective: Previous studies have already found a positive association between attachment and disordered eating attitudes and behaviors in children and adolescents. However, to our knowledge, no experimental studies have examined whether changes in negative and/or positive affect moderate the association between attachment anxiety and body dissatisfaction in children.

Method: A controlled laboratory setting was used to investigate whether changes in state negative and/or positive affect moderate the association between attachment anxiety and body satisfaction in a sample of 81 children ($M_{age} = 11.74$). The changes in state affect were caused by the exposure to a performance-related stressor using the Trier Social Stress Test for Children.

Results: Children with high levels of attachment anxiety reported a decrease in body satisfaction, but only if the TSST-C led to a decrease in their positive affect.

Discussion: Early detection and intervention programs may benefit from addressing insecure attachment and maladaptive emotion regulation in children.

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1. Introduction

In Western society, awareness has grown regarding the prevalence of body dissatisfaction in children (Ricciardelli & McCabe, 2001). For example, researchers found that 35% of 9-year-old girls selected ideal body figures that were smaller than their own body figure (DeLeel, Hughes, Miller, Hipwell, & Theodore, 2009). Recently, researchers examined a sample of 9- to 14-year-olds and found that 50.5% of the girls and 35.9% of the boys were dissatisfied with their body (Dion et al., 2016). Prospective studies have demonstrated that body dissatisfaction in children can have several detrimental consequences such as low self-esteem, depression, eating disorder pathology, and obesity (Herpertz-Dahlmann et al., 2015; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Slane, Klump, McGue, & Iacono, 2014). Therefore, investigating factors that contribute to the development of body dissatisfaction in these young children is necessary as it may help us to identify components which are important to include and target in early

detection and intervention programs (Patton, Beaujean, & Benedict, 2014).

According to the Interpersonal Vulnerability Model (Wilfley, Pike, & Striegel-Moore, 1997), difficulties in interpersonal functioning, and more specifically insecure attachment, increase a child's vulnerability to develop disordered eating attitudes and behaviors, such as body dissatisfaction. In past research, numerous studies have found evidence for a positive association between insecure attachment and disordered eating attitudes and behaviors in adults (for an overview see: Tasca & Balfour, 2014).

However, to date, only a limited number of studies have examined the associations between attachment and disordered eating attitudes and behaviors like body dissatisfaction in children and adolescents (see Jewell et al., 2016 for a review). Jewell et al. (2016), for example, underscores the robust cross-sectional association between insecure attachment and disordered eating attitudes and behaviors (like body dissatisfaction) in children and adolescents. However, it remains unclear how insecure attachment may increase youngsters' vulnerability for disordered eating attitudes and behaviors. Recently, in a study by Van Durme, Braet, and Goossens (2015), it was found that the association between insecure attachment and body dissatisfaction in 10 to 15-years-olds was mediated by the use of maladaptive emotion regulation strategies. This finding seems to indicate that difficulties in regulating

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affective states may help to explain the association between insecure attachment and body image concerns in youth. Unfortunately, the cross-sectional nature of this study precludes causal conclusions, so other study designs are needed to more directly demonstrate why insecurely attached children are more vulnerable to develop body dissatisfaction, and whether this can be explained by changes in their affective states.

Previous studies have already shown a positive association between insecure attachment and negative affect/depressive symptoms in children and adolescents (Dujardin et al., 2016; Wilkinson, 2004). Moreover, a recent study in undergraduates found that elevated levels of attachment anxiety were not only associated with higher levels of state negative affect, but also with less state positive affect (Schiffrrin, 2014). Additionally, increased negative affect has been found to be a robust predictor of body dissatisfaction in adolescents (Presnell, Bearman, & Stice, 2004), whereas decreased positive affect has been related to poorer social, physical, and psychological outcomes in undergraduate students cross-sectionally (Schiffrrin, 2014). Since previous studies examining the role of affect in eating disorder symptoms usually focus on how changes in negative affect are associated with eating pathology (including body dissatisfaction), more research is needed to evaluate whether eating pathology may also be explained by changes in positive affect (Haedt-Matt & Keel, 2011). To our knowledge, no experimental studies to date have examined whether changes in negative and/or positive affect moderate the association between insecure attachment and body dissatisfaction in children.

Although two dimensions of insecure attachment can be distinguished from a dimensional view on attachment (Mikulincer & Shaver, 2007a, 2007b), most evidence from studies in the eating disorder domain point to a more pronounced role of the attachment anxiety dimension compared to the attachment avoidance dimension (Cash, Theriault, & Annis, 2004; Tereno, Soares, Martins, Celani, & Sarnpaio, 2008). Where the dimension of attachment anxiety refers to a strong need for closeness, concerns about the unavailability of others and fear of being rejected, the dimension of attachment avoidance refers to striving to independence and emotional distancing from others (Brennan, Clark, & Shaver, 1998). Also, in the study of Van Durme et al. (2015), results suggest a more prominent role for attachment anxiety than for attachment avoidance in the emotion regulation pathway to eating, weight, and shape concerns. This finding is in line with the study of Tasca et al. (2009) in which only maladaptive emotion regulation appeared to mediate the association between attachment anxiety, but not attachment avoidance, and eating pathology.

The stronger effects of attachment anxiety that were found in previous literature may be explained by the specific maladaptive emotion regulation strategies that seem to be related with attachment anxiety. Where according to the emotion regulation model of attachment, attachment avoidance is assumed to be related to the use of deactivating emotion regulation strategies like emotional suppression, attachment anxiety is assumed to be related to the use of hyperactivating emotion regulation strategies (Brenning, Soenens, Braet, & Bosmans, 2011b; Shaver & Mikulincer, 2002). Due to this association between attachment anxiety and a higher tendency to be reactive to stressors, it can be assumed that children with higher levels of attachment anxiety will experience larger emotional changes when facing stress, making them more vulnerable for negative outcomes such as body dissatisfaction. In other words, when the attachment system gets activated under stressful circumstances in children high in attachment anxiety, their fear of being rejected may lead them to try everything to be accepted and loved by others.

The aim of the present study was to use a controlled laboratory setting to investigate whether changes in state negative and/or positive affect, caused by the exposure to a performance-related stressor using the Trier Social Stress Test for Children (TSST-C; Kirschbaum, Pirke, & Hellhammer, 1993), moderate the association between attachment anxiety and body dissatisfaction in 9- to 14-year-old children. It was hypothesized more specifically that increases in negative affect and/or

decreases in positive affect after exposure to stress will cause decreases in body satisfaction in children with higher levels of attachment anxiety.

2. Method

2.1. Participants

In total, 82 children were recruited ($M_{\text{age}} = 11.74$, $SD = 1.54$) from primary and secondary schools. The sample was equally distributed regarding gender. However, one female participant was excluded from analyses due to an outlier for body satisfaction ($\text{mean} \pm 3 \text{ SD}$). Of the remaining 81 participants ($M_{\text{age}} = 11.78$, $SD = 1.52$), i.e. 41 boys ($M_{\text{age}} = 11.83$, $SD = 1.61$) and 40 girls ($M_{\text{age}} = 11.73$, $SD = 1.43$), 81.4% came from intact two-parent families, 14.9% had divorced parents and 3.7% came from a family in which one of the parents had died. The majority of the sample belonged to the upper middle (29.3%) or middle class (52.4%) socioeconomic status based on the parents' educational level and current occupation (Hollingshead, 1975). Only 1.2% was situated in the highest class and 6.1% in the lowest class.

2.2. Procedure

The current study was part of a larger project on inter- and intrapersonal factors affecting children's behaviour entitled "Environmental influences on the behaviour of boys and girls". The protocol of this project was approved by the ethical committee of our institution. Children between 9 and 14 years old were recruited through the use of flyers, which were distributed in several primary (4th to 6th grade) and secondary schools (1st and 2nd grade) as well as in youth organizations in [country deleted for peer review]. For participation, access to internet at home was required. Children (or parents) who were interested in participating in the current study could write their personal data (i.e., name, telephone number) on the flyer and return it to the participating school or youth organization. All leaflets were collected by a research assistant at the end of the recruitment-phase. In a second step, parents were personally contacted telephonically by a research assistant in order to provide them with information about the further procedure of the study. If they still agreed to participate, they received a secured internet link and a personal code with which the child could log on to complete an online questionnaire tool consisting of an online questionnaire battery and a 7-day daily diary. Since the diary data was collected for other study's aims within the project, this data was not included in the present study. On day 8, the day after completing the diary, the participants were invited to complete the second part of the study by taking part in our lab study, which took place at our university. The second part consisted of a pre-test, the administration of the Trier Social Stress Test for Children (Kirschbaum et al., 1993), and a post-test (see further for description of the lab study). Prior to the study, written consent from the parents and assent from the children were obtained. In the following a description is provided of the instruments that are relevant for current study's purpose.

3. Instruments

3.1. Adjusted body mass index (adjusted BMI)

The height and weight of the child (objectively measured by a research assistant in the lab) allowed us to calculate the adjusted BMI by dividing the general BMI (kg/m^2) by the 50th percentile of BMI for age and gender, and then multiplying this number by 100. The 50th percentile is based upon Dutch norms from Fredriks, van Buuren, Wit, and Verloove-Vanhorick (2000). Based on the adjusted BMI score, weight status can be determined. An adjusted BMI between 85 and 120 indicates a normal weight, whereas a score below 85 indicates underweight and above 120 overweight (Van Mil & Van Winckel, 2001).

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