



# Individual differences in attachment and eating pathology: The mediating role of mindfulness



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## ABSTRACT

Attachment insecurity is related to many forms of psychopathology, including eating pathology. However, remarkably little is known as to the more specific underlying cognitive and emotional processes that may explain why attachment insecurity places individuals at greater risk of eating pathology. In the present research, we examined whether mindfulness is one mechanism underlying the relationship between attachment insecurity and greater eating pathology in a sample of undergraduate females (Study 1) and a sample of women seeking treatment for eating pathology (Study 2). In both studies, there were indirect associations of both attachment anxiety and avoidance with increased eating pathology via lower mindfulness. The findings suggest that attachment insecurity is related to greater eating pathology due to a reduced capacity for mindfulness.

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## 1. Introduction

Attachment insecurity is well established as a correlate of many forms of psychopathology, including eating disorders (Mikulincer & Shaver, 2012). However, remarkably little attention has been paid to the specific underlying cognitive and emotional processes that may explain why attachment insecurity places individuals at greater risk of eating pathology. Here we examined whether there were indirect effects between attachment insecurity and eating pathology via mindfulness in a sample of female undergraduates (Study 1) and women seeking treatment for eating pathology (Study 2).

### 1.1. Eating pathology

Eating disorders refer to a range of behaviors that include insufficient or excessive food consumption to the detriment of physical health (Kotler, Boudreau, & Devlin, 2003). Common symptoms of anorexia nervosa and bulimia nervosa include eating restriction and refusal to maintain body weight above a normal level, or excessive binging and/or use of compensatory strategies after eating (e.g., purging, use of laxatives, excessive exercise). In addition

to these two eating disorders, many individuals, especially women, who do not necessarily meet criteria for an eating disorder experience elevated levels of eating pathology symptoms, such as excessive concerns about weight and uncontrolled binging (Fairburn & Bohn, 2005), which have significant negative implications for women's personal well-being.

A complex array of factors has been shown to predispose individuals to develop eating pathology. These factors range from perfectionism and other cognitive biases (e.g., Bardone-Cone et al., 2007) to social influences, such as the media, peers and the family (Stice, 2002). However, family has often been a primary focus of research because of its importance as an early foundation for the development of childhood social and emotional developmental processes. In many of these studies (e.g., Cole-Detke & Kobak, 1996; Illing, Tasca, Balfour, & Bissada, 2010; Tasca et al., 2009; Troisi, Massaroni, & Cuzzolaro, 2005), attachment theory has been drawn upon to guide the identification of the specific social and emotional processes that may account for psychological maladaptation in later childhood, adolescence and adulthood (Mikulincer & Shaver, 2012).

### 1.2. Attachment theory

Bowlby (1969) proposed that humans have a biologically evolved attachment behavioral system that motivates infants to seek proximity to stronger and wiser caregivers for safety and

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security. When caregivers are consistently available and responsive, an infant is likely to derive a sense of safety and security in the presence of the caregiver, and develop a secure attachment style. When infants experience inconsistent or rejecting responses to their distress, it is likely they will develop strategies to manage emotions and soothe themselves that are ineffective or do not rely on the caregiver, referred to as insecure attachment. Attachment in adulthood is conceptualized along two dimensions: anxiety and avoidance (Fraley, Waller, & Brennan, 2000; Mikulincer & Shaver, 2007). Adult attachment anxiety is characterized by a heightened fear of abandonment and rejection, and hyperactivation of the attachment system. Adult attachment avoidance is characterized by discomfort with intimacy, low reliance on others, a tendency to deny needs for intimacy or closeness, and deactivation of the attachment system (Mikulincer & Shaver, 2007).

### 1.3. Eating disorders and attachment

Much evidence indicates that high attachment anxiety and avoidance are associated with mental health disorders and social problems (Mikulincer & Shaver, 2007), including depression and anxiety disorders (Mikulincer & Shaver, 2012), and eating disorders (Cole-Detke & Kobak, 1996; Illing et al., 2010; Tasca et al., 2009; Troisi et al., 2005). When the focus is on eating pathology and disorders, theorists have argued that they partly result from difficult interactions with caregivers, and that both anxious and avoidant attachment are risk factors for eating pathology. With regards to attachment anxiety, eating pathology has been described as an attempt to gain comfort from and proximity to attachment figures, and to avoid abandonment and rejection, consistent with a hyperactivating strategy. With regards to attachment avoidance, researchers have argued that eating pathology may be one way to defensively direct attention away from attachment-related concerns, consistent with a deactivating attachment strategy (Cole-Detke & Kobak, 1996).

Several studies have shown that attachment insecurity is associated with greater eating pathology (e.g., Cole-Detke & Kobak, 1996; Illing et al., 2010; Tasca et al., 2009; Troisi et al., 2005). Troisi et al. (2005) found that women with an eating disorder were more insecurely attached compared to a control group of women without an eating disorder. Illing et al. (2010) found that females with an eating disorder were higher on attachment insecurity compared to non-eating disordered controls. Importantly, attachment insecurity explains almost 16% of the variance in eating disorder symptoms, over and above that accounted for by the diagnosis of an eating disorder.

### 1.4. Mediators linking attachment insecurity to eating pathology

Despite the well replicated association between attachment insecurity and eating pathology, to date, only one study has examined mechanisms that might explain this association. Tasca et al. (2009) found that attachment anxiety was associated with poorer affect regulation, and these difficulties in turn predicted greater eating pathology. Attachment avoidance had a unique association with eating pathology, but this association was not mediated by affect regulation. Thus, the mediators of the association between attachment avoidance and eating pathology remain unknown. Although Tasca et al. (2009) supported the mediational role of affect regulation difficulties in the relationship between attachment anxiety and eating pathology, explanations for why insecure attachment is associated with eating pathology have been complex (Cole-Detke & Kobak, 1996; Illing et al., 2010), making it unlikely that a single mediator will be sufficient to explain it. Moreover, identifying other mechanisms explaining the association between

attachment insecurity and eating pathology could have important implications for clinical practice, as it would allow for interventions to specifically target the cognitive and emotional maintaining factors shown to mediate the attachment–eating pathology association. In the present research, we examined mindfulness as a possible mechanism.

### 1.5. Mindfulness

Mindfulness refers to “paying attention in a particular way: on purpose, in the present moment, non-judgementally” (Kabat-Zinn, 1994, p. 4). Mindfulness involves perceiving thoughts, emotions and experiences as opposed to judging experiences as good or bad, and has a quality of present moment awareness rather than avoiding or distracting the self from the present situation (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). There are individual differences in dispositional mindfulness (Brown & Ryan, 2003). Dispositional mindfulness has consistently been shown to be a positive personal resource, and is associated with a wide range of positive psychosocial outcomes, including less psychopathology (Brown & Ryan, 2003).

Mindfulness is thought to increase awareness of interoceptive cues such as hunger and satiety, which individuals with bulimia and binge eating symptoms tend to be disengaged from. Further, awareness and acceptance of the present moment may also undermine body image disturbances through the ability to experience the present moment, including the self and body non-judgementally. Mindfulness may also enhance tolerance of situations that trigger ‘mindless’ eating (Kristeller, 2003). Consistent with these propositions, there is an established association between low mindfulness and elevated eating pathology (Baer, Fischer, & Huss, 2005; Butryn et al., 2013).

With regards to how attachment and mindfulness may be related, individuals with a secure attachment style may have greater capacity to focus non-anxious attention to the present moment, without worrying about abandonment (as in attachment anxiety), or suppressing, avoiding, or defending against threatening experiences (as in attachment avoidance; Ryan, Brown, & Creswell, 2007; Shaver, Lavy, Saron, & Mikulincer, 2007). Individuals high in attachment anxiety or avoidance may therefore have less capacity for mindfulness because they are preoccupied with the cognitive and emotional processes associated with insecure attachment (Ryan et al., 2007; Shaver et al., 2007); processes that are antithetical to mindfulness (Brown & Ryan, 2003). Indeed, evidence indicates that attachment anxiety and avoidance are both associated with lower mindfulness (Pepping, O’Donovan, & Davis, 2014). In summary, attachment insecurity is associated with low mindfulness and greater eating pathology. Low mindfulness is also associated with greater eating pathology. The present research examined indirect effects between attachment insecurity and eating pathology via low mindfulness.

### 1.6. The present studies

Adult attachment insecurity is a risk factor for many forms of psychopathology, including eating pathology. However, the mechanisms underlying this association have remained largely unexplored. In the present studies we examined whether there were indirect effects of attachment insecurity (anxiety and avoidance) on eating pathology via low mindfulness in a sample of female undergraduates (Study 1) and women seeking treatment for pathological eating (Study 2). In both studies, it was hypothesized that there would be indirect effects between attachment insecurity (anxiety and avoidance) and greater eating pathology via low mindfulness.

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