

# Parental bonds and body dissatisfaction in a clinical sample: The mediating roles of attachment anxiety and media internalization

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## ABSTRACT

We evaluated an attachment theory model in which mother and father care were hypothesized to be indirectly related to body dissatisfaction mediated by attachment anxiety and media internalization. Participants were 232 women diagnosed with an eating disorder who completed a retrospective measure of parental bonds, and measures of attachment anxiety, media internalization, and body image. Mother care was negatively associated with body dissatisfaction, suggesting that recollection of mothers as less caring was directly related to poorer body image. Lower father care, was indirectly associated with greater body dissatisfaction mediated by higher attachment anxiety and higher media internalization. That is, women with an eating disorder who recollected fathers as less caring had higher attachment anxiety, which was related to greater internalizing of media-related thin ideals, that in turn was associated with poorer body image. Mothers and fathers may impact body dissatisfaction by differing mechanisms in clinical samples.

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## Introduction

The existing research does not address the differing paths by which experiences of early mother care and early father care may influence subsequent eating disorder symptoms and body image (see Tetley, Moghaddam, Dawson, & Rennoldson, 2014 for a review). Further, the routes by which mother and father care may reduce or enhance vulnerability for poor body image may not be the same. The main goal of this study is to move beyond basic associations between these variables, and to investigate the roles of emotional bonds with parents and attachment insecurity as precursors to the effects of media internalization on body image in a clinical sample.

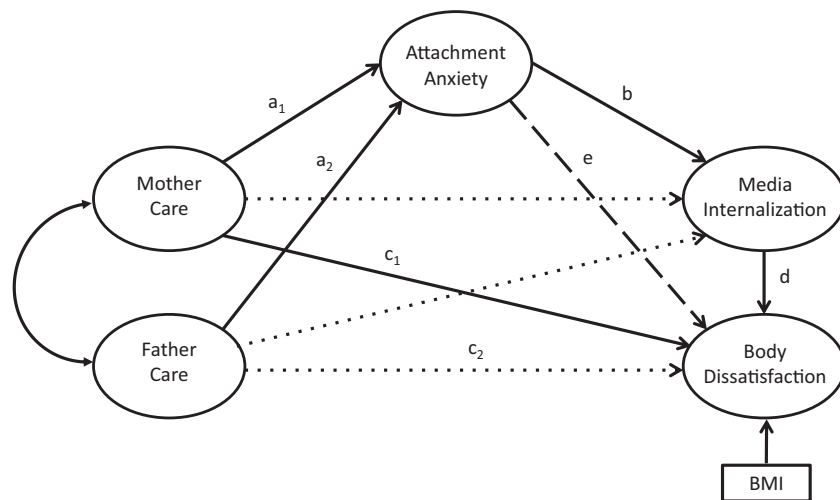
One way to conceptualize the association among variables that may impact body dissatisfaction is within an attachment theory framework (Tasca & Balfour, 2014a, 2014b). In attachment theory, an early mismatch between parental abilities/emotional availability and their children's needs (Bowlby, 1969) may lead to attachment insecurity in the child. Attachment insecurity in turn

may confer vulnerability to the biological or environmental factors that impinge on the individual, which in turn may lead to eating disorder symptoms and/or body image problems (Tasca & Balfour, 2014a). For example, high need for approval and a negative view of self, which are characteristics of attachment anxiety (Mikulincer & Shaver, 2007), may result in some women to depend on external affirmations for self-esteem and self-evaluations of their attractiveness (Greenwood & Pietromonaco, 2004). Such experiences may facilitate the internalization of unattainable media images of women's beauty and body shape. In a recent study of undergraduate women, the association between socio-cultural influences and body dissatisfaction was significantly moderated by attachment anxiety (Hardit & Hannum, 2012). That is, the impact of socio-cultural influences on body dissatisfaction was strongest among those with higher attachment anxiety.

With regard to the attachment-based model that we tested in this study (Fig. 1), high quality parental bonds are proposed to lead to attachment security characterized by a positive sense of self and others. In turn, attachment security may serve to help women to counter the negative influence of the media by not internalizing the images (Cheng & Mallinckrodt, 2009). For example, those who reported better emotional bonds with their mother were less likely to internalize sociocultural body ideals

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**Fig. 1.** The hypothesized mediation model. Based on Cheng and Mallinckrodt's (2009) study of a nonclinical sample: solid lines indicate hypothesized significant paths, dotted lines indicate nonsignificant paths. Path e (hatched line) was hypothesized as significant for the current clinical sample. The body dissatisfaction latent factor is estimated controlling for body mass index (BMI).

and reported more satisfaction with their bodies (Slaton, 2000). Individuals with an eating disorder describe their fathers as cold and distant, which was associated with greater body dissatisfaction (Pace, Cacioppo, & Schimmenti, 2012). Further, researchers found that daughters receive more appearance related messages from their fathers than their mothers (Schwartz, Phares, Tantleff-Dunn, & Thompson, 1999). These studies suggest that the effect of the relationship with fathers may operate differently and specifically through media internalization. For this reason we investigated the impact of parent–child relationships separately for mothers and fathers.

One way to assess the parent–child relationship retrospectively is by the concept of parental bonds. Parental bonding refers to an individual's retrospective account of their parents' contribution to the parent–child relationship in terms of mother and father care, and mother and father overprotection. Parental bonds is similar to the concept of parents' emotional availability. In a systematic review of 24 studies examining parental bonding in individuals with eating disorders, Tetley et al. (2014) found that women with an eating disorder and those with a psychiatric disorder reported similar levels of mother and father care, and both of these clinical groups reported lower mother and father care compared to nonclinical controls. Tetley et al. (2014) concluded that low parental care may be a general risk factor for developing psychological difficulties.

In one of the few studies to investigate the roles of emotional bonds with parents and attachment insecurity as precursors to the effects of media internalization on body image, Cheng and Mallinckrodt (2009) tested a mediation model in a non-clinical sample. They found that low mother care was both directly and indirectly related to greater body dissatisfaction, but that low father care was only indirectly related to greater body dissatisfaction mediated by higher attachment anxiety and higher media internalization. Cheng and Mallinckrodt's (2009) model of the effects of mother and father care is potentially important to understand the mechanisms by which developmental factors (i.e., parental bonds and attachment insecurity) are associated with resilience or vulnerability to media internalization and body dissatisfaction. That is, the impact of mother and father care on attachment anxiety may differentially affect the media internalization–body image relationship.

Despite the potential importance of Cheng and Mallinckrodt's (2009) model, it was tested in a nonclinical sample of undergraduate women, and so generalizability of the model to a clinical population is unknown. Notably, some structural models originally

tested in nonclinical samples have not replicated exactly in eating disorder clinical samples (e.g., Van Strien, Engels, Leeuwe, & Snoek, 2005). A replication is necessary because one would expect the level of body dissatisfaction to be higher in a clinical sample. Further, the incidence of childhood adversity is known to be higher in those with eating disorders (Tasca et al., 2013), which likely impacts the experience of parental bonding and attachment anxiety. These differing levels may alter the structural relationships among the factors thus potentially changing the nature of the model proposed by Cheng and Mallinckrodt (2009).

Body dissatisfaction is characterized by the negative subjective evaluation of one's physical body such as one's figure, weight, and specific body parts like one's stomach and hips (Stice & Shaw, 2002), and it is a risk factor for developing an eating disorder (Polivy & Herman, 2002; Stice & Shaw, 2002). There is a well documented association between body dissatisfaction and internalization of media images of unhealthy ideal of thinness (Hamilton, Mintz, & Kashubeck-West, 2007; Stice, Mazotti, Krebs, & Martin, 1998). Further, there is accumulating evidence showing a positive association between need for approval, an aspect of attachment anxiety, and body dissatisfaction (see Tasca & Balfour, 2014b for review).

Based on an attachment theory framework for eating disorders (Tasca & Balfour, 2014a, 2014b) and Cheng and Mallinckrodt's (2009) mediation study, we tested the model outlined in Fig. 1 in a clinical sample of women seeking treatment for an eating disorder. We made five hypotheses. First we hypothesized that lower mother care and father care will be directly related to higher attachment anxiety (Hypothesis 1; Fig. 1, paths  $a_1$  and  $a_2$ ). The second hypothesis was that higher attachment anxiety will be related to greater media internalization (Hypothesis 2; Fig. 1, path b). These first two hypotheses will test two aspects of the attachment theory model that suggests that parental care is associated with level of attachment anxiety, and that accompanying need for approval of external sources is a vulnerability to internalizing media images (Tasca & Balfour, 2014a). The third hypothesis was that lower mother care will be directly related to greater body dissatisfaction, but that father care will not be directly related to body dissatisfaction (Hypothesis 3; Fig. 1, paths  $c_1$  and  $c_2$ ). This is based on the findings by Cheng and Mallinckrodt (2009), and such findings may highlight the differential effects and paths by which mother and father care operates. Our fourth hypothesis was that both higher media internalization (Fig. 1, path d) and higher attachment anxiety (Hypothesis 4; Fig. 1, path e) will be directly associated with

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