



# Are attachment styles differentially related to interpersonal perfectionism and binge eating symptoms?

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## ABSTRACT

In the current study we aimed to examine the association between attachment styles towards father and mother, perfectionistic self-promotion (PSP), socially prescribed perfectionism (SPP), and binge eating symptoms in a sample of 328 late adolescents (mean age 17.1 years). It was examined whether anxiously and avoidantly attached adolescents would differentially cope with their insecure feelings. It was hypothesized that anxiously attached adolescents would, through hyperactivating strategies, be hypersensitive to the expectations of others. Avoidantly attached adolescents were hypothesized to present a perfect image of the self, because of their deactivating emotion regulation. Furthermore, the mediating role of perfectionism in the relation between attachment representations and binge eating symptoms was examined. Results showed that anxious attachment was significantly positively associated with PSP, SPP, and binge eating. Avoidant attachment towards mother was only positively associated with SPP, whereas avoidant attachment towards father was positively associated with PSP and binge eating. PSP fully mediated the relation between avoidant attachment towards father and binge eating. Interestingly, the current findings showed the importance of examining attachment representations towards both parents.

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## 1. Introduction

Bowlby's attachment theory (Bowlby, 1982/1969) is one of the most prominent and useful frameworks to conceptualize the relationship between parents and children and to understand the process of affect regulation (Mikulincer, Shaver, & Pereg, 2003). Attachment theory states that, on the basis of early interactions with attachment figures, children develop secure or insecure attachment representations. According to the model of Mikulincer and Shaver (2007), attachment styles are conceptualized as regions in a two-dimensional space. These dimensions are referred to as attachment anxiety and attachment avoidance. Individuals scoring high on one of these dimensions are said to be insecurely attached. Individuals scoring low on both attachment anxiety and avoidance are called securely attached individuals. Individuals scoring high on anxious attachment are preoccupied with fear of interpersonal rejection or abandonment and use more hyperactivating strategies, whereas individuals scoring high on avoidance attachment are more preoccupied with fear of interpersonal closeness or independence and make more use of deactivating strategies to regulate stress and emotions

(Mikulincer et al., 2003). Hyperactivating strategies are characterized by constant vigilance, concern, and effort to reestablish proximity, involvement and care from the attachment figure. These strategies typically involve clinging and dependent behavior, and feelings of helplessness and incompetence in regulating one's affect. Deactivating strategies are characterized by the attempt to regulate distress alone, in which closeness, intimacy and dependence on others is totally denied. By striving for self-reliance and independence, avoidantly attached individuals tried to avoid frustration and distress when the attachment figure was not available. Although both hyperactivating and deactivating strategies may have a function in coping with emotional stress, they are maladaptive secondary emotion regulation strategies (Mikulincer et al., 2003) and have been found to be associated with psychopathology (e.g., Brenning, Soenens, Braet, & Bosmans, 2012).

Attachment insecurity has been linked to both perfectionism (Rice & Mirzadeh, 2000) and eating disorder (ED) pathology (Ward, Ramsay, & Treasure, 2000). Research has shown that adolescents who are avoidantly and anxiously attached were more self-critical and had higher levels of evaluative concerns perfectionism (Thompson & Zuroff, 1999; Wei, Heppner, Russell, & Young, 2006). With regard to ED symptoms, several studies found that insecure attachment was more prevalent in ED populations than in non-clinical samples (Zachrisson & Skarderud, 2010). ColeDetke and Kobak (1996) found that women with deactivating strategies were more prone to report elevated levels of ED symptoms. In a recent study among adolescents, it was found that insecure attachment was pos-

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itively associated with binge symptoms in female adolescents (Pace, Cacioppo, & Schimmenti, 2012).

Binge eating symptoms (uncontrollable eating of a large amount of food in a short period of time) are highly prevalent in adolescent boys and girls (Abebe, Lien, Torgersen, & von Soest, 2012). Binge eating is found to occur in response to excessive dieting (Fairburn, Cooper, & Shafran, 2003) or to act as a compensatory mechanism to cope with or to escape from negative feelings (Spoor, Bekker, Van Strien, & van Heck, 2007). Consistent with the latter theory, binge eating serves the function of maladaptive emotion regulation, such as avoidant coping. Indeed, it has been found that eating disordered patients typically have poor emotion recognition and regulation capacities (Harrison, Sullivan, Tchanturia, & Treasure, 2009).

An extensive body of research has shown that avoidant attachment is strongly related with a self-critical personality style and depression (Blatt, 2004). Self-critical individuals are preoccupied with themes such as self-definition and self-worth, and tend to focus solely on achievement and control, at the expense of interpersonal relationships (Blatt, 2004). However, less research investigated the role of more interpersonal aspects of perfectionism, such as perfectionistic self-promotion and socially prescribed perfectionism.

On the basis of Mikulincer and Shaver's model of emotion regulation (Shaver & Mikulincer, 2002), it could be hypothesized that avoidantly and anxiously attached individuals will differentially cope with distress. It could be expected that anxiously attached individuals' hyperactivating strategies will drive them to try to attain to the perceived standards from others (socially prescribed perfectionism) in order to gain or maintain others' love and approval. Avoidant people's deactivating strategies are hypothesized to incline them towards the setting of high standards for themselves (perfectionistic self-promotion) in order to appear perfect and independent, and to defensively maintain a sense of superiority. Indeed, perfectionistic self-presentation has been described as a defensive coping strategy that is used to deal with a threatened view of the self, and ineffectively tries to build up or maintain a positive view of the self (Hewitt et al., 2003).

### 1.1. The present study

In this study, our aims were two-fold. First, in a non-clinical sample of adolescent males and females we aimed to examine whether attachment styles (avoidant, anxious, and secure attachment) were differentially related to perfectionistic self-promotion (PSP), socially prescribed perfectionism (SPP), and binge eating symptoms. On the basis of Mikulincer and Shaver's model of emotion regulation, we expected that anxious attachment will be uniquely associated with SPP, whereas avoidant attachment will be uniquely associated with PSP. Secure attachment is expected to be negatively associated with both perfectionism components. Insecure attachment is hypothesized to be positively related to binge eating, whereas the inverse relation for secure attachment was expected (Ward et al., 2000). Second, a mediating model was tested in which it was examined whether SPP and PSP can explain why respectively anxious and avoidant attachment are related to binge eating symptoms. Moreover, since the majority of research on attachment only focusses on attachment towards the mother and previous research showed that also fathers play an important role in attachment and binge eating (Pace et al., 2012), attachment styles were assessed with regard to both parents.

## 2. Method

### 2.1. Participants and procedure

A total of 328 late-adolescent females (57%) and males (43%), with a mean age of 17.1 years ( $SD = 1.13$ , range = 14–20) from

two high schools in Belgium participated in the study. Males and females did not differ in age ( $t(325) = -1.68$ ,  $p > .05$ ), but males tended to have a higher adjusted BMI compared to females ( $t(313) = -5.43$ ,  $p < .001$ ). All participants were Caucasian, following the academic track, and came from middle-class backgrounds. Of the participants, 78% came from intact, two parent families, 20% had divorced parents, 2% came from a family in which one of the parents had died. We obtained passive informed consents from parents and active written assent from the adolescents. Adolescents got the opportunity to withhold participation at any moment during the assessment. The response rate to participate in the study was 82%.

### 2.2. Instruments

#### 2.2.1. Attachment

Insecure attachment styles were measured using the Experiences in Close Relationships Scale (ECR-R; Fraley, Waller, & Brennan, 2000). The ECR-R consists of 36-items (rated on a 7-point Likert scale) and measures attachment anxiety and avoidance. The ECR-R is a generic measure of relationships, allowing one to use its items to ask for different types of relationships. In this study, attachment representations towards mother and father were asked separately, and measures were not counterbalanced. The ECR-R has been found to show good psychometric properties (Fraley et al., 2000). Secure attachment towards mother and father was measured using the subscale trust of the People in my Life (PIML; Cook, Greenberg, & Kusche, 1995). This subscale contains 10-items, with scores ranging from 1 to 4. The PIML is designed to measure children's representations of their relationship with parents, peers, and teachers and has good psychometric properties (Murray & Greenberg, 2006).

#### 2.2.2. Perfectionism

From the Perfectionistic Self-presentation Scale (PSPS; Hewitt et al., 2003), the 10-item subscale Perfectionistic self-promotion (PSP) was used to measure the attempt to which a person demonstrates one's supposed perfection to others by actively and unrealistically presenting one's positive abilities, accomplishments, and successes. This scale is rated on a 7-points Likert scale and has been proven to be a valid and reliable measure (Hewitt et al., 2003). Socially prescribed perfectionism (SPP) was measured using the multidimensional perfectionism of Hewitt and Flett (MPS-H&F; Hewitt & Flett, 1991). The subscale SPP is a subscale of the MPS, assessing the extent to which people believe that others have unrealistic standards for them, evaluate them stringently, and exert pressure on them to perform perfectly. This subscale contains 15 items, scored on a 7-points Likert scale, and has been shown to have good psychometric properties (Hewitt & Flett, 1991).

#### 2.2.3. Binge eating symptoms

Binge eating symptoms were measured using the bulimia scale of the eating disorder inventory II (Garner, 1991). This subscale contains 8 items, assessing binge eating and purging. Because only one item measures purging behavior, this item was deleted, resulting in a 7-point scale measuring binge eating symptoms (see also Boone et al., 2012).

### 2.3. Analyses

First, to test for differences between gender among the study variables, a single ANOVA was performed with gender as independent variable and the study variables as dependent variables. Second, to investigate the associations between the background variables and the study variables, zero-order correlations were calculated. Third, to examine the mediating role of perfectionism

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