Eating Behaviors 13 (2012) 5–12

Contents lists available at SciVerse ScienceDirect

Eating Behaviors

Eating psychopathology amongst athletes: Links to current attachment styles

Vaithehy Shanmugam [a,*], Sophia Jowett [b], Caroline Meyer [b,c]

[a] School of Psychology, University of Central Lancashire, United Kingdom
[b] School of Sport, Exercise and Health Sciences, Loughborough University, United Kingdom
[c] Loughborough University Centre for Research into Eating Disorders, Loughborough University, United Kingdom

ARTICLE INFO

Article history:
Received 20 March 2011
Received in revised form 22 July 2011
Accepted 29 September 2011
Available online 6 October 2011

Keywords:
Eating psychopathology
Attachment styles
Depression
Self-esteem
Perfectionism
Athletes

ABSTRACT

The aims of the study were two-fold; first to determine the associations between current attachment styles, and eating psychopathology amongst athletes, and second to simultaneously assess the mediating effects of self-esteem, perfectionism, and depression in this association. Four hundred and eleven British athletes completed self-report instruments pertaining to eating psychopathology, attachment styles, self-esteem, depression, and perfectionism. Athletes who scored highly on both avoidant and anxious attachment styles, reported elevated eating psychopathology scores. However, such associations were indirect and mediated via athletes' levels of self-esteem, self-critical perfectionism, and depression, with self-esteem and depression identified as more salient mediators than self-critical perfectionism. The current findings provide evidence to suggest that insecure attachment styles influence athletes' eating psychopathology via their impact on self-esteem, depression, and self-critical perfectionism. Moreover, self-esteem and depression may play more significant role in transferring the impact of insecure attachment styles on elevated eating psychopathology.

1. Introduction

Attachment theory (Bowlby, 1969, 1973, 1988) underlines the importance of understanding the self through one's interactions and relationships with significant others (see Friedberg & Lyddon, 1996; Tasca, Balfour, Ritchie, & Bissada, 2007; Tasca, Taylor, Bissada, Ritchie, & Balfour, 2004). The quality of people's interactions and relationships with other people is expressed in attachment styles. Attachment styles are rooted in early life experiences with a primary caregiver, which is often the mother and underlines the emotional connection between these two people. The emotional connection reflects the caregiver's ability to respond and supply a secure base of protection, comfort, and support, especially during periods of distress and threats (Bowlby, 1969). Correspondingly, these experiences lead to the development of attachment security or attachment insecurity which is further categorised as anxious–ambivalent and avoidant (Ainsworth, Blehar, Waters, & Wall, 1978). The secure attachment style is a manifestation of early experiences whereby the infant consistently received and was able to rely on their caregiver for support, comfort, and protection. The anxious–ambivalent attachment style is a reflection of early experiences marred by uncertainty, anxiety, and 'clinginess', stemming from the inconsistent behaviours of the caregiver in terms of responsiveness, support, and security. Finally, the avoidant attachment manifests from early experiences marked by neglect and rejection by the primary caregiver. Overall, an individual's attachment style is said to characterise "human behaviour from cradle to the grave" (Bowlby, 1979, p. 129).

In the literature, there are recognised/evidenced links between eating disorders and disruptive early childhood attachment experiences (e.g., Chassler, 1997; Kenny & Hart, 1992; Latzer, Hochdorf, Bachar, & Canetti, 2002; Lehoux & Howe, 2007), as well as current negative attachment experiences with romantic partners, and close friends (Broberg, Hjalmers, & Nevonen, 2001; Evans & Wertheim, 1998, 2005; Ward, Ramsay, Turnbull, Benedettini, & Treasure, 2000). In particular, eating disordered individuals report their early attachment figures as significantly less responsive, available, trustworthy, more rejecting and abandoning than healthy controls (e.g., Chassler, 1997). Moreover, relationships with current attachment figures are reported to be marred by fears of rejection, uncertainty and abandonment, discomfort with relationship closeness, experiences of frustration and jealousy, as well as overall less relationship satisfaction (e.g., Evans & Wertheim, 1998, 2005).

Whilst there is consensus that such insecure attachment styles are more synonymous with elevated eating psychopathology (e.g., O'Kearney, 1996; Ward, Ramsay, & Treasure, 2000; Zachrisson & Skårderud, 2010), it remains unclear as to whether a *specific* insecure attachment style (e.g., avoidant or anxious) is related to increased eating psychopathology, as findings have often been conflicting. For example, a number of studies have highlighted that anxious attachment style is more strongly associated to poor body image (Cash, Thériault, & Milkewicz-Annis, 2004), higher body dissatisfaction (Evans & Wertheim, 1998; McKinley & Randa, 2005), increased disordered eating attitudes and behaviours (Eggert, Levendosky, & Klump,

* Corresponding author at: School of Psychology, University of Central Lancashire, Preston, PR1 2HE, United Kingdom. Tel.: +441772893257.
E-mail address: vshanmugam@uclan.ac.uk (V. Shanmugam).

1471-0153/$ – see front matter © 2011 Elsevier Ltd. All rights reserved.
doi:10.1016/j.eatbeh.2011.09.004

2007; Evans & Wertheim, 2005), as well as clinical eating disorders (Armstrong & Roth, 1989; Kenny & Hart, 1992) than avoidant attachment styles. Conversely, others have reported that avoidant attachment style is more strongly related to disordered eating (Elgin & Pritchard, 2006; Ramacciotti et al., 2001), especially in the absence of depression (Cole-Detke & Kobak, 1996). Further to studies not discriminating between anxious vs avoidant attachment styles, studies are yet to examine those variables that might mediate the relationship between insecure attachment styles and elevated eating psychopathology; rather studies have tended to assume a single pathway between eating psychopathology and attachment styles (O'Kearney, 1996).

There are clear established conceptual and empirical links between self-esteem, perfectionism, depression, and eating psychopathology (e.g., Bardone-Cone et al., 2007; Button, Loan, Davies, & Sonuga-Barke, 1997; O'Brien & Vincent, 2003), as well as between self-esteem, perfectionism, depression, and attachment styles (see Mikulincer & Shaver, 2007). Moreover, Fairburn, Cooper, and Shafran (2003) in their transdiagnostic cognitive behavioural theory of eating disorders reported that long-term interpersonal difficulties (e.g., attachment styles) interact with other psychopathological processes such as low-pervasive self-esteem, high levels of depression, and clinical perfectionism to elicit the onset and maintenance of the disorder. However, studies to date have explored the effect of self-esteem, perfectionism, and depression in eating psychopathology individually; rarely have all three factors been investigated simultaneously in order to elucidate the most parsimonious social-cognitive model. Thus the examination of these three processes collectively could not only be key to understanding how eating psychopathology is associated with attachment styles, but the comparison of the relative strengths of self-esteem, depression, and perfectionism against each other will also help identify the most significant catalyst(s) upon which attachment styles and eating psychopathology converge.

In recent years, athletes have been frequently highlighted as at more risk of developing eating disorders than the general population (e.g., Hausenblas & Carron, 1999; Smolak, Murnen, & Ruble, 2000; Sundgot-Borgen & Torstveit, 2004). To date research conducted on athletes has primarily focused on the associations between disordered eating and sport specific factors such as injury (Sundgot-Borgen, 1994), critical comments from coaches (Muscat & Long, 2008) and the sporting environment (Hulley, Currie, Njenga, & Hill, 2007), leaving a very limited and narrow understanding of how eating disorders may arise amongst athletes. Thus, the need to move beyond the currently limited knowledge-base, and examine more generic, and context free psychosocial factors is paramount, as athletes with eating disorders not only risk compromising their performance, but also their health, and general wellbeing (Currie & Morse, 2005; Petrie & Greenleaf, 2007). Therefore, the first aim of the current study was to determine the relationship between current attachment styles and eating psychopathology amongst a representative sample of athletes. It was predicted that athletes with an insecure attachment style would report increased eating psychopathology. Second, the study examined whether a specific attachment style would be synonymous with elevated eating psychopathology. Due to the conflicting previous research, it was predicted that *both* anxious attachment style and avoidant attachment style would be associated with increased eating psychopathology. Finally, the study examined the mediating effects of self-esteem, perfectionism, and depression in the relationship between attachment styles and eating psychopathology. Due to the lack of research examining such processes concomitantly, no priori hypotheses were postulated as to which of these mediators would perform as a better mediator. Rather, it was hypothesised that self-esteem, depression, and perfectionism would contribute equally to the relationship between insecure attachment and eating psychopathology.

2. Method

2.1. Participants

The current participant sample represents a random subsample of athletes recruited from universities and sport clubs across UK for a larger study on the prevalence and psychosocial risk factors of eating psychopathology amongst athletes. The current sample was composed of 411 (159 males and 252 females) British athletes with a mean age of 20.95 years (SD = 3.67, range 16–36) and a Body Mass Index (BMI) of 22.72 (SD = 3.16). Eighty eight percent of the athletes were British White, 3.9% were British Black, 4.4% were British Asian, 2.4% were British Mixed-race and 1% specified British Other. Thirty three percent (n = 136) of athletes competed at the elite standard (international or national standard), whilst the remaining 67% (n = 275) competed at the county, regional, club or university level. Athletes represented a wide range of sports including swimming, fencing, tennis, badminton, cricket, football, handball, and hockey. Athletes had been participating in their chosen sport for an average of 8.66 years (SD = 5.15) and training an average of 8.79 h (SD = 5.66) per week.

2.2. Measures

2.2.1. Eating Disorder Examination Questionnaire (EDEQ; Fairburn & Beglin, 1994, 2008)

Athletes' eating psychopathology was measured by the EDEQ 6.0. The EDE-Q 6.0 comprises four subscales; Restraint (5 items; '*Have you gone for long periods of time (8 waking hours or more) without eating anything in order to influence your shape or weight?*'), Eating Concern (5 items; '*Over the past 28 days, on how many days have you eaten in secret (i.e. furtively)? Do not count episodes of binge eating.*'), Shape Concern (8 items; '*How dissatisfied have you been with your shape?*'), Weight Concern (5 items: '*How much would it upset you if you had to weigh yourself once a week (no more, or less, often) for the next four weeks?*'); a global EDEQ score (which is the composite mean of the four subscales) and 5 items measuring pathogenic behaviours; binge eating, Objective Binge Episodes (OBEs), vomiting, use of laxatives and excessive exercise. Items are scored on a 7 point Likert scale, ranging from 0 to 6, with higher ratings indicating higher levels of symptoms. For the purpose of the current study, only the global EDEQ score was used, yielding an alpha coefficient of 0.94 with the current sample. The EDEQ has been previously used amongst athletes, and has been found to be reliable and valid (e.g., Hulley & Hill, 2001; Hulley et al., 2007).

2.2.2. Experiences in Close Relationships (ECR; Brennan, Clark & Shaver, 1998)

The ECR was employed to measure the athletes' current attachment styles. For the purpose of this study, the athletes were asked to consider how they generally feel in relation to their relationship with coaches, parents, and teammates. The ECR contains 36 items, which forms two subscales; anxious attachment (ECR-ANX) and avoidant attachment (ECR-AV). Specifically, the anxious attachment subscale measures the degree to which an individual fears interpersonal rejection or abandonment, the need for approval from others, and the distress that is experienced when close others are unavailable or unresponsive. An example of an anxious attachment item includes "*I worry about being alone*". The avoidant attachment subscale measures the degree to which an individual fears dependence and interpersonal intimacy, the need for self-reliance, and the reluctance to self-disclose. An example of an avoidant attachment item includes "*I try to avoid getting too close to others*". The items are rated on a 7 point response scale, ranging from 1 (*disagree strongly*) to 7 (*agree strongly*), with the subscale scores derived by averaging the sum of scores; yielding three attachment styles. Specifically, high scores on