Development of Bulimic Symptoms in Adolescents: The role of Attachment and Emotion Regulation

Caroline Braet
Kim Van Durme*
Lien Goossens
Guy Bosmans

Ghent University (Ghent, Belgium)

*part of phd project, funded by the Special Research Funds of Ghent University

Presentation EDIC 2016
Bulimic symptoms

- Binge eating + compensatory behaviour to prevent weigh gain
- Not all girls fulfil criteria for BN
- Confer a great risk for full-blown BN, BED, and weight gain/obesity in young adulthood (Neumark-Sztainer et al., 2006)
- Affect quality of life and psychosocial functioning (Goldschmidt et al., 2008).

RQ: Understanding the development and maintenance of bulimic symptoms in adolescents: possible role of attachment?
Attachment

- Early child-primary caregivers interactions
  => Attachment Security or Attachment Insecurity

- Secure Attachment → enhances mental health and social adjustment
  Insecure Attachment → related to various forms of psychopathology

- Insecure: categorical or dimensional? (Brennan, Clark, & Shaver; 1998)
  - Attachment anxiety: fear of rejection and abandonment
  - Attachment avoidance: discomfort with closeness and dependence
Attachment and Bulimic Symptoms

- Insecure attachment: associated with eating pathology, including bulimic symptoms both cross-sectionally as well as longitudinally (eg. Ward et al., 2000; Zachrisson & Skarderud, 2010; Bosmans et al., 2009; Goossens et al., 2012)

HOWEVER:

- Little studies have been performed in adolescents
- Little research using the dimensional view on insecure attachment
- No insights in underlying mechanisms (mediating factors)

Presentation EDIC 2016
Research question:

In adolescents:

- Att Anxiety T1
- Att Avoidance T1
- Bulimic symptoms T2

??

Presentation EDIC 2016
Mediator: Role of Emotion Regulation?

Based on two models:
- Interpersonal Vulnerability Model (IPV-model) (Wilfley, Pike, & Striegel-Moore, 1997)
- Emotion Regulation model (ER-model) of attachment (Shaver & Mikulincer, 2002)

Assumption:
- Different emotion regulation strategies depending on attachment:
  - Secure attachment: proximity seeking → learning adaptive emotion regulation
  - Insecure attachment: no proximity → maladaptive emotion regulation

  - Attachment Anxiety => Hyperactivation: rumination
  - Attachment Avoidance => Deactivation: suppression

- Continued use of hyperactivation and deactivation => PP/bulimic symptoms
Aims of this study

Testing

- The role of attachment on bulimic symptoms (longitudinal) (controlling for the other attachment dimension)

- The role of emotion regulation as mediator?

1. Attachment Anxiety $\Rightarrow$ Rumination (Hyperactivating ER) $\Rightarrow$ Bulimic Symptoms
2. Attachment Avoidance $\Rightarrow$ Emotional Control (Deactivating ER) $\Rightarrow$ Bulimic Symptoms
Method

Participants:

- T1: 508 adolescents
  \[ \text{Mage: 13.10; girls: 60.2\%; response rate: 88.1\%} \]
- T2: 397 adolescents
  \[ \text{Mage: 14.02; girls: 62.7\%; drop-out rate: 21.8\%} \]

Procedure:

- valid and reliable questionnaires, at two time points (time lag: 1 year)
  \[ \text{ECR-RC (Brenning et al., 2001), FEEL-KJ (Braet et al., 2013), EDI-II (Van Strien, 2002)} \]
Method

Data-analytic plan:

- Bootstrapping procedure using ‘mediate’ macro (Hayes and Preacher, 2013)
  - Non-sensitive to the violation of normality in our data
  - Can take the effects of control variables into account
  - Multiple independent and mediator variables can be entered in one model
  - 5000 bootstrap resamples
  - 95% confidence intervals

Presentation EDIC 2016
Results

Sample characteristics:

- Girls score higher on bulimic symptoms compared to boys ($M = 12.38$ vs $M = 10.57$) ($F(1,395) = 13.92$, $p < .001$)
- Adjusted BMI is positively associated with bulimic symptoms (T1: $r = .12$, T2: $r = .14$)
- Bulimic symptoms at T1 and T2 are strongly correlated ($r = .58$)

⇒ Gender, adjusted BMI and bulimic symptoms: control variables
Results: Research question 1

Attachment avoidance is predictive for later bulimic symptoms

Emotion Regulation: partial mediation of Emotional control

(Anxiety T1) → .03/.03 → .13**/.10* → .13**

Avoidance T1 → .02

Emotional control T1 → .34***

Bulimic symptoms T2
Results: Research question 2

Attachment Anxiety: is NOT directly predictive for later bulimic symptoms
Attachment Avoidance: is still predictive for later bulimic symptoms
Emotion Regulation: intervening role (indirect effect) of Rumination

Attachment Anxiety T1 → .03/.01 → Bulimic symptoms T2
Attachment Avoidance T1 → .13**/.13** → Bulimic symptoms T2
Emotion Regulation → .17**/.03 → Rumination T1
Rumination T1 → .11** → Bulimic symptoms T2
Discussion

- Evidence for the IPV-model and the ER-model:
  Role of attachment for understanding the development of bulimic symptoms!

- Evidence for the role of emotion regulation as intervening variable
  People adopt different ER strategies dependent on their attachment

- Evidence that continued use of ER strategies lead to PP → bulimic symptoms
  - Anxiety ⇒ Rumination ⇒ bulimic symptoms
  - Avoidance ⇒ Emotional control ⇒ bulimic symptoms
Discussion

Clinical implications:

Treatment of bulimic symptoms in adolescents:
Take into account attachment and emotion regulation:

- Treating insecure attachment within CBT-E
  => Use of ABFT, FBT or IPT
- Address hyperactivating or deactivating emotion regulation
  => Learn more adaptive strategies
Discussion

Strengths:
- First longitudinal study on the ER model of attachment for bulimic symptoms in adolescents
- Focus on adolescents: risk group for eating pathology
- Operationalisation of concepts: use of age appropriate, reliable and valid questionnaires
Discussion

Limitations:

- Only two time points in this longitudinal study
- Self-report questionnaires => may have led to biases
- Only attachment towards mother was investigated
- Bulimic symptoms: generalisation of the results?
THANK YOU FOR YOUR ATTENTION!