



ATTACHMENT ORGANIZATION IN EATING DISORDERS: AN EXPLORATORY ANALYSIS TO THE NARRATIVE CONTENT



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INTRODUCTION:

One of the groups in which attachment processes are of special relevance is **eating disorders**, particularly anorexia nervosa (AN) and bulimia nervosa (BN) (cf. Soares, Dias, Machado & Klein, 2008).

Using measures of adult attachment, research shows that **individuals with eating disorders are more likely to be insecurely attached** (Broberg A., et al., 2001; Orzolek-Kronner C., 2002).

In fact, the Adult Attachment Interview methodology (AAI; Main et al., 1985), not only the **content** but also the **form** of adults' accounts, provides an important ingredient in shaping the nature of the kinds of **narratives** that occur (Fonagy et al., 1991; Main et al., 1985).

This study aims to explore the specificities of the narrative content of young and adult female participants diagnosed with an eating disorder, considering their attachment organization.

GOAL:

To explore the relation between attachment organization and aspects of the aetiology of eating disorders, through a **qualitative analysis** of the narratives elaborated by 24 female participants.

METHOD:

a. PARTICIPANTS:

24 female patients diagnosed with eating disorders in treatment, aged between 16-29 years (M= 21.50; SD= 3.587).

ATTACHMENT ORGANIZATION:

SECURE: 8 (33%) DISMISSING: 8 (33%) PREOCCUPIED: 8 (33%)

EATING DISORDERS CLASSIFICATION:

Anorexia Nervosa: 13 (54.2%) (8 restrictive type and 5 bingeing/purging type);

Bulimia Nervosa : 9 (37.5%) (8 purging type and 1 nonpurging type);

Eating disorder not otherwise specified (EDNOS): 2 (8.4%)

Table 1. Characteristics of the participants: attachment organization and eating disorders (N=24)

	SECURE (N=8)		DISMISSING (N=8)		PREOCCUPIED (N=8)			
	N (%)		N (%)		N (%)			
AN	3	37.5%	AN	5	62.5%	AN	5	62.5%
BN	4	40%	BN	2	25%	BN	3	37.5%
EDNOS	1	12.5%	EDNOS	1	12.5%	EDNOS	0	0%

DEMOGRAPHIC CHARACTERISTICS:

Single: 21 (87.5%)

Married or living together: 3 (12.5%)

Fairly half of the participants were students (58.3%) and financially dependent on their parents. 20 participants (75%) lived with their parents.

b. INSTRUMENTS:

Adult Attachment Interview (AAI); George, Kaplan & Main, 1985)

This study was focused on a question added by the research team to the AAI, in which the participants were asked if they thought there was a relation between their attachment history and the development of their eating disorder.

Attachment Q-Sort (Kobak, 1993)

Participants were classified in the three main attachment patterns: Secure/autonomous, Dismissing, and Preoccupied.

c. PROCEDURE:

PARTICIPANTS SELECTION:

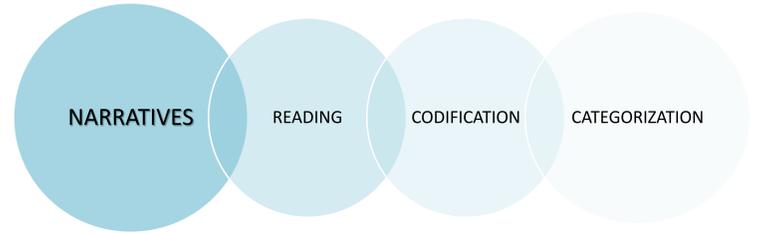
Participants were selected from a sample of a previous study (Dias, 2007).

Previously diagnosed with an eating disorder (anorexia or bulimia nervosa), the participants were sorted as to their attachment organization into the main patterns of **secure, preoccupied and dismissive** – 8 secure (S), 8 dismissing (D) and 8 preoccupied (P).

DATA ANALYSIS PROCEDURE:

Based on **Content Analysis** (Bardin, 1977/1995), a *micro* analysis to the narrative content and form of the AAI transcriptions was carried out, focusing on the question added.

CONTENT ANALYSIS:



RESULTS:

- ✓ **3 categories** —————> **CONTENT** (meaning/semantics)
- ✓ **1 category** —————> **FORM AND STRUCTURE** (syntactic, lexical, expressive and coherence)

a. EATING DISORDER AND ASSOCIATED CHARACTERISTICS:

Table 2. Category: Eating disorder and associated characteristics

SUBCATEGORY	EXAMPLES	S	D	P	TOTAL
Dissatisfaction and preoccupation with body image	"compared with my girlfriends, I always thought that I was the fattest"	1	2	7	10 / 24
Purgative and compensatory methods	Diet and restrictions	2	1	2	5 / 24
	Throw up (vomit)	0	1	1	2 / 24
	Laxatives/ diuretics	0	0	1	1 / 24
	Binge eating	1	0	1	2 / 24
Psychological factors	Depression	3	3	3	9 / 24
	Anxiety (somatization)	0	1	0	1 / 24
Social factors	Social pressure	3	3	2	8 / 24
Physical and biological factors	"it hurt me when I had to sit on hard surfaces. I was always freezing"	1	0	2	3 / 24
Representations and expectations	Positive	1	0	0	1 / 24
	Negative	1	0	5	6 / 24

b. EATING DISORDER AND PRECIPITANT SITUATIONS:

Table 3. Category: Eating disorder and precipitant situations

SUBCATEGORY	EXAMPLES	S	D	P	TOTAL
Family influence	Mother	4	0	2	6 / 24
	Father	1	3	0	4 / 24
	Siblings (shaping models)	1	0	3	4 / 24
	Marital relationship (conflicts)	0	2	0	2 / 24
	None	1	2	2	5 / 24
Situational influence	Lost	2	0	0	2 / 24
	Abuse	0	0	1	1 / 24
	Other	2	2	0	4 / 24
External influence	Peers	1	2	0	3 / 24
	Romantic relationships	2	0	2	4 / 24
	Other	1	0	0	1 / 24
Internal response	Self attribution	4	3	2	9 / 24
	Perfectionism	2	0	1	3 / 24

c. EATING DISORDER AND ATTACHMENT REPRESENTATIONS:

Table 4. Category: Eating disorder and attachment representations

SUBCATEGORY	EXAMPLES	S	D	P	TOTAL
Episodic evidence	Congruent with the global assessment	2	4	5	11 / 24
	Incongruent with the global assessment	1	2	1	4 / 24
Parental support perception	Negative	3	2	3	8 / 24
Role reversal	"I felt like a mother; after they were fighting, my mother didn't want to talk with anyone...and I, of course, was always trying to protect my sisters of this home environment"	1	1	0	2 / 24
Incentive to achievement	"I was always skipping the meals so I could have more time to study, study, study, I just wanted to please my parents"	2	0	1	3 / 24

d. DISCOURSE ANALYSIS: SYNTACTIC, LEXICAL, EXPRESSIVE AND COHERENCE:

Table 5. Category: Discourse Analysis: syntactic, lexical, expressive and coherence

SUBCATEGORY	EXAMPLES	S	D	P	TOTAL
Recurring words and expressions	Negative affect	13	24	25	62
	Instrumental expressions	36	33	48	83
Paralinguistic information	Silences / breaks / hesitations	12	22	24	58
Style	Figures of speech	1	4	6	11
	Use of diminutives	4	11	11	26
Coherence	Omissions	16	12	26	54
	Interruptions	4	11	17	32

DISCUSSION & CONCLUSIONS:

- The **secure** participants had consistently reported internal representations of **dissatisfaction of the body image**;
 - Psychological factors as **depression** were proportionally evidenced by all of attachment organizations;
 - The **maternal figure** was considered by half of the **secure** participants as the precipitant for the development of their eating disorder; the other half attributes to their own self;
 - **Negative parental support** was transmitted by all attachment patterns;
 - In the discourse analysis, significant relationships were found particularly in the **preoccupied** pattern which support the typical characteristics of the narratives of this insecure attachment organization.
- It will be interesting to further investigate the narrative content of disorganized participants diagnosed with an eating disorder, whereas this attachment organization reflects clear discursive manifestations.