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ABSTRACT

In this study the relationship of parental attachment and psychological separation to levels of eating disorder symptoms was examined for a sample of college women (N=162) from English classes at a private, urban, coeducational Jesuit university in the northeast. Participants responded to the Parental Attachment Questionnaire, the Parental Separation Inventory, and the Eating Disorder Inventory. Consistent with expectations the results suggested that family relationships characterized by secure parental attachment are associated with adaptive psychological functioning and low levels of dysfunctional eating behaviors involving compulsive binge eating and self-induced vomiting. Contrary to expectations, characteristics of parental attachment were not associated with Drive for Thinness and Body Dissatisfaction. Other research has shown that high levels of body dissatisfaction are common among college women, while the psychological traits associated with clinical eating disorders, such as maturity fears, are less common. The expectation that characteristics of psychological separation would be useful in identifying maladaptive aspects of family relationships was partially supported. The findings suggest that characteristics of secure attachment, including positive affect, parental support for autonomy, and use of parents as a source of emotional support, in conjunction with freedom from feelings of guilt, anxiety, anger, and resentment in the parental relationship and the expression of attitudes similar to one's parents are associated with low incidence of bulimic behavior, feelings of personal effectiveness and an absence of maturity fears among first-year college women. (ABL)

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Parental Attachment, Psychological Separation and Eating Disorder Symptoms Among College
Women

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Abstract

The relationship of parental attachment and psychological separation to levels of eating disorder symptoms was examined for a sample of college women ($n = 162$). Canonical analysis suggests that characteristics of secure attachment, in conjunction with freedom from feelings of conflict towards parents and the expression of attitudes similar to parents, are associated with a low level of bulimic behavior, feelings of personal effectiveness, and an absence of maturity fears.

Several theoretical perspectives, including family systems (Minuchin, Rosman & Baker, 1978) and psychoanalytic theories (Bruch, 1978; Humphrey & Stern, 1988) posit that problems in parental separation-individuation play a role in the etiology and maintenance of eating disorders. The traditional psychoanalytic emphasis on separation in adolescent development has been challenged by theorists and researchers interested in the development of adolescent women (Gilligan, 1982; 1987; Kaplan & Klein, 1985; Miller, 1975; Rubin, 1983), who argue that women are often judged as less mature than men when separation is accepted as the standard for psychological maturity. Societal emphasis on separation is believed, furthermore, to deprive women of important sources of connection, leading to loss of self-esteem and, in some cases, psychopathology. Surrey (1985) and Steiner-Adair (1989) maintain that cultural values emphasizing separation contribute to the vulnerability of adolescent women to eating disorders.

Dissatisfaction with traditional models emphasizing individuation has contributed to an interest in the importance of parental attachment throughout adolescence and young adult life (Baumrind, 1991). According to ethological theory (Ainsworth, Blehar, Walters & Wally, 1978; Bowlby, 1969), characteristics of secure attachment, rather than parental detachment, are considered important to the development of psychological competence. Contemporary perspectives in female adolescent development (Franz & White, 1985; Kaplan & Klein, 1985) suggest that attachment and separation should not be viewed as opposing and mutually exclusive concepts. Kaplan and Klein (1985) suggest that the developmental challenge facing adolescent women is to find ways to differentiate from parents without destroying care and commitment in the parental relationship.

This study was directed at assessing the combined usefulness of parental attachment and psychological separation in explaining eating disorder symptoms among college women. Based upon theory and previous findings, we hypothesized that characteristics of secure attachment would be associated with low levels of eating disorder symptoms and measures of adaptive psychological functioning. Among the dimensions of psychological separation, Conflictual and Attitudinal Independence were hypothesized to be associated with healthy psychological

functioning. Anxiety, guilt, and mistrust as assessed by Conflictual Independence are characteristic of insecure parental attachment and thus were hypothesized to be inversely correlated with healthy psychological functioning. Attitudinal Independence or a differentiated view of self was hypothesized to represent the kind of differentiation which Kaplan and Klein (1985) described as healthy, when occurring in conjunction with feelings of attachment.

Method

Participants and Procedure

The participants were 162 first-year college women at a private, urban, co-educational Jesuit university in the Northeast. Participants were recruited from English classes in the School of Arts and Sciences and from Child Growth and Development classes in the School of Education. Questionnaires, arranged in random order in a test packet, were distributed to students in their classes during the Spring semester 1990, completed out of class and returned by campus mail in a sealed addressed envelope. Each student was paid \$5.00 for her participation.

Measures

Parental Attachment. Attachment was measured using the 55-item Parental Attachment Questionnaire (PAQ) (Kenny, 1990), designed to adapt Ainsworth et al's (1978) conceptualization of attachment for use with adolescents and young adults. The PAQ contains three scales, Affective Quality of Attachment, Parental Fostering of Autonomy, and Parental Role in Providing Emotional Support, which were derived from factor analysis and are theoretically consistent with Ainsworth et al.'s (1978) conceptualization of attachment as an enduring affective bond, which serves as a secure base in providing emotional support and fostering autonomy. Internal consistency and test-retest reliability are good (Kenny, 1990).

Psychological Separation. Separation was measured by the Parental Separation Inventory (PSI) (Hoffman, 1984). The PSI consists of 138 items, measuring four aspects of psychological separation that pertain to late adolescents' relationships with their parents and reflect a psychodynamic model of separation-individuation. The four scales include

Functional Independence, Attitudinal Independence, Conflictual Independence and Emotional Independence. Internal consistency reliability (coefficient alpha) across subscales and test-retest reliability are good.

Eating Disorder Symptoms. Five scales of the Eating Disorder Inventory (Garner & Olmstead, 1984) were used to assess eating disorder symptoms. The Drive for Thinness, Body Dissatisfaction and Bulimia subscales deal specifically with eating behavior and feelings about one's body. The Ineffectiveness and Maturity Fears subscales assess aspects of psychological functioning commonly associated with eating disorders. Reliability coefficients (Chronbach's alpha) for the five selected scales range from .83 to .92 among college women (Garner & Olmstead, 1984).

Results

Canonical analysis was used to evaluate the relationship between the measures of parental attachment and psychological separation and eating disorder symptoms. The three attachment scales and the four psychological separation scales served as the set of predictor variables and the five scales of the EDI served as the set of criterion variables. The means and standard deviations for the attachment, psychological separation and eating disorder scales are presented in Table 1.

The results of the canonical analysis indicated a statistically significant relationship between the predictor and criterion variables (Pillai's $\lambda = .38$, $F(35, 770) = 1.82$, $p < .003$, power = 1.00). One significant root was obtained, accounting for 18% of the variance between the canonical composites. The structure coefficients, presented in Table 2, indicate that college women who describe positive affect in their parental attachments, view their parents as supporting their independence, turn to their parents as a source of emotional support, hold attitudes and beliefs similar to their parents, and are relatively free of feelings of guilt, anger and resentment towards their parents report low levels of bulimic behavior and describe themselves as socially effective and do not express yearnings for childhood or a reluctance to assume adult responsibilities.

Discussion

Consistent with our expectations, the results suggest that family relationships characterized by secure parental attachment are associated with adaptive psychological functioning and low levels of dysfunctional eating behaviors involving compulsive binge eating and self-induced vomiting. Contrary to expectations, characteristics of parental attachment were not associated with Drive for Thinness and Body Dissatisfaction. Other research has shown that high levels of body dissatisfaction (Klemchuk, Hutchinson & Frank, 1990) and drive for thinness (Hesse-Biber, 1989) are common among college women, while the psychological traits associated with clinical eating disorders, such as maturity fears, are less common (Hesse-Biber, 1989). Hesse-Biber (1989) concluded that college women's dissatisfaction with their bodies and drive to be thin are a response of normal women to strict sociocultural standards for thinness. It is possible therefore that parental attachment was unrelated to Body Dissatisfaction and Drive for Thinness because those attributes are determined more by sociocultural standards than by family factors.

The expectation that characteristics of psychological separation would be useful in identifying maladaptive aspects of family relationships was partially supported. As expected, Conflictual Independence or freedom from feelings of guilt, anger, resentment and anxiety in parental relationships was related to adaptive psychological functioning and low levels of bulimic behavior. The finding that Conflictual Independence is a significant determinant of psychological adjustment (freedom from bulimic behavior, feelings of effectiveness and absence of maturity fears) is consistent with the findings of other research using the PSI (e.g. Hoffman, 1984; Hoffman & Weiss, 1987; Kenny & Donaldson, In Press; Lapsley et al., 1989; Lopez et al., 1988; 1989a; 1989b; Rice et al., 1990). This finding is also consistent with attachment theory and contemporary models of women's development. Parental relationships in which students are experiencing guilt, anxiety and resentment are unlikely to offer support to students as needed. Feelings of anxiety and guilt do not reflect a healthy relationship with parents, but represent the kind of

interpersonal connection that can interfere with the development of a confident sense of self (Kaplan & Klein, 1985).

Contrary to expectation, Attitudinal Independence was positively associated with bulimic behavior and maladaptive qualities of psychological functioning. In previous research, Attitudinal Independence was similarly identified as a positive correlate of adjustment problems (Hoffman, 1984; Kenny & Donaldson, In Press) and depression among college students (Lopez et. al., 1989b). Hoffman (1984) speculated that attitudinal similarity may reflect positive identification with parents, while extremely different attitudes may be a sign of rebellion. The expression of dissimilar attitudes may also reflect, as suggested by Ryan and Lynch (1989), feelings of estrangement from parents. Researchers and theorists interested in the psychological development of women (Gilligan, 1988; Josselson, 1988; Kaplan & Klein, 1985) suggest that the development of new attitudes may be perceived by adolescent women as threatening parental relationships and thereby contribute to psychological distress. Consistent with that view, Kenny & Donaldson (In Press) suggested that attitudinal similarity is associated with positive psychological adjustment because college women feel that by positively identifying with parents, they are also maintaining an important source of connection.

In sum, the findings suggest that characteristics of secure attachment, including positive affect, parental support for autonomy, and use of parents as a source of emotional support, in conjunction with freedom from feelings of guilt, anxiety, anger and resentment in the parental relationship and the expression of attitudes similar to one's parents are associated with a low incidence of bulimic behavior, feelings of personal effectiveness and an absence of maturity fears among first-year college women. The findings provide empirical support for the claims of theorists (Gilligan, 1982; Josselson, 1988) who maintain that attachment is a central and adaptive dimension of women's lives throughout the adolescent years and beyond. Characteristics of secure parental attachment, including positive affect toward parents and turning to parents as a source of help when needed, are psychologically adaptive in late adolescent and young adult

women and are associated with lower levels of bulimic behavior among both clinical and college student women. Our findings challenge traditional psychoanalytic models which view attachment as limiting the attainment of psychological growth (e.g., Blos, 1967) and contributing to the development of eating disorders (e.g., Bruch, 1978).

Despite the need for further research and cross-validation of the present results, the findings are important to psychologists working with eating disordered clients and college women, many of whom are at risk for the development of eating disorders. Psychologists need to recognize and to help young adult women and their parents recognize that secure attachment is a psychologically healthy aspect of human relationships. Psychologists can support young women in their efforts, when possible, to maintain affective closeness to parents, to obtain support for independent strivings, and to seek parents as a source of emotional support when needed. Women who are experiencing eating disorder symptoms may profit more from therapeutic efforts directed towards establishing positive connections with parents and being able to use parents as a source of support, than from efforts directed towards increasing their ability to solve everyday problems on their own, hold independent attitudes, or be free from the need for parental approval or closeness. Feelings of guilt, anxiety and conflict with parents warrant therapeutic attention and a resolution of these feelings may diminish bulimic behavior and increase feelings of personal effectiveness and a willingness to assume adult responsibilities.

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Table 1

Means and Standard Deviations of Measures of Parental Attachment, Psychological Separation and Eating Disorder Symptoms

| Scale | Mean | SD |
|--|--------|-------|
| Parental Attachment Questionnaire (PAQ) | | |
| Affective Quality | 95.32 | 15.39 |
| Foster Autonomy | 53.57 | 8.81 |
| Emotional Support | 53.69 | 8.90 |
| Psychological Separation Inventory (PSI) | | |
| Functional Independence | 59.37 | 18.63 |
| Attitudinal Independence | 49.12 | 21.32 |
| Conflictual Independence | 149.43 | 29.52 |
| Emotional Independence | 77.25 | 24.87 |
| Eating Disorder Inventory (EDI) | | |
| Drive for Thinness | 5.99 | 5.10 |
| Body Dissatisfaction | 11.50 | 7.14 |
| Bulimia | 1.60 | 3.10 |
| Ineffectiveness | 2.25 | 3.77 |
| Maturity Fears | 3.18 | 3.02 |

Table 2

Structure Coefficients for Analysis of Parental Attachment Questionnaire (PAQ),
 Psychological Separation Inventory (PSI) and Eating Disorder Inventory (EDI) for College
 Women

| | Root One |
|------------------------------------|----------|
| <hr/> | |
| Predictor Variables | |
| Attachment | |
| Affective Quality | .429 |
| Foster Autonomy | .773 |
| Emotional Support | .401 |
| Psychological Separation Inventory | |
| Functional Independence | .026 |
| Attitudinal Independence | -.648 |
| Conflictual Independence | .528 |
| Emotional Independence | .005 |
| Criterion Variables | |
| Eating Disorder Inventory | |
| Drive for Thinness | -.121 |
| Body Dissatisfaction | -.185 |
| Bulimia | -.320 |
| Ineffectiveness | -.862 |
| Maturity Fears | -.691 |
| <u>R</u> | .420 |