Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

**Literature search results**

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th>ASAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td>ASAP</td>
</tr>
<tr>
<td>Search completed on:</td>
<td>23(^{rd}) April 2015</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Richard Bridgen</td>
</tr>
</tbody>
</table>

**Search details**

Attachment styles and emotional eating across the lifespan

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:** “emotional eat*”; “compulsive eat*”; “compulsive overeat*”; “disordered eating”; “dysfunctional eating”; “binge eating disorder*”; EATING DISORDERS; EMOTIONS; attachment adj1 (secure OR anxious-preoccupied OR dismissive-avoidant OR fearful-avoidant OR anxious-resistant OR anxious-avoidant OR disorganised OR ambivalent OR optimal); attachment adj1 (style* OR pattern*); attachment; exp EATING DISORDERS; exp EMOTIONS; EMOTION; EMOTIONAL ATTACHMENT; ATTACHMENT BEHAVIOR; OBJECT ATTACHMENT

**Evidence / Google Scholar search string(s):** (“emotional eating” OR "compulsive eating " OR "compulsive overeating" OR "disordered eating" OR "binge eating disorder")

**Summary**

There is quite a lot of research in this area, on emotional eating and attachment and also on disordered eating which can cover emotional eating too. I have also included those studies looking at attachment and therapy for emotional and/or disordered eating. Hope you find it useful.
Guidelines and Policy

None found.

Evidence Reviews

British Psychological Society

Obesity in the UK: a psychological perspective 2011

International Journal of Eating Disorders

Attachment and eating disorders: a review of current research 2014

Compared to controls, those with eating disorders had higher levels of attachment insecurity and disorganized mental states. Lower reflective functioning was specifically associated with anorexia nervosa. Attachment anxiety was associated with eating disorder symptom severity, and this relationship may be mediated by perfectionism and affect regulation strategies. Type of attachment insecurity had specific negative impacts on psychotherapy processes and outcomes, such that higher attachment avoidance may lead to dropping out and higher attachment anxiety may lead to poorer treatment outcomes.

Ask library to obtain for you.

Published Research – Databases

1. Emotional processing of infants displays in eating disorders

Author(s) Cardi V., Corfield F., Leppanen J., Rhind C., Deriziotis S., Hadjimichalis A., Hibbs R., Micali N., Treasure J.

Citation: PLoS ONE, December 2014, vol./is. 9/12, 1932-6203 (02 Dec 2014)

Publication Date: December 2014

Abstract: Aim: The aim of this study is to examine emotional processing of infant displays in people with Eating Disorders (EDs). Background: Social and emotional factors are implicated as causal and maintaining factors in EDs. Difficulties in emotional regulation have been mainly studied in relation to adult interactions, with less interest given to interactions with infants. Method: A sample of 138 women were recruited, of which 49 suffered from Anorexia Nervosa (AN), 16 from Bulimia Nervosa (BN), and 73 were healthy controls (HCs). Attentional responses to happy and sad infant faces were tested with the visual probe detection task. Emotional identification of, and reactivity to, infant displays were measured using self-report measures. Facial expressions to video clips depicting sad, happy and frustrated infants were also recorded. Results: No significant differences between groups were observed in the attentional response to infant photographs. However, there was a trend for patients to disengage from happy faces. People with EDs also reported lower positive ratings of happy infant displays and greater subjective negative reactions to sad infants. Finally, patients showed a significantly lower production of facial expressions, especially in response to the happy infant video clip. Insecure attachment was negatively correlated with positive facial expressions displayed in response to the happy infant and positively correlated with the intensity of negative emotions experienced in response to the sad infant video clip. Conclusion: People with EDs do not have marked abnormalities in their attentional processing of infant emotional faces. However, they do have a reduction in facial affect particularly in response to happy infants. Also, they report greater negative reactions to sadness, and rate positive emotions less intensively than HCs. This pattern of emotional responsivity suggests abnormalities in social reward sensitivity and might indicate new treatment targets.
2. Maternal and family factors and child eating pathology: Risk and protective relationships

Author(s) Allen K.L., Gibson L.Y., McLean N.J., Davis E.A., Byrne S.M.

Citation: Journal of Eating Disorders, April 2014, vol./is. 2/1, 2050-2974 (29 Apr 2014)

Publication Date: April 2014

Abstract: Background: Previous studies have found associations between maternal and family factors and child eating disorder symptoms. However, it is not clear whether family factors predict eating disorder symptoms specifically, or relate to more general child psychopathology, of which eating disorder symptoms may be one component. This study aimed to identify maternal and family factors that may predict increases or decreases in child eating disorder symptoms over time, accounting for children's body mass index z-scores and levels of general psychological distress.

Methods: Participants were 221 mother-child dyads from the Childhood Growth and Development Study, a prospective cohort study in Western Australia. Participants were assessed at baseline, 1-year follow-up and 2-year follow-up using interview and self-report measures. Children had a mean age of 10 years at baseline and 46% were male. Linear mixed models and generalised estimating equations were used to identify predictors of children's eating disorder symptoms, with outcome variables including a global index of eating disorder psychopathology, levels of dietary restraint, levels of emotional eating, and the presence of loss of control ('binge') eating.

Results: Children of mothers with a current or past eating disorder reported significantly higher levels of global eating disorder symptoms and emotional eating than other children, and mothers with a current or past eating disorder reported significantly more concern about their children's weight than other mothers. Maternal concern about child weight, rather than maternal eating disorder symptoms, was significant in predicting child eating disorder symptoms over time. Family exposure to stress and low maternal education were additional risk factors for eating disorder symptoms, whilst child-reported family satisfaction was a protective factor.

Conclusions: After adjusting for relevant confounding variables, maternal concern about child weight, children's level of family satisfaction, family exposure to stress, and maternal education are unique predictors of child eating disorder symptoms. © 2014 Allen et al.; licensee BioMed Central Ltd.

Source: EMBASE

Available in fulltext from Journal of Eating Disorders at BioMedCentral

Available at Journal of Eating Disorders; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.

3. Attachment anxiety moderates the relationship between growth in group cohesion and treatment outcomes in Group Psychodynamic Interpersonal Psychotherapy for women with binge eating disorder.

Author(s) Gallagher, Meagan E., Tasca, Giorgio A., Ritchie, Kerri, Balfour, Louise, Bissada, Hany

Citation: Group Dynamics: Theory, Research, and Practice, Mar 2014, vol. 18, no. 1, p. 38-52, 1089-2699 (Mar 2014)

Publication Date: March 2014

Abstract: Previous research suggests an association between increased group cohesion and: (a) improved group process, and (b) improved treatment outcomes for those with binge eating disorder (BED) and depression (Castonguay, Pincus, Agras, & Hines, 1998; Crowe & Grenyer, 2008). Other research indicated that attachment anxiety may be associated with treatment outcomes for women with BED (Tasca, Ritchie et al., 2006). Our goals for this study were to examine the relationship between group cohesion,
attachment anxiety, and change in clinical outcomes at posttreatment. Participants, 102 women with BED, were assigned to homogeneously composed psychotherapy groups based on their pretreatment level of attachment anxiety (i.e., high vs. low attachment anxiety). The group treatment was 16 weeks of Group Psychodynamic Interpersonal Psychotherapy (GPIP; Tasca, Mikail, & Hewitt, 2005). Outcomes were measured pre- and posttherapy, and cohesion was measured weekly. We found a significant increase in group cohesion over the course of treatment in both high and low attachment anxiety conditions. We also found that attachment anxiety at study baseline moderated the relationship between growth in group cohesion and change in binge eating. Increase in group cohesion was associated with improved binge eating, but only for those high in attachment anxiety. Our findings are consistent with an interpersonal model of BED, and suggest that group therapists should emphasize the growth of cohesion in therapy groups, especially for those with high attachment anxiety, so as to maximize interventions aimed at reducing binge eating and associated presenting problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)

Source: PsycINFO

Available in fulltext from Group Dynamics: Theory, Research, and Practice at ProQuest


Author(s)

Citation: Psychotherapy, Mar 2014, vol. 51, no. 1, p. 87., 0033-3204 (Mar 2014)

Publication Date: March 2014

Abstract: Reports an error in "Change in Attachment Insecurity Is Related to Improved Outcomes 1 Year Post Group Therapy in Women With Binge Eating Disorder" by Hilary Maxwell, Giorgio A. Tasca, Kerri Ritchie, Louise Balfour and Hany Bissada (Psychotherapy, Advanced Online Publication, Feb 11, 2013, np). This article contained errors in the interpretation of the time-varying covariate analyses in the Online First version of the article. The authors had stated that: (a) there was a significant relationship between change in Inventory of Interpersonal Problems (IIP) scores and change in both attachment anxiety, $p = .01$, and attachment avoidance, $p = .02$; and (b) there was also a significant relationship between change in depressive symptoms and change in attachment anxiety, $p = .04$. The correct interpretation is: (a) attachment avoidance scores and attachment anxiety scores are related to IIP scores across all time points; and (b) attachment anxiety scores are related depressive symptoms across all time points. In the corrected version of the article additional multilevel modeling analyses continue to partly support hypothesis 2. That is, change in attachment avoidance scores and change in attachment anxiety scores are related to change in IIP scores (but not change in depressive symptoms as originally reported). Also incorrect was the interpretation that: the relationship between reduced attachment avoidance and improved IIP scores significantly strengthened over time, $p < .001$. The correct interpretation is that a lower score in attachment avoidance at any time point is related to improvement in IIP scores at that time point. The correct interpretation remains consistent with hypothesis 3. All versions of this article have been corrected. (The following abstract of the original article appeared in record 2013-03964-001.) An interpersonal model of Binge Eating Disorder (BED) posits that difficulties with social functioning precipitate negative affect, which in turn causes binge eating as a means of coping. Thus, long-term decreases in attachment insecurity may be important for women with BED. No research has assessed if long-term change in attachment insecurity is associated with sustained change in other outcomes. In the current study, we hypothesized that changes in attachment anxiety and avoidance will decrease at posttreatment and will be maintained up to 12 months after Group Psychodynamic Interpersonal Psychotherapy (GPIP). We further hypothesized that long-term stability of these changes in attachment insecurity will be related to other long-term outcomes. Women with BED ($N = 102$) attended 16 sessions of GPIP. Measures were completed pretreatment, posttreatment, at 6 and 12 months follow-up. Attachment anxiety, attachment avoidance, and the other outcome variables decreased significantly at 12 months posttreatment. Reductions in attachment anxiety and avoidance were significantly related to decreases in interpersonal problems up to 12 months posttreatment, and reduction in attachment anxiety was significantly related to decreases in depressive symptoms 12 months posttreatment. Further, the significant relationship between reduced attachment avoidance and decreased interpersonal problems
strengthened over the long term. This is the first study to show an association between change in attachment insecurity and change in other outcomes in the long term, and to show an adaptive spiral in which greater reduction in attachment avoidance is increasingly associated with ongoing improvement of interpersonal problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved)
with those with lower attachment anxiety. There was a significant relationship between greater convergence in cohesion ratings and improved self-esteem at post-treatment. More accurate self-perceptions through feedback from group members may be a key factor in facilitating increased self-esteem in group therapy. Group therapists may facilitate such interpersonal learning, especially for those higher in attachment anxiety, by noting discrepancies and then encouraging convergence between an individual and the group in their perceptions of cohesion to the group. © 2013 American Psychological Association.

Source: EMBASE
Available in fulltext from Psychotherapy at ProQuest

7. Change in attachment insecurity is related to improved outcomes 1-year post group therapy in women with binge eating disorder

Author(s) Maxwell H., Tasca G.A., Ritchie K., Balfour L., Bissada H.

Citation: Psychotherapy, March 2014, vol./is. 51/1(57-65), 0033-3204;1939-1536 (March 2014)

Publication Date: March 2014

Abstract: An interpersonal model of binge eating disorder (BED) posits that difficulties with social functioning precipitate negative affect, which in turn causes binge eating as a means of coping. Thus, long-term decreases in attachment insecurity may be important for women with BED. No research has assessed if long-term change in attachment insecurity is associated with sustained change in other outcomes. In the current study, we hypothesized that changes in attachment anxiety and avoidance will decrease at posttreatment and will be maintained up to 12 months after Group Psychodynamic Interpersonal Psychotherapy (GPIP). We further hypothesized that long-term stability of these changes in attachment insecurity will be related to other long-term outcomes. Women with BED (N = 102) attended 16 sessions of GPIP. Measures were completed pretreatment, posttreatment, at 6 and 12 months follow-up. Attachment anxiety, attachment avoidance, and the other outcome variables decreased significantly at 12 months posttreatment. Reductions in attachment anxiety and avoidance were significantly related to decreases in interpersonal problems up to 12 months posttreatment, and reduction in attachment anxiety was significantly related to decreases in depressive symptoms 12 months posttreatment. Further, the significant relationship between reduced attachment avoidance and decreased interpersonal problems strengthened over the long term. This is the first study to show an association between change in attachment insecurity and change in other outcomes in the long term, and to show an adaptive spiral in which greater reduction in attachment avoidance is increasingly associated with ongoing improvement of interpersonal problems. © 2013 American Psychological Association.

Source: EMBASE
Available in fulltext from Psychotherapy at ProQuest


Author(s) Milan, Stephanie, Acker, Jenna C

Citation: Psychology & health, Jan 2014, vol. 29, no. 8, p. 896-914 (2014)

Publication Date: January 2014

Abstract: There is growing evidence that children's early relational environment has lasting implications for physical and mental health. In this paper, we test whether attachment insecurity in early childhood is associated with increased responsivity to risk factors for eating disorders (EDs; e.g. pubertal weight gain, maternal negative affect) during adolescence. Hypotheses were tested with longitudinal data from 447 girls (final mean age = 15.1 years) over a 12-year period. Tests of direct effects, moderation and moderated mediation were conducted using nested structural equation models and bootstrapped estimates of direct and indirect effects. Early attachment quality was not directly associated with disordered eating attitudes and behaviours (DEABs), but did moderate relations between adolescent ED risk factors and DEABs. Specifically, among girls with an insecure
attachment history, higher BMI at age 15 directly predicted more DEABs, while maternal negative affect and pubertal weight gain indirectly predicted DEABs via greater preoccupation with parental relationships. These same direct and indirect paths did not emerge among adolescent girls with a secure attachment history. Results delineate one way early attachment quality may contribute to EDs among some adolescent girls, and support recent efforts to incorporate relational components into obesity and ED prevention programmes.

Source: Medline

9. Shadows of attachment: Narratives of women's relationships with others and with food.

Author(s) Temkin, Jenna Repp

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, Jan 2014, vol. 74, no. 8-B(E), 0419-4217 (2014)

Publication Date: January 2014

Abstract: The purpose of this research was to explore, describe, and understand the ways in which adult women interpreted and integrated their early life experiences of attachment and to explore how these experiences related to and transpired into later formations of sense of self and relationships/meanings of others and food. Included in this exploration was women's sense of cohesion in their stories. A phenomenological qualitative research design was utilized to examine the narratives of women and their experiences of relationships and food. The study confirms that there is a connection between misattunement in early attachment experiences and subsequent disordered eating behaviors. Seven common, recurring themes were discovered and explored in the women's narratives over the course of the study: caregiver-daughter relationship and attachment, father-daughter relationship and disordered eating, eating disorder formation, emotions in household, shifts in attachment, sense of self and incoherence in narratives, and trauma and eating disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Source: PsycINFO

10. Adult attachment anxiety: Using group therapy to promote change

Author(s) Marmarosh C.L., Tasca G.A.

Citation: Journal of Clinical Psychology, November 2013, vol./is. 69/11(1172-1182), 0021-9762;1097-4679 (November 2013)

Publication Date: November 2013

Abstract: Group therapy can facilitate changes for members with greater attachment anxiety who tend to struggle with negative self-perceptions, difficulties regulating emotions, poor reflective functioning, and compromised interpersonal relationships. A clinical example of a therapy group with members who had elevated attachment anxiety and who were diagnosed with binge eating disorder demonstrates how attachment theory can be applied to group treatment. The clinical material from the beginning, middle, and end of group is presented to highlight how attachment anxiety influences members' emotional reactions and behaviors in the group, how group factors facilitate change, and how the leader fosters the development of a secure base within the group. Pre- to posttreatment outcomes indicate positive changes in binge eating, depressive symptoms, and attachment avoidance and anxiety. To facilitate change in individuals with greater attachment anxiety, group therapists may foster a secure base in the group through group cohesion, which will facilitate down regulation of emotions, better reflective functioning, and relationships that are less preoccupied with loss and more secure. © 2013 Wiley Periodicals, Inc.

Source: EMBASE

Available in fulltext from Journal of Clinical Psychology at EBSCOhost

Available in fulltext from Journal of Clinical Psychology at EBSCOhost
11. Attachment insecurity mediates the relationship between childhood trauma and eating disorder psychopathology in a clinical sample: A structural equation model


**Citation:** Child Abuse and Neglect, November 2013, vol./is. 37/11(926-933), 0145-2134;1873-7757 (November 2013)

**Publication Date:** November 2013

**Abstract:** Objectives: Childhood maltreatment occurs often among those with an eating disorder and is considered a nonspecific risk factor. However, the mechanisms by which childhood maltreatment may lead to an eating disorder are not well understood. The current study tests a model in which attachment insecurity is hypothesized to mediate the relationship between childhood maltreatment and eating disorder psychopathology.

**Method:** Treatment seeking adults with eating disorders (N= 308) completed questionnaires about childhood maltreatment, eating disorder psychopathology, and adult attachment.

**Results:** Structural equation models indicated that childhood trauma had a direct effect on eating disorder symptoms. Also, attachment anxiety and avoidance each equally mediated the childhood maltreatment to eating disorder psychopathology relationship. Conclusions: Attachment insecurity, characterized by affect dysregulation and interpersonal sensitivities may help to explain why eating disorder symptoms may be one consequence of childhood maltreatment in a clinical sample. Clinicians treating primarily those with trauma might assess for disordered eating as a potential manifestation of the sequelae of trauma and attachment insecurity. © 2013 Elsevier Ltd.

**Source:** EMBASE

12. Perceived hunger mediates the relationship between attachment anxiety and emotional eating

**Author(s)** Alexander K.E., Siegel H.I.

**Citation:** Eating Behaviors, August 2013, vol./is. 14/3(374-377), 1471-0153;1873-7358 (August 2013)

**Publication Date:** August 2013

**Abstract:** Eating is an inherently emotional activity and the attachment system is an emotion regulation system. Individuals with attachment insecurity have less interoceptive awareness and difficulty regulating emotion. Insecurely attached individuals may eat emotionally because they misinterpret internal hunger cues, (i.e. think they are hungry when they are experiencing some other internal, attachment-related state). The current study found a positive association between attachment anxiety and emotional eating. This relationship was mediated by perceived hunger. © 2013 Elsevier Ltd.

**Source:** EMBASE

13. Emotional differentiation and parental bonding in inpatients suffering from eating disorders.

**Author(s)** Rommel, Delphine, Nandrino, Jean-Louis, Antoine, Pascal, Dodin, Vincent

**Citation:** The British journal of clinical psychology / the British Psychological Society, Jun 2013, vol. 52, no. 2, p. 215-229, 0144-6657 (June 2013)

**Publication Date:** June 2013

**Abstract:** This study aimed (1) to determine whether inpatients with eating disorders (EDs) have difficulty differentiating their emotions and being aware of the emotions of others; (2) to investigate the link between actual skills in emotional awareness and the sense of self-efficacy concerning these skills; and (3) to assess the impact of the quality of parental bonding on patients’ levels of emotional awareness. A sample of 44 inpatients with EDs, including a subgroup of 25 patients with restricting type anorexia nervosa (AR) and a subgroup of 19 patients with purging symptoms (PUR), were compared with 37 controls. All participants completed measures on emotional awareness (using the Level of Emotional Awareness Scale [LEAS]), alexithymia (using the Toronto Alexithymia Scale-20 [TAS-20]).
and parental bonding (using the Parental Bonding Inventory). Inpatients with EDs reported difficulties in identifying and describing their feelings when using the self-report questionnaire (TAS-20). However, using a performance-based instrument (LEAS), inpatients with ED exhibited no deficits in differentiating their emotional states, although AR patients experienced difficulties when differentiating the emotional states of others. Moreover, there was no significant association between the TAS-20 and the LEAS scores, suggesting that the two measurements provide insight into different aspects of emotional processing. Regression analyses showed that maternal care had a positive influence on emotional awareness in the AR subgroup, whereas maternal overprotection had a negative influence on emotional awareness in PUR subgroup. Inpatients with EDs do not present with deficits in personal emotional awareness despite their self-perception. AR patients showed deficits in the emotional awareness of others. In patients with EDs, perceived maternal bonding influenced the development of emotional awareness, and this influence was dependent on the type of ED. Psychotherapies that focus on maternal bonding and emotional communication within the family unit may enhance emotional awareness in patients with anorexia or subclinical eating pathologies as an alternative. © 2012 The British Psychological Society.

Source: Medline
Available in fulltext from British Journal of Clinical Psychology at EBSCOhost


Author(s) Ty M., Francis A.J.P.
Citation: Eating Disorders, March 2013, vol./is. 21/2(154-174), 1064-0266;1532-530X (March 2013)
Publication Date: March 2013
Abstract: Few studies have examined potential intermediary processes linking insecure attachment with eating disorders. The purpose of this study was to compare the relative contributions of social comparison and emotion dysregulation on disordered eating symptoms within an attachment framework. Participants were 247 women living in Australia, aged between 18 and 35 years. All the study variables were moderately, positively correlated. Disordered eating was most highly correlated with emotion dysregulation, whilst correlation magnitudes with both attachment styles were comparable. Multiple mediation analysis was performed using bootstrapping procedures. Consistent with hypotheses, the mediating roles of social comparison and emotion dysregulation were supported, suggesting they may be processes through which insecure attachment influences disordered eating. Results highlight the need for intervention to focus not only on eating symptomatology, but also on the ways in which eating disorders are maintained through maladaptive self-regulatory and comparison processes. © 2013 Copyright Taylor & Francis Group, LLC.
Source: EMBASE
Available in fulltext from Eating Disorders at EBSCOhost

15. Matching women with binge eating disorder to group treatment based on attachment anxiety: outcomes and moderating effects.

Author(s) Tasca, Giorgio A, Ritchie, Kerri, Demidenko, Natasha, Balfour, Louise, Krysanski, Valerie, Weekes, Kirsti, Barber, Ann, Keating, Leah, Bissada, Hany
Citation: Psychotherapy research : journal of the Society for Psychotherapy Research, Jan 2013, vol. 23, no. 3, p. 301-314 (2013)
Publication Date: January 2013
Abstract: We hypothesized that compared to therapy groups homogeneously composed of women with binge eating disorder (BED) and low attachment anxiety, groups with high attachment anxiety would have better outcomes and a greater alliance-outcome relationship. We assigned 102 women with BED to therapy groups homogeneously composed of low attachment anxiety (n =52) or high attachment anxiety participants (n=50) who received Group Psychodynamic Interpersonal Psychotherapy (GPIP). GPIP resulted in improved outcomes with large effects. Attachment anxiety condition did not moderate outcomes. However, attachment anxiety condition did moderate the alliance-outcome relationship: i.e., group alliance growth was associated with improved binge eating only in the high attachment anxiety condition. Clinicians should be attentive to and encourage the growth of group therapy alliance especially for anxiously attached individuals.

Source: Medline

16. Subjective and objective binge eating in relation to eating disorder symptomatology, negative affect, and personality dimensions.


Citation: The International journal of eating disorders, Jan 2013, vol. 46, no. 1, p. 66-76 (January 2013)

Publication Date: January 2013

Abstract: The current study explored the clinical meaningfulness of distinguishing subjective (SBE) from objective binge eating (OBE) among individuals with threshold/subthreshold bulimia nervosa (BN). We examined relations between OBEs and SBEs and eating disorder symptoms, negative affect, and personality dimensions using both a group comparison and a continuous approach. Participants were 204 adult females meeting criteria for threshold/subthreshold BN who completed questionnaires related to disordered eating, affect, and personality. Group comparisons indicated that SBE and OBE groups did not significantly differ on eating disorder pathology or negative affect, but did differ on two personality dimensions (cognitive distortion and attentional impulsivity). Using the continuous approach, we found that frequencies of SBEs (not OBEs) accounted for unique variance in weight/shape concern, diuretic use frequency, depressive symptoms, anxiety, social avoidance, insecure attachment, and cognitive distortion. SBEs in the context of BN may indicate broader areas of psychopathology. Copyright © 2012 Wiley Periodicals, Inc.

Source: Medline

Available in fulltext from International Journal of Eating Disorders at EBSCOhost

Available in fulltext from International Journal of Eating Disorders at EBSCOhost

17. The impact of attachment anxiety on interpersonal complementarity in early group therapy interactions among women with binge eating disorder.

Author(s) Maxwell, Hilary, Tasca, Giorgio A., Gick, Mary, Ritchie, Kerri, Balfour, Louise, Bissada, Hany

Citation: Group Dynamics: Theory, Research, and Practice, Dec 2012, vol. 16, no. 4, p. 255-271, 1089-2699 (Dec 2012)

Publication Date: December 2012

Abstract: Interpersonal complementarity during the early stage of therapy may be related to treatment outcomes. The extent to which a patient experiences attachment anxiety may affect the amount of complementary interactions in which a patient engages with a therapist during group therapy, which in turn may be associated with outcomes. The current study is one of the first to assess complementarity in group psychotherapy with the Structural Analysis of Social Behavior. Women with Binge Eating Disorder (n = 60) who received group psychodynamic interpersonal psychotherapy were assessed for attachment anxiety based on the Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994) pretreatment. They were then assigned to one of two conditions in which groups were
homogeneously composed of either high or low attachment anxiety patients. Outcomes included depressive symptoms and binge eating frequency from pre to posttreatment. Complementarity of sequential interactions was assessed among six therapists and their patients during the third session of the 12 therapy groups. The low attachment anxiety condition was associated with higher therapist–patient complementary interactions during the early session of treatment. Greater therapist–patient complementarity during the early session of group therapy was related to a decrease in binge eating frequency at posttreatment. Results suggest that group therapists might focus on promoting greater interpersonal complementary interactions within groups in the early stage of treatment to improve outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)

Source: PsycINFO
Available in fulltext from Group Dynamics: Theory, Research, and Practice at ProQuest

18. Women’s Experiences with Emotional Eating and Related Attachment and Sociocultural Processes

Author(s) Hernandez-Hons A., Woolley S.R.

Citation: Journal of Marital and Family Therapy, October 2012, vol./is. 38/4(589-603), 0194-472X;1752-0606 (October 2012)

Publication Date: October 2012

Abstract: This study explored the experiences, influences, and concerns of women who eat for emotional reasons with an emphasis on relational and cultural factors. Colaizzi’s (1978) guidelines to analyzing phenomenological research were utilized to explore participants’ lived experiences and gain a deeper understanding of emotional eating. A number of unique themes connecting attachment-related influences with emotional eating were identified. The following 10 theme clusters were developed: Personal and Cultural Foundation, Preoccupation With Food and Eating, Relationship History, Addiction as Coping Mechanism for Insecure Attachment, Moments of Empowerment and Acceptance, Self-Judgment About Eating and Weight, Social Influences on Eating and Weight Gain, Secretive Eating, Emotional Eating as Reminiscent of Ambivalent Attachment, and Emotional Hunger. Clinical interventions and future research are discussed. © 2012 American Association for Marriage and Family Therapy.

Source: EMBASE
Available in fulltext from Journal of Marital and Family Therapy at ProQuest
Available in fulltext from Journal of Marital & Family Therapy at EBSCOhost

19. Attachment, the tripartite influence model, and the development of body dissatisfaction.

Author(s) Hardit, Saroj K., Hannum, James W.

Citation: Body Image, Sep 2012, vol. 9, no. 4, p. 469-475, 1740-1445 (Sep 2012)

Publication Date: September 2012

Abstract: The tripartite model of influence proposes that three primary core sources of influence—parents, peers and media—contribute to the development of body dissatisfaction and disordered eating. In the current study, this model was examined in a sample of 205 undergraduate women. This study added to previous research by investigating mother and father criticism separately and by examining the potential moderating effects of parental attachment in the pathway to body dissatisfaction. Results indicated partial support for the tripartite model of influence. Sociocultural influences (media) were found to be a significant predictor of body dissatisfaction, but not parental or peer criticism. Anxious attachment was found to be a significant moderator on the effects of sociocultural attitudes in body dissatisfaction. Limitations and future research implications are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)

Source: PsycINFO
20. Impact of emotional awareness and parental bonding on emotional eating in obese women.

Author(s) Rommel, Delphine, Nandrino, Jean-Louis, Ducro, Claire, Andrieux, Séverine, Delecourt, François, Antoine, Pascal

Citation: Appetite, Aug 2012, vol. 59, no. 1, p. 21-26 (August 2012)

Publication Date: August 2012

Abstract: This study aimed to: (1) determine whether obese women have deficits in emotional awareness and more frequently use emotional eating to regulate their emotions, (2) assess the impact of emotional awareness on the use of emotional eating, and (3) explore the impact of parental bonding on patient level of emotional awareness. A sample of 94 obese women was compared with 56 control participants. All participants answered questionnaires concerning their eating habits (Dutch Emotional Behavior Questionnaire), emotional awareness (Level of Emotional Awareness Scale) and parental bonding (Parental Bonding Inventory). Obese women exhibited deficits in emotional awareness and used emotional eating as an emotion regulation strategy more often than controls. Regression analyses showed that paternal and maternal overprotection negatively influenced obese patients’ levels of emotional awareness and that emotional awareness positively influenced their emotional eating. Copyright © 2012 Elsevier Ltd. All rights reserved.

Source: Medline

Available in fulltext at Appetite; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date

21. The Parent-Child Relationship as Predictor of Eating Pathology and Weight Gain in Preadolescents

Author(s) Goossens L., Braet C., van Durme K., Decaluwe V., Bosmans G.

Citation: Journal of Clinical Child and Adolescent Psychology, July 2012, vol./is. 41/4(445-457), 1537-4416 (July 2012)

Publication Date: July 2012

Abstract: The present study examined the role of attachment toward mother and father as a predictor of eating pathology and weight gain among preadolescent boys and girls. Self-report questionnaires and adjusted body mass index (BMI) were administered from a community sample of 601 preadolescents (8-11 years; 48% female) at baseline and once again 1 year later. Significant baseline associations were found between attachment toward both parents and several features of eating pathology. No baseline correlations were found between the attachment variables and adjusted BMI. However, after controlling for gender and baseline levels of eating pathology and weight, an insecure attachment toward mother significantly predicted increases in dietary restraint, eating concerns, weight concerns, and shape concerns, and adjusted BMI in the children 1 year later. An insecure attachment toward father was predictive for persistence in children's subjective binge eating episodes. The present study provides preliminary evidence for the longitudinal association between attachment and eating pathology and weight gain in preadolescents. Moreover, attachment toward mother and attachment toward father appear to be differently associated with their children's disordered eating attitudes and adjusted BMI. Future research should further elucidate the mechanisms underlying this differential association. © 2012 Copyright Taylor and Francis Group, LLC.

Source: EMBASE

Available in fulltext from Journal of Clinical Child & Adolescent Psychology at EBSCOhost

22. The linkage between eating behaviour and emotion regulation in children: Results from a referred sample
Abstract: Introduction: When examining childhood obesity, research shows a strong relation between the child's eating style and the weight status of the child. More specific, an emotional eating style, eating when experiencing negative emotions, has frequently been associated with childhood obesity. This study is based on the recent focus in literature on emotion regulation theories. We assume that emotional eating can be viewed as a maladaptive strategy to regulate negative emotions. Therefore the aim of this study is to test if children with an emotional eating style also show higher use of maladaptive emotion regulation strategies. Methods: We included overweight youngsters between the age of 10 and 16 (N = 50), who were seeking treatment. During a first visit at the treatment centre, youngsters were asked to fill in a battery of questionnaires. Results: First analyses show as predicted significant positive associations between emotional eating and the use of maladaptive emotion regulation strategies in general. Conclusions: Further results will be discussed at the conference. Moreover, we will present a model that can explain how family interactions (e.g. secure or insecure attachment with the parents) can have an impact on the way children learn to regulate their emotions.

Source: EMBASE

23. Attachment as predictor of eating pathology and weight gain in preadolescent boys and girls

Author(s) Goossens L., Braet C.

Citation: Obesity Facts, May 2012, vol./is. 5/(43), 1662-4025 (May 2012)

Abstract: Introduction: The present study examined the role of attachment towards mother and father as a predictor of eating pathology and weight gain among preadolescent boys and girls. Methods: Self-report questionnaires and Adjusted Body Mass Index (BMI) were administered from a community sample of 601 preadolescents (8-11 years; 48% female) at baseline and once again one year later. Results: Significant baseline associations were found between attachment towards both parents and several features of eating pathology. No baseline correlations were found between the attachment variables and Adjusted BMI. However, after controlling for gender and baseline levels of eating pathology and weight, an insecure attachment towards mother significantly predicted increases in dietary restraint, eating, weight and shape concerns, and in Adjusted BMI in the children one year later. An insecure attachment towards father was predictive for persistence in children's subjective binge eating episodes. Conclusions: The present study provides preliminary evidence for the longitudinal association between attachment and eating pathology and weight gain in preadolescents. Moreover, attachment towards mother and attachment towards father appear to be differently associated with their children's disordered eating attitudes and Adjusted BMI. Future research should further elucidate the mechanisms underlying this differential association.

Source: EMBASE

24. Attachment styles and changes among women members of Overeaters Anonymous who have recovered from binge-eating disorder.

Author(s) Hertz, Pnina, Addad, Moshe, Ronel, Natti

Citation: Health & Social Work, May 2012, vol. 37, no. 2, p. 110-122, 0360-7283 (May 2012)

Abstract: In Overeaters Anonymous (OA), the 12-step self-help program for compulsive overeaters, binge eating is regarded as a physical, spiritual, and emotional disorder. Consequently, the program proposes recovery through the adoption of a lifestyle that leads to physical, spiritual, and emotional well-being. A qualitative phenomenological study that
focused on the emotional recovery of OA members was conducted. Personal narratives were obtained through semi-structured in-depth interviews. It was found that the tools used for spiritual and emotional work at OA are essential to recovery. Furthermore, the experience of secure attachment is likely to occur within OA when safe ground is provided and positive attachment figures are accessible. These safe ground and positive attachment figures facilitate a corrective emotional experience that compensates for a childhood recollected in terms of rejection and time spent with a caregiver who lacked the emotional availability required for the creation of a secure attachment. Theoretical, clinical, and future research implications are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)

Source: PsycINFO
Available in fulltext from Health & Social Work at EBSCOhost

25. Outcomes of specific interpersonal problems for binge eating disorder: comparing group psychodynamic interpersonal psychotherapy and group cognitive behavioral therapy.

Author(s) Tasca, Giorgio A, Balfour, Louise, Presniak, Michelle D, Bissada, Hany
Citation: International journal of group psychotherapy, Apr 2012, vol. 62, no. 2, p. 197-218 (April 2012)
Publication Date: April 2012
Abstract: We assessed whether an attachment-based treatment, Group Psychodynamic Interpersonal Psychotherapy (GPIP) had a greater impact compared to Group Cognitive Behavioral Therapy (GCBT) on Cold/Distant and Intrusive/Needy interpersonal problems. Ninety-five individuals with Binge Eating Disorder (BED) were randomized to GPIP or GCBT and assessed at pre-, post-, and six months post-treatment. Both therapies resulted in a significant decrease in all eight interpersonal problem subscales except the Nonassertive subscale. GPIP resulted in a greater reduction in the Cold/Distant subscale compared to GCBT, but no differences were found for changes in the Intrusive/Needy subscale. GPIP may be most relevant for those with BED who have Cold/Distant interpersonal problems and attachment avoidance.
Source: Medline
Available in fulltext from International Journal of Group Psychotherapy at ProQuest

26. Attachment styles, coping and emotional eating

Author(s) Ouwens M.A.A., Van Erp E., Bekker M.H.J.
Citation: Appetite, October 2011, vol./is. 57/2(550), 0195-6663 (October 2011)
Publication Date: October 2011
Abstract: In an eating disordered population and in a community sample an association between emotion-oriented coping was found with emotional eating (Spoor et al., 2006). The relation between attachment, coping styles and emotional eating was studied to investigate whether early disturbance of development resulted in unhealthy coping styles and emotional eating. In this between-group crossectional study 139 females filled in questionnaires on emotional eating (DEBQ, Van Strien, 2002), coping styles (UCL, Schreurs et al., 1993) and attachment (ASQ, Feeney, Noller, & Hanrahan, 1994). Active coping appeared to be negatively related to emotional eating, whereas attachment styles appeared not to relate to emotional eating. Securely attached women showed more active coping styles and used more social support, whereas unsecure attached women used more often avoidant and depressive coping styles. So, emotional eating seems to be related to active coping styles but not to attachment styles. Secure attachment co-occurs
with active coping and unsecure attachment co-occurs with more unhealthy coping styles.

Source: EMBASE
Available in fulltext at Appetite; Collection notes: Academic-License. Please note search only titles within the trial dates: 2010 - to-date

27. Understanding your own and other’s minds: The relationship to eating disorder related symptoms.

Author(s) Warren, Louise, Cooper, Myra J.

Citation: European Eating Disorders Review, 01 September 2011, vol./is. 19/5(417-425), 10724133

Publication Date: 01 September 2011

Abstract: A study using a cross-sectional survey design examined whether eating disorder (ED) related symptoms are associated with understanding one's own and others' minds. A non-clinical sample of 145 women completed self-report questionnaires and recorded their emotional, cognitive and behavioural responses to descriptions of scenarios (vignettes). Responses to scenarios were made from the perspective of self, an attachment figure and a same sex acquaintance. Data were analysed using multiple regression statistics with ED related symptoms as the dependent variable. High levels of ED related symptoms were associated with 'concretised' understanding of own emotions (i.e. a greater number of food related responses), but sophisticated understanding of same sex acquaintance's emotions. They were associated with fewer positive thoughts for self, fewer negative emotions about their own behaviour, and more food responses for same sex acquaintance's behaviour. Similarities and differences were observed in the different perspectives. Limitations are discussed. Implications for further research related to this topic and relevant to EDs are briefly summarised. Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

Source: CINAHL
Available in fulltext from European Eating Disorders Review at EBSCOhost

28. Binge eating and overweight in childhood from an attachment perspective.

Author(s) Gray, Colleen

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, Jan 2011, vol. 72, no. 4-B, 0419-4217 (2011)

Publication Date: January 2011

Abstract: This study examined the effect of attachment security and binge eating on level of overweight in children and adolescents. Previous researchers have assessed the relationships between attachment security and psychopathology, psychopathology and binge eating, and binge eating and being overweight. Findings have suggested that individuals classified as insecurely attached are more likely to develop symptoms of depression and anxiety, and that individuals with such affective disturbances are more vulnerable to developing binge eating. Previous research has also indicated a strong relationship between binge eating and degree of overweight. However, there had been no comparison of the specific relationship between attachment security, binge eating, and being overweight. It was hypothesized that insecurely attached children who binge eat would differ in their Body Mass Index (BMI) scores from securely attached non-binge eaters. A negative correlation between age of onset of obesity and binge eating was also hypothesized. Archival data obtained from the National Institute of Child Health Development: Study of Early Child Care and Youth Development (NICHD: SECCYD) was used to examine differences among children and adolescents (n=525). Two-way between groups ANOVA revealed a statistically significant interaction effect between attachment security and binge eating in terms of BMI scores at age 15. Specifically, insecurely attached children who did not binge eat had higher BMI scores at age 15 than securely attached children who did binge eat. Demographic data indicated that children classified as living below the poverty level and non-Caucasian children were found to have higher BMI scores at age 15. BMI scores at age 15 were also higher for children from one versus two
parent families. Findings from the current study suggest that further research on attachment as it relates to disordered eating and overweight is warranted and that limitations of the current study may provide useful information regarding implications for future research. Specifically, future research using attachment measures to assess security in adolescents and young adults, as well as the use of a more specialized instrument in measuring binge eating is discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycINFO


Author(s) Koskina, Nefeli, Giovazolias, Theodoros


Publication Date: July 2010

Abstract: The present study examined the effects of insecure attachment on the development of negative body image as a contributing factor to the development of disturbed eating patterns in male and female university students. Participants were nonclinical male (n = 100) and female (n = 381) university students. Administering self-report questionnaires, the authors assessed demographic information (gender, age), anthropometric data (Body Mass Index [BMI], age), romantic attachment (ECRS-R; R. C. Fraley, N. G. Waller, & K. A. Brennan, 2000), body dissatisfaction (BSQ), and disturbed eating (EAT-26). The authors found body dissatisfaction to fully mediate the relationship between attachment anxiety and disordered eating in women. Body dissatisfaction mediated anxious attachment and dieting in men. In addition, attachment avoidance had a direct impact on eating behaviors for both genders, without the mediation of any variables measured in this study. The findings of the present study suggest that the anxiety and avoidance dimensions of attachment insecurity affect eating behaviors differently, and the effects are different across genders. The authors discuss results in the context of therapeutic interventions design. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)

Source: PsycINFO

Available in fulltext from Journal of Psychology at EBSCOhost
Available in fulltext from Journal of Psychology, The at ProQuest
Available in fulltext from Journal of Psychology at EBSCOhost

30. Early trauma and adult obesity: Is psychological dysfunction the mediating mechanism?

Author(s) D'Argenio A., Mazzi C., Pecchioli L., Di Lorenzo G., Siracusano A., Troisi A.

Citation: Physiology and Behavior, December 2009, vol./is. 98/5(543-546), 0031-9384 (07 Dec 2009)

Publication Date: December 2009

Abstract: Several studies have shown that physical and/or sexual abuse during childhood may lead to the development of obesity later in life. Despite these consistent findings, the mechanism for the increased risk of obesity following developmental trauma is unknown. It has been suggested that psychological dysfunction, including the presence of disordered eating behavior, may account for the added risk of adult obesity. To test this hypothesis, we analyzed the prevalence and severity of different types of early traumatic life events, assessed the presence of co-existing psychiatric disorders and measured adult attachment style in a sample of 200 subjects including non-obese healthy volunteers and obese participants undergoing a psychiatric assessment to determine suitability for bariatric surgery. Participants who scored higher on a scale measuring the severity of traumatic events experienced during the first 15 years of their lives were more likely to be obese at the time of testing. The exclusion of the participants who experienced physical and/or
sexual abuse did not change the results of statistical analysis. Severity of early trauma remained a significant predictor of adult obesity when the influence of psychiatric diagnosis and anxious attachment was taken into account. These findings suggest that: (1) not only sexual or physical abuse but also less severe forms of early-life stress are linked to the development of obesity later in life; and (2) psychological dysfunction is not the only mechanism mediating the elevated risk of obesity in persons exposed to early-life trauma.

Source: EMBASE

31. Investigating the role of attachment in social comparison theories of eating disorders within a non-clinical female population.

Author(s) Bamford B, Halliwell E

Citation: European Eating Disorders Review, 01 September 2009, vol./is. 17/5(371-379), 10724133

Publication Date: 01 September 2009

Abstract: OBJECTIVE: The present study aimed to integrate attachment theory and sociocultural theory as predictors of disordered eating, thereby combining two previously distinct literatures in order to provide a more comprehensive model of eating disorder development. It was specifically proposed that women's attachment style may influence their tendency to socially compare themselves to idealized others. METHOD: Participants (N = 213) were non-clinical female undergraduates. Sociocultural attitudes to appearance, social comparison, attachment and eating disorder symptomatology were assessed using self-report questionnaires. RESULTS: Consistent with the hypothesis, social comparison was found to mediate the relationship between attachment anxiety and disordered eating. In addition, attachment avoidance, was not significantly associated with either internalisation of cultural ideals or social comparison but was significantly related to eating psychopathology. CONCLUSION: The findings suggest that attachment anxiety and avoidance influence disordered eating via different pathways, with attachment anxiety specifically being implicated in sociocultural models of disordered eating.

Source: CINAHL

Available in fulltext from European Eating Disorders Review at EBSCOhost

32. Mental representations of attachment in eating disorders: a pilot study using the Adult Attachment Interview.

Author(s) Barone L, Guiducci V

Citation: Attachment & Human Development, 01 July 2009, vol./is. 11/4(405-417), 14616734

Publication Date: 01 July 2009

Abstract: Mental representations of attachment in a sample of adults with Eating Disorders (ED) were assessed using the Adult Attachment Interview (AAI). Sixty subjects participated in the study: 30 non-clinical and 30 clinical. The results obtained showed a specific distribution of attachment patterns in the clinical sample: 10% Free/Autonomous (F), 47% Insecure-Dismissing (Ds), 17% Insecure-Entangled/Preoccupied (E) and about 26% disorganized (CC/U). The two samples differed in their attachment pattern distribution and were significantly different on some coding system scales. Further information was obtained by analyzing differences between the three ED subtypes considered (i.e. Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder) and by investigating the differential role of the two parental figures in the definition of attachment representations. Results showed potential benefits in using the AAI coding system scales in addition to the main classifications in order to understand better the developmental issues involved in these disorders. Implications for developmental research and clinical nosology are discussed.

Source: CINAHL

Available in fulltext from Attachment & Human Development at EBSCOhost
33. Change in attachment anxiety is associated with improved depression among women with binge eating disorder.

Author(s) Tasca, Giorgio, Balfour, Louise, Ritchie, Kerri, Bissada, Hany

Citation: Psychotherapy (Chicago, Ill.), Dec 2007, vol. 44, no. 4, p. 423-433, 0033-3204 (December 2007)

Publication Date: December 2007

Abstract: The study examined if the relationship between change in attachment insecurity and target symptom outcomes was moderated by treatment type. Women (N = 66) with binge eating disorder (BED) were randomly assigned to two treatment types: group cognitive-behavioral therapy (GCBT) or group psychodynamic-interpersonal psychotherapy (GPIP). Results indicated significant positive pre- to posttreatment changes in all attachment insecurity scales, but no difference between GCBT and GPIP on these changes. Change in attachment anxiety was related to improved depression for women completing GPIP, but not for women completing GCBT. This indicated a moderating effect of treatment type in explaining the relationship between change in attachment anxiety and improved depression. Changes in attachment anxiety may be important for symptom outcomes related to psychodynamic-interpersonal therapies. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Source: Medline
Available in fulltext from Psychotherapy: Theory, Research, Practice, Training at ProQuest

34. Relationships among attachment styles, personality characteristics, and disordered eating.

Author(s) Eggert J, Levendosky A, Klump K

Citation: International Journal of Eating Disorders, 01 March 2007, vol./is. 40/2(149-155), 02763478

Publication Date: 01 March 2007

Abstract: OBJECTIVE:: Insecure attachment styles and certain personality characteristics (i.e., high levels of neuroticism) have been associated with eating pathology. However, previous research has not examined these variables simultaneously and has not examined possible mediating relationships between attachment and personality characteristics for disordered eating. Because personality characteristics have emerged as some of the most robust predictors of disordered eating, it was predicted that the link between attachment and disordered eating might be through personality styles. METHOD:: Participants included 85 female twins and triplets who took part in the Michigan State University Twin Study. Disordered eating, attachment style, and personality characteristics were assessed. Hierarchical linear models were used to examine relationships among the variables. RESULTS:: Overall, neuroticism, and extra version to a lesser extent, mediated the relationship between insecure-resistant attachment and disordered eating. Specifically, higher scores on the neuroticism scale predicted more disordered eating and explained the relationship between insecure-resistant attachment and disordered eating. CONCLUSION:: These results suggest that relationships between attachment style and disordered eating are indirect, in that neuroticism fully mediates associations between insecure-resistant attachment and disordered eating. (c) 2006 by Wiley Periodicals, Inc. Int J Eat Disord 2006.

Source: CINAHL
Available in fulltext from International Journal of Eating Disorders at EBSCOhost
Available in fulltext from International Journal of Eating Disorders at EBSCOhost

35. The relationship between attachment scales and group therapy alliance growth differs by treatment type for women with binge-eating disorder

Author(s) Tasca G.A., Balfour L., Ritchie K., Bissada H.
36. Isn't this just bedtime snacking? The potential adverse effects of night-eating symptoms on treatment adherence and outcomes in patients with diabetes.

**Author(s)** Morse, Shereen A, Ciechanowski, Paul S, Katon, Wayne J, Hirsch, Irl B

**Citation:** Diabetes care, Aug 2006, vol. 29, no. 8, p. 1800-1804, 0149-5992 (August 2006)

**Publication Date:** August 2006

**Abstract:** Night-eating syndrome is characterized by excessive eating in the evening and nocturnal awakening with ingestion of food. Psychosocial variables and emotional triggers may be associated with these behaviors. In patients with diabetes, such behaviors may lead to glucose dysregulation and contribute to obesity and complications. In 714 tertiary care patients with type 1 and 2 diabetes, we determined the proportion of patients reporting eating >25% of their daily food intake after regular suppertime. We also screened patients for major depression, childhood maltreatment histories, nonsecure attachment styles, and emotional eating triggers. We examined whether patients reporting night-eating behaviors had greater psychosocial distress, higher HbA(1c) (A1C) levels, more obesity, and more diabetes complications compared with patients without night-eating behaviors. Night-eating behaviors were reported in 9.7% of patients. Compared with patients without night-eating behaviors, those with these behaviors were less adherent with diet, exercise, and glucose monitoring and more likely to be depressed, to report childhood maltreatment histories, to have nonsecure attachment styles, and to report eating in response to anger, sadness, loneliness, worry, and being upset. Controlling for age, sex, race, and major depression, patients with night-eating behaviors, compared with patients without night-eating behaviors, were more likely to be obese (odds ratio 2.6 [95% CI 1.5-4.5]), to have A1C values >7% (2.2 [1.1-4.1]) and to have two or more diabetes complications (2.6 [1.5-4.5]). Night-eating behaviors are associated with adverse outcomes in patients with diabetes. Use of clinical screening tools may help identify patients with night-eating behaviors.

**Source:** Medline

Available in fulltext from Diabetes Care at Highwire Press

Available in fulltext from Diabetes Care at ProQuest

37. Attachment scales predict outcome in a randomized controlled trial of two group therapies for binge eating disorder: An aptitude by treatment interaction.

**Author(s)** Tasca, Giorgio A., Ritchie, Kerri, Conrad, Gretchen, Balfour, Louise, Gayton, Jane, Lybanon, Vanessa, Bissada, Hany

**Citation:** Psychotherapy Research, Jan 2006, vol. 16, no. 1, p. 106-121, 1050-3307 (Jan 2006)

**Publication Date:** January 2006

**Abstract:** Patients (N =135) with binge eating disorder (BED) were randomized to a control
condition or to one of two 16-session group treatments: group cognitive-behavioral therapy (GCBT) or group psychodynamic interpersonal psychotherapy (GPIP). The two treatments performed equally well, and each resulted in reduced days binged compared with the wait-list control condition. Twelve-month follow-up indicated that improvements were maintained in days binged and in other outcome variables. For women who completed GPIP, higher attachment anxiety was related to improvements in days binged by posttreatment. On the other hand, for women who completed GCBT, lower attachment anxiety was associated with improvements in days binged by posttreatment. Higher attachment avoidance was related to dropping out of GCBT. Although both GPIP and GCBT reduced binge eating, the results indicated that individual outcomes differ across treatments based on level of attachment anxiety and avoidance. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)

Source: PsycINFO

38. The relation of attachment style and perfectionism in women with eating disorder symptomatology.

Author(s) Eckerd, Lizabeth Marie

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, Jan 2005, vol. 65, no. 12-B, 0419-4217 (2005)

Publication Date: January 2005

Abstract: Two variables that have been consistently associated with problematic dieting and eating disorders are insecure attachment cognitions and perfectionism. Attachment cognitions refer to beliefs regarding one's worthiness of affection and support, and beliefs regarding others' availability. Perfectionism is a set of beliefs centered around unreasonably high expectations for oneself, associated with fear of failure if these expectations are not met. As yet, no published study has considered how these two variables might relate in the context of eating disorder symptomatology. The primary goal of this study was to investigate whether perfectionism moderated the relation between insecure attachment cognitions and eating disorder symptoms. Further goals were (a) to examine which types or dimensions of attachment were most associated with problematic eating and dieting behaviors; (b) to examine whether certain attachment styles were differentially associated with particular eating disorder symptomatology; and (c) to further specify the aspects of perfectionism that are most relevant to eating disorder symptomatology. In this study, 325 college women completed self-report questionnaires on eating, dieting, attachment cognitions, and perfectionism; of the 325, 73 also completed a semistructured interview about eating and dieting history. Participants received partial course credit for their participation. Overall, findings from previous investigations linking both insecure adult attachment style and perfectionism with disordered eating and dieting were confirmed. Although both preoccupied and fearful attachment were similarly related to eating disorder symptomatology, there was some suggestion that the fearful attachment style may be somewhat more important. Results also suggested that the dismissing attachment style was not relevant to eating disorder symptomatology. The hypothesis that different insecure attachment styles would relate differentially to anorexic and bulimic symptomatology was not confirmed, although this may be related to methodological issues. Most of the hypothesized relationships involving perfectionism and eating disorder symptomatology were found. Both adaptive and maladaptive perfectionism were related to eating disorder symptomatology, but maladaptive perfectionism was more strongly related. However, the prediction that perfectionism would be a moderator variable, partially explaining the relation between insecure attachment and eating disorder symptomatology, was not borne out. Limitations of the study and directions for future research were discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycINFO


Author(s) Melcher, Jan L.

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering,
Publication Date: January 2004

Abstract: This cross-sectional study examined a continuum of eating disturbances in a predominantly White community sample of late-adolescent young women and their mothers, the relationship between mother-daughter eating and weight control practices, and the affective quality of mother-daughter and father-daughter attachment. Daughters (N = 87) and mothers (N = 83) completed the Questionnaire for Eating Disorder Diagnosis (Mintz, O’Halloran, Mulholland & Schneider, 1997) and the Eating Disorder Inventory-2 (Garner, 1991). Daughters (N = 87) completed the Parental Attachment Questionnaire and mothers (N = 83) and fathers (N = 31) completed the Revised Parent Measure (Kenny, 1990). The findings support use of the continuum model of eating disorders with late-adolescent young women and their midlife mothers. Eating disorder symptomatology for mother and daughter groups increased with placement on the eating disorder continuum. The findings also support a relationship between mother-daughter dietary and weight control practices. Significant positive correlations were detected between mother-daughter eating disorder symptomatology. Continuum classifications were associated for mother-daughter pairs and a 3:1 odds ratio was calculated for daughters of mothers classified as symptomatic/eating disorder to also be classified as symptomatic/eating disorder. No significant relationship between daughters' eating disorder classification and the quality of mother-daughter attachment was detected; however, for the fathers and daughters, young women with greater symptomatology perceived poorer quality of attachment, in terms of understanding, acceptance, availability and warmth, less respect for their individuality and less fostering of autonomy. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycINFO

40. The relationship between parental bonding and disordered eating patterns in a non-clinical adolescent population.

Author(s): Pakier, Teri

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, Jan 2003, vol. 64, no. 3-B, 0419-4217 (2003)

Publication Date: January 2003

Abstract: The literature on the etiology of eating disorders looks at a variety of risk factors that may contribute to the development of anorexia, bulimia and binge-eating disorder. These factors include biological predisposition, psychological and developmental difficulties, socio-cultural issues and family dynamics. Family systems theorists place the focus on the interactional patterns of the entire family. They take the focus off the individual pathology and suggest that the role of the family system as a whole is important in the development and perpetuation of these disorders. This study looked at the relationship between parental bonding and disordered eating patterns. Subjects were 146 ninth through twelfth graders from a Westchester school district. The participants were drawn from a larger 6-year longitudinal study of adolescent development and depression conducted at Pace University. For this study the data collected in 1992 was used. The students were administered the Parental Bonding Instrument measuring the degree to which adolescents remembered their parents as caring or overprotective, and the Eating Disorder Inventory measuring eating disorder symptomatology. It was hypothesized that subjects reporting minimal parental attachment will have more concerns regarding eating, weight and shape and will display more psychological traits which place them at risk for disordered eating behaviors than subjects reporting optimal parental attachment. The results of the study indicate that a relationship may exist between parental bonding and disordered eating patterns. A negative correlation between mother care and father care and the subscales on the EDI was noted for both male and female subjects. A positive correlation between mother overprotect and father overprotect and the EDI scales was also noted. These results were discussed in terms of limitations and implications for school/clinical psychology. Suggestions for future research were also provided. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycINFO
41. Attachment themes relevant to young women with eating disorders.

**Author(s)** Greenberg, Darielle

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, Apr 2001, vol. 61, no. 10-B, 0419-4217 (Apr 2001)

**Publication Date:** April 2001

**Abstract:** Anorexia Nervosa and Bulimia Nervosa are serious eating disorders affecting many women. Research on these disorders has received increased attention in the last decade, establishing that their dynamics are quite complex, with recovery often requiring long-term treatment. Although their etiologies are not yet well understood, recent research has examined how attachment theory may be informative regarding their development and maintenance. Much of this research is quantitative in nature, however, and a strong need exists for further qualitative understanding. Attachment theory (e.g., Bowlby, 1969) purports that a child lacking a secure relationship with his/her early caregiver is at risk for developing negative psychological outcomes, one of which may be the development of an eating disorder. Although available research results support the probable existence of a relationship between attachment experiences and disordered eating, professionals have not yet been provided a comprehensive understanding of the dynamics of this relationship. Such information, which is obtainable from qualitative research, is critical for effective treatment. Accordingly, this study focused on the nature and quality of early attachment experiences among women with eating disorders. Data from clinical assessment tools and semi-structured interviews were obtained from six participants between the ages of 18 and 25 who met the DSM-IV (American Psychiatric Association, 1994) criteria for either Anorexia Nervosa or Bulimia Nervosa. Assessment instruments included the DSED (Johnson, 1984), EDI - 2 (Garner, 1991), PAQ (Kenny, 1990), and the Assessment of Qualitative and Structural Dimensions of Object Representations (Blatt, et al, 1992). The essential qualitative analysis was conducted by applying the constant comparative method, which resulted in several key findings. One major finding with respect to attachment experiences revealed the women as struggling with feelings of both love and hate for their mothers-i.e., revealing their longing for closeness, and, yet, rejecting their mothers when offered this closeness. This finding, along with others, was seen as supporting the view that early negative attachment experiences are associated with the development of subsequent eating disorders. Said differently, the early experiences of negative attachment relationships-e.g., insecure attachment styles and delayed development of sense of self-can be understood as risk factors for women with regard to the development of eating disorders. This "push-pull" (Salzman, 1997) relationship has been described as characteristic of individuals with ambivalent attachment styles, as shown in Ainsworth's (1978) Strange Situation. Treatment considerations were presented in the context of this understanding. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Source:** PsycINFO
Adult attachment, depression, and eating disorder symptoms: The mediating role of affect regulation strategies. Structural equation modeling indicated that attachment anxiety contributed to both depressive symptoms and ED symptoms through emotional reactivity.

Cited by 53 Related articles All 4 versions Cite Save

Anxious attachment predicts uncontrolled eating independently of emotional eating

Aetiological explanations for overeating and obesity often invoke 'emotional'or 'comfort'eating: an overlapping risk factor is 'disinhibited eating', implying eating without nutritional need, and sensitivity to food cues. This is illustrated by a recent study (...)

Cited by 1 Related articles Cite Save

The role of relationship attachment styles in disordered eating behaviors

Abstract This study examined women's eating disorder symptoms and the quality of the attachment relationship with their mothers and romantic partners for a sample of 117 participants, ages 18 to 22. Seventeen of the participants were in treatment for an eating...

Cited by 1 Related articles All 2 versions Cite Save

Emotional Eating as a Factor in the Obesity of Those with a BMI≥ 35

... Emotional eating in overweight, normal weight an underweight individuals. ... A greater role of emotional than physical or sexual abuse in predicting disordered eating attitudes: The role of ...The phenomenon of compulsive overeating in a selected group of professional women...

Cited by 1 Related articles Cite Save

Eating psychopathology amongst athletes: Links to current attachment styles

... Conversely, others have reported that avoidant attachment style is more strongly related to disordered eating (Elgin and Pritchard, 2006 and Ramacciotti et al., 2001), especially in the absence of depression (Cole-Detke & Kobak, 1996).

Cited by 16 Related articles All 7 versions Cite Save

An attachment insecurity model of negative affect among women seeking treatment for an eating disorder

... Hence, in the current study, it was predicted that attachment insecurity, which encompasses aspects of interpersonal dependence, would be... Purging subtype (BN) (mean age = 29.0 ± 8.0; mean BMI = 25.6 ± 6.0); 115 were diagnosed with Binge Eating Disorder (BED) (mean...

Cited by 35 Related articles All 5 versions Cite Save

The Role of Emotion Regulation and Social Comparison in the Relationship Between Insecure Attachment and Disordered Eating Pathology in Women: A Mediated ...

Abstract Eating disorders have a significant and underestimated impact on Australian society. Stemming from society's active promotion of a youthful, slim, and toned body ideal, dissatisfaction with body weight and shape is so prevalent within the community that...

Psychological Determinants Of Emotional Eating: The Role Of Attachment, Psychopathological Symptom Distress, Love ...

ABSTRACT The present study aimed to investigate the psychological determinants of emotional eating in a national and international sample of healthy weight, overweight and
obese adults (N=226). Specifically, attachment styles, psychopathological symptom ...

Self-silencing as a mediator and moderator of adult attachment and disordered eating attitudes

SK Young - 2006 - lib.dr.iastate.edu
Abstract The present study examined the mediating and moderating roles of self-silencing between adult attachment (anxiety and avoidance) and disordered eating attitudes. Participants were 221 female college students from a large Midwestern university. Survey ...

Attachment insecurity and emotional eating

KE Alexander - 2013 - rucore.libraries.rutgers.edu
... eating within the framework of attachment theory. Study 1 Page 25. 16 ... framework will be informative. There are numerous studies exploring the relationship between disordered eating and attachment (Latzer, Hochdorf, Bachar & Canetti, 2002; Chassler, 1997; Kenny & ... Related articles Cite Saved More

Factors Associated With Emotional Eating and BMI: a sem Modelling Approach

R Finnegan, J Egan, A Gibbons - European Health ... 2014 - openhealthpsychology.com
... Method: 573 participants completed measures including BMI, emotional eating, remembered parenting style, attachment, attitudes towards emotional expression in childhood, and ability to observe oneself in the moment. Findings ...

Related articles Cite Saved More

Shadows of Attachment: Narratives of Women's Relationships with Others and with Food

JR Temkin - 2013 - gradworks.umi.com
... The study confirms that there is a connection between misattunement in early attachment experiences and subsequent disordered eating behaviors. Seven common, recurring themes were discovered and explored in the women's ...

Related articles Cite Saved More

Published Research – Database Search Strategy

<table>
<thead>
<tr>
<th></th>
<th>Database</th>
<th>Search Terms</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PsycInfo</td>
<td>&quot;emotional eat*&quot;.ti,ab</td>
<td>459</td>
</tr>
<tr>
<td>2</td>
<td>PsycInfo</td>
<td>&quot;compulsive eat*&quot;.ti,ab</td>
<td>219</td>
</tr>
<tr>
<td>3</td>
<td>PsycInfo</td>
<td>&quot;compulsive overeat*&quot;.ti,ab</td>
<td>81</td>
</tr>
<tr>
<td>4</td>
<td>PsycInfo</td>
<td>&quot;disordered eating&quot;.ti,ab</td>
<td>2323</td>
</tr>
<tr>
<td>5</td>
<td>PsycInfo</td>
<td>&quot;dysfunctional eating&quot;.ti,ab</td>
<td>85</td>
</tr>
<tr>
<td>6</td>
<td>PsycInfo</td>
<td>&quot;binge eating disorder*&quot;.ti,ab</td>
<td>1803</td>
</tr>
<tr>
<td>7</td>
<td>PsycInfo</td>
<td>1 OR 2 OR 3 OR 4 OR 5 OR 6</td>
<td>4731</td>
</tr>
<tr>
<td>8</td>
<td>PsycInfo</td>
<td>prevalence.ti,ab</td>
<td>78199</td>
</tr>
<tr>
<td>9</td>
<td>PsycInfo</td>
<td>adolescent*.ti,ab</td>
<td>159525</td>
</tr>
<tr>
<td>10</td>
<td>PsycInfo</td>
<td>(adult* OR &quot;older people&quot; OR &quot;later life&quot; OR aged OR elder* OR seniors).ti,ab</td>
<td>532990</td>
</tr>
<tr>
<td>11</td>
<td>PsycInfo</td>
<td>7 AND 8 AND 9 AND 10</td>
<td>52</td>
</tr>
<tr>
<td>12</td>
<td>EMBASE</td>
<td>&quot;emotional eat*&quot;.ti,ab</td>
<td>637</td>
</tr>
<tr>
<td></td>
<td>Database</td>
<td>Search Term</td>
<td>Results</td>
</tr>
<tr>
<td>---</td>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>13</td>
<td>EMBASE</td>
<td>&quot;compulsive eat&quot;*.ti,ab</td>
<td>275</td>
</tr>
<tr>
<td>14</td>
<td>EMBASE</td>
<td>&quot;compulsive overeat&quot;*.ti,ab</td>
<td>54</td>
</tr>
<tr>
<td>15</td>
<td>EMBASE</td>
<td>&quot;disordered eating&quot;.ti,ab</td>
<td>1987</td>
</tr>
<tr>
<td>16</td>
<td>EMBASE</td>
<td>&quot;dysfunctional eating&quot;.ti,ab</td>
<td>84</td>
</tr>
<tr>
<td>17</td>
<td>EMBASE</td>
<td>&quot;binge eating disorder&quot;*.ti,ab</td>
<td>1943</td>
</tr>
<tr>
<td>18</td>
<td>EMBASE</td>
<td>12 OR 13 OR 14 OR 15 OR 16 OR 17</td>
<td>4734</td>
</tr>
<tr>
<td>19</td>
<td>EMBASE</td>
<td>prevalence.ti,ab</td>
<td>531828</td>
</tr>
<tr>
<td>20</td>
<td>EMBASE</td>
<td>adolescent*.ti,ab</td>
<td>207664</td>
</tr>
<tr>
<td>21</td>
<td>EMBASE</td>
<td>(adult* OR &quot;older people&quot; OR &quot;later life&quot; OR aged OR elder* OR seniors).ti,ab</td>
<td>1632753</td>
</tr>
<tr>
<td>22</td>
<td>EMBASE</td>
<td>18 AND 19 AND 20 AND 21</td>
<td>77</td>
</tr>
<tr>
<td>23</td>
<td>CINAHL</td>
<td>&quot;emotional eat&quot;*.ti,ab</td>
<td>123</td>
</tr>
<tr>
<td>24</td>
<td>CINAHL</td>
<td>&quot;compulsive eat&quot;*.ti,ab</td>
<td>23</td>
</tr>
<tr>
<td>25</td>
<td>CINAHL</td>
<td>&quot;compulsive overeat&quot;*.ti,ab</td>
<td>14</td>
</tr>
<tr>
<td>26</td>
<td>CINAHL</td>
<td>&quot;disordered eating&quot;.ti,ab</td>
<td>694</td>
</tr>
<tr>
<td>27</td>
<td>CINAHL</td>
<td>&quot;dysfunctional eating&quot;.ti,ab</td>
<td>11</td>
</tr>
<tr>
<td>28</td>
<td>CINAHL</td>
<td>&quot;binge eating disorder&quot;*.ti,ab</td>
<td>459</td>
</tr>
<tr>
<td>29</td>
<td>CINAHL</td>
<td>23 OR 24 OR 25 OR 26 OR 27 OR 28</td>
<td>1276</td>
</tr>
<tr>
<td>30</td>
<td>CINAHL</td>
<td>prevalence.ti,ab</td>
<td>56601</td>
</tr>
<tr>
<td>31</td>
<td>CINAHL</td>
<td>adolescent*.ti,ab</td>
<td>44866</td>
</tr>
<tr>
<td>32</td>
<td>CINAHL</td>
<td>(adult* OR &quot;older people&quot; OR &quot;later life&quot; OR aged OR elder* OR seniors).ti,ab</td>
<td>216882</td>
</tr>
<tr>
<td>33</td>
<td>CINAHL</td>
<td>29 AND 30 AND 31 AND 32</td>
<td>0</td>
</tr>
<tr>
<td>34</td>
<td>CINAHL</td>
<td>PREVALENCE/</td>
<td>30918</td>
</tr>
<tr>
<td>35</td>
<td>CINAHL</td>
<td>EATING DISORDERS/ AND EMOTIONS/</td>
<td>117</td>
</tr>
<tr>
<td>36</td>
<td>CINAHL</td>
<td>exp ADULT/</td>
<td>760268</td>
</tr>
<tr>
<td>37</td>
<td>CINAHL</td>
<td>ADOLESCENCE/</td>
<td>215450</td>
</tr>
<tr>
<td>38</td>
<td>CINAHL</td>
<td>31 OR 37</td>
<td>220982</td>
</tr>
<tr>
<td>39</td>
<td>CINAHL</td>
<td>32 OR 36</td>
<td>826483</td>
</tr>
<tr>
<td>40</td>
<td>CINAHL</td>
<td>30 OR 34</td>
<td>70985</td>
</tr>
<tr>
<td>41</td>
<td>CINAHL</td>
<td>29 AND 38 AND 39 AND 40</td>
<td>55</td>
</tr>
<tr>
<td>42</td>
<td>Medline</td>
<td>&quot;emotional eat&quot;*.ti,ab</td>
<td>443</td>
</tr>
<tr>
<td>43</td>
<td>Medline</td>
<td>&quot;compulsive eat&quot;*.ti,ab</td>
<td>154</td>
</tr>
<tr>
<td>44</td>
<td>Medline</td>
<td>&quot;compulsive overeat&quot;*.ti,ab</td>
<td>37</td>
</tr>
<tr>
<td>45</td>
<td>Medline</td>
<td>&quot;disordered eating&quot;.ti,ab</td>
<td>1613</td>
</tr>
<tr>
<td>46</td>
<td>Medline</td>
<td>&quot;dysfunctional eating&quot;.ti,ab</td>
<td>61</td>
</tr>
<tr>
<td>47</td>
<td>Medline</td>
<td>&quot;binge eating disorder&quot;*.ti,ab</td>
<td>1518</td>
</tr>
<tr>
<td>48</td>
<td>Medline</td>
<td>42 OR 43 OR 44 OR 45 OR 46 OR 47</td>
<td>3653</td>
</tr>
<tr>
<td>49</td>
<td>Medline</td>
<td>prevalence.ti,ab</td>
<td>402609</td>
</tr>
</tbody>
</table>
26

50 Medline adolescent*.ti,ab 164623
51 Medline (adult* OR "older people" OR "later life" OR aged OR elder* OR seniors).ti,ab 1314727
52 Medline 48 AND 49 AND 50 AND 51 54
53 Medline PREVALENCE/ 198889
54 Medline EATING DISORDERS/ AND EMOTIONS/ 257
55 Medline exp ADULT/ 5676137
56 Medline ADOLESCENCE/ 0
57 Medline 50 OR 56 164623
58 Medline 51 OR 55 6274523
59 Medline 49 OR 53 468414
60 Medline 48 AND 57 AND 58 AND 59 80
61 Medline ADOLESCENT/ 1636668
62 Medline 50 OR 61 1669600
63 Medline 48 AND 58 AND 59 AND 62 204
64 Medline 63 [Limit to: Publication Year 2000-2015] 174
65 Medline (attachment adj1 style*).ti,ab 983
66 Medline OBJECT ATTACHMENT/ 10708
67 Medline (attachment adj1 (style* OR pattern*)).ti,ab 1434
68 Medline attachment*.ti,ab 82111
69 Medline 48 OR 54 3853
70 Medline 67 AND 69 9
71 Medline 66 OR 68 88917
72 Medline 69 AND 71 43
73 Medline (attachment adj1 (secure OR anxious-preoccupied OR dismissive-avoidant OR fearful-avoidant OR anxious-resistant OR anxious-avoidant OR disorganised OR ambivalent OR optimal)).ti,ab 732
74 Medline 67 OR 73 1905
75 Medline 69 AND 74 11
76 CINAHL (attachment adj1 style*).ti,ab 388
77 CINAHL (attachment adj1 (style* OR pattern*)).ti,ab 480
78 CINAHL attachment*.ti,ab 5856
79 CINAHL 48 OR 54 1372
80 CINAHL 77 AND 79 6
81 CINAHL 66 OR 78 5856
82 CINAHL 79 AND 81 11
83 CINAHL (attachment adj1 (secure OR anxious-preoccupied OR dismissive-avoidant OR fearful-avoidant OR anxious-resistant OR anxious-avoidant OR disorganised OR ambivalent OR optimal)).ti,ab 220

26
<table>
<thead>
<tr>
<th></th>
<th>Database</th>
<th>Query</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>84</td>
<td>CINAHL</td>
<td>77 OR 83</td>
<td>600</td>
</tr>
<tr>
<td>85</td>
<td>CINAHL</td>
<td>79 AND 84</td>
<td>7</td>
</tr>
<tr>
<td>86</td>
<td>CINAHL</td>
<td>ATTACHMENT BEHAVIOR/</td>
<td>2373</td>
</tr>
<tr>
<td>87</td>
<td>CINAHL</td>
<td>29 OR 35</td>
<td>1372</td>
</tr>
<tr>
<td>88</td>
<td>CINAHL</td>
<td>86 AND 87</td>
<td>9</td>
</tr>
<tr>
<td>89</td>
<td>CINAHL</td>
<td>78 AND 87</td>
<td>11</td>
</tr>
<tr>
<td>90</td>
<td>CINAHL</td>
<td>88 OR 89</td>
<td>13</td>
</tr>
<tr>
<td>91</td>
<td>EMBASE</td>
<td>(attachment adj1 (style* OR pattern*)).ti,ab</td>
<td>1674</td>
</tr>
<tr>
<td>92</td>
<td>EMBASE</td>
<td>attachment*.ti,ab</td>
<td>88277</td>
</tr>
<tr>
<td>93</td>
<td>EMBASE</td>
<td>(attachment adj1 (secure OR anxious-preoccupied OR dismissive-avoidant OR fearful-avoidant OR anxious-resistant OR anxious-avoidant OR disorganised OR ambivalent OR optimal)).ti,ab</td>
<td>802</td>
</tr>
<tr>
<td>94</td>
<td>EMBASE</td>
<td>EMOTIONAL ATTACHMENT/</td>
<td>4279</td>
</tr>
<tr>
<td>95</td>
<td>EMBASE</td>
<td>91 OR 92 OR 93 OR 94</td>
<td>89696</td>
</tr>
<tr>
<td>96</td>
<td>EMBASE</td>
<td>EMOTION/ AND EATING DISORDER/</td>
<td>542</td>
</tr>
<tr>
<td>97</td>
<td>EMBASE</td>
<td>18 OR 96</td>
<td>5182</td>
</tr>
<tr>
<td>98</td>
<td>EMBASE</td>
<td>95 AND 97</td>
<td>51</td>
</tr>
<tr>
<td>99</td>
<td>PsycInfo</td>
<td>(attachment adj1 (style* OR pattern*)).ti,ab</td>
<td>4809</td>
</tr>
<tr>
<td>100</td>
<td>PsycInfo</td>
<td>attachment*.ti,ab</td>
<td>30259</td>
</tr>
<tr>
<td>101</td>
<td>PsycInfo</td>
<td>(attachment adj1 (secure OR anxious-preoccupied OR dismissive-avoidant OR fearful-avoidant OR anxious-resistant OR anxious-avoidant OR disorganised OR ambivalent OR optimal)).ti,ab</td>
<td>2264</td>
</tr>
<tr>
<td>102</td>
<td>PsycInfo</td>
<td>EMOTION/ AND EATING DISORDER/</td>
<td>0</td>
</tr>
<tr>
<td>103</td>
<td>PsycInfo</td>
<td>EMOTIONAL ATTACHMENT/</td>
<td>95</td>
</tr>
<tr>
<td>104</td>
<td>PsycInfo</td>
<td>exp EATING DISORDERS/</td>
<td>25221</td>
</tr>
<tr>
<td>105</td>
<td>PsycInfo</td>
<td>exp EMOTIONS/</td>
<td>35333</td>
</tr>
<tr>
<td>106</td>
<td>PsycInfo</td>
<td>99 OR 100 OR 101 OR 103</td>
<td>30266</td>
</tr>
<tr>
<td>107</td>
<td>PsycInfo</td>
<td>7 AND 106</td>
<td>88</td>
</tr>
</tbody>
</table>