The Role of Adult Attachment in Relationship Patterns and Eating Attitudes

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The Role of Adult Attachment in Relationship Patterns and Eating Attitudes

Yetişkin Bağlanma Stillerinin İlişki Örüntüleri ve Yeme Tutumları Üzerindeki Etkisi

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Abstract

Present study aims to examine the role of adult attachment on relationship patterns and eating attitudes. There are two main hypotheses. First, whether attachment security has an influence on relationship patterns will be tested. Second, the hypothesis stating that people with insecure attachment are more likely to develop disordered eating attitudes will be evaluated. There are also two exploratory research questions on the role of the body dissatisfaction within these relationships, and the differences across genders within these associations. For testing these hypotheses, Experiences in Close Relationships, Knowledge of Indicators, Relationship Questionnaire, Eating Attitudes Test and Body Image Satisfaction Questionnaire were administered to young Turkish adults. According to the results attachment quality influences the relationship patterns, and attachment insecurity is a significant predictor for disturbed eating attitudes. While fearful attachment was found to have a significant predictive value for single individuals, attachment anxiety and Body Mass Index predicts disturbed eating attitudes. Results also showed that body satisfaction is not a significant predictor for eating attitudes. Discussion section links the main aspects of the thesis along with the limitations of the current study; suggestions for further research, and therapeutic implications of the results.

Özet

Bu çalışma, yetişkin bağlanma stillerinin ilişki örüntüleri ve yeme tutumları üzerindeki etkisini araştırmayı amaçlamaktadır. Çalışmanın iki temel hipotezi vardır. İlk olarak bağlanmadaki güveninin ilişki örüntüsü üzerindeki etkisi; ikinci olarak güvensiz bağlanmanın bozuk yeme tutumları üzerindeki olası etkisi araştırılmaktadır. Bunlara ek olarak, bu bağlantılarda beden tatmini ve cinsiyet farkının nasıl bir rol oynadığı tespit edilmeye çalışılmıştır. Bu hipotezleri test etmek için, Yakın İlişkilerde Yaşantılar Envanteri, Güven Göstergesi Bilgisi Testi, İlişkiler Anketi, Yeme Tutum Testi ve Beden Bölgeleri ve Özelliklerinden Hoşnut Olma Anketi genç yetişkinlerden oluşan bir Türk örneklemine uygulanmıştır. Sonuçlar, bağlanma stillerinin ilişki örüntülerini etkilediğini ve güvensiz bağlanmanın bozuk yeme tutumları için belirgin bir yordayıcı olduğunu göstermektedir. Şu anda romantik bir ilişkisi olmayan kişilerde korkulu bağlanma yeme tutumlarındaki problemleri yordarken, romantik bir ilişkisi olan kişilerde kaygılı bağlanma ve beden endeksi, bozuk yeme tutumlarının belirgin yordayıcıları olarak bulunmuştur. Tartışma bölümünde çalışmanın temel bulguları ve kısıtlılıkları bağlantılandırılmış, gelecek çalışmalar için öneriler sunulmuş ve sonuçların terapötik çıkarımları üzerinde durulmuştur.

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CHAPTER I
INTRODUCTION

1.1. The Primary Relationship: Mother & Infant

In the current study the role of early relationships in later relationship patterns and in the development of various disturbances in eating patterns will be examined. To fully understand this association between the primary relationship, adult relationships and the eating disorders, firstly the nature and necessary components of the fundamental relationship between the mother and the infant will be presented. To profoundly examine the essential aspects of the primary relationship the psychoanalytic and psychodynamic perspectives will be reviewed. The elements in this relationship, which are necessary for a healthy psychic development, will be introduced. This is crucial to recognize and identify the counterpart of the healthy growth, which results in unhealthy, problematic or pathological development. In addition to psychoanalytic perspective, the primary relationship is examined through the lens of attachment theory, which conceptualizes this relationship as the prototype for the later relationship patterns. In the second part of this chapter, the incidences of the first relationship that are displayed in the adult relationships and attachment styles will be investigated.

1.1.1. Psychoanalytic Perspective

Psychodynamic theories emphasize the effect of primary relationships on the development of later relationship patterns and satisfaction gained from those relationships. The first relationship that a baby forms is the relationship to the primary caregiver, which is generally the mother. There are different views and studies on this particular relationship. Some psychologists studied the biological roots of this

relationship; some emphasized the psychological and social dimensions of it. In this section, I will introduce the fundamental theorists and their perspectives regarding the primary relationship between the mother and the baby. These theorists include pioneers of psychoanalytic theory, from Sigmund Freud to Melanie Klein, Wilfred Bion, Donald Winnicott, Heinz Kohut, to more recent ones including Peter Fonagy, Mary Target and Margaret Mahler. Lastly I will summarize the contribution of Esther Bick regarding psychic skin formation, which is crucial in the development of eating problems.

1.1.1.1. Sigmund Freud's Views on the Primary Relationship

To start with, the father of the psychoanalytic theory, Sigmund Freud has an evolving, changing perspective regarding the first relationship between the mother and the baby. Now, I will briefly introduce Freud's various conceptualizations linked to the primary relationship. Firstly he emphasized this complex relationship between the mother and the baby as a part of his drive theory, which states drives as the primary mechanism that builds the psyche and its development (Freud, 1905). He suggests that there are mainly two stimuli, which are either external or internal. According to his theory, the mind is primarily organized to respond and control internal stimuli. In early 1900s, Freud established this theory, according to which, human beings are considered as mainly driven by two internal stimuli; namely libido and aggression instincts (Freud, 1905).

Libido theory states that the libido is the instinct to live and it is mainly a sexual instinct in nature. Freud (1905) suggests that the sexual instincts are displayed as tensions that derive from various parts of the body and demand

immediate satisfaction. Other than the source –the body part – from which the tension arises, the sexual instinct has two components, which are sexual aim and sexual object. Sexual aim is the instinct's tendency towards acting. Sexual aim, alike with the sexual source, is mainly genetically rooted and environment has almost no effect on it. On the other hand, the sexual object, through which the sexual instinct is satisfied, is variable in nature and environmentally labile. Here the primary relationship that requires an object enters to the scene.

Depending on his work on sexual development of children, Freud argued that sexual instincts are not aroused only by direct excitation of genital zones (Freud, 1905). He proposes various erotogenic zones, which are the source of sexual instincts, can be sexually aroused anytime. These areas and the sexual arousal in these areas organize the emotional development of the baby. Different erotogenic zones are active in particular psychosexual phases during development, which are oral, anal, phallic, latency and genital. According to this theory, the conflicts that the child experiences in particular stages have the possibility to cause fixation on these stages. Freud argues that the development of the personality depends on these fixation points (Freud, 1905).

The oral phase starts from birth and continues during the first year of life. In this stage primary erotogenic zone is the mouth and its sexual object is the mother's breast and the baby's own body (seen in thumb-sucking). The mother's breast constitutes the first external object that the baby relates with. In this stage the main developmental challenge is a passive incorporation, displayed in taking in nourishment. The next stage, the anal stage, captures the second year and

libidinal zone of this phase is accepted as the anus. In this year the toddler experiences the toilette training and his main challenge is constituted of active self-soothing and mastery. The toddler's own body has the role of the sexual object in this phase of development, within which the excrements is either hold or from which they are depleted. The following stage is the phallic stage, on which Freud's theory on Oedipal complex evolves. In this stage the erotogenic zone is accepted as the genitals and the sexual object becomes the opposite sex parent. The main challenge within this stage is Oedipus and Electra complexes, to identify with the same sex parent and to tolerate the ambivalence in the love relationships. According to Freud's conceptualization, after this complicated and intense stage, it is suggested that the child enters into a latency stage between six and eleven years of age, in which almost no sexual activity occurs. Lastly, with puberty, the genital stage begins and endures until the end of life, in which healthy adult sexuality occurs with the libidinal zone as the genitals and the object of sexual instincts as the sexual partners (Freud, 1905).

According to Freud's drive theory sexual instincts and ego instincts for self-preservation is separate from each other. However, it is suggested that in early infancy sexual and ego instincts are not distinguished from each other, rather sexual instincts are attached to ego instincts (Freud, 1905, 1914). In the very early phase of development, in the oral stage with Freudian terms, the primary erotogenic zone is the labial zone from which the nourishment is taken in. As a result, in this period, sexual satisfaction is linked to taking of nourishment. In other words, sexual activity is attached to a vital function necessary for self-

preservation. With Freud's own words: "The child's lips, in our view, behave like an erotogenic zone, and no doubt stimulation by the warm flow of milk is the cause of the pleasurable sensation. The satisfaction of the erotogenic zone is associated, in the first instance, with the satisfaction of the need for nourishment." (Freud, 1905, pp.181).

Freud proposes that the sexual instinct requires an object to be satisfied (Freud, 1914). In the early infancy, in which there is a state of total dependence to the mother, the sexual instincts are attached to ego instincts of self-preservation. He writes: "The sexual instincts are at the outset attached to the satisfaction of the ego-instincts; only later do they become independent of these, and even then we have an indication of that original attachment in the fact that the persons who are concerned with a child's feeding, care, and protection become his earliest sexual objects: that is to say, in the first instance his mother or a substitute for her." (Freud, 1914, pp.87). The baby choses his sexual object depending on these experiences of satisfaction that are maintained through mother. According to Freud's drive theory, the gratification of the needs is vital for the baby's psychic development. He argues that, the primary source of anxiety that a baby experiences, is a danger situation in which the needs are not satisfied. Here, the mother plays a crucial role, because she gratifies the baby's every need without delay. As a result, the baby feels a great amount of anxiety in times of separation from mother, because they signal a danger to self-preservation (Freud, 1936).

Derived from his drive theory, Freud examines the relationship between the mother and the baby mainly depending upon need gratification. In the

anaclitic explanation of this relationship, it is suggested that the infant's object choice is based on whether the object satisfy his needs or not. However, later on Freud adds that there is more than need gratification in this particular relationship. Mother strokes, kisses, and rocks the baby in addition to nursing and satisfying his needs. By doing so, mother stands as an unending source of sexual excitation and satisfaction from erotogenic zones. This very first relationship with the mother constitutes a model for later love relationship. In other words, mother is determined as the first love object by the baby and with her reactions she fulfills her task of teaching the baby to love (Freud, 1905). The object of both sexual and self-preservation activities is the same in early infancy and later object-choice is based on this early prototypes of love objects, which are the mother or the father (Freud, 1905, 1914). He claims that "It often happens that a young man falls in love seriously for the first time with a mature woman, or a girl with an elderly man in a position of authority; this is clearly an echo of the phase of development that we have been discussing, since these figures are able to re-animate pictures of their mother or father." (Freud, 1905, pp.228).

Laplanche and Pontalis (1973), in their work, *The Language of Psychoanalysis,* provide definitions of psychoanalytic terms derived from Freud's theory and that transformed in different ways by the theorists coming after him. In this work they divided the concept of "object" into three different qualities. The first one is the object that is in correlation with instincts, that is the object through which the instinct seeks to attain its aim – satisfaction. As proposed in Freud's theory firstly the sexual instincts are connected to the self-preservative instincts.

As a result they are satisfied by the same object. Laplanche and Pontalis (1973) suggest that in a way, instincts for the preservation of life show the sexual drives the way to the object. In this period, the object is experienced partially. In other words, in the pre-genital period, the instinctual object is a part-object that mainly satisfies instincts. Later on, when the baby proceeds to the genital phase and the instinctual object transforms into a love-object, which is related to as a whole, with the total ego. Lastly, it is suggested that as the subject gain the capacity to perceive and know, the object becomes something that is perceived. In this phase, the relation becomes an interactive process, in which the object also perceived as a subject.

Freud's anaclitic type of investigating the relationship between the mother and the infant puts this relationship into secondary value, while the gratification of the needs stands as the primary one in the psychic development. However, Freud's phylogenetic foundation, in which he argues that this first relationship constitutes a prototype or a model for the later love relationships, puts this relation in the primary place of the development. From this second way of thinking, the theory of object relations is born (Ainsworth, 1979). Now, we will move forward in the direction of object relations theory, whose primary focus is on the relationship between mother and infant.

1.1.1.2. Object Relations Theory and The Primary Relationship

In the current section, I will summarize Melanie Klein's conceptualizations regarding the primary relationship between the mother and infant. I will introduce Klein's essential concepts including paranoid-schizoid and

depressive positions and active mechanisms in this critical period of development involving projection, introjection, splitting and projective identification. All of these terms will be presented within the context of the relationship between the mother and the infant. These processes are crucial to understand the nature and developing quality of the primary relationship. Other contributors and theorists working on the psychic development from a relational perspective (i.e.: the perspectives grounding the psychic development on the basis of the first relationship) will be presented. Later on, how the incidences of these first processes are presented in the adult relationship will be examined.

Melanie Klein, one of the founders of object relations theory, attributes the object relations primary value for the ego development (Klein, 1975). It is suggested that rather than being as a means for need gratification, the relationship with the primary objects exist from the beginning of life. However, the form and the quality of the relationship transforms as a part of the psychic development. Klein names the main phases in the development as paranoid-schizoid and depressive states (Klein, 1975).

Like Freud, Klein (1975) accepts that the two main instincts – libido and aggression – have a great role in the beginning of the psychic development. Libido stands for the love impulses and strengthens in the times of gratification. On the other hand, destructive impulses are accepted to be most powerful internal source in the first three or four months. Klein argues that death instinct arises from the moment of birth, in which the baby is separated from a fully gratifying environment. In post-natal life, for the first time the baby encounters the

frustrating moments, the times that he is not gratified. This arises the fear of annihilation in the baby, which in turn elicits the persecutory anxiety within the baby. This persecutory anxiety that the baby has plays a crucial role in his dynamics. Moreover, Klein argues that the destructive impulse and the anxiety triggered by it, is highly related with an external object. She claims: "The fear of the destructive impulse seems to attach itself at once to an object—or rather it is experienced as the fear of an uncontrollable overpowering object." (Klein, 1975, pp.4). In this early phase baby develops different strategies to protect the weak and small libidinal impulses from the strong destructive impulses inside the self and the external object.

Contrary to Freud's idea that the human beings are born only with impulses, Klein argues that ego is also active in addition to instincts in this early period. However, it is in a disintegrated form and the defenses to protect the self is mostly primitive. Freud (1905, 1914, 1936) suggests that ego develops by introjection of the objects, however Klein (1975) argues that there are other mechanisms other than introjection that indicates the ego is present from the beginning of life and is able to protect and integrate itself as development continues and the object plays an important role during this whole process of development. The first object of the baby is accepted to be mother's breast. Klein (1975) proposes different processes within this particular relationship, which are namely, splitting, projection, introjection and projective identification.

In the early stages of life, Klein suggests that baby is in the paranoid-schizoid position psychologically (Klein, 1946). Fear of annihilation and

persecutory anxieties are very strong and the ego is in a disintegrated state. The primary mechanism to protect the libidinal impulses, which stand for the forces to live, is to separate them from the destructive forces inside. In Kleinian terms, infant splits the good and the bad parts of the ego in this period. The object has the role to contain these splitted parts. Firstly the infant projects the bad – destructive – parts of the self to the mother but primarily to her breast. The destructive impulses show them selves as oral sadistic tendencies towards the breast. Here, the self and also the object are perceived in parts in this period. The mother's breast is observed as either good or bad. The feelings towards the object are splitted too as gratifying and frustrating breast. Love impulses are projected to the good breast, whereas the destructive impulses are projected to the bad breast and these objects becomes prototypes for either helpful, gratifying objects or for persecutory objects later in life.

The baby in this period has a tendency to deny all of the bad parts of the self that is attached to the bad breast. Klein (1946) argues that in this early stage of life, the object is not perceived as a separate individual. Therefore, when the mother who contains the bad parts of the self is annihilated, the whole bad self is denied too. This causes a denial of the bad part of the ego and has the possibility to create a rupture in the ego development and integration. However, other mechanisms are activated to prevent this rupture. The baby, projects the good parts, ego ideal, to the good breast, which is loved because of containing the good parts of the self. The process of idealization of the good object and introjection of it becomes a defense against anxiety. According to Klein, introjection of the good

object is essential for ego cohesiveness and development (Klein, 1975). By means of introjection the baby constructs an internal object that he can return in times of danger and anxiety. It is suggested that when the projection of good parts to the mother is excessive, there might be risk for over-dependence to the others and this may give rise to the fear of losing the capacity to love. The baby starts to love the objects only because they are representatives of the good part of the self. However, if the external frustration is very high and the usage of internal object is very frequent without being assimilated properly to ego, ego is felt to be either very weak or to have almost no life or value of its own (ibid).

The process in which the bad parts projected to the mother cause another crucial process that Klein names as projective identification, which she defines as "Much of the hatred against parts of the self is now directed towards the mother. This leads to a particular form of identification which establishes the prototype of an aggressive object-relation." (Klein, 1975, pp. 8). Within this process, firstly, the persecutory anxieties are projected orally, which is linked to greed as Klein proposes (Klein, 1946). The baby wants to empty mother's body from all of the good parts by sucking her breast. Then as the anal tendencies strengthen, the baby projects his aggression in anal terms, i.e.: filling the mother's body with bad parts of the self that are split off and projected to her. By doing so the baby aims to damage and control the bad object. The crucial element of projective identification is that in addition to projecting the parts of the self to the object, the object is perceived as the projected substances. In other words, when the infant projects his own destructive impulses to the breast, the breast is conceived as the

persecutor. There are two main reasons for this process to occur. One is that the parts that cannot be integrated to the self are projected to the object and by means of projection they are kept alive within the object. Secondly, when the object is identified with the projected parts, it becomes an extension or a representation of the self. This brings the opportunity to control the object from inside (ibid).

Klein (1946) suggests that the normal ego development proceeds as a result of the balance between projection and introjection. If the development continues without any abnormalities the integration of the ego and assimilation of internal objects will be actualized. However, if disturbances occur in the balance between projection and introjection the development will be arrested. This disturbance might result from interaction between these processes. The persecutory fears that are projected to the object might be taken back to the self by re-introjection or introjection of a hostile external world might increase the level of projection of hostile inner world. Here, Klein makes an emphasis on the nature of introjection, that it can be perceived as a forceful entry from outside to the self. The baby, then experiences a fear of being controlled by others in a hostile way. As a result of this anxiety, projective identification comes into fore as a sign of the impulse to control an object from within against being controlled by it.

It is proposed that the schizoid object relations have a narcissistic nature both in good and bad object relations (Klein, 1975). The object is either idealized (good object) and loved for being a part of the good self or represents the bad parts of the self (bad object). Here, Klein (1975) suggests that in addition to its narcissistic nature, this type of relations also captures obsessional features. The

excessive need to control others comes from the drive to control parts of the self that are projected to others. These parts can only be controlled by controlling the external objects, and this is obtained through projective identification. By means of this mechanism, the ego has the sense of possession of an external object. However, as Klein emphasizes, excessive splitting and projective identification weakens the ego and diminishes its capacity to assimilate internal objects (Klein, 1975).

1.1.1.3. Wilfred Bion's Contributions: Containment

Klein's work has a crucial impact on the rest of the psychoanalytic community. Her novel concepts are examined and elaborated by others. Wilfred Bion, who is one of the loyal followers of Melanie Klein, in addition to accepting her ideas on splitting and projective identification, he expanded them by shading light in different dimensions of these concepts. As mentioned before, Klein (1946) suggested that in the paranoid schizoid position, the baby splits the unacceptable parts of the self and project them onto the object. Then the baby thinks 'in his phantasy' that the unaccepted parts of the self belong to the object. In other words, it is proposed that process of the projective identification is experienced in the baby's mind and phantasy. Bion proposed a new characteristic to projective identification other then being a phantasy in the baby's mind, which is being a 'way of communication' between the baby and the primary caregiver (Bion, 1959).

In 1957, Bion wrote on the differences between the psychotic and non-psychotic patients' developmental histories. Deriving from Klein's ideas, he

suggested that in the paranoid-schizoid position the baby is concerned with destructive impulses and these are extremely heavy for the baby to hold in his psyche. The baby deals with these heavy unwanted negative feelings by using destructive splitting and projective identification. Through these mechanisms, the baby disposes ego fragments that are produced by its own destructiveness. Bion (1959) conceptualize these destructive attempts of the baby as attacks on any kind of linking, that is to say attacks on a possible relationship with the object. He writes: "I shall discuss phantasied attacks on the breast as the prototype of all attacks on objects that serve as a link and projective identification as the mechanism employed by the psyche to dispose of the ego fragments produced by its destructiveness." (Bion, 1959, pp. 308). He proposed that the destructive impulses and their display through splitting and projective identification express phantasied attacks on anything that is perceived as having the function of connecting one objecting to another (Bion, 1961). In Klenian terms, the object and the relation to it, is in fragments as well as the ego is in this early state. In line with Klein's suggestions, Bion accepts that the first attacks on linking show itself on the attacks on a part of the mother's body: the breast, not the mother as a whole person. Bion argues that in addition to relationship with an anatomical structure, i.e.: breast, there is a relation with its functions which can be named as feeding, poisoning, loving and hating and these are the functions of the object that provides link between the objects. The destructive attacks primarily targets these functions of the object.

In his practice Bion observed patients aggressiveness towards him when he display some attempts to connect with them through interpretations (1959, 1961). His interpretations are either denied or refused. He emphasized the resemblance of the therapeutic relationship and the primary relationship between the baby and the mother. He suggests that the thought process that develops during the depressive position enables the integration and coherence of the ego. In the paranoid schizoid position these thought processes are attacked which indirectly damages the relationship with the object. The thought processes and the reflective function will be elaborated in a later section including the resolution of Oedipal conflict and the foundation of mentalization.

If we turn back to Bion, and his suggestion of "attacks on linking", it is observerd that excessive use of projective identification, which is a way of destroying the possible links, prevents introjection and assimilation of the impressions (Bion, 1959). As a result the baby denies the personality on which the pre-verbal thought can proceed and be integrated during the depressive position. Bion argues that the pieces of ego that are expelled by the mechanism of projective identification must be taken back by reversing the process. However, the re-entry or the re-introjection of the projected parts can either be intrusive or helpful depending on the objects attitude towards them (Bion, 1957).

So far, it is mentioned that in the early scene between the mother and the baby, the baby experiences aggression towards the mother as a result of his own destructive impulses and fear of death. The baby projects them to the mother because they are too heavy to be contained within the self, the process known as

the projective identification (Klein, 1946). However, the part of the object, i.e.: the mother, is not well established within this process. Bion (1957) suggests that mother should take these unwanted negative emotions and in the mean time maintain a balanced look. In other words the baby manipulates the mother by his feelings and she should introject them and remain balanced. Responding to the baby's or the patients' attempts for projective identification, is stated as being the recipient or 'the container' of the thoughts and feelings of the other and 'having a thought that is not one's own'. Through projective identification baby feels understood and the attacks decreases. The mechanism becomes a way of communication, i.e.: a tool for interpersonal interaction. When the mother contains the projected feelings, baby becomes able to investigate those feelings in personality, which is strong enough to keep them. Bion suggests that this is crucial for the development of baby's curiosity, which is the base the learning depends on.

The quality of the projective identification, which might be utilized as a way for communication necessary for development, is examined profoundly. Bion (1963) conceptualizes the infant's (the contained) projections as beta elements (β-element) that include toxic materials and negative emotions that are unbearable for the baby to contain. Mother (the container), on the other hand, should take these unbearable materials from the baby, process them and project back to the baby in the metabolized form. Bion (1963) names the whole process of transformation as the α-function.

He describes this process with these words:

"In the situation where the β-element, say the fear that it is dying, is projected by the infant and received by the container in such a way that it is "detoxicated", that is, modified by the container so that the infant may take it back into its own personality in a tolerable form. The operation is analogous to that performed by α-function. The infant depends on the Mother to act as its α-function." (Bion, 1963, pp.27)

Bion (1961) proposes that an arrestment in the development occurs in two folds. Firstly there can be an innate disposition to excessive destructiveness, hatred and envy. Secondly the environment might deny the baby's use of splitting and projective identification, which is named as 'the worst environment for development' by Bion (1961). When the mother cannot deal with the negative emotions that the baby projects to her, either by denial or introjection without processing it, the link obtained through projective identification is destructed. It is argued that a dutiful reaction to the baby's crying is not enough. When the mother is unreceptive to the unwanted feelings and responds to the baby without understanding or processing them, the attacks on the link increases. Moreover, as a result of projective identification, these destructive attacks externalized and the objects is perceived as being hostile to curiosity and to projective identification (ibid).

Ogden (1979) summarized the work of Klein, Bion and Winnicott and divides the process of projective identification in three phases. In the first phase

the subject, or the baby, phantasize about the projective identification. He expels some aspects of his ego and self, and put it into the external object. In the second phase, the interpersonal interaction takes plays in which the baby elicits feelings in the recipient, the container, the object that are in line with the projection. Finally in the last phase, the recipient introjects and processes the projection and modifies it and gives this modified version back to the subject, the baby, for re-internalization. Projective identification that involves these phases satisfies various needs of the baby. Firstly it serves as a defense mechanism that enables the baby to keep the unwanted aspects in a distance but still alive in another person. Secondly, it is utilized as a mode of communication through which the baby feels understood because he is able to exert feelings in another that are similar to his own. It also stands as a type of relatedness in which the object is both felt as a separate entity and an undifferentiated part of the self. It is felt as being separate because it is used as a container for some parts of the self but also very similar as a result of feeling the same way with the subject. Lastly, the mechanism can be considered as pathway for psychological change in which the object modifies the unbearable feelings and her way of handling can be internalized by the subject. The role and the abilities of the object are widely examined by Donald Woods Winnicott, whom suggestions will be summarized in the next section.

1.1.1.4. Donald Woods Winnicott: Holding

In the mean time, one of the leaders of object relation theory in England, Donald Woods Winnicott examined this earliest phase of life in another way. He

examines the containing role of the mother from a different perspective and widens her role and duties crucial for a healthy psychic development. He writes: "…the work of Klein on the splitting defense mechanisms and on projections and introjections and so on, is an attempt to state the effects of failure of environmental provision in terms of the individual. This work on primitive mechanisms gives the clue to only one part of the story, and a reconstruction of the environment and of its failures provides the other part." (Winnicott, 1960, pp. 593).

Slightly different than Klein's conceptualization of infant ego, Winnicott argues that rather than being in fragments (as Klein offers), the infant ego is unintegrated, in which the needs and desires flow separately in the psyche (Winnicott, 1958). This quality of the ego makes the infant psyche less destructive and dangerous. Winnicott suggests that the development of the ego in a healthy way that depends mostly on the environmental factors, primarily on the appropriate maternal care. It is proposed that the early ego is not weak as it is thought; in fact it becomes quiet strong with the support of the mother's ego. As the needs of the baby are met in the right moment with the right amount, it becomes possible to continue being for the baby. According to Winnicott, this going on being is essential for the development of a strong integrated ego and realizing the inherited potential by becoming a separate individual (Winnicott, 1960).

Winnicott (1960) suggests that infantile ego can develop towards a healthy adult ego only if there is a holding environment provided by satisfactory parental

care. He proposes three successive phases of parental care, which are holding, mother and infant relationship (the dyad) and father, mother and infant (the triangle) relationship. The holding phase, which is prior to 'living with' phases in which the baby builds object relations, corresponds to the early infancy that starts prenatally and involves the total merging between the mother and the baby. Winnicott, in addition to accepting the high level of dependence of the child in the early periods of life, divides it into three phases, which are absolute dependence, relative dependence and the last phase that is characterized by the progress towards independence. In the holding phase the baby is maximally dependent to the mother, to the extent that he is not aware of the maternal care and has almost no conscious control over it.

As Winnicott (1960) suggests, holding of the mother starts physically in the womb. Starting from this period mother's attention orients from her self to the baby and his needs. It is emphasized that even though starting with physiological changes the holding captures crucial psychological characteristics according to which the mother leaves her own subjectivity and identifies with the baby. Winnicott names this process as primary maternal preoccupation and suggests that it is essential for being a "good-enough mother". He also conceptualizes it as a kind of projective identification. This identification with the baby results with an increased sensitivity in the mother. Through this identification the mother gain a sense of what the baby needs. This sensitivity in the mother enables her to provide the baby what he exactly needs. In other words, with this type of sensitivity, mother provides the baby an environment that is similar to prenatal state. During

this period, the baby develops a sense of subjective omnipotence, a magical understanding of the needs being satisfied whenever they are wanted. By means of holding provided through maternal care, the baby gains a sense of personal existence and a continuity of being, which results in the realization of the potential of becoming an separate individual (Winnicott, 1960).

It is suggested that in addition to the physical characteristic of holding, there is a psychological dimension, which represents a form of loving. When the baby is not hold the sense of insecurity increases. However, as Winnicott (1960) implies, the holding phase has an end, in which the merging between the baby and the mother ends and the baby becomes separated. If the mother underestimates the subjectivity of the baby and satisfies his needs depending on her prior knowledge, rather than the baby's signals for help, a failure occurs in the environment. This failure causes baby to react rather than just going on being. Baby's reactions to the impingements that occur in the environment create an interruption in the continuity of being and this result in fear of annihilation in the baby that causes a weakening in the ego and a development of later pathology.

The importance of sensitivity to the baby's needs while accepting him or her as a separate individual and the role of the psychological presence of the mother is also stressed by attachment theorists, which will be elaborated in the second part of this chapter. Both theories imply that the failure in sensitivity to the infant's needs and in acceptance of the infant as a separate entity results in different types of psychopathology, one of which is eating disorders. The relation between this form of parenting and the development of eating problems is

examined in the eating disorders chapter. However, before explaining the impact of problematic early relationship with the primary caregiver in the development of eating disturbances, it is important to fully understand the nature and components of this early relationship. For this, I will continue with Heinz Kohut, one of the pioneers of Self Psychology and his ideas regarding the primary relationship.

1.1.1.5. Self Psychology: Self-Object Needs

Preceding the object relations theory, in 1970s another path of psychoanalysis has developed, which is named as Self Psychology. Heinz Kohut was one the founders of this novel stream. After widely accepting the ideas of Freud and object relation theorists on the importance of drives and first interpersonal relations, Kohut turned his focus on to the concept of self, which he named as 'the center of the psychological universe' (Kohut, 1971). As a consequence of his practical work mostly on narcissistic patients, Kohut noticed that the core of problems lie under the presence of an unhealthy self rather than unresolved conflicts about unacceptable wishes as Freud suggested. In line with the object relations theory, Kohut accepted that the development, also any arrestment in the development, of a coherent, mature self, can be achieved as a result of environmental factors that involve the primary relationships with significant others. Here, rather than referring to the primary caregivers as 'objects', as the object relations theorists do, Kohut, established a new concept for them, which is *self-objects.* His theory on the development of self and pathology was based primarily on this concept.

Kohut (1971) proposes that the self of the infant is very week in the early phases of life and has little capacity to meet internal needs, which he names as self-object needs, such as calming down and comforting on his own. As a consequence the development of the baby requires an external object to satisfy his needs. However, in this early period of the life, the infant is unable to experience the others around him as separate 'objects' that have autonomous selves. Instead, the baby perceives them as self-objects, which are considered as extensions of the self. The baby experiences the self objects such as a part of his own body, and assumes to have control over them as he has control over on his own body. According to Kohut, by means of self-objects, the internal functions such as self-esteem and emotional stability are obtained. It is also suggested that self-object needs that must be gratified by another person, endure throughout the life but they transform from an archaic level to a mature level. In infancy, these needs are very intense and they are met externally. Towards childhood, the separation from the mother is essential and increasing role of the father meets the self-object needs. In adolescence, peer groups satisfy these needs and lastly in adulthood they are met through spouses, friends and careers (Baker, & Baker, 1987).

It is suggested that the psychological survival of the baby requires the responsiveness of empathic self-objects (Kohut, & Wolf, 1978). The crucial result of the self-object relations is that the baby learns to develop endopsychic structures that have the capacities and functions of the previously external self-objects have. Kohut (1971) proposes a different phenomenon for this process. He suggests that rather than taking in the total object as in identification, a process

called ‘transmuting internalization’ takes place during the development of the nuclear of self. Through interactions with the self-objects baby takes in certain parts of them and assembles those pieces in his unique way. Kohut and Wolf (1978) suggest three constituents of this interaction. Firstly the human infant has a basic striving for power and success. After sensing them internally, the baby sets basic idealized goals. Then as a result of ambitions and ideals basic talents and skills develop. Before reaching to the transmuting internalization process, the self-object needs must be sufficiently responded to. During this phase it is suggested that ‘good-enough parenting’ captures minor failures in those empathic responses. As a consequence of those optimal frustrations growth takes place and gradually the self-object is replaced by an actual self. The resulting autonomous self occurs not as a replica of the self-objects, but as a different unique entity even after identifications (Kohut, & Wolf, 1978).

Kohut proposes two main self-object needs, which are mirroring and idealization (Kohut, 1971) and later he adds a third one, twinship/alter ego needs (Baker, & Baker, 1987) and the empathic parental responses satisfy these needs. It is emphasized that the crucial element is not what the parents do, rather what they really are. The mature and cohesive parental self that is secure must attune with the baby’s varying needs (Kohut, & Wolf, 1978). The chronic empathic failure in self-object responses, which includes responding according to their own needs, neglecting, rejecting and criticizing, is determined as the core of the psychopathology (Kohut, 1971).

As the previous theories examine, in the beginning of life the infant has a grandiose and exhibitionist self, that feels great and powerful. Mirroring needs require a mirroring self-object that reflects back the child's greatness and perfection. Through mirroring, the child acquires a sense of self-worth and value, which in turn builds internal self-respect. As a result of the self-objects mirroring, the child develops self-esteem and some ambitions. It is suggested that the mirroring responses must be in tune with the child's age. If the parents repeatedly respond in an indifferent and hostile way to the child's mirroring needs, the child takes back a low self-worth and a sense of inadequacy from these responses and this inhibits his assertiveness. However, if some optimal frustration occurs after acknowledgment of these needs, the child recognizes his limits and then the growth occurs as a result of developing internal mechanism that regulates self-esteem and tolerates failure.

Kohut suggests that other than mirroring needs, the baby has idealization need, which is a need to merge with or be close to someone that is powerful and secure that will in turn sooth and calm the baby. These external objects provide internal functions, which are calming and comforting in times of stress. For these needs to be satisfied, there must be an idealized parental imago. The optimal merge with this self-object serves as a secure base for the growth and the baby starts to develop internal mechanisms for self-soothing and controlling the aggressive impulses. Having an idealized parental imago also enables the baby to set challenging but realistic goals (Kohut, 1971).

Lastly, a third self-object need is suggested, which is named as twinship/alter ego need. According to Kohut, the baby has a need to feel alike with others to some degree and a sense of being part of a greater community in order to tolerate differences later on. Self-objects can satisfy these needs by doing activities with their children. If the parents reject or neglect the baby, then the baby becomes aloof and isolated somehow in the following years.

According to Kohut, the self matures and becomes cohesive as these three self-objects needs are satisfied. As the development proceeds, self-object needs transform from archaic levels to more mature ways. However, if there is chronic empathic failure in the way the self-objects respond, an unhealthy self develops, which is dependent on others and relates with others as if they are self-objects. This causes a disintegration anxiety, which Kohut defines as the fear of loss of humanness or some kind of a psychological death. It is proposed that as a consequence of damage in the self-object bonds or narcissistic injuries, the individual develops symptoms to restore vitality to the self (Kohut, 1971).

Until this point, the fundamental processes that are necessary for a healthy psychic development within the primary relationship between the mother and the baby have been summarized. These include, Freud's ideas on need gratification and the role of the object as being the sexual- and love- object and Klein's conceptualizations regarding the early phases of an infant's life involving the processes of projection, introjection, splitting and projective identification in his or her relation to the first object. Then the work of Bion and Winnicott is introduced for expanding the understanding of the quality of primary relationship,

and mother's roles as a container and holding environment are examined. This is followed by Kohut and his focus on the development of a healthy self through satisfaction of basic self-object needs with optimal frustrations provided by the "good-enough-mother". Now, one last ability that is gained through a containing and supporting primary relationship will be introduced, which is the reflective function, or *mentalization,* and the role of the caregiver within this development.

1.1.1.6. Peter Fonagy and Mary Target: Mentalization

Peter Fonagy and Mary Target propose a new dimension to the development of self and to the primary relationships that a baby forms, which is mentalization. As cited in Fonagy and Target (1997), James divides the self into two layers, which are the self that is the subject, the active agent constructing the self, 'I', and the self that is the object that experiences this process, 'Me'. It is suggested that while organizing the construction of the self, the primary function that 'I' uses is the reflective function, i.e.: mentalization. This is the function that enables to read others' minds and organizes the self and the others' behaviors in terms of mental states. Fonagy and Target (1997) present this function as underlying mechanism of the building blocks of self-organization, including the capacity of affect regulation, impulse control, self-monitoring and sense of self-agency. The theory of mind, the ability to understand mental states including beliefs and desires underlying the actions is gained approximately in the age of four. As cited in Fonagy and Target (1997), this phenomenon is examined by various scientists in different ways. They included the emotional aspect of mental

states that determines the reflective capacity, which shows itself in the relationship with parents.

Fonagy an colleagues (1991) suggest that the reflective self of the parents is crucial for the development of reflective function of the baby. In the first years of life, mental representations of oneself and the objects are not fully established. The communication between the baby and the objects are on the action level. The object is perceived as someone who acts, behaves and does as well as the self is. Later on these representations become as psychological entities that think, feel, desire, wish and believe. The reflective self within the caregiver has a transforming role. When she is able to contain the infant's unbearable affects, anticipate both the psychological and physiological needs and respond to them appropriately the infant starts to develop reflective function by internalizing the caregiver's stance. For this to occur, the parent must provide attunement with the baby through recognizing him as a psychological entity with mental experience. The caregiver should reflect on the baby's mental experience and re-present it to him through her actions, with the appropriate language for the baby to understand. This interaction between the caregiver and the baby creates the necessary basis for the development of a reflective self. The caregiver's psychic capacity must involve being aware of the role of mental states on actions and understand the causal relations between thoughts and actions, including defensive behaviors. It is suggested that when the caregiver is able to reflect on the baby's mental state appropriately and respond to it accordingly then this constitutes a sense of safety for the world of ideas and desires within the baby. Before the infant separates

from the primary caregiver, his mental state is in a sort of fusion with the mother and the mother is internalized by the baby. During this phase, if the mother's own world of mental states is secure, then the world of intentions and desires is perceived as a secure environment for the baby to explore.

In 1996, Fonagy and Target examine the development of the reflective function of the baby more profoundly and suggest that there are two modes of psychic reality before reaching the menalization capacity, namely psychic equivalence and pretend modes. In the former one, the baby cannot differentiate between the inner experiences and the external reality. Internal states are perceived as exact replicas of reality and this creates an anxiety because of the felt power on the outside. Then the pretend mode develops by which the ideas are perceived as mental representations but still they do not have correspondence with reality. During this phase, playing is elevated and the duty of the reflective parent is to 'play along' with the infant without pushing him to recognize the reality. In play, the parent provides the child a structured frame in which the wishes can be imagined and metabolized without harmful consequences. In other words, the child gains the opportunity to contact with his thoughts and desires in a safe environment. Fonagy and Target (1996) explain the development of the self as an internalization of the thinking self from the containing object rather than internalization of the whole containing object. After this period, the two modes of thinking is integrated and the mentalizing mode develops.

The development of reflective function is also examined through attachment theory, which will be examined in the second part of this chapter. The

capacity of mentalization is crucial for the ability to form healthy relationships with others, due to its impact on understanding, communication and connection, which are essential for the quality of a relationship. The role of reflective function and its development will be more profoundly elaborated later on. Now, before finishing the presentation of the nature of the early relationship between the mother and the baby, one last aspect of this relationship must be examined. That is the separation-individuation phase of the primary relationship, which is crucial for obtaining an independent self. It is widely investigated by Margaret Mahler, whom work will be summarized in the following section.

1.1.1.7. Margaret Mahler: Separation and Individuation

Margaret Mahler, one of the pioneers of developmental ego psychology examined the first object relations and the formation of an identity from a developmental perspective and shed light to different areas of these processes. She differentiates between actual birth and the psychological birth of the human beings. She suggests that the human beings experience lifelong but slowly diminishing emotional dependence on the mother and the psychological birth mostly occurs after transforming this dependence and becoming more autonomous (Mahler, 1963). As cited in Mahler and La Perriere (1965), Mahler offers that after birth until two months the infants pass through a normal autistic phase in which there is no differentiation between him and the outer or inanimate world. This stage is followed by a symbiotic phase between the mother and the infant. During the symbiosis phase, even though the infant starts to differentiate between the inner and outer world, the boundaries between the baby and the

mother are fused. In other words, the baby has no image of a separate body/self boundaries different from the mother (Mahler, & Furer, 1963). Mahler (1963) suggests that to understand the symbiotic phenomena it is necessary to keep track of the following stage, which she named as the separation-individuation phase. She offers this stage as being the first critical prerequisite for the formation of a sense of cohesive identity and as the basis for the development of object relations. Moreover, she proposes that the roots of the later pathology come from an arrestment or disturbance on this stage. Either a strict wall between the mother and the infant or an undifferentiated fusion between them during this stage is suggested as causes of psychopathology (Mahler, 1963).

The separation-individuation phase is examined by Mahler and her co-workers in various studies. She argues that the core of this process is the infant's demarcation of his body image from mother's image (Mahler, 1963). She states this differentiation process from mother-infant unity as 'growing up from oneness with the mother' (Mahler, 1974). It is stressed that the normal separation-individuation phase takes place in the presence of the mother, in her own words Mahler states: "It is amazing to observe to how great an extent, and with what resiliency, the child's autonomy unfolds from within his own ego, if only he feels a fair degree of emotional acceptance and a fair degree, of what I, for brevity's sake, would call *communicative matching* on his mother's part." (Mahler, 1963, pp. 321).

In her studies, in which many mother-infant dyads are observed, after the peak of symbiosis between the mother and the infant, first signs of individuation

are seen in four and five months of age (Mahler, 1963). In 1965, Mahler proposes sub-phases within the separation-individuation phase which are; differentiation, practicing, rapprochement and on the way to object constancy respectively.

In the first stage of the separation-individuation, the differentiation phase, 'hatching from the symbiotic membrane' as she names it, the infant's attention is directed to outside from inside (Mahler, 1974). If the baby has enough level of confidence for the mother from the symbiotic phase, his interest and curiosity for the strangers increases. On the other hand, if the basic trust to the mother has not developed fully then the infant shows high levels of stranger anxiety, which prevents the pleasure gained from the inspection (Mahler, 1974). Towards the end of this sub-phase, the beginning of the practicing sub-phase starts, during which three main developments occur in a circular way. These developments are the establishment of a special bond between the mother and the infant, infant's body differentiation from the mother and the growing autonomous ego functions in proximity with the mother. The interest towards the inanimate objects and exploration of the surroundings increase, yet the mother must be held in an optimal psychological distance. The mother must be seen as a stable point to which the baby can turn whenever he wants for the 'emotional refueling' as Furer names it (Mahler, 1974). This process of refueling is defined by creating physical proximity with the mother and regaining energy for the continuation of exploration. The following phase of the practicing is named as proper practicing, in which the baby goes farther away from the mother and seems like he forgets

her presence even though he returns to her periodically. Moreover, the baby becomes more active in the games they play with the mother such as peak-a-boos.

The third phase of the separation-individuation process is stated as the most critical phase for the later development of a sense of autonomous identity (Mahler, 1965). During the ages of sixteen to twenty-five months, the baby gains a novel skill, which is walking. With his heightened loco-motor skills, the baby acquires the sense of 'making it out there in the independent world' as the adults do (Mahler, 1974). In addition, his awareness of his physical separateness increases. However, in the mean time the separation anxiety increases due to the experiences of not finding the mother when he hurts himself. As a response to increased anxiety the refueling process in the practicing phase is replaced by an active approach behavior towards the mother (Mahler, 1971). This constitutes the main crisis in the rapprochement stage, which Mahler states as the struggle against fusion and isolation at the same time (Mahler, 1974).

In 1965 Mahler suggests that in the rapprochement phase the toddler experiences both the pleasure of autonomy/mastery and the separation anxiety. She points out the two complementary parts of the separation-individuation process. In the rapprochement sub-phase, individuation is observed to proceed rapidly with the heightened motor skills and the maturation of mental apparatuses, the toddler exercises his mastery to its limits. However, the separateness from the mother cannot be displayed that easily. Most of the time the child shows resistance to it and tries to experiment with it by moving away and mowing towards the mother (Mahler, & La Perriere, 1965). As Mahler (1971) states, wish

for the reunion with the love object and the fear of re-engulfment go hand in hand in this sub-phase. She explains the situation with these words:

"Two characteristic patterns of behavior—the shadowing of mother and the darting away from her with the expectation of being chased and swept into her arms—indicate the toddler's wish for reunion with the love object, and, side-by-side with this, also a fear of re-engulfment. One can continually observe the warding-off pattern against impingement upon the toddler's recently achieved autonomy. Moreover, the incipient fear of loss of love represents an element of the conflict on the way to internalization." (Mahler, 1971, pp. 411).

It is suggested that when the toddler moves toward the mother in this specific sub-phase, it is impossible to regain the previous symbiotic situation. Because, he realizes that the parents are separate individuals with their own interests. In other words, the toddler comes to face the delusion of his omnipotence and grandiosity in controlling the parents. Here, it is crucial that the mother recognizes the toddler's autonomy, yet she must be emotionally available for him whenever he needs her. This is stated to be important because of the fact that when the child cannot sense the basic trust for the mother, rather than investing his libido to explore the surroundings, he will invest it to look for the mother and reach her for the sense of safety (Mahler, 1972).

Mahler (1972) proposes that in this phase, the toddler experiences three main anxieties. Firstly, the fear of loss and abandonment decreases to some extent however it becomes more complex as a result of internalization of parental

demands. Secondly, fear of loss of love object continues to some degree and toddler shows sensitive reactions to the parents' approval and disapproval. Lastly, awareness of the separate body image and bodily feelings increases. To deal with these anxieties the infant shows active approach behavior. Active approach includes the need to share the novel skills and experiences with the mother, which requires mother's active and high-level interaction with the toddler (Mahler, 1971). During this phase, the toddler starts to develop language skills, and the preverbal understanding with the mother in the symbiotic phase becomes insufficient. In this stage the communication increases to symbolization including verbalization and pretend play. In her studies, Mahler (1965) observed that mothers might experience confusion because the heightened demandingness of the toddler. Even though the child does not seem to be dependent as he used to be six months ago, he wants her mother to interact with him more. As Mahler suggests, this seems contradictory to the mother and as a result there might be some misunderstandings between the mother and the toddler. However, mother's active participation to this higher-level interaction is necessary because the toddler's degree of pleasure gained from the independent exploration depends upon his success in eliciting his mother's interest that enables his autonomy (Mahler, & La Perriere, 1965). In other words, experiencing this phase of development mostly depends both on mother's and the toddler's attempt to adapt to maturation by recognizing their needs (Mahler, 1963). It is suggested that if a failure occurs in the separation-individuation phase the primitive splitting

defenses continue and the internalized object stays as an unassimilated body, a bad introject, that the toddler might identify with later on (Mahler, 1971).

So far the in addition to the fundamental processes within the primary relationship necessary for the development of psyche and self including mirroring, containment, support yet with some frustrations and psychic presence of the mother enabling reflective function improvement are presented. Mahler's contribution regarding the separation-individuation phase within the development is crucial for the baby to form an autonomous self. Otherwise, it is possible to stuck in the highly dependent mother-infant dyad, which prevents growth. So it is important to recognize the mechanisms active in this period for obtaining a greater understanding of the history of later pathologies. In addition to the early containment of the mother, her encouraging and reflective presence in the separation-individuation phase is essential for psychic growth. Developmental arrest especially within the separation-individuation phase is found to increase the likelihood of developing eating disorders (Bruch, 1973). Now, the basics of this period are introduced. In the Eating Disorders Chapter the work of the active mechanisms will be elaborated. However, before stepping forward, it is found to be important another aspect of mother-infant relationship that mainly contributes to the formation of body image, which is an essential element in the eating disorders. It is Esther Bick's conceptualization named as "psychic skin formation", which constitutes the subject of the next section.

1.1.1.8. Esther Bick: The Role of The Skin

Esther Bick, one of the child psychoanalysts back in 1960s, constructed

detailed studies on infant observation. In her paper *Notes on Infant Observation,* in which she tries to offer guidelines for infant observation she points out to the difficulties observed between the mother and infant. One of these problems is stated to be the mother's depressive mood, which Bick explains as: "…how I am using the word 'depressive' here. I am not using it primarily descriptively, but rather metapsychologically, to describe those aspects of the mother's relation to the baby in which a clear-cut regression to part-object relationship is evident. The mother can be clearly seen to be experiencing emotional detachment from the baby, helplessness in understanding and meeting its needs, relying on the baby to make use of her breasts, hands, voice, as part-objects." (Bick, 1964, pp. 559). In this paper, Bick demonstrates two different examples of infant-mother observation. In the first one it is shown that an unprepared and slightly immature mother might fail to recognize and satisfy the needs of the baby, instead she acts based on her own needs. However, this situation is improved by a supporting husband that enables the mother to build confidence on her own motherhood, which in turn soothes her own anxieties about incompetency and makes her focus on the baby rather than herself.

In the second example of infant-mother observation, it is mentioned that there is a special type of communication, including the mother's voice and handling of the baby, enables the sense of holding and containing as Winnicott and Bion suggest (Bick, 1964). Moreover, in this second example Bick (1964) connects the observation with the analytic theory. It is clearly observed that the baby relates with the two breasts differently, holding the one very close and the

other in a more distant way. After a while, his hands enter into this relationship. These observations are proposed to show the very early splitting of the objects as Klein offers, and the prototypical quality of the first relation with the breast spreading to the following relations (Bick, 1964).

In 1968, Bick emphasized the role of the skin in the development of an integrated self. As widely offered by many theorists, Bick accepts the unintegrated characteristic of the personality in the first years of life and suggests in this period that these parts are not differentiated from the body parts. She writes: "In the earliest times the parts of the personality are felt to have no inherent binding force and fall apart unless passively held together, an experience indistinguishable from feeling the body to be held together by the skin." (Bick, 1986, pp.292). Therefore, she examines the containing role of the skin in the process of integration through constructing a boundary for the separate personality parts. It is suggested that for the later developments to proceed, firstly the baby should introject a containing object, and this can be done through sensual interaction between the infant's and mother's skin. Bick (1968) offers that the optimal containing object in this period is the nipple, with the holding, talking and familiar smell of the mother, and serves as a concrete skin function for the baby. In other words, the first steps for integration and the organization of a self are taken in the feeding process. If any disturbances occur in this process, formation of primary containing skin that is provided by the dependence will be replaced by a second skin functioning for pseudo-independence and the unintegrated situation continues.

Later in 1986, Bick develops her thoughts on the role of skin, and suggests that any disturbances in this formation might cause the individual to show adhesive identification, which is very primitive, and includes catastrophic anxieties such as liquefying and falling into the space as a result of a lack of a holding skin. Her suggestions regarding the psychic skin formation is highly associated with the formation of body image, and how it is experienced, which is a fundamental element of eating disturbances. In the section of eating disorders Bick's ideas on psychic skin and its impact on the development of eating problems will be more profoundly elaborated.

So far, in this chapter the essential elements of the primary relationship that a baby forms with the mother are widely examined. Starting with Freud, psychoanalytic theory, object relations, self psychology, ego psychology and developmental psychology and their conceptualizations of this early relationship are presented. This relationship is considered to be the fundamental core of the developing psyche and an autonomous self and an identity. From this point of view, it is expected to observe later psychopathology as an extension of problems occurring within this early stage characterized by a unique relationship between the mother and the baby, to which father is joined later on. This will be further elaborated in the eating disorders chapter. In addition to psychoanalytic perspectives, the primary relationship is also examined by the attachment theorists. In the following section, the first relation that the infant forms will be reviewed through attachment perspective. Then how the early relationship experiences and attachment styles are observed and displayed in adulthood will be

presented.

1.1.2. Attachment Theory

In this part I will introduce you the concept of the ‘attachment’, which is firstly established by John Bowlby in late sixties. In the beginning I will present a general summary of Attachment Theory that is constructed by the mutual work of John Bowlby and Mary Ainsworth. The concepts of ‘secure base’ and ‘internal working models’ will be examined depending on ethological, evolutionary and developmental perspectives that Bowlby and Ainsworth rely on. In the meantime, the relevant neuropsychological roots of the attachment process are briefly introduced as well. Then Ainsworth’s pioneering attachment study on a laboratory setting, Strange Situation, will be presented. The different attachment styles revealed in this study are identified. Here the role of the mother’s sensitivity is emphasized and in addition to representational system that the attachment bond promotes, its role in affect regulation is stressed. In this part, various perspectives on affect regulation including neuropsychology and attachment theory are briefly summarized. The work of recent attachment theorists, explaining the role of attachment on affect regulation is elaborated. Here the Sroufe’s and Main’s works are taken into consideration. Then Main’s suggestion indicating the role of metacognition and meaning making is introduced. This opens up a new part, in which the assessment tool for adult attachment, ‘Adult Attachment Interview’ is defined. In this view, the role of mentalization in the process of attachment is examined respectively. This is followed by the next chapter, in which the adult relationship patterns and influence of the early attachment experiences in these relationships are emphasized.

1.1.2.1. John Bowlby and Mary Ainsworth: Attachment Theory

As it is suggested by Turan and Horowitz (2007), trust is one of the basic elements of a satisfactory relationship. Partners need to trust each other in order to maintain their relationship in a satisfying way. This opens up other questions. How is trust built? How does a person rely on another to be there in case of difficulty? The roots of these questions are based on the studies done back in late sixties. After a series of research, in 1969, John Bowlby comes up with a new psychological mechanism regarding early mother-infant relationship and the quality of this bond, which is known as 'attachment'.

Attachment is defined as an affectional bond that an individual forms with another significant one across time and distance (Ainsworth, & Bell, 1970). Bowlby suggests that the bond between the mother and the infant has an evolutionary background (Ainsworth, 1969). It is negotiated that during human species' development there is a great amount of environmental lability. Moreover, there are not any fixed action patterns for human infants, in contrast there is a huge amount of plasticity for learning. However, the dependency for caregiving endures longer in humans compared to other species. Based on these evolutionary facts, Bowlby proposes that attachment behavior (i.e.: the tendency to maintain physical proximity to the mother by attracting her attention or actively reaching to her) is stable across many species but substantial particularly for the human species (Ainsworth, 1969). Bowlby (1969) suggests that the innate drive for the attachment with the mother is an adaptive response, which protects the baby in any case of danger.

Bowlby constructs attachment theory on his observations of infants' reactions when they are separated from their primary caregiver (Bowlby, 1969, 1973, 1980). The reactions captured by the term 'separation anxiety' are as follows: when an infant is separated from the mother, first of all it is observed that the infant feels distress because of this separation and actively look for the mother (protest), then there is a period of passivity which involves sadness (despair), lastly when the mother returns the infant show a disregard, avoidance against her return (denial or detachment) (Bretherton, 1992; Hazan, & Shaver, 1987). As mentioned above, the underlying mechanism of the need for an object was a quiet controversial topic. Some psychologists argue that it is only necessary for the baby's survival through satisfying his basic needs such as feeding and protecting from danger. However, others such as object relations theorists mention the importance of the social needs satisfied by an external object. Social psychologists argue that most of the species including humans have an innate urge for social interaction that fosters them to construct emotional bonds with the objects. In addition to the attachment behavior, it is suggested that exploratory behavior that promotes interest the new things in the environment, is a biological disposition for learning and adaptation (Ainsworth, & Bell, 1970). As cited in Fonagy (2001), Bowlby states that it is a biological disposition to build attachment and use the attached person as a 'secure base' to explore the environment and for self-enhancement. It is emphasized that opposite to an affectional bond, attachment bond is asymmetrical, in which only one party (i.e.: the caregiver) should offer security and comfort to the other (i.e: the baby).

Different from the psychoanalytic perspective and object relations defenders, Bowlby explained the phenomena by means of ethology and regarded it as a behavioral system.

As cited in Ainsworth (1969), inherited from ethology, Bowlby names this behavioral system, as a control system in which there is an input and an output (i.e.: an internal or external stimuli activates or terminates a certain kind of behavior). In due course behaviors become goal directed. In other words the behavior of the infant becomes a ‘’set-goal’’, in which there is a plan to reach a certain goal. It is suggested that the aim of this behavioral system is to reach an appropriate proximity to the caregiver. In other words, the aim is ‘the feeling of closeness to the mother’ rather than the object itself. As cited in Fonagy (2001), Bowlby argues that three systems namely the attachment, the exploration behavioral and the fear systems work together for the regulation of the child. For the exploratory system the attachment figure forms a secure base for the child to explore ahead. Moreover, when the fear system is activated by the signals of danger, the child turns to the mother as a source of protection and safety.s

As a developmental psychologist, Bowlby examines the attachment process in four phases depending on the baby’s behaviors. These behaviors include active locomotion such as sucking, clinging and following and signal behaviors including crying, smiling, looking to the caregiver (Bretherton, 1992). In the first phase, which captures the first weeks of life, there is *orientation and signals without discrimination of figures.* The baby responds to every object around him without any preference. At the end of this phase he starts to attend to

faces and little by little distinguish the familiar ones from the strangers and this opens the second phase, in which there is *orientation and signals directed towards one or more discriminated figures.* Here it is observed that the baby starts to behave differentially to his mother, her appearance and her voice compared with others. This phase is followed by the third phase, which is fundamental for building the attachment bond. The third phase involves *maintenance of proximity to a discriminated figure by means of locomotion as well as by signals.* In this phase, in addition to approximation behaviors towards the mother, baby starts to move away from the mother whom he considers a secure base. It is suggested that in this phase, baby's behaviors are organized by the reactions and whereabouts of the mother. In the last phase, which includes *formation of a reciprocal relationship,* the child rather than adapting himself to his mother's set-goals as he does in the third phase, he starts to understand his mother's set-goals and tries to alter them in order to meet his own set goals (Ainsworth, 1969).

Bowlby's perspective is criticized by the most of the psychoanalysis community because of its reductionist attitude towards the important relationship between the mother and infant. Most of the critiques aimed the issue of reducing the multidimensional relationship to simple behavior level (i.e.: approximation to the mother physically). Initiated by Bowlby's research, Mary Ainsworth investigated the attachment behavior in a laboratory situation named as Strange Situation, in which the infants aged between 1 and 2 years, are observed when they are separated from and reunite with their mothers (Ainsworth, 1979). This situation is firstly established to examine the balance between attachment

behavior and exploratory behavior in times of high and low stress (Bretherton, 1992). This laboratory situation takes place in a playroom and involves several episodes. Firstly the baby and the mother is left in the room, after a while a stranger enters and contacts with the child. After a brief period mother leaves the room and leaves the baby with the stranger for a while. Then she returns and in the following episode first the stranger then the mother leaves the room. The episode in which the baby is alone ends with stranger's entrance. Lastly mother comes back and the stranger leaves. During these episodes, baby's reactions to the stranger (his anxiety towards him/her), to the toys and the environment (his exploratory behavior), his reactions towards the mother under conditions of stress (how he uses her as a secure base) and his behaviors during separations and reunions (his attachment behavior, its quality and strategies he constructed) is observed (Ainsworth, & Bell, 1970).

In Ainsworth's studies, it is observed that the attachment bond is an interactive mechanism and the mother's reactions to the baby has a significant effect on how the baby responds to the moments of stress. As cited in Bretherton (1992), Ainsworth pays attention to the mother's sensitivity to the baby and after her study with Bell in 1972 they conclude "an infant whose mother's responsiveness helps him to achieve his results to develop confidence in his own ability to control what happens to him." After these studies, Bowlby deepens the attachment theory and underlines the importance of mother's role, including her accessibility and responsiveness. He collects both of these factors under a more standard concept of mother's availability and suggests that depending on

experienced availability of the mother, the infant develops a representational system regarding the others, the self and a relationship between these two through experience in a continuous period of time. Depending on these recurring experiences the baby can be either securely or insecurely attached to the caregiving figure (Bowlby, 1969).

According to Bowlby's representational system, through regular interactions between the mother and the infant, infant develops internal representations of how the others react, how he is regarded by them and how a relationship would be like. These representations enable the infant to expect certain types of responses from others in future interactions. From a more cognitive perspective these representations are named as 'internal working models' (Fonagy, 2001). From a neuropsychological perspective the attachment process, which takes place within the first three years, constitutes a neuronal template for the baby that constructs the internal working models of relationships. Depending on this template, child acquires a base for how to respond in relationships in adulthood (Allez, 2009). If the mother is responsive to the signals of the baby and is able to provide a secure base for him then the baby implicitly learns this process and internalize it to form an internal self-soothing system (Schore, 2001). In other words, securely attached babies develop an attachment template for seeking, care and play and create internal soothing processes (Allez, 2009). On the other hand, when the mother is not available for the baby either physically or emotionally, the baby cannot learn to sooth the overwhelmingly negative emotions such as fear, rage and panic. Allez (2009) names this process

as the loss circuit, in which the baby implicitly learns the fear of rejection or abandonment as a result of mother's unresponsiveness. The absence of a secure object to internalize disables the self-soothing capacity of these babies to develop. They are unable to tolerate and regulate the extreme negative emotions triggered by amygdala, so that they constantly search for an external secure base (Allez, 2009).

Ainsworth's studies on Strange Situation show that there are significant individual differences in attachment styles across infants. It is revealed that there are mainly four types of attachment that infants construct, which are secure (B), insecure – anxious/avoidant (A), insecure – anxious/resistant (C), and disorganized (D). All of these different types occur as a result of developed internal working models of the other, the self and the relationship between the two. If the infant's representation of the caregiver is as being available when needed, then he forms a secure attachment and this makes him to be able to be soothed by his mother and to freely explore the environment in their presence. On the other hand children with insecure attachment do not expect mother's availability in times of stress. As a result they adopt different types of strategies to deal with mother's absence. Anxious avoidant children try to control and down-regulate emotional arousal and show almost no signs of stress during separation and disinterest to mother's return. Anxious resistant children show elevated amounts of distress in the absence of the mother, however they cannot be soothed by the reunion. On the contrary, they seem to exaggerate or up-regulate emotional arousal to have the attachment figure's attention. Lastly, children with

disorganized attachment style try to maintain the proximity with the caregiver in unordinary ways such as going backwards or hiding (Fonagy, 2001).

During the first three years of life, the communication between the mother and the baby, and this implicit learning is practiced through their right hemispheres (Safran, 2012; Schore, 2005; Stern et al., 1998, 1, 2; Whelton, 2004). Beatrice Beebe and Frank Lachman (1988) suggests that before symbolization the infant is able to form representations in a presymbolic manner through different modalities such as sight, sound and temporal sense, which take place in the right brain. These representations promote expectancies about social interactions. Later on by development and recurring experiences these representations transform into general prototypes about the self and the other, preparing the base for symbolic representations. As Allez (2009) does, Beebe and Lachman suggest that in addition to forming representations the infant internalize affect regulation through his interaction with the mother.

1.1.2.2. Affect Regulation

Emotions and the way of how they are experienced and regulated capture a great part of psychical development. Like many other aspects of psyche, affect regulation is established through interaction between the mother and the infant. There is a big debate on whether the emotions can be controlled by cognition or that they are above cognition that they cannot be controlled by it. Bowlby stands in the former part of the argument and defines affect and emotions as appraisal mechanisms (Ainsworth, 1969). As cited in Fonagy et al. (2004) Bowlby suggests that the intense emotions are triggered under the circumstances of forming and

maintaining affective bonds. He defines formation of a bond as falling in love and losing it activates grief, sorrow and lastly anger. The maintenance of a healthy bond on the other increases the feeling of security. In that situation, when the baby is emotionally distressed and afraid of any kind of danger, this negative affect appraises the secure-base representation of the mother in the baby's mind. In other words, negative emotions work as triggers that activate attachment behavior either physically or mentally. Lay et al. (1995) reveals that securely attached children are able to activate the secure-base and sooth themselves.

After many controversial research results, recently couple of neuroscientists, including LeDoux and Damasio, propose that both of the situations (cognition controlling emotions and emotions controlling cognition) are possible and there is an interchange between them (Fonagy et al., 2004). New area of research, which is called neuropsychoanalysis, examines the role of brain in the process of affect regulation and the interaction between the mother and the infant through this process.

It is emphasized that 'implicit relational learning' constitutes the primary learning that occurs between the infant and the caregiver in the first years (Stern et al., 1998, 1, 2; Whelton, 2004). Many writers suggested that the implicit, nonverbal and partly unconscious relational knowing occurs firstly between the infant and the caregiver as a part of attachment (Safran, 2012; Schore, 2005; Stern et al., 1998, 1, 2; Whelton, 2004). Safran (2012) declared that within this unconscious communication, emotions are important tools for understanding the other.

Schore (2003) emphasized the importance of right hemisphere, which is specialized in implicit learning, in emotional development. It is suggested that unconscious processing of affect evoking stimuli mainly takes place in right hemisphere, which is affected by the attachment experience (Schore, 2001). In this paper, it is examined that in two months of age through unconscious communication, affect synchrony with mother occurs. In this process, mother should synchronize and resonate with infant's rhythm of internal states, which in turn enables the baby to regulate his or her own arousal of positive and negative states. In other words, through implicit relational learning attachment includes, the baby learns to regulate emotions (Schore, 2001). It is also stated that when there is a poor attachment, it is very likely for the baby to experience deficits in self-regulation, which involves an inability to modulate intensity and duration of affects.

It is stated that the unconscious communication between the caregiver and the infant occurs mainly through facial expressions and other nonverbal tools of communications such as body posture, movement patterns, tone and volume of voice and eye contact (Schore, 2005). Through the activation in right hemisphere, baby recognizes emotions from visually presented cues (Schore, 2001). As cited in Baker and Baker (1987), Kohut explained this phenomenon as the mirroring process, in which the caregiver works like a mirror of the baby's emotions and her response mirrors back to the baby a sense of worth and value.

Some of the recent attachment researchers examined the role of attachment on the affect regulation ability more profoundly. As cited in Fonagy

(2001) Sroufe suggests that the set-goal of the attachment system is the feeling of security, which in turn enables affect regulation. He defines affect regulation as maintaining organization in times of stress. However, it is emphasized that this definition does not imply that cognition out rules?? emotions. According to Sroufe, emotions are present from the beginning of life and they are transformed and regulated during the second half of the first year through interaction with the primary caregiver. Sroufe accepts affect regulation as the basis for self-regulation and self-confidence. Through the process of attachment it is suggested child passes from dyadic regulation (or co-regulation) to the individual regulation. In the co-regulation period, the caregiver works as a homeostatic regulation of the affective state of the child by balancing the imbalanced internal world. As cited in Fonagy and colleagues' work (2004), Sroufe explains the process with these words: "confidence in the caregiver becomes the confidence in the self with the caregiver and ultimately confidence in the self." Another recent attachment theorist, Cassidy, suggests that affect regulation is linked with attachment quality. As mentioned above, whereas the securely attached babies are flexible in affect regulation, anxious/avoidant and anxious/ambivalent babies experience and express their emotions differently. It is suggested that children with anxious/avoidant attachment showing little distress, might be overregulating their emotions. On the other hand children with anxious/ambivalent attachment styles expressing much more distress then what they might actually feel might be an indicator of underregulation of affect (Fonagy, et al. 2004).

Mary Main, a psychologist primarily working on attachment theory,

brings a new dimension to the link between attachment and affect-regulation by introducing the role of internal working models (Main, 1991). This new dimension is called "metacognition" including the ability to appraise and reorganize memories. In accordance with the Main's work, Fonagy et al. (2004) emphasizes the role of mentalization in affect regulation. Accepting the adaptive and reflexive value of emotions, Fonagy and his friends draw attention to the socialization aspect and the subjectivity of meaning given to the emotions. It is suggested that the 'mentalized affectivity' enables giving meaning and understanding emotions while experiencing the certain emotional state. This ability is presented as core construct for adult affect regulation and is accepted to be linked with attachment history (Fonagy et al., 1994). Before examining the implication and the role of the mentalization mechanism it is important to understand how adult attachment is assessed and which mechanisms are taken into consideration for assessment.

1.1.2.3. Adult Attachment Interview (AAI)

After the attachment theory is constructed and accepted the effect of attachment on psychological wellbeing and its continuity to adulthood is examined. It is suggested that if a person have history of insecure attachment he or she is more likely to develop psychological problems (Latzer et al., 2002; Ward, Ramsey, & Treasure, 2000). Moreover, it is suggested that parent's attachment style is a significant factor that predicts his or her children's attachment style (Hesse, 1990). In 1985 Mary Main and her colleagues interviewed adolescents and adults regarding on how they think and feel about

their childhood attachment experiences to indicate the influence of early attachment history on personality development. From these interviews they established a new tool for assessing adult attachment, which they name as Adult Attachment Interview (AAI).

AAI is defined as an interview that promotes a narrative about childhood (Main et al. 1985). By AAI childhood issues are addressed by the interviewer through various questions about the speaker's childhood and attachment memories are asked rapidly and persistently, which Main identifies as 'surprising the unconscious'. The answers are transcribed and scored according to a special coding system depending on how coherent they are. It is suggested that AAI measures the ability or inability to have an organized, credible and consistent valuing of early attachment relationships. In other words, the capacity of meaning making and autobiographical competence is measured by AAI. In comparison to Strange Situation's preverbal and experiential way of observing and assessing attachment, AAI utilizes the verbal and representational modality for the assessment of adult attachment.

AAI includes questions about attachment history, what happened during speaker's childhood and how he or she is feeling and think about those memories (Main et al., 1985). Through these questions the attachment system that is previously activated is re-activated. Here the important indicator about the current attachment style is whether the speaker can remain balanced and coherent while thinking about the attachment history that might involve some upsetting memories. In the meantime it is taken into consideration whether the speaker

shows some amount of understanding and valuing to the attachment figures and their relationships.

Through asking the questions rapidly and persistently Main and her colleagues (1985) aim to 'surprise the unconsciousness'. In line with cognitive science, they define unconsciousness as the part in the mind that captures early memories and related emotions attached to them. These memories might not be available to conscious awareness, yet they still can have an influence on how a person think and feel. In other words they emphasize the difference between the semantic (evaluative) memory and the episodic (sensory) memory and utilizes this difference in AAI procedure. Through application of AAI, it is aimed to estimate the early experiences related to attachment and to identify current state of mind regarding the attachment memories. During the procedure it is observed that how coherently they will integrate materials from preconscious with conscious state of mind. It is suggested that activation of these states will trigger the strategy that the person uses to organize thoughts, feelings and behaviors related to attachment, which in turn show their current attachment styles.

In line with Ainsworth's findings, Main's studies regarding AAI, revealed that there are four types of adult attachment (Main, 2000). Speakers with autonomous attachment styles (coded as F), Ainsworth's secure type, are able to access their childhood memories. Moreover, regardless the emotions attached to the memories (can be either positive or negative emotions) they are contained by the speaker and can be discussed coherently while showing a certain amount of value given to that relationship. On the other hand, dismissing type of attachment

(coded as D), in line with anxious/avoidant attachment style, show itself as a defense to reaching the attachment related memories. Dismissing individuals try to keep rejecting and neglecting attachment memories away from the conscious awareness. In their AAI, they idealize the attachment history by showing great amount of difficulty to remember details about the memories, derogate their experiences by a tendency to normalize upsetting experiences and emphasizing their personal strength or restrict themselves by not showing personal feelings connected to difficulties they had. Another insecure type of attachment that is revealed by AAI is preoccupied (coded as E), in line with anxious/resistant type. On the contrary preoccupied individuals are flooded by the emotions that are triggered by the activation of attachment system. They are overwhelmed by the memories and become either passive and get lost, or angry and get stuck in the topic and cannot move on. Sometimes they bring the fearful part in them and start to tell the frightening events even though they are not asked. In a later study, in addition to these organized types of strategies against attachment system activation, it is found that there is unresolved type of attachment, which is mainly conceptualized as disorganized strategies activated by the attachment memories related to loss or abuse. This type of attachment is similar to Ainsworth's disorganized attachment style (Main, & Hesse, 1990).

In the current chapter the role of the primary relationship between the mother and the infant is profoundly examined. This relationship is reviewed firstly through the lens of psychodynamic perspectives and then the attachment theory, which is also influenced by the psychodynamic theories. The attachment

theory is briefly introduced and within this theory, the role of attachment bond on building a representational system involving internal working models regarding the self, the other and the relationship between these two and on the process of affect regulation is examined in detail. Two commonly accepted measurement tools for attachment, Strange Situation and Adult Attachment Interview as well as the results obtained from those studies are summarized. In the former, how the child uses attachment figures for affect regulation and as a secure base for exploration and the individual differences in the strategies used by the infants is observed. In the latter, the representational and symbolic aspect of the attachment process is taken in hand.

In line with attachment theory it is suggested that this first relationship, and its nature as the psychodynamic theories suggest including containment, mirroring, and reflective function provided and facilitated by the good-enough-mother and secure attachment supplying a secure base for the child to trust and to explore the outer world constitutes a prototype for the later relationship patterns (Bowlby, 1969). In the current study the incidences of this primary prototype of patterns for relating observed in the adulthood relationships will be investigated. In the next chapter the nature of the adult relationship and its associations with the primary relationship and attachment history will be collated. The representations of adult attachment styles observed and displayed in the close intimate relationships will be introduced. Later on, in addition to the influence of early relationship on later relationship patterns, it is proposed that the primary relationship constitutes one of the underlying mechanisms for the later adulthood

psychopathology, including eating disorders, which is the other focus of this study. Here the early relationship is accepted to constitute the prototype also for the relationship that is established with food. This suggestion will be elaborated in the Eating Disorders Chapter.

1.2. Relationship Patterns in Adulthood

As presented above, the psychic development of an individual starts with the primary relationship between the mother and the infant. In the current chapter how the concepts regarding the early relationship between the mother and the infant influences and are displayed in the adulthood will be presented. For this, firstly the suggestions of psychoanalytic couple theorists will be examined. Later on the role of early attachment experiences in the formation of the adult attachment styles that are observed in close relationships will be presented.

1.2.1. Elements of Primary Relationship in Adulthood

One of the fundamentals of developing a healthy and creatively functioning self is the sense of containment that the baby experiences through his interaction with the mother (Bion, 1962). The success or the failure in the process of containment and re-introjection of the mother's alpha function shows its residue in adulthood in various areas of life. If a person has a history of failure in the primary maternal containment, then he or she searches for different situations such as work, artistic experience or another relationship such as marriage to find that missing sense of containment (Colman, 1993).

Warren Colman (1993) differentiates between the individual's own internal containment and usage of a relationship as a container itself. He argues that as well as the internal capacities of containment are represented in external relationships, the external

relationship such as marriage can promote internal capacities. Moreover, it is suggested that the therapy can be used as a temporary external container. However, the process and the outcomes of the therapy change depending on whether it is individual or couples therapy. Different from the individual therapy, in which the patient develops his or her internal capacities of containment and integration, 'like an artisan using his own tools' in Colman's words, in the couples therapy the containment provided by the therapist is integrated into the already existing relationship. In other words, the relationship itself becomes the container necessary for psychological growth (Colman, 1993).

It is suggested that each party in a couple brings their past experiences to the current relationship and their expectations depend on their previously unsatisfied needs in their childhood that ought to be contained. Colman (1993) proposes that marriage can be considered as a good representation to symbolize containment and a satisfactory relationship works as a 'good-enough' containment. As the baby projects his unbearable parts to the mother, the partners project their deepest anxieties to the other and expect to be contained by their partners.

Derived from Bion's concept of 'container/contained apparatus (Bion, 1962) and Winnicott's 'holding' (Winnicott, 1960), Colman (1993) proposes that the existing relationship between a couple can work as a container. Here, it is crucial differentiate the asymmetrical relationship in which on partner is projecting and the other is containing like in the mother-infant or therapist-patient dyads from a whole relationship, which is a collective production of partners, providing containment. Colman suggest the concept of defensive containment to emphasize the difference between these two positions (Colman, 1993).

In defensive containment, one partner excessively projects his or her unconscious anxieties to the other and the other constantly contains these projections if he or she is capable to do so. However, it is quite different from Bion's sense of containment in which the contained materials are processed and given back in a modified form ready for re-introjection. In effect, the defensive form of containment keeps the toxic material away through shared defenses of the couple. The avoidance of those anxieties prevents the development of the couple and the constantly containing party feels pressured as if 'he or she is in an extremely small room and seek another containment area from the window' in Jungian terms as cited in Colman (1993), which in turn result in affairs and extra-marital relations.

The marriage, or the relationship, that provides a container that will give the partners free space to be and to express their instinctual drives and emotions, enable the both parties to continue their personal growth and integration, and presented as a developmental marriage by Lyons and Mattinson as quoted in Colman (1993). The couples are suggested to be constantly creating and maintaining the relationship, which in turn provides them a third space in which they can exist and be contained. The shared unconscious fantasies of the couple determine the outcome of the relationship. In Bion's concept of container/contained apparatus, the alpha functions of the container provides the contained with the chance to re-introject the modified material and to internalize these capacities to process the toxic feelings (Bion, 1962). While applying this concept to partners, Colman (1993) suggests that the shared unconscious of the couple has the capacity of experience processing which in turn alters the unconscious shared image of the relationship in an interactive fashion.

Colman proposes that for a marriage to have containing quality, there are some requirements (Colman, 1993). Firstly, there must be a certain level of tolerance for individuation and difference. In addition, the partners must be committed to this relationship, which in turn promote trust, security and reliability. The commitment and the stability felt in the relationship are presented to provide a holding environment for the partners in Winnicott's terms (Colman, 1993). However, it is emphasized that as well as stability as a protective factor, the containing relationship must involve flexibility for change, which in turn fosters growth. Lastly, it is emphasized that the couple must have boundaries, a shared private space protecting both the inside and the outside (Colman, 1993).

The committed relationship provides space for early conflicts to be projected and re-worked. Colman (1993) argues that besides triggering the longing for wholeness and integration, the couple must be aware of the impossibility of fulfilling this longing and be able to cope with it. Cleavley suggests that with the help of interactive process unresolved internal conflicts are externalized and become accessible as cited in Colman (1993). However, rather than avoiding the unbearable emotions deriving from those conflicts in a defensive manner, the relationship should hold those anxieties as a container. It is proposed that if the relationship it self, not the partners alone, works as a container then the alpha functions will enable the processing of projections and present the modified form of those projections for re-introjection.

A well-known psychoanalyst from Britain, Enid Balint, applies psychoanalytical theory to the interaction between couples and marital therapy. Her work primarily focuses on the effect of an individual's personal life, expectations and emotions on the

others and the interactions they build. Deriving from Freud's work, Balint (1993) presents the concept of transference, which is defined as the relationship between the patient and the analyst, in which the patient transfers his or her early impulses and fantasies and develop unrealistic ideas about the analyst, and resembles this kind of relationship to the one between the couples. As a result of these stemmed impulses and fantasies from past, Balint suggests that the communication between the couples in addition to conscious level, it is widely unconscious, and is displayed without the awareness of parties most of the time. Moreover, this unconscious communication alters the way the couple reacts to each other in a quiet subtle way (Balint, 1993).

According to Balint (1993), the feelings that a person has in present are mostly affected by the past. Those feelings and experiences coming from the primary relationship between the mother and the infant show themselves in the present relationships. It is suggested that the way people communicate with others derive from negotiation between internal wishes and expectations from outside, mostly from the people they love. In marriage, as Balint proposes, the partners hope to find solutions for their early dissatisfactions that are hard or unacceptable to communicate. Furthermore, this hope and the choice for partners are displayed in a subtle and unconscious way for both parties.

Mary Morgan deepens the work on unconscious beliefs that the couples own in her paper in 2010. She suggests that in time these unconscious 'beliefs' become 'facts' and affects how a person relates with the other. It is proposed that these beliefs are built in paranoid-schizoid phase, that any doubt, ambivalence or ambiguity about their truth is

unaccepted. The beliefs about what a relationship means and how it should be alters the expectations and originated from each other and the way they react in that relationship.

It is proposed that the phantasies that the individuals built within their early relationships construct the basis for the beliefs. In a couple's relationship, there are also shared phantasies that are important for both parties or have a connection with the other's unconscious phantasies. Morgan (2010) argues that these shared phantasies triggers defenses that are shared by both of the partners. Moreover, the partners find the specific others who can fit their unconscious beliefs and on whom they can project those beliefs, which ultimately forms a system. As cited in Morgan (2010), James Fischer offers the concept of 'proleptic imagination state of mind' in which these beliefs are accepted as reality and within the relationship this forms unchangeable assumptions about the other's reactions. As a result of those assumptions the couple feel trapped because they have been there many times before. The insight that these beliefs are not facts, but internal thoughts is presented as a transformative tool in that relationship. However, Morgan (2010) also emphasizes that the emotional impact of those beliefs are very strong that even it is understood that these are not facts, the effect of emotions are felt 'in reality' and do not diminish immediately.

Morgan (2010) presents the type of unconscious beliefs that couples mostly own. It is suggested that these beliefs derive from the first relationship we built, which is the mother-infant relationship. One type is a relationship in which the couples have to contain each other all the time as the mother contains and sooths the incapable baby. These types of relationship can be seen either in a symbiotic form or one partner being the mother and the other being the baby. Morgan emphasizes even though this kind of

relationships seems to work, it never gives space for being 'separate'. Another kind of relationship that seen in adulthood between couples derive from an unhealthy mother-infant relationship in which the mother gives back toxic material in a intensified form to the baby. Individuals with this experience perceive their partners as being very intrusive and build a barrier to protect themselves from intimacy. On the other side of that relationship the other partner might feel that the other is unable to take in any material projected to him or her and feel that their partners are unreachable (Morgan, 2010).

Samuel Gerson (2008) elaborate on the issue of unconscious phantasy starting from Freud's suggestions to the relational perspectives about the concept. It is presented that Freud's consideration of the unconscious phantasies was mainly drive-dominated and lack the effect of the external experiences of the individual. Following Freud, Klein also emphasized the unconscious phantasy from the drive theory perspective. In both of these works, unconscious phantasies are considered as the mental representations of the instincts. Klein also added the link between the phantasy and its object and the projection of these wishes to the external objects and the re-introjections coming from them as cited in Gerson (2008). Gerson proposes the third perspective on the unconscious phantasies, which is the relational one. According to this view, the unconscious phantasies are considered as a mixture of internal imperatives and primary relational realities. The first interactions capturing the recognitions and influences of both sides' affective states and availability to respond to each other are presented as the basis of unconscious phantasies. Gerson (2008) suggests that 'actual' failure in the attunement between the mother and the infant results in distress and forms the templates for unconscious patterning and phantasies. He also emphasizes the importance of affective states and how the mother's

emotional state invades the baby to trigger a responsive feeling. In other words, the enactive mirroring of the emotional states also lie under the formation of unconscious phantasies. The failure in Bion's alpha function of the mother structures the unconscious phantasies about relating. In adulthood, when two adults encounter and become a couple, they bring their own unconscious phantasies and a third unconscious is formed shared by the each individual (Gerson, 2008).

1.2.2. The Oedipus Complex in Adult Relationships

As far, the main relationship that constructs an individual's psychic world is presented as the mother-infant dyad. It is suggested that after the mother's containment the child builds his own internal objects. The mother's containment occurs as a result of her own psychic capacities and internal objects, one of which is the father. Firstly Freud (1905) focused on this triangular relationship between the child, the mother and the father and named the conflict occurring from this triangle as the Oedipus complex. After the symbiotic dyadic relationship with the mother, the child recognizes the father, who really owns the mother. Freud mainly constructs his theory on the boys and suggests that the boy experiences a great deal of castration anxiety after facing the big rival; the father. This anxiety and conflict resolves by identification with same sex parent and the formation of superego according to Freud (1905). Klein (1946) expands the value of this triangle and offers that the baby senses this third party almost from the very beginning of life and 'the dyad' or 'the couple' involving the mother and the father has a crucial influence on the baby's development, which is internalized as a different object.

In 2001 David Morgan writes on the internal couple constructed in the Oedipal phase. He suggests that the realization of a sexual relationship between the mother and

the father has many facets including the sense of exclusion, the loss of the symbiotic relationship with the mother, formation of an internal couple and representation of a sexual intercourse. The child is said to have feelings such as love, hate and guilt projected to the couple and how these projections are handled by the couple creates the primary representations of a relationship. The way the couple react to child's projections rely mainly upon how they experienced their own Oedipus complex and the kind of internal couples they own, to which they can turn in times of stress. The child experiences a great sense of loss and the couple should delicately contain this sense with neither exclusion nor collusion. Through this healthy containment, the child starts to experience the link between the mother and the father in a positive way and this enables the formation of a creative, fruitful representation of an internal couple, which serves as a template for the child to rely on in his later relationships.

Mary Morgan (2005) also writes on the effect of the negotiation in the Oedipal phase that the individual experiences. In line with David Morgan, Mary Morgan suggests that the child should relinquish his or her omnipotent relationship with the mother, manage the loss and tolerate the link between the mother and the father. When this couple's relationship is perceived as a container for the baby the conflict is started to be negotiated. It is proposed that this negotiation will set boundaries for the child, structure his or her personality and ultimately enable forming a representation of being part of a couple. Morgan adds the effect of a well-negotiated Oedipal conflict on the development through adolescence, in which it is possible to choose to differentiate, exclude one's own body willingly and display independence. However, it is emphasized that is as unhealthy as absolute dependence to rely on a total independence in later relationships. Here,

Morgan differentiates between a creative and a non-creative couple, the former indicating a psychic development enabling an individual to think about one's self and the other's mind and to allow different thoughts to come together to produce something new (Morgan, 2005).

As cited in Morgan (2005), Britton describes two problematic extension of unresolved Oedipal situation, one of which is a total denial of a couple coming together and the other is named as 'the oedipal illusion', which is knowing the togetherness of the couple but ignoring the real significance of it. Morgan (2005) proposes that the first situation stands as the opposite of a creative couple state of mind, in which two minds come together and produce something. Britton argues that by the Oedipal phase, the mother's split-off impermeable and hostile part is felt and the totally good mother and link with her are threatened. To deal with this the child equates the hostile part with the father and denies the link between the mother and the father, because it activates the non-responsive deadly mother. Morgan (2005) describes the second situation, as two people staying together but being unable to produce something creatively.

Morgan (2005) mentions the previous work of Klein, Bion and Britton and suggests that the encounter with and production of a new thing triggers anxiety about the unknown throughout the development and cause a shift from depressive position to the paranoid-schizoid position. In other words, in an integrated phase when a person encounters with a novel situation he or she turns back to the paranoid-schizoid position in which there is a great sense of uncertainty that is dealt by omnipotence. It is proposed that these shifts are quiet normal, not necessarily causing a psychic disintegration and

after the new learning is established the person enters back to the depressive position for reintegration. All of these shifts can be experienced by a couple as well.

It is proposed that the depressive position and the Oedipal phase are tightly connected to each other. In both of the stages the individual faces a third person and enters in a triangular relationship. As cited in Morgan (2005), Britton suggests that by means of this triangular relationship the person acknowledges two different positions, one being the observer of a couple relationship and the other is the unfolding idea of being one of the partners in a dyad and being observed by another person. This process enables the person to gain a 'meta' position in which it is possible to observe one self from outside while being within a particular relationship. In the creative couple as Morgan suggests, the relationship becomes the third position that is created by partners and works as a container for both to which they can turn in times of stress. Rather than projecting the emotions to the other and giving the credit for all of the happiness and the unhappiness to the other, in a creative couple there is a capacity of reflection enabling the partners to think about one's as well as the other's feelings and to process them. Morgan emphasizes that there is a room for psychic separateness in creative couple state of mind as a result of relinquishing the ideal of merger as it is seen in mother-baby relationship. Morgan writes that intimacy involves the partners as separate units rather than being 'one' (Morgan, 2005).

Stanley Ruszczynski (2005), another psychoanalytic couple therapist, emphasizes the importance of depressive position and the Oedipal situation in the development of a mature intimate relationship. It is proposed that a mature relationship involves important experiences such as dependency, separation, Oedipal situation, the creation of a new life

and growth as well as death. Ruszczynski (2005) offers that beneath all of these important parts of life there is tolerance to loss of narcissism and omnipotence, the ability to accept both inclusion and exclusion, thinking about the other's feelings, managing guilt and feeling gratitude, all of which are the main aspects of depressive position. These are continuously worked through in an adult couple's relationship. As the relationship quality evolves from narcissistic, or paranoid-schizoid position, to the more mature, depressive type of relating through intimacy is obtained, which Ruszczynski (2005) defines as ''the ability to tolerate one's separateness and one's need to relate to a valued and separate other''.

There should be flexibility to satisfy both the individual needs of the partners and the needs of the relationship they built. As mentioned above, in the Oedipal situation the child's position changes from being the participant of a container-contained relationship to the observer of a dyadic relationship between the parents, from which she or he is excluded. This third position enables the child to develop the capacity of self-reflection by working through separation and depressive position. In the adult relationship the relationship itself works as a third reflective position; ''the couple becomes the repository for both partners'' and gains ''a new identity in addition to the identity of each of the partners'' in Kernberg's words as cited in Ruszczynski (2005), which he names as the 'marital triangle'.

Until now, the adult intimate relationship and the extensions of the primary relationship experiences observed and displayed in this relationship are examined. Now, the attachment view regarding the future close relationships will be presented. In this section how the adult attachment is displayed in the romantic relationships and the

relational aspects that are influenced by the attachment quality will be examined. These include trust, intimacy and the reflective function.

1.2.3. Adult Attachment and Close Relationships

In 1987, Hazan and Shaver suggest that the attachment styles that constructed in infancy, continues to adulthood within the romantic relationships. In their study, they measured adult attachment with self-report scales and found that the attachment styles have continuity in adult romantic relationships categorically. These categories of attachment are presented as secure, insecure/avoidant, and insecure/anxious/ambivalent. It is found that attachment style predicts the internal working models of the self and the other in the relationships including beliefs about the self, the other and the relationship. Inspired by these studies, in 1990 Collins and Read conducted several studies examining the relation between adult attachment, working models and relationship quality. They examined the relevant factors influencing attachment in dimensional level. Their studies revealed that adult attachment is formed regarding three dimensions as follows: closeness; capturing attitudes towards being close and intimate, dependency; the extent to which the person feel free to depend on others and lastly anxiety; how anxious or fearful they feel about being abandoned and unloved. Like Hazan and Shaver, Collins and Read (1990) showed that internal working models are connected to attachment style and in addition they propose that dimensions of attachment influences individuals' attitudes in the relationship, the satisfaction they gain from that relationship and their choice of partners. Collins and Read (1990) found that both females and males who are more comfortable of closeness and intimacy, they feel more dependable and more satisfied with their relationships. On the other hand, this study revealed that when anxiety levels of

attachment, which indicates a fear of abandonment, increase both females and males perceive their relationships more negatively.

These studies open the way for measuring and conceptualizing adult attachment and later on in 1991 Bartholomew and Horowitz developed a four-category model for measuring adult attachment. They proposed four different adult attachment styles (secure, preoccupied, dismissing, fearful), which derived from the interaction of internal working models of self and the other being either positive or negative. They established new adult attachment measurements depending on this model. Then in 1998, Brennan, Clark and Shaver developed a new 'two-dimensional' model for adult attachment, which are Avoidance and Anxiety. They suggest that this new measurement can be utilized to obtain Bartholomew and Horowitz's four-categories of attachment as well. The measurement derived from this study is revised by Fraley, Waller and Brennan in 2000, named as Experiences in Close Relationships. The revised form has become a commonly used self-report scale for measuring adult attachment, which is also utilized in the current study.

Adult attachment styles observed in close relationships have an impact on two fundamental aspects of a relationship, which are intimacy and trust. Intimacy, one of the core aspects of a relationship, is a quiet complex issue depending on various dimensions including early relationships and beliefs derived from them. Hassebrauck and Fehr (2002), stated intimacy as the most central dimension that contributes to the relationship quality. There is a strong relationship between intimacy and the satisfaction felt in the relationship. In other words, when people identify their relationship with the features such as empathy, passing time, and listening to each other, they are more likely to

evaluate their relationships more positively, in other words to be more satisfied with their relationships. Satisfaction level increases when people engage in more self-disclosure, interdependence and trust (Sanderson, & Evans, 2001). However, if a person has formed anxious attachment with his or her primary caregiver, from the four-category model perspective, this person will develop a negative model of self but a positive model of others (Bartholomew, & Horowitz, 1991). This will result in elevated levels of dependency to others and others' approval and preoccupation with close relationships. This kind of individuals might be overwhelming in intimate relationships, which will foster abandonment. In other words, with their preoccupation and extreme fear of abandonment they strangle their partners and verify their negative model of self that deserves or brings abandonment and loneliness. On the other hand, avoidant (or dismissing) individuals owning positive model of self but a negative model of others, defensively ignore the need of intimacy and avoid any kind of intimate, close relationships. Bartholomew and Horowitz (1991) offer a fourth category, which is fearful dismissing, whose model of self and the others are both negative. These individuals show high levels of avoidance in spite of their elevated needs for intimacy. In other words, they are both high on dependency and avoidance, which is very conflicting, and this is conceptualized as fear of intimacy because it will bring harm to the person (ibid).

Another important aspect of a close relationship is the level of trust, which is examined by various studies. Trust level is defined as 'the expectation that a given partner can be relied on and be responsive to one's needs' (Holmes, 1989). It is suggested that, very similar to attachment in infancy that is proposed by attachment theorists Bowlby and Ainsworth, adults look for the responsiveness and availability of their

partners when they need them in times of distress (Turan, & Horowitz, 2007). A securely attached person will expect his or her partner to recognize the needs and respond to them appropriately. As cited in Turan and Horowitz (2007), Holmes and Rempel (1989) argue that availability and responsiveness of the partner affects the trust, the feelings of confidence, in the relationship. Moreover, people look for specific criteria to understand whether their partners will be there for them when they need and evaluate their relationships accordingly. Turan and Horowitz (2007) conceptualize this as the "knowledge of indicators", which is the sensitivity to indicators of trust in a close relationship. This ability to recognize the accurate indicators of trust requires a well-established secure attachment representations and the capacity to internalize them through reflective processes. This opens up the new question of how the reflective function is obtained through the attachment experiences. In the following section the association between attachment and mentalization, and its role in the close relationships will be examined.

1.2.4. Reflective Function or Mentalization

As mentioned in the former chapter, in adulthood attachment is assessed through different tools. Adult Attachment Interview, developed by Main and colleagues is accepted to be the Golden Standard for measuring adult attachment. Adult Attachment Interview, a tool that primarily relies on representational framework of the speaker, emphasizes the importance of metacognition and meaning making in the attachment process. Compared to the self-report measurements of attachment mentioned earlier, Adult Attachment Interview is accepted to be more reliable assessment tool enabling the

analysis of underlying mechanisms of attachment styles, one of which is reflective function.

Peter Fonagy and Mary Target (1997) elaborate Main's suggestion regarding the role of metacognition and bring a novel concept that it is related to the attachment bond, which is reflective-function. Now, this concept will be introduced and the ability of mentalization will be examined.

In 1991 Fonagy and his colleagues conducted a study in which they examined the trans-generational characteristic of attachment quality (Fonagy et al., 1991). In this study it is found that there is a significant amount of concordance between the caregivers' attachment quality measured by AAI and the infants' attachment style observed in Strange Situation. Children who are able to freely explore novel environment and are found to be securely attached to their caregivers who display coherence in their narratives of childhood memories and are coded as autonomous regarding AAI coding system. Fonagy and his colleagues explain this congruence with the role of reflective function that the caregivers own (ibid).

In this study mother's sensitivity is examined by means of reflective function (Fonagy et al., 1991). The caregivers that are coherent in AAI are considered as having the capacity of metacognition, which enables them to observe their mental functioning and to perceive themselves and others as human beings that think, feel, wish, believe, want and desire. In other words, it is suggested that the coherence is an indicator of reflectiveness, which is defined as the capacity to perceive and think relationships as mental processes and functions. Caregivers with reflective function are able to attune with their children with the awareness of the child as a psychological entity. After

recognizing the child as an agent with mental states, caregiver's duty is to re-present to the child his mental experiences in the language he can understand, which is primarily the action level. It is proposed that parent's confidence in anticipating the child's mental state is to construct the basis for the attachment security, which is to define as per child's expectation so that his mental states will be appropriately reflected on and accurately responded to. This security enables the child to feel safe in the world of ideas and desires and opens the way for exploration of his own mental world.

In 1997, Fonagy and Target elaborated on the reflective function and its relation to attachment process. In their study it is found that compared to insecure children, larger amount of secure children passed a belief-desire reasoning task which requires child to think about another person's mental states, including thoughts and desires. This process, in which the child gains the capacity to recognize that in addition to himself, others have beliefs, desires, thoughts, feelings and intentions that influences how they behave, is named as theory of mind by developmental psychologists and it is referred as reflective function, or mentalization, by Fonagy and Target (1997).

Fonagy and Target (1997) argue that the reflective function is obtained through interpersonal interaction between the mother and the child. Firstly the infant's attitude towards the internal and external reality is in the psychical equivalence mode, in which the baby tries to equate his inner experience with the outer reality. Then the pretend mode comes to core through which the infant recognizes the difference between the inside and outside but keeps them distinct from each other. Mentalization takes place in the integration of these two modes. Reflective function enables the child to accept mental states as mental representations. This integration is established in the interpersonal area.

In the beginning the infant is able to feel his experiences only physically, this period is named as the pre-reflective stage. In this stage the infant is helpless both physically and psychologically. Through a secure attachment bond child learns that in the presence of the caregiver any kind of arousal will be contained and soothed by the caregiver hence prevents disorganization. Other than containing the unbearable affects and ensuring the regulation of the baby, mother's mirroring and reflecting functions have a special value for the development of mentalization capacity. The caregiver treats the child as a mental agent and intentional being. She perceives, mirrors and communicates back the child's internal experiences. Fonagy and Target explain the situation in these lines: "caregiver facilitates the creation of mentalizing models through complex linguist and quasi linguistic processes" (Fonagy et al., 2004, p.53). The caregiver does not simply define the physical reality of the baby, such as 'Are you wet at the bottom?', rather she asks 'Do you want your nappy changed?'. As seen in this example, the mother emphasizes and represents the psychological aspect, the wish, under the physical reality. In other words, the mother works as a bridge between the external reality and internal experiences.

Within this interaction child tries to understand the caregiver's actions and as the developmental process continues he starts to focus on mental state of the caregiver. Fonagy and Target (1997) emphasize that child's exploration of the caregiver's mental state plays a crucial role for the mentalization process. Through the mother's re-presentation of child's mental state, he recognizes that in his mother's mind there is an image of himself that is motivated by feelings, intentions and beliefs. As a result of this representation, child understands that he has ideas, feelings, beliefs, and wishes that have

an impact over the outer world and the reaction of others towards him as well. Interpersonal interaction between them enables the child to give meaning to his internal experiences and to identify the link between internal experience and the physical situation. Exploring the meaning of other's actions promotes the ability to label and makes meaning of one's own actions and experiences. It is also indicated that the mother's mirroring should not be too close or too remote from the infant's experience. The child should perceive that the mother's reflection is similar to what he feels and this similarity fosters him for symbol formation (Fonagy, & Target, 1997, ed 2004). Mother's reactions should have an 'as if' quality that fosters the differentiation between what belongs to the self and the other.

The development of mentalization is introduced as an interpersonal process and it is considered as a crucial part of a coherent self-organization (Fonagy, & Target, 1997). Reflective function enables the person to have representation of the self with mental states that influences the behaviors. This raises the ownership of one's actions and promotes self-agency as a result. In adulthood, the capacity of mentalization also influences affect regulation through a process, which is named as mentalized affectivity as per Fonagy et al. (2004). In this process the person reflects on his current affect while remaining in that state. This process involves three elements that is identifying; naming the affect, modulating; making a change in the affect's intensity or duration and reinterpreting it, and lastly expression; choosing to manifest the affect either in an outward or inward manner. As in the communication of affects, the mentalization ability, having special attention in the mental states of both the self and the others, has an influence on the relationships that a person forms and a certain quality of those

relationships. In the following section the influence of mentalization within these relationships will be introduced. The details of the relationship dynamics that are altered by attachment styles will be examined.

1.2.5. Mentalization and Adult Relationship

In 2001, Fisher and Crandell emphasized the adult attachment observed in couple relationships and suggested that different from the unidirectional and asymmetrical form of early attachment, in which only the caregiver provide security for the infant, the adult attachment is bidirectional. In other words, they propose that in adult couple relationship each partner works as an attachment figure for the other and provide care giving as well as care seeking. They conceptualize this special form of attachment as complex attachment, which requires both parties in the relationship to move empathically and freely between the dependent (care seeking) and depended upon (care giving) position. Based on AAI results, Fisher and Crandell (2001) offer that the autonomous, free to evaluate, individuals have flexible and reflective manner of thinking enables them to make shift between these two positions in their close relationships. Moreover, in both of these positions, secure adult has the capacity to maintain an empathic stance towards the other's thoughts and feelings in both positions. Secure adults are found to be able to express the comfort and contact freely and in the mean time they are aware of the other's experiences and their influence on them. On the other hand insecure individuals hold a fixed position in their relationships and have rigidity in their patterns of relation. They do not have flexibility, mutuality and reversible bidirectionality in their close relationships. Fisher and Crandell (2001) explain this phenomenon with Britton's (1989) comment on early internalized couple. As mentioned previously, Britton (1989) suggests that early

internalization of the parents as a couple in the Oedipus phase, enables the child to construct a third position in which it is possible to observe a relationship from outside while being in that relationship. In Britton's words: " If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. Then a third position exists from which object relationships can be observed. This provides us with a capacity for seeing ourselves in interaction with the others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves." (Britton, 1989, pp.87). Here the third position that is offered can be considered as the space for thinking, in which there is reflective function that involves seeing one self from outside.

The issue of attachment within the couple relationship takes attention of other couple therapists too. The reflective function and its influence on affect regulation are examined by some couple therapists. McCluskey (2007) offers that within couple relationship there should be caregiving to provide affect regulation. For such an occupation, it is necessary for both parties to have an empathic stance towards the other. McCluskey (2007) suggests that it is easier to be empathic for the individuals with early attachment relationships that facilitate to be in touch with their emotions and to reflect upon other's feelings. These adults are able to show effective care seeking and care giving patterns, which involves getting attuned with the other's goals that are aimed through emotions and then amplifying or down-regulating these affective states. It is also crucial to be careful about defensive ways of care seeking and to leave the door open for exploration with sustained empathic stance. Here, exploration can be viewed as the

reflective function that captures thinking on how and whether or not such an unwanted situation can be prevented. On the other hand, if there is a history with early attachment figures, who reject mental states of the person and foster affect dysregulation, this person develops self-defense against both seeking and providing care. In this circumstance, the care seeking increases but the self-defense obscures it and blocks the way for exploration, reflective function. Individuals who have history with frightening parents when the need for care is activated by various stressful events, also the fear system gets activated and this overwhelms the cognitive and emotional state of the person.

Clulow (2007) suggests that powerful affectionate states have a significant negative effect on the capacity to think and coherence of the thought. He proposes that relationship difficulties primarily arise from the inflexibility in thinking. Mirroring that includes access to and re-processing of affect is said to increase emotional connections between the partners, which in turn enriches the relationship in general. Like the attachment, the need for affect regulation continues during the whole life. Clulow (2007) proposes that in adulthood, the close relationships and partners take the place of mother who provides co-regulation of the infant to transform into self-regulation. In other words, relationships work as solutions or strategies for dealing with problematic emotional and mental states. Here Clulow (2007) mentions the process of projective identification that is activated in intimate relationships. Projective identification captures two sides: one is the 'you are me' position, in which the person colonizes or subjects others to unbearable parts of the self, the other is the 'I am you' position, in which the person is colonized or absorbs the other's states of mind that are difficult to own. Clulow (2007) considers projective identification as a means of affect regulation in adult relationships. Again, the

roots of the specific type of strategies for dealing with stress are found in the primary attachment relationship with the mother and these are formed depending on her emotional state and emotional availability. It is suggested that the early attachment fosters the formation of prototypes of relating to others around in times of stress, determines how free a person feels to explore, and to what extent the other is discarded, subjected or engaged with. Moreover, through the attachment relation the individual develops the reflective function, which may later facilitate regard for others as intentional beings. With the capacity of mentalization, attachment processes are considered to achieve more than just constructing internal templates for later relationships. More importantly, it determines how deeply later interpersonal interactions will later be processed. Clulow (2007) suggests that there is safety between the partners and that this creates a secure basis from which the partners can explore and play around with their personal realities. In the meantime while being connected with experience of the other, the partners face the pressures that the other owns and facilitate inner experience's equivalence with the outer reality. In this process, mirroring, that is, the ability to experience and reprocess the affective states, involves thinking about emotional states and altering them through the reflective function. This process might be considered as activating mentalized affectivity, a concept offered by Fonagy (2004), for the partner in need of affect regulation.

In this chapter the nature of intimate adult relationships and how it is influenced by early relationship and attachment experiences is presented. The adult attachment observed in romantic relationships and related measurement tools are presented. Then the reflective function, the ability to think about mental states of the self and the others, which are gained through attachment bond, is introduced. The facilitating role of

mentalization for the capacity to hold an empathic stance and to mirror and reprocess affects within a relationship is examined. Within the scope of this thesis, it is suggested that the secure attachment fostering mentalization capacity will influence the quality of close relationships. In effect, individuals with reflective function, which is measured with accuracy in "knowledge of indicators" is expected to form more flourishing, emotionally satisfying and trustworthy relationships. This will be investigated by the attachment quality they display in their close relationship, which is accepted to demonstrate the relationship patterns they utilize.

1.3. Eating Disorders

In this chapter I will introduce eating disorders, including Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder, and Eating Disorder Not Otherwise Specified (EDNOS), their DSM based definitions, and subclinical forms of eating disorders, which can be called as maladaptive eating attitudes. In addition to the eating disorders included in DSM, obesity and a newly concept orthorexia nervosa, which are associated with disturbed eating attitudes, will be briefly introduced. EDNOS will be examined by further details, because it constitutes deriving point of one of the subjects of this thesis, which is disturbed eating attitudes.

In next step, the factors that have the possibility to predict eating disorders and maladaptive eating attitudes will be presented. It includes biological disposition, sociocultural and psychological factors. Here the twin studies, and the effects of media and personality traits such as perfectionism will be briefly summarized. The underlying difficulties beneath the development of eating problems such as problematic family dynamics, emotional dysregulation and low levels of self-esteem will be introduced. Then, different perspectives regarding eating disorders will be presented resprectively. It includes mainly the cognitive behavioral stance and

psychoanalytic theory. Interpersonal difficulties such as individuals with eating disorders experience will be examined by a psychodynamic perspective. Finally the role of attachment in the development of maladaptive eating attitudes and relevant studies will be examined. Within the scope of this thesis the connection between eating problems and interpersonal difficulties and the related hypothesis will be discussed.

1.3.1. Diagnostic Statistical Manual of Mental Disorders: Eating Disorders

Since 80's, various eating disorders are under the examination of psychologists and psychological studies and their prevalence increased enormously within the last decade. Susan Nolen-Hoeksema explained the issue of eating disorders in her book "Abnormal Psychology" in great detail (Nolen-Hoeksema, 2011). According to *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* there are three different types of Eating Disorders, which are Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder which is recently added as a subtype in DSM-V. For the eating problems that do not meet the exact clinical criteria for typical eating disorders, there is another subtype called Eating Disorders Not Otherwise Specified (EDNOS). Lastly even though it is not presented in DSM, obesity can be considered as a form of eating disorder, which is characterized by weight and height index higher than 30. Although these are presented as different types, various psychologists suggest that many patients "migrate" between some subtypes (Fairburn et al., 2008; Nolen-Hoeksema, 2011). For instance a patient with AN might develop BN after some interventions and to EDNOS later on. It is also possible that a patient with Binge Eating Disorder develops obesity if not treated accurately. Nolen-Hoeksema also suggests that eating disorders are seen in a continuum

starting from functional to dysfunctional eating habits that meet the criteria for eating disorders.

Before getting into the details of DSM criterion of eating disorder subtypes it is important to examine the common elements that are seen in most of the eating disorders primarily in AN, BN and EDNOS. Firstly it is suggested that the core psychopathology underlying eating disorders is the over-evaluation of body shape and weight (Fairburn et al., 2008). In addition to this over-evaluation most of the patients with eating disorders have a tendency to evaluate their self-worth depending primarily on their shape and weight compared to other domains. These are accepted as the most important aspects of self-evaluation. It is also found that many distorted body image is common in various types of eating disorders (Fairburn et al., 2008; Nolen-Hoeksema, 2011). This distortion is accompanied by the sense of "feeling fat", which is different from "being fat" (Fairburn el al., 2008). It is suggested that this feeling is triggered by stressful life events and triggers compartmentalization of the body, through which the person focuses primarily on independent parts of the body that he or she does not like. Moreover, in most of the eating disorders the food is used for different purposes such as feeling control or getting attention from others, other than its nutritive effect that is necessary for survival. Lastly in eating disorders high levels of comorbidity with depressive and anxious features is observed (ibid).

1.3.1.1. Anorexia Nervosa (AN)

Anorexia Nervosa is defined as a psychological disorder which includes intense fear of getting fat despite of being under weight, a distorted body image and a tendency to have total control over the body and eating. The patient strictly

restrains eating or totally refuses to eat as self-starvation, fasts or exercises enormous amounts to lose weight. In addition to this preoccupation with body shape and weight, DSM criteria for AN involves being 15% less than the normal weight and height index appropriate for age (Body Mass Index – BMI) and amenorrhea; not having menstrual periods for women who are supposed to have due to their age. This last criteria is removed from the DSM-V, yet there are some women who meet the other entire criterion for AN, but still continued to have menstrual periods.

There are two subtypes of AN, which are restricting and binge/purge types. In restricting type, the patient refuses to eat to prevent weight gain until the levels of self-starvation. The binge/purge type includes periodic binge phases that are followed by compensatory behavior to balance the binges such as purging, misuse of laxatives and excessive exercise. Different from Bulimia Nervosa, for a patient to be diagnosed as AN-Binge/Purge Subtype, it is necessary to be 15% less than the normal height/weight index. It is found that the prevalence rate of anorexia nervosa is 1-2% in United States and almost 90-95% of these patients are females (Nolen-Hoeksema, 2011). In most of the cases the disorder starts in adolescence between the ages of 15 and 19. There is a death rate of 5-8% of AN resulting from either suicide or bodily dysfunctioning caused by extreme weight loss (ibid).

1.3.1.2. Bulimia Nervosa (BN)

Like in AN, patients with Bulimia Nervosa are extremely concerned with their body shape and weight and develop self-evaluations depending on these

factors (Nolen-Hoeksema, 2011). Even though their body image is not distorted as much as patients with AN, they are generally dissatisfied with their weight and there is significant effort to lose weight. The most prominent difference between AN and BN is that the extreme levels of control over eating and body which are seen in AN, is accompanied with periods of losing control of eating presented as binges in BN. According to DSM criteria, there must be periodic uncontrolled eating, bingeing in BN, that is followed by compensatory behaviors to control weight such as self-induced vomiting, misuse of laxatives and other medication and excessive exercise. These binges are defined as loss of control over eating in which the person consumes larger amounts of food in a shorter duration than a person without eating disorders will eat. These binges occur regardless the hunger level of the person. In other words, the person binges even though he or she is not hungry (ibid). Another important difference between AN and BN is that patients with BN is generally in normal weight compared to extremely low weighted patients with AN. This is suggested to be the result of the balancing effect of fluctuations between bingeing and compensatory behaviors (Fairburn et al., 2008). Fairburn and colleagues (2008) propose that binges are mostly triggered by difficulties in life and related mood changes. Nolen-Hoeksema (2011) writes that in binges the food is used as a source of comfort and a way for escaping from stressing life events. It is also noted that these binges are mostly hidden from close relatives and friends.

Bulimia Nervosa is also divided into two subtypes including Purging and Non-Purging subtype (Nolen-Hoeksema, 2011). In the former type the person

compensate binges primarily with purging and self-induced vomiting, whereas in the latter type compensatory behaviors do not involve purging. Rather the person uses laxatives, fasts, display dietary restraint and exercises excessively. Prevalence rates of BN is reported as 0.5-3% in United States population and seen more in women than men. Compared to AN, beginning period of BN is a bit later, ranging from 15 to 29 years. It is suggested that both Anorexia Nervosa and Bulimia Nervosa are chronic illnesses. Even though they can be treated to some level it is more likely that the disorder continues for long periods without meeting the exact DSM criteria.

1.3.1.3. Binge Eating Disorder

Binge Eating Disorder is a recently accepted subtype of eating disorders presented in DSM-V. It is characterized by the binges that are similar to the ones in BN, yet they are displayed without any kind of compensatory behaviors including purging, self-starvation and excessive exercise. Nolen-Hoeksema (2011) suggests that patients with Binge Eating Disorder eat throughout the day without planned meals. As a result large amounts of bingeing they are often over-weight, and most of the time they are disgusted of their bodies and ashamed of binges. Prevalence rates are contradictory in different sources some indicating higher rates in women (Nolen-Hoeksema, 2011), some indicating higher rates for men (Fairburn et al., 2008). Onset age is stated as middle age and it is suggested that compared to AN and BN, Binge Eating is found to be phasic rather than being persistent throughout life.

1.3.1.4. Obesity

Obesity is stated as a health problem in which the individual is overweighted until the point of age appropriate height and weight index (Body Mass Index – BMI) reaches higher than 30 (Nolen-Hoeksema, 2011). The prevalence rates show a significant augmentation in the last decade all over the world, primarily caused by changing environmental factors and eating attitudes. Yet, it is not considered as an eating disorder documented in DSM. However, it certainly includes similar aspects and Binge Eating Disorder is frequently accompanied with obesity. Obesity has fatal effects of cardiovascular activity and general physical health as well as psychological difficulties including low self-esteem, social isolation and interpersonal difficulties. Even though obesity is primarily treated by medication and surgery, psychotherapeutic interventions are started to be utilized as necessary additional treatment (ibid).

1.3.1.5. Orthorexia Nervosa (ON)

Orthorexia Nervosa is a novel concept, which is firstly defined by Bratman in 1997 as the "pathological fixation on consuming appropriate and healthy food", which disturbs daily functioning of the individual (Arsuoğlu et al., 2008). It is suggested that even though it does not constitute an independent category of eating disorders it has both similarities with and differences from current DSM-based eating disorders. For instance, as seen in AN, individuals with ON are likely to suffer from malnutrition and weight loss. However, different from common eating disorders, preoccupation in ON is not directed towards the quantity of the food that is taken in or the body size, rather the excessive

preoccupation is on the quality of the food, whether it is healthy or not. In Turkey, Arsuoğlu and friends conducted a study to examine the psychometric properties of the only scale assessing orthorexia nervosa (Arsuoğlu et al., 2008). They found that disturbed eating attitudes and obsessive-compulsive tendencies are significantly associated with orthorexia nervosa. Even though it is a new concept and it does not constitute an independent eating disorder category, it requires further investigation especially for today where the consumption of pure healthy and organic eating is developed.

1.3.1.6. Eating Disorders Not Otherwise Specified (EDNOS)

In 2001, Alan Schwitzer and his colleagues suggest a third subtype of eating disorders, which is named as Eating Disorders Not Otherwise Specified (EDNOS). EDNOS is presented in DSM-IV-TR and DSM-V as an independent type of eating disorder that does not meet the exact clinical criteria necessary for AN, BN, or Binge Eating Disorders diagnosis, but yet includes significant forms of maladaptive eating attitudes. Schwitzer and colleagues examine college women that applied for treatment to the university's health center. Althought their study revealed that maladaptive eating practices is highly common in college students, it cannot be detected because they are in a subclinical form. In other words they display disordered eating patterns that do not fully meet the criteria for AN, BN or binge eating disorder, but include a combination of AN and BN criteria and cause significant level of distress and impairment in daily life (Schwitzer et al., 2001). Nolen-Hoeksema (2011) defines EDNOS as partial syndrome eating disorders which are on the less severe end of the continuum. Fairburn and colleagues (2008)

suggest that there are three subtypes of EDNOS; the one that is similar to AN and BN but does not meet clinical criteria, is named as ‘sub-threshold’, the other which is seen as a combination of AN and BN features, is named as ‘mixed’, and the last one is binge-eating disorders. This last subtype is proposed before Binge Eating Disorder is accepted as an independent subtype in DSM.

Schwitzer and colleagues (2001) developed a model for the diagnosis of EDNOS. According to this model primary symptoms are constituted of a combination of AN and BN criteria at lower levels to meet requirements for a major eating disorder. These include restrictive dieting, bingeing and/or purging. It is found that the college students with EDNOS display binges, one who feels unable to control and stop, avoid eating and engage in dieting and various forms of food control methods and weight management practices in higher rates compared to their peers without an eating disorder. Patients with EDNOS use a mix of excessive exercise, vomiting and laxative use that is displayed occasionally not persistently as in AN and BN. In addition to these maladaptive eating practices it is found that individuals with EDNOS share similar cognitive and psycho-emotional problems with individuals suffering from a major eating disorder. Cognitive problems accompanying EDNOS include rumination about appearance and thinness, preoccupation with food, consuming excessive amount of time on thinking about food, eating and body shape These are well summarized in this sentence: “ I don’t have an eating disorder but I think about the food all the time” reported by individuals suffering from EDNOS (Schwitzer et al., 2001, p. 160). In addition to these cognitive aspects, behaviorally individuals with EDNOS

are knowledgeable of calories and fat intake course and develop eating strategies accordingly, have secretive eating habits and weight fluctuations and do excessive exercise. Scwitzer (2012) states that psycho-emotional features of EDNOS include being overwhelmed by the preoccupation of food and appearance, intense fear of gaining weight, feeling controlled by the food and exerting effort to undo the effects of this preoccupation on mood, stress level and sense of self. Common developmental and psychological themes in EDNOS are introduced as depressive mood and anxiety problems accompanied by significant suicidal ideation, fragile and low self-esteem, perfectionist personality trait and owning a 'perfect role' in the family, and interpersonal difficulties.

Schwitzer and his colleagues' studies revealed that Eating Disorders Not Otherwise Specified is the most common form of eating disorders and its prevalence is significantly high in college students (Schwitzer et al., 2001, Schwitzer, 2012). In the current study, since the target population is a nonclinical population constituted of college students, it is expected that EDNOS and/or less severe forms of maladaptive eating practices will be detected. After detecting these forms of eating problems it is important to identify possible factors predicting those problems. Etiology of various types of eating disorders is widely examined.

There are three different theories developed to explain preceding factors of unhealthy forms of eating, these are theory of restrained eating (Herman, & Polivy, 1980), psychosomatic theory regarding emotional eating (Bruch, 1964) and externality theory associated with external eating (Schacter, & Rodin, 1974).

According to the restrained eating theory it is suggested that excessive dietary restraint causes overeating displayed as binges (Herman, & Polivy, 1980). It is explained that individuals restraining their eating by restricted diets tend to consume big amounts of food once they exceed a certain level of calories, i.e. once they break their strict diet (Herman, & Polivy, 1980). Psychosomatic theory developed by Hilde Bruch (1964), states that the precursor of overeating is emotional distress resulting in emotional eating at times of elevated negative emotions. According to this theory, difficulty in labeling emotional states fosters emotional eating for self-soothing. It is suggested that such people confuse the physiological alerts that rise from the negative emotional states with physiological correlates of hunger and satiety, which result in overeating. Lastly Schacter and Rodin (1974) considered the cognitive and more personality related aspect of the eating disturbances and come up with the externality theory. Externality is considered as a personality trait that includes special sensitivity to external stimuli and information. They are more attentive and efficient in processing information and this ability is named as being ‘stimulus-bound’. Applying this trait to eating patterns result in overeating as a consequence of external cues related to food such as its sight and smell. Regardless of their physical state of hunger and satiety, stimulus-bound individuals are triggered to eat with external cues, which make them external eaters. On the contrary to restraint eating theory, psychosomatic and externality theory propose that overeating precede dieting. Later on in 1995 van Strien and colleagues found that emotional eating and external eating are highly connected, but yet they are separate forms of disturbed

eating. It is suggested that emotionality and external cues work together when the uncontrollable anxiety is elevated resulting as overeating.

In the following section I will introduce some widely accepted factors significant in the development of eating disorders involving biological and socio-cultural factors and examine psychological correlates related to various forms of disordered eating patterns including restrained, emotional and external eating.

1.3.2. Significant Factors in the Development of Eating Disorders

As prominent in other forms of psychopathology, underlying mechanisms of eating disorders operate in a complex manner. Various factors play different roles in the development of the pathology. For eating disorders in particular, biological, sociocultural and psychological factors have significance in the formation of the problem.

1.3.2.1. Biological Factors

Biological factors including genetic disposition and abnormalities in brain functioning and/or structure have a crucial impact in the development of psychological problems. In eating disorders twin studies revealed that genetic factors are effective in 33-84% of the variability in anorexia nervosa and 50-83% of the variability in bulimia nervosa (Striegel-Moore, & Bulik, 2007). Some other studies examining the biological determinants of the eating disorders focus on the brain structures and systems that are responsible for eating, food intake and appetite. It is found that hypothalamus has a crucial role in the regulation of eating, which encompassing receiving and sending messages regarding food intake and nutrition level (Berthoud, & Morrison, 2008). Various studies show

that imbalance or dysregualtion in the functioning of hypothalamus and abnormal levels of hormones working in this system is common in patients with anorexia nervosa (Attia, & Walsh, 2007; Brambilla et al.; 2001). Another study examining the effect of serotonin levels in the eating disorders revealed that patients with bulimia nervosa have lower levels of serotonin (Franko et al., 2004). It is suggested that due to this deficiency in serotonin levels, patients might be triggered to crave carbohydrates and consume primarily high-carbohydrate foods during bingeing episodes. Nolen-Hoeksema (2008) mentions the uncertainty in the direction of the relationship between biological factors and eating disorders. In other words, it is not clear enough to determine the exact cause and the effect. Biological imbalance might either cause the eating disorder to occur or might appear as a physical consequence of the disorder. Nevertheless, it is evident that some biological factors are in process in the course of eating disorders.

1.3.2.2. Sociocultural Factors

Sociocultural factors are also found to be effective in the development and prevalence of eating disorders. It is observed that the ideal size and shape of women become thinner within the last decades (Garner, & Garfinkel, 1980). In recent decades standards of beauty and attractiveness are equalized to thinness especially for women (Stice, Spangler, & Agras, 2001). Cultures create 'the thin ideal' for women, which is a quite impossible and unrealistic objective to accomplish regarding the average weight of women in the societies. In spite of this objective's toughness, women are exposed frequently to this ideal role model by widespread means of media. There are various studies examining the role of

media in the development of eating disturbances. One of these studies is conducted by Stice in 1994 and from the results of this study a dual pathway model is proposed. According to this model both the internalization of the thin ideal and the pressures by family members, peers and media predicted bulimic pathology including dieting and negative affect. Within this relationship, increased body dissatisfaction occurring as a result of exposure to an unrealistically thin ideal plays a mediator role. Later on in 2002, van den Berg and colleagues developed a tripartite model for understanding the relationship between media and eating problems. They examine the influence of family members, peers and media on body image problems and eating disturbances. They suggest that media exposure fosters internalization of the thin ideal and appearance comparison and this influences eating patterns through increasing body dissatisfaction. Likewise, elevated pressure from family members increase body dissatisfaction and this results in restrictive and bulimic behaviors. Lastly peers encouraging thin ideal are found to be directly related to dietary restraint. These studies show that exposure to thin ideal in the media is both directly and indirectly through fostering body dissatisfaction related to eating patterns.

Anschutz and colleagues also examined the influence of thin ideal media on eating styles (Anschutz et al., 2008). In their study they investigated the relationship between media susceptibility and three different eating styles including restrained, emotional and external eating. Derived from earlier studies it is hypothesized that media has both direct and indirect influence on eating patterns. In Anschutz and colleagues' study it is found that exposure to thin ideal

in media increases body dissatisfaction and this results in restrained eating and dieting. It is also proposed that media susceptibility might directly set an unrealistic inspiration for a thin ideal, which in turn fosters control on eating and dieting. Another finding of this study is that media susceptibility is directly and indirectly related to emotional eating through evoking negative affect. Lastly relying on the results, Anschutz and colleagues propose that there is a particular relationship between media exposure and external eating. It is suggested that external eaters might be prone to external cues regarding food in the media. As a result exposure to media might increase their levels of eating too. (Anschutz et al., 2008)

Besides the effect of media it is proposed that some certain types of work groups may require special attention to body shape, weight and size. These work groups include athletes, gymnasts, ice-skaters, dancers, horse-racers, wrestlers and body-builders (Smolak, Murnen, & Ruble, 2000). It is proposed that as result of the contribution of ideal body weight to the success in these work groups, individuals within these groups are at higher risk to develop eating disorders compared to others working in different areas. In Turkey it is also found that especially women dancers are more inclined to be dissatisfied with their appearances, which is a powerful precursor for developing eating disorders (Çekipkurt, & Coşkun, 2010).

1.3.2.3. Psychological Factors

In addition to biological and socio-cultural factors contributing to the development of eating disorders there are many psychological factors in process.

As mentioned above eating disorders and disturbances in eating attitudes are in a continuum and share many aspects in common as preoccupation with body, weight, and eating, intense fear of gaining weight and either control or loss of control over food and eating. (Nolen-Hoeksema, 2011). These commonalities also create some similarities in the formation of problems in eating. Widely accepted psychological factors in the formation of eating disorders can be divided into two dimensions; intrapersonal and interpersonal difficulties. Intrapersonal problems might be stated as poor body image and body dissatisfaction, low self-esteem, high levels of perfectionism as a personality trait. On the other hand interpersonal difficulties mainly capture particular family dynamics that are characterized by high levels of affective involvement and low levels of emotional support and connectedness (French et al., 1995), which constitutes general patterns of relating seen in adulthood. In addition to these factors it is proposed that difficulties in emotional regulation is one of the core mechanisms underlying the development of problems in eating patterns, which can be considered as a combination of intrapersonal and interpersonal capacities. Various studies show that alexithymia, the inability to label feelings and unawareness of one's feelings, is frequently observed in patients with eating disorders (Cochrane et al., 1993; Jimersson et al., 1994; Rastam et al., 1997).

1.3.2.4. Psychological Correlates of Eating Disorders

In Turkey studies revealed that depression, anxiety and obsessive-compulsive symptoms are significantly strong predictors of eating disorders

(Çelikel et al., 2008; Erol, Toprak, & Yazıcı, 2006). These are also accepted to be risk factors for developing eating disorders. Some other studies reveal that individuals with higher Body Mass Index are more dissatisfied with their bodies and have a higher tendency to have disturbed eating patterns (Ball, & Lee, 2002). Another study examining the psychological factors contributing to development of eating disorders, which is conducted in Turkey, shows that weight satisfaction, gender, coping strategies (either emotion focused or problem focused), age and Body Mass Index (BMI) are associated with disturbed eating patterns (Pembecioğlu, 2005). It is found that older women with lower BMI, who are more dissatisfied with their weight and who employ emotion focused coping against stress are more likely to display disturbed eating attitudes.

These various studies show that there are complex psychological aspects of eating disorders. It should be noted that these aspects mainly include difficulty in establishing a healthy self-representation and self-esteem, inability to label and express emotions appropriately, preoccupation with control, struggle for being precise and perfect and family dynamics that lack emotional connectedness and that fosters obeying rules. Now I will give a little more detail about some studies that mainly examine those factors.

1.3.3. Intrapsychic Factors Contributing to Eating Disorders

1.3.3.1. The Representation of the Self

Hilde Bruch's conceptualization of anorexia nervosa include a disturbed body image, inability to perceive and interpret the signs and sensations of the body appropriately and elevated levels of inadequacy (Bruch, 1973, 1982). It is suggested that the feelings of inadequacy and low self-esteem result in focusing more to the other's opinion rather than one's self. These individuals attune their behaviors by focusing on other's feelings, ideas and behaviors and form a self-representation that satisfy other's needs and expectations. They rely on external standards rather than internal standards while forming their sense of self. Bruch also proposes that most of the individuals with eating disorders have the 'perfect role' in the family, which is generally an ideal girl who obeys the rules of her family and meet their demands perfectly. Yet they do not have a well-developed self-esteem and a sense of autonomy and control. This is transformed into owning an external locus of control in the face of life events rather than having an internal locus of control. In other words, it is proposed that individuals with eating disorders are more likely to have an external locus of control, which implies that they generally give the control of their self to the others rather than owning their feelings, behaviors and thoughts. There are different findings regarding the relationship between locus of control and eating disorders some showing high correlation between having an external locus of control and an eating disorder, others find only a moderate relationship (Erol et al., 2000). Yet many studies reveal that low self-esteem is a significant risk factor for developing problems in eating patterns (Button, 1990; Ledeux et al., 1991; Wertheim et al.,

1992). Silverstone (1992) suggests that low self-esteem is a prerequisite for eating disorders.

In Turkey there are contradicting findings on the relationship between self-esteem and eating disorders. Erol and colleagues (2000) find that self-esteem is a significant predictor of eating disorders. Moreover, their study revealed that the level of self-esteem have a stronger relationship with eating problems compared to locus of control. On the other hand another study conducted by Erol, Toprak and Yazıcı (2006) show that self-esteem is not a significant predictor for eating disorders in a Turkish sample. It can be speculated that the relationship between the self-esteem and eating disorders is not completely understood and requires further investigation. Even though in this thesis this relationship will not be examined, it is important to note this issue for future studies.

1.3.3.2. Perfectionism

Perfectionism, preoccupation with control and obsessive symptoms are also found to be highly-related with eating disorders. As mentioned in Bruch's theory suggesting that individuals with eating disorders are more likely to have the 'perfect role' in their family, perfectionism have a significant effect in the development of eating problems. Hewitt, Flett and Ediger (1995) differentiate perfectionism as a personality trait with the need for a perfectionist self-representation. They also divide perfectionism into two dimensions, which are personal and interpersonal perfectionism. Self-oriented trait dimensions of perfectionism such as having strict unrealistic evaluative criteria might foster setting perfect ideals of body and weight. In addition perfectionists are more

likely to view short falls as huge failures, and accept anything less than perfect as a failure. This causes the perfectionist individual to see one self as a failure as a result of a minor mistake, which in turn create a negative and inadequate self-perception. To compensate this negative self-perception compensation, they might strive extremely to meet the ideal criteria of body image, such as dietary restraint and excessive exercise to avoid any kind of mistake or slip in their diets as seen in anorexia nervosa. On the other hand interpersonal perfectionism is stated as socially prescribed dimension of perfectionism, which is highly affected by others and others' standards including strict parental standards, elevated sensitivity to other's expectations and ideas as proposed by Bruch (1973).

In addition to high standards either self- or others-imposed it is suggested that individuals who have a perfectionist self-representation have an elevated need to appear perfect, to avoid appearing imperfect and to avoid disclosure of imperfection all seen in various types of eating problems. Hewitt and colleagues (1995) propose that perfectionist self-representation results in avoiding any kind of imperfection and is in line with reward dependence that implies being perfect for gaining approval from others. Here it is crucial to recognize the discrepancy at the individuals sense between their image shown to the others and internal experience of their body image. Their study reveals that self-oriented perfectionism is highly correlated with Anorexia Nervosa including dieting and excessive concerns for being thinner. On the other hand socially prescribed perfectionism is found to be related with broader disturbances in eating attitudes. This is explained by the need to be accepted by others through conformity to their

perfectionist requirements. Lastly they report that perfectionist style of self-representation is significantly related with eating disturbances in a broader sense and poor self-esteem. They suggest that the extreme strive to appear flawless is displayed to compensate low self-esteem.

From these studies, it might be speculated that low self-esteem and perfectionism work together in the development of eating disorders. There is also a third variable which contributes to this chain, which is body image and body dissatisfaction. Body image is the attitude towards one's body in terms of cognitive, perceptual and emotional aspects (Peat, Peyerl, & Muchlenkamp, 2008). In addition to these aspects, the shape, weight and satisfaction regarding body image are under consideration of many researchers. As cited in Peat, Peyerls, and Muchlenkamp's paper, studies reveal found that negative body image and body dissatisfaction is highly common in United States across different ages. It is also proposed that body image is related to self-concept and negative body image is significantly correlated with low self-esteem. In most of the eating problems there is a significant disturbance in body image, which goes hand in hand with dissatisfaction. Body dissatisfaction is one of the most apparent correlates of eating disorders and it is highly linked with poor self-esteem and having a perfectionist self-representation as mentioned above. Dissatisfaction of one's body increases when there is a significant gap between the ideal and current body image and this triggers actions such as dieting and exercising to close this gap (Furnham, Badmin, & Sneade, 2002). The relationship between body dissatisfaction and eating disorders are widely examined and different studies

focused various aspects of this relationship such as the role of family and peer influences (Vincent, & McCabe, 1999), sexual orientation (French et al., 1995), and gender (Siever, 1994). Overall, common finding of these studies is that body dissatisfaction is highly correlated with eating disorders and it is displayed differently in males and females. As a result of different body ideals set for the men and women their reactions to it differ too. Men try to gain weight to be more muscular, whereas women try to lose weight to reach the unrealistic 'thin ideal'. Yet gender difference has greater impact on the development of eating disorder. In the following section I will summarize the relevant literature regarding gender differences in eating disturbances, which will also be examined in this particular study.

1.3.3.3. Gender Differences in Eating Disorders

From the very beginning of the occurrance of eating disorders, the prevalence rate is significantly different across sexes. Almost 90 to 95 percent of the cases are women (Nolen-Hoeksema, 2011). This differential prevalence of the disturbance results in viewing eating disorders as a kind of 'female psychopathology'. However, recent studies show that men also develop disturbances in eating attitudes, yet in a particular fashion. Research shows that females are more vigilant to develop eating disorders as a consequence of their nature, i.e. being a woman, which causes them to be more attentive to their physical appearance by means of sociocultural factors (Cash, Winstead, Janda, 1986; Garfinkel, & Garner, 1982). Moreover, the unrealistic thin ideal presented in media, targets particularly female sex, which in turn fosters problems in eating

patterns as explained earlier. On the counterpart, the sociocultural values of ideal body for men include thinner, V-shaped muscular body shape (Borchert, & Heinberg, 1996; Furnham, Badmin, & Sneade, 2002; Mishkind et al., 1986).

In 1996 Borchert and Heinberg examined the relationship between gender schema, the discrepancy between actual and ideal gender roles (i.e.: levels of masculinity and femininity) and body image. Previous studies reveal that females reporting higher discrepancy in masculinity have a more negative body image resulting in elevated levels of compulsive eating (Dunn, & Ondercin, 1981). Moreover, Bem (1981) present the role of gender schemas, which are ideals of gender that are incorporated in the general self-concept and work as a model for self-evaluation. When the individual perceives one self as not meeting the standards for gender schema, it results in a negative self-concept causing distortions in thinking and coping. From this point of view, it is suggested that sociocultural factors cause the females to idealize both the masculine (i.e.: instrumental, having personal control) and feminine (i.e.: expressive, emotional) gender roles. Here females struggling to have all role in the society are stressed. In other words discrepancy between actual and ideal levels of both in masculinity and femininity in females will result in negative body image and problems in eating attitudes. On the other hand devaluation of femininity in society for men will cause males to idealize masculinity. As a consequence, being high in femininity and low in masculinity in males will cause negative body image and disturbed eating. Results of the study revealed that females have a heavier body image than ideal and are more dissatisfied with their bodies compared to their

male counterparts, which is in line with thin ideal. However, rather than the gender roles, the objective body mass plays a more significant role in predicting eating disturbances. This finding is in line with many other studies showing higher Body Mass Index resulting in eating disturbances (Ball, & Lee, 2002). Males in that study find themselves heavier than their ideal body size. This finding indicates that rather than only being heavier, the ideal for men's body shape is reaching a lean masculinity. The prediction regarding low masculinity affecting negative body image is supported by that study. Yet, these findings show that even though there is an apparent gender difference affected by sociocultural values in the occurrence and development of eating problems, the underlying mechanisms are not fully understood. In the current study the prevalence difference between the sexes will be examined, yet it will be considered through the lens of interpersonal differences. This issue of interpersonal difficulties will be introduced later on. Now the last component of intrapersonal factors that work together with interpersonal capacities will be summarized, which is the difficulty of emotion regulation commonly seen in individuals with eating disorders.

1.3.3.4. Affect Regulation and Eating Disorders

As mentioned previously in the 'attachment' section, emotion regulation is one of the basic capacities of a well-developed self that captures the ability to label and modulate emotions appropriately, which is gained within the primary relationship that is built with the caregiver. Problems in emotion regulation might cause various psychological disturbances such as mood disorders, adaptation

problems and interpersonal difficulties. Many studies show that emotion dysregulation is also widely seen in individuals with eating disorders. In other words, individuals who experience difficulties in emotion regulation have higher tendency to develop problematic eating attitudes (French et al., 1995).

There are various theories examining the relationship between emotions, emotion regulation and eating including the psychological, physiological and biological aspects of this relationship. Macht (2008) presents a well-structured summary of these theories. It is stated that emotions are effective in various parts of the eating process including motivation to eat, food choice, and amount ingested. Investigations reached to different findings regarding the association between emotions and eating. One of the most prominent result is that eating is triggered as a response to negative emotions and utilized as a coping strategy against stress (French et al., 1995; Macht, 2000; Macht, & Simons, 2000; Pembecioglu, 2005). However, the type of the eater, either being restraint or emotional, and the emotional stress that is responded to, has an impact on the eating pattern.

Macht (2008) divides the effect of emotions into two due to their variability in the type, valence and arousal/intensity of emotions and the variability across individuals either being restrained, emotional, binge and normal eaters. It is suggested that the negative and positive emotions have a differential effect on eating. Negative emotions such as fear, sadness and anger are associated with impulsive eating. In other words in the face of negative emotions eating is modified to regulate emotions. Here, while the consumption of junk and palatable

food increases, the pleasantness of the food decreases. In addition to the valence of the emotion, arousal of the emotion matters. Studies show that high intensity or elevated levels of arousal inhibits the food intake, whereas emotions result in decreased arousal such as boredom and sadness might increase eating. Moderate levels in arousal has a differential effect across different types of eaters.

Research shows that in response to negative emotions restrained eaters increase food intake, emotional eaters eat more sweet and high fat food, binge eaters binge and normal eaters can either eat more or less (Macht, 2008). The underlying mechanism of increased eating upon facing to emotional stress that is seen in the restrained eaters, is that the significant impairment in cognitive control. Some other studies support Spitzer and Rodin's theory on externality and show that eating may distract from the experience of negative emotions in addition to eliciting positive reactions and inducing bodily relaxation (Macht et al., 2005). Emotional eaters on the other hand, utilize eating as a means for coping with emotional stress, which soothes the organism by reducing arousal and regulates emotions (Ball, & Lee, 2002; Bruch, 1973; Stice et al., 2002; van Strien et al., 1995). Here the tendency to deal with negative emotions by eating is found to be highly associated with an increased sense of inadequacy, low self-esteem and low sociability and social anxiety. It is found that individuals utilizing emotional coping have self-perceptions that is less able to cope, tolerate stress and solve problems (Ball, & Lee, 2002). It is mentioned that elevated levels of eating in response to negative emotions increase the risk for obesity (Macht, 2008). In addition, emotional eaters eat more sweet, palatable, high fat food upon the face

of emotional stress (Macht, 2008; Wallis & Hetheringon, 2000). As cited in Macht (2008), physiological studies show that palatable food creates immediate positive affective reactions, which diminishes the impact of stress. In addition to these views, from a learning perspective it is suggested that the relation between emotions and eating can be formulated as an instrumental learning (Macht, 2008). The individual learns to develop an operant behavior, eating, in response to negative emotions, which works as a negative reinforcement through reducing emotional stress. This suggestion is also supported in a non-clinical sample, in which emotionally instrumental eating is displayed to cope with negative emotions (Macht, & Simons, 2000).

As it can be seen here there are different perspectives for investigating eating behaviors and the factors that are associated with eating. Before examining the interpersonal difficulties that are associated with disturbed eating attitudes from a psychoanalytic approach, it is important to understand how eating problems are conceptualized and treated with a cognitive behavioral perspective, which is widely used in the intervention for eating disorders.

1.3.4. A Cognitive Behavioral Perspective

Christopher Fairburn is one of the cognitive behavioral therapists, who is mainly specialized on eating disorders. From a cognitive behavioral perspective the focus is on the maintaining mechanisms of the problem rather than the history and past of the problem. In 2003 Fairburn, Cooper and Shafran developed a transdiagnostic model for the treatment of eating problems, whose target is the maintaining mechanisms of eating disorders that are effective with all forms (Fairburn, Cooper, & Shafran, 2003). There are

three processes that maintain the disorder, which are the dysfunctional self-scheme for self-evaluation -that is highly dependent on body shape and weight-, preoccupation with eating and body, and weight control behaviors. Here the therapy is divided into two; the focused CBT and broad CBT, the former is focusing solely on the eating disorder, the latter intervening with external difficulties including mood tolerance, perfectionism, low self-esteem and interpersonal difficulties in addition to problematic eating behaviors. In both types, the main target of the treatment is the disturbed eating behaviors. These behaviors and triggering factors such as mood changes and stressful events are identified and they are changed through problem-solving. In addition, the maladaptive ways of thinking including preoccupation with body and self-evaluation and self-worth based on body shape and size are addressed. Their consequences are identified through self-monitoring and adaptive ways of regulating emotion and alternative ways contributing to self-worth are investigated and replaced with maladaptive forms through psychoeducation (Fairburn, Cooper, & Shafran, 2003).

1.3.5. Interpsychic Factors Contributing to Eating Disorders

1.3.5.1. Family Dynamics

Hilde Bruch, who adopted a psychodynamic perspective in the conceptualization of the eating disorders, focused on the family dynamics of individuals with eating problems. As mentioned above, the patients with eating disorders, particularly anorexia nervosa, are found to be unusually ‘good girls’ owning the perfect role that is expected from them. Here Bruch suggests that parents of such individuals are characterized by overinvestment and

overcontrolling in their way of treating their children. In other words, they have high demands from their children, they control their children by almost intruding their personal space (Bruch, 1973, 1982). Moreover, Bruch argues that these parents do not allow expression of feelings, especially the negative emotions, which is necessary for a child to learn emotion regulation. As a result, these children cannot develop capacities to identify and express their own feelings. Instead of tracking and showing one's feelings they mainly learn to monitor others and to comply with them (Bruch, 1982).

In addition to Bruch, there are various studies examining the family dynamics that fosters the development of eating disturbances (Meyer, & Russell, 1998). A prominent finding of these studies is that the significant conflict occurring in the separation-individuation phase seen in individuals with eating problems. Deriving from Bowlby's attachment theory, it is suggested that if the patients respond *inconsistently* to the child's needs during the separation-individuation phase, an arrest occurs in the formation of an independent sense of self. Parents who violate personal boundaries by overprotection and intrusion, they do not allow separation and do not encourage independence elicit feelings of deficiency, inadequacy, and overdependence in their children. Meyer and Russell (1998) propose that the families of individuals with anorexia nervosa, are found to be extremely enmeshed, overprotective, conflict avoiding and unresponsive to self-expression. The children of such families deal with this dynamic by utilizing eating and the body as a means of establishing a sense if personal efficacy, control, and power, which is displayed by extreme weight loss and dieting. Bruch

(1973) also suggests that this extreme control on body seen in anorexia nervosa is an expression of anger against overcontrol of parents. On the other hand, it is seen that the families of individuals with bulimia nervosa, there is insensitive parenting and hostile enmeshment and unresponsiveness to emotional expression. It is suggested that binging might be displayed as a means for self-soothing that is not seen in the family and purging might be a self-destructive way for relieving negative emotions that are not contained and accepted by the parents.

To summarize, the family dynamics of individuals with eating disorders can be generalized as including high standards, low warmth and containment (i.e.: authoritarian parenting), overprotection, intrusion, unresponsiveness and insensitivity to children's needs and feelings and discouragement of separation-individuation (Toker, & Hocaoğlu, 2009). It is also suggested that a history of eating disorder in a family member and preoccupation with body shape and weight in family increase the likelihood of developing eating disturbances.

1.3.6. A Systemic-Structural Perspective

Systemic and structural models consider family as a working system. The individual with the disorder either can be the scapegoat of the general psychopathology in the family, or an exit for avoiding the pathology. In addition to consequences of a particular parenting that is summarized in the attachment chapter, from a systemic point of view, the family's need of extreme strive for being perfect, complying with the perfect role that does everything precise and correct might be considered to come into existence as an eating psychopathology that a child develops (Tozzi et al., 2003).

1.3.7. Psychodynamic Perspective on Eating Disorders

In addition to cognitive behavioral and systemic perspectives, eating disorders are also examined by psychodynamic perspective. Psychoanalytic theory considers the current pathology as a reflection of early childhood experiences. In explaining eating disorders similar conceptualization takes place. In 2014, Granieri and Schimmeti write an easily understandable summary of psychoanalytic perspective on eating disorders. In their paper, eating disorders are viewed as 'a deficit in self-regulation and interactive regulation of emotional states', which is the consequence of disturbances in the early mother-infant relationship. Bion (1962) proposes that in the mental development of the child, feeding has the primary role as an organizer, by being the primary means for communication and relation with the other. When there is a failure in this period involving essential dyadic regulation, the baby forms a dysfunctional relation with the food, which might be displayed as disturbances in eating in adolescence or adulthood.

As Hilde Bruch states the mother is unable to perceive the baby as a separate object and projects her own needs and feelings to the baby (Bruch, 1962, 1973, 1978). It can be also said that the mother utilizes the baby as her own self-object in Kohut's terms. As a result the baby becomes unable to develop a separate sense of self through identifying his or her body's boundaries and detecting signals coming from his or her own body. The baby internalizes maternal neglect and/or abuse, which in turn, forms an internal sadistic object, with which he or she identifies himself/herself in an adhesive way.

The primary relationship between the mother and the baby is a non-verbal, physical one. Here, Granieri and Schimmeti (2014) make the differentiation between the

implicit and the explicit memory. First connections are in implicit form, cannot be verbalized or declared. As a result, the early relational traumas that kept in the body separate from the other memories, are in the implicit form and continues to adolescence or adulthood into the way the body is represented. A neglecting caregiver that does not foster self-awareness and expression of emotions prevents baby to develop the capacity of integrating experiences in environment, body and psyche. In other words, as a result of the primary relationship with a neglecting and abusing parent, the baby experiences mind-body splitting, which is the inability to integrate symbolic processes and to mentalize bodily experiences mainly in elevated levels of unbearable anxiety.

The role of the skin and the body in the psychic development is profoundly examined by Esther Bick (Bick, 1968, 1986). As previously mentioned, Bick considers the skin contact between the mother and the baby as an essential element of development. According to her, skin works as a means for contact, boundary and containment. The containing object is felt through feeding. As cited in Reilly (2004), Tustin (1978) suggests that mothers nipple works as a plug giving the sense of being fed and contained, which in the very early stage cannot be differentiated from baby's own body. As Freud states in the primary narcissism period, there is the state of oneness, which is contributed by the incorporation of the object through the feeding process. When the containing function of the object introjected, an internal space develops which enables the boundary definition and separateness. Bick conceptualizes this process as the development of psychic skin/boundary through identification with an external container, which in turn opens the way for secondary narcissism (Bick, 1968, 1986). In this period, due to the

formation of psychic skin Britton's (1989) third space, the space for thought that captures the aspects of psyche together develops.

For the thinking capacity to develop the nature of the feeding process and the containment must have specific functions. While being fed, the baby should also feel being loved, otherwise, he or she will not be able to introject a good object, which is the good breast in Kleinian terms. Kullman (2007) proposes that when the infant cannot build a psychic connection with a mother who is physically present and feeding, he or she develops a personality that displays solitary and circular mode of being, thinking and relating. Later on, this is seen as an extreme physical and psychological reliance on food. Moreover, the mother must be able to detoxify and transform unbearable feelings and experiences into more tolerable ones for the baby, which is conceptualized as the alpha function by Bion (1962). When there is poor maternal containment and care the baby senses it and experiences it as the absence of the good breast. When there is no breast, the baby is able to deal with its frustration by internalized good breast, which is obtained through the thinking apparatus, i.e.: the third space. As a result, the frustration of no breast extends and it is internalized as a bad object. Under these circumstances, in phantasy, the nourishment coming from the mother is experienced as toxic and undeveloped psychic boundary disables to differentiate between the subject and the object, inside and outside, real and imaginary and the part and the whole (Reilly, 2004). In other words, food is experienced as total bad, which must be evacuated. The self-destructive impulse becomes more active and transformed in the somatization, which can be the roots of eating disorders according to Reilly (Reilly, 2004).

As a result of poor maternal containment, neglect and/or abuse, the internalized object is experienced as a hostile, toxic and threatening from which the good object must be protected. It is suggested that, this might foster the inhibition of oral impulses and restriction on the introjection of good object, which is seen as food in anorexic patients, or as an insatiable hunger including cycles of getting in and spitting out in bulimic patients (Reilly, 2004). Bick (1968, 1986) offers that failure in early skin containment might cause a second skin formation, which is "an armor-plating around the personality" a form of "pseudo-independence". This derives from the narcissistic and omnipotent feelings accompanied by no need of others, or food or ordinary care. This armor protects the individual from invasion and disintegration. Second skin is formed through more active use of muscularity and seen in as reliance on more narcissistic and omnipotent modes of relating. Another way of second skin formation is seen in adhesive or clinging identity. Adhering is accepted as a precursor of projective identification, because it fosters being 'in contact with' an object rather than 'getting inside' it, which might be experienced as being devoured. When the object is unreliable and unstable fears of disintegration are activated then the child adhesively clings into eating rituals. Marilyn Lawrence explains this specific way of relating with these words: " the adhesive nature of the mother-daughter relationship fails to allow a space in which symbols can be formed" (Lawrence, 2002, p.845).

Marilyn Lawrence's work on eating disorders is conducted from a psychoanalytic perspective and this work offers a new concept characteristic to the eating disordered patients. She considers that the underlying mechanism of this specific pathology is having a particular mind-set affecting the way these patients are, think and relate, which

she calls the "anorexic mind". She investigates the development of "anorexic mind" through early relationship patterns between the baby and its objects: the mother and the father (Lawrence, 2008).

Firstly, she examines the issue of intrusiveness in the anorexic patients, suggesting that there is a powerful internalized intrusive object, or an object with intrusive intentions, that wants to get inside and hurt the subject, lying in the heart of the way they relate to others. Lawrence (2002) proposes that the anxiety of intrusion and invasion is the core *feminine* anxiety, which is special for females. Klein, suggests that in the early months of life introjective impulses (i.e.: taking in, filling inside with good objects) are more active in girls, compared to boys, as a result of the nature of their genitals (Klein, 1928, 1932). Moreover, the little baby girl, in her phantasy, senses that there is something dangerous inside her, or something bad can intrude, invade inside her. In this phase, the girl has aggressive impulses towards inside of the mother's body. Lawrence defines the girl's orientation in these words: "as being both open and prone to introjection, but also as closed and as terrified of being projected into" (Lawrence, 2002, p. 841). For her to bear these anxieties, mother's supporting but not intruding containment plays an essential role. Lawrence suggests that in anorexic patients, there can be either elevated innate anxieties and/or significant failure in maternal containment replaced with intrusion. The mother-infant relationship is considered to be a highly enmeshed and fused one in the anorexic patients. As cited in Lawrence (2002), Birksted-Breen (1989) defines the relationship patterns of these patients as a great denial of any kind of separateness between the self and the object. These patients are observed to have increased wish to merge with, get inside and take the possession of the other. However,

this longing for merger is projected to other and he or she is protested or kept in distances because of their intrusiveness. This projection can easily be displayed as a result of the nature of the early relationship with mother, which is experienced as not having any kind of boundary and as if the mother and the infant share the same skin (Brusset, 1998, as cited in Lawrence, 2002).

In addition to the internal intrusive object, it is emphasized that the fathers in the family of anorexic patients are absent either physically or emotionally, or both (Lawrence, 2002). She argues that there is a significant failure to internalize both of the parents and the link between them, which is necessary for the development of the third or the mental space suggested by Britton (1989) as mentioned above. In other words, father is not there to break the fused oneness between the mother and the daughter and to construct a mental space for symbolic functioning, which is the main issue of Oedipal phase. This failure results in a concrete way of thinking and difficulty in symbolization, which is particular to the "anorexic mind". From this point, it might also be expanded to that these patients' capacity of mentalization is not well developed, which is necessary for a healthy way of being and relating. As cited in Lawrence (2002), this primitive form of thinking is conceptualized by Segal (1957) as "symbolic equations". From this point of view, food is equalized to mother and psychic introjection is achieved through eating. Without the necessary mental space for metabolizing unbearable emotions, the daughter attacks to the internal intrusive (m)other and these attacks in turn increases the anxiety. This is displayed through the preoccupation with and attacks towards her own body. Lawrence (2002) suggests that the anorexic patients stuck in the pre-oedipal fusion with

their mothers experience increased levels of feminine anxiety of intrusion, which they cannot symbolize and think of to master.

Regarding these patients' patterns of relating, Lawrence states that they are prone to build relationships that do not allow anything coming from the other, because all of it is experienced as invasion and intrusion. She says that: " The refusal to take in food is viewed as a misguided defense against taking in the unbearable feelings projected by the parent" (Lawrence, 2002, p. 838). As a result, these patients generally avoid any kind of closeness or intimacy, because any attempt for getting close contains a great risk for intrusion and getting hurt.

Lawrence (2002, 2008), argues that disturbances in eating and self-destructive impulses towards body are a kind of defense against unbearable and immetabolic feminine anxieties of intrusion and invasion. According to her, anorexic patients defend themselves against this particular anxiety by losing the femininity via the loss of menstruation and owning a thin, non-curved body, that eliminate feminine sexuality. This straight and lean body is experienced as a source of power, which is also proposed to represent an erect phallus. Here Lawrence underlines the difference between phallus and the penis-as-link. She states: "The penis as link represents the relationship between the parents, creating the space for thought not available to the fused mother/infant couple. The phallus on the other hand, as a kind of manic parody of the penis through which thought is replaced by omnipotence and structure by power." (Lawrence, 2002, p. 842).

In a different paper, Lawrence examines eating disorders as manifestations of manic defenses against depressive pain linked to the oedipal conflicts (Lawrence, 2001). The individual who cannot internalize the couple of the mother and the father, and left

alone with feelings of exclusion, abandonment and loneliness, develops defenses for dealing with the oedipal conflict. The preoccupation with control over the body seen in different types of eating disorders are represented as the control of the internal world containing internal objects. This can take different forms depending on the type of the eating disorder. It is stated that anorexic patient 'whites out' the internal world of any object that has human qualities. In other words, the patient takes away the liveliness of the object that can meet her needs along with her own live part that needs such a feeding. It is argued that both the need for and the fear of fusion, in the relationship with the object, may lie under this defense. On the other hand, bulimic patient who cannot resist that need of the feeding object, greedily takes it in during the binging episodes, but attacks or murders it by vomiting. Lawrence (2001) presents this situation as the phantasy of killing the internal object. However unlike the anorexic's deadened internal object, bulimic's object resists and keeps coming alive, which in turn triggers a serial murder demonstrated as pervasive vomiting.

Lawrence (2001) explains this phenomenon of controlling and attacking the internal objects in eating disorders with Klein's concept of manic defenses occurring in the oedipal situation. She suggests that for most of the anorexic patients this exclusion, and the feelings of abandonment underlie the core of the pathology. It is proposed that the patient develops manic defenses against the depressive state triggered by the oedipal situation. To cope with the unbearable anxieties of loss and abandonment, the patient utilizes mastering activity of ego excessively and omnipotently to control its objects. In this case the patient creates an illusion in which the couple of the baby and the mother continues to be the primary dyad instead of dyad of the father and the mother. It is also

suggested that the lack of a third party (i.e.: the absence of the father), which prevents the fusion between the baby and the mother, disables the patient to develop symbolization as mentioned above. As a result, patient utilizes concrete manic defenses for demonstrating her self-sufficiency against fusion up to the point of 'white out' objectless world. In addition, Lawrence (2001) states that, especially in bulimia, the patient also controls the death of the objects by the manic defenses seen in vomiting, which is a demonstration of the phantasy of serial killing and resurrecting of the objects.

From this point of view, Lawrence (2001) argues that in the way they relate with objects, it is observed that these patients regard their objects having no human qualities and as if there is no separateness between them, which enables the patient to have total control over. Through excessive control over what is taken in, the individual support the phantasy of having omnipotent control of introjection of objects and their relationship in the mind.

To summarize, Marilyn Lawrence investigate the disturbance in eating through a psychoanalytic sense and focuses on the early relationships the individual forms with the objects. She points out the pre-oedipal fused relationship between the mother and the daughter and emphasizes that female patients with eating disorders experiences an increased level of feminine anxiety, which is the anxiety of invasion and intrusion that is not properly contained and metabolized by the support of the mother. To deal with these, individuals develop defenses against the internalized intrusive object, which can damage the self through invasion, through displaying control on what is taken in. However, it is also suggested that these patients have an intense wish for merger and fusion that is experienced with the mother companying the fear of getting hurt by intrusion. Lawrence

argues that it is likely that these patients project their need of fusion to the object and build defenses against the objects so called intrusion. From this point of view, it can be speculated that individuals exerting excessive control over their eating might also resist to intimacy and getting anything from others despite of their extreme need. In the current study this association between disturbances in eating and the patterns of relating either being resistant to intimacy or not will be investigated. In addition, Lawrence offers a particular mind-set seen in patients with anorexia nervosa, which she names as "anorexic mind". As a consequence of the absence of a father, these individuals are not able to develop the third space different from the fused mother-infant dyad. This mental space, necessary for symbolization is crucial for the ability for mentalization, which is the ability to symbolize the experiences. Anorexic mind is lack of symbolization; rather it is rigid, concrete and unable to differentiate the reality and imaginary. In individuals with disturbed eating attitudes, food is equalized with the object and desired reactions towards the objects are directed to food. From here, it can be possible to propose that individuals who have disturbed eating attitudes are in fact have significant difficulties in mentalization which in turn disable them to symbolize their experiences and feelings. In the current study, the individuals' capacity to identify symbols of the feeling of trust in relationships is investigated. It might be expected that the individuals who exert disturbances in eating will display lower capacity to detect trust symbols, which can be considered as an extension of the mentalization capacity. Lastly, it is proposed that Lawrence's suggestions regarding the way patients with eating disorders relate, might be solidified in the attachment styles, which the individuals built and currently display in their close relationships. This constitutes the main hypothesis of this thesis that there will

be a significant association between the attachment styles, (i.e.: the prototypical ways of relating that are built in early childhood experiences) and the eating attitudes. In the following section I will examine this association by the help of previous studies.

1.3.8. Attachment and Eating Disorders

As mentioned in the attachment section, problems in the early childhood relationship experiences with significant others, are likely to continue to adulthood (if no fatal changes occur) and to result in the development of various psychopathologies. Deriving from psychodynamic perspective focusing on the mother-daughter relationship, it is suggested that mother's responsiveness to the child's needs, which is an essential part of the attachment quality, is impaired in the case of eating disordered patients (Bruch, 1974). Many studies revealed that there is a significant association between early insecure attachment and eating disorders (Kiang, & Harter, 2005; Ward, Ramsey, & Treasure, 2000). Attachment is studied either as four categories (secure, preoccupied, fearful and dismissing) with regards to models of self and the other, as suggested by Bartholomew and Horowitz (1991) and/or as in dimensions of avoidance and anxiety as Brennan, Clark and Shaver (1998) proposes. In the current study both of these measurements will be utilized.

Ward, Ramsey and Treasure (2000) suggest that Ainsworth, while studying the attachment quality, utilized the feeding situation as a micro demonstration of attachment. In these studies, it is observed that higher the appropriateness of feeding to the baby's needs and more permission to active participation of the baby to the process result in stronger and more secure attachment. In their paper, Ward, Ramsey and Treasure (2000) propose that attachment insecurity in anorexic patients is historically supported.

Moreover, they suggest that generally eating disorder patients have difficulty in separation and individuation. They combine independence with separation without any type of connectedness, which is actually detachment that disables maintaining a connection. This pattern is especially seen in anorexic patients, who generally display avoidant attachment, stating "no entry" to others as well as food, like Lawrence suggests. On the other hand, Ward, Ramsey and Treasure (2000) propose that bulimic patients show anxious/preoccupied attachment patterns in which they cannot protect themselves from toxic projections of other but later on they get rid of it with anger, which is also indicated by Lawrence.

In a previous paper, Ward and colleagues (1999) examined the attachment style that is extended to adulthood enabling to form reciprocal adult attachments and found that in eating disorder patients it is insecure attachment which is more dominant compared to controls. This study revealed that individuals with eating disorders show contradictory types of insecure attachment: both avoidant (i.e.: compulsive self-reliant) and anxious (i.e.: compulsive care seeker). Ward and colleagues name this type of attachment as a pull-push pattern, which is stated as "leave me alone" in the overt-verbal communication in one hand, and as "you can't leave me, I'm dying" in the covert-non-verbal communication on the other. This pattern is explained by Bruch (1974) stating that the mother discarding the baby's needs and superimposing her own needs on the baby creates an intrusive but vitally necessary internalized object as Lawrence names it, or an internal working model of the other, which is intensely needed but feared in attachment theory terms. This pull and push patterns are also supported by another study finding combination of avoidant and anxious relating strategies in eating disordered patients,

displayed as denying any need for help but in the meantime desperately seeking it (Ringer, & Crittenden, 2007).

Until this moment, the early relationship between primary caregiver(s) and the baby and its contribution to the development of eating disorders are examined. However, it is also important to investigate the extension of early attachment to adult attachment which is primarily seen in close romantic relationships. The interpersonal patterns and difficulties that individuals with eating disturbance experience is another topic of this current study. In 2011, Tasca, Ritchie and Balfour present a review for the association between attachment and eating disorders and its clinical implications. They divide the functions of attachment into four domains, which are affect regulation, interpersonal style, coherence of mind and reflective function. They explained the dysregulation of affects prominent in eating disorders through the problems in attachment security. With regards to interpersonal functioning, it is suggested that there is increased sensitivity to loos and separating in patients with eating disorders. Avoidance in attachment results greater isolation and detachment in relationships, whereas anxious attachment results conflicts and increased fear of abandonment. It is proposed that, as suggested by Main, coherence of mind is poorer in eating disorder patients, which disables them to form rich and detailed representations of others. Lastly, it is suggested that the reflective capacity of individuals with eating disorders is significantly impaired. They are not able to process one self's and other's emotions and thought, which is in line with Lawrence's proposition of anorexic mind that is concrete and unpermissive to others. This deficiency is found to prevent these individuals to engage in close intimate relationships. This brings us to the

issue of patterns of relating, which is dominated by fear of intimacy and disturbed mentalization, that is characteristic to individuals with eating problems.

In 2013, Arcelus and colleagues, review the literature of eating disorders and offered a structural model for diagnosis and intervention. Within this model, interpersonal difficulties play a crucial role. It is suggested that in anorexic patients, attachment avoidance is more prevalent resulting inability to express feelings and giving priority to others' feelings compared to one self's. On the other side, bulimic patients are characterized by preoccupied attachment style that is displayed in interpersonal distrust and fear of intimacy. It is suggested that bulimic patients are preoccupied with close relationships, and needy for care but they display elevated levels of fear of intimacy and interpersonal distrust. The fear of intimacy seen in bulimia patients is firstly proposed and supported by Pruitt, Kappius and Gorman in 1990. They explain this phenomenon through preoccupation of close relationships and others' approval accompanied by a fear of rejection. This results over dependence to others, which in turn fosters rejection. Thelen and colleagues obtained similar results in their study with clinical and subclinical bulimia patients (Thelen et al., 1990).

From an attachment perspective developed by Bartholomew and Horowitz (1991), the models regarding the self and the others are crucial in the patterns of relating, which is also seen in individuals with eating disorders. As explained earlier, in preoccupied attachment, the individual views the self negatively, unworthy and unloveable but the others as worthy. As a result these individuals strive for the love and approval of the others to feel worthy, which is mostly seen in bulimic patients. In avoidant (dismissing) attachment, the person considers the self as worth but the others as unworthy and

threatening, which results avoiding closeness and idealizing independence and invulnerability. Fearful attachment constitutes of both negative models for self (i.e.: unworthy for love and support) and the others (i.e.: unreliable and rejecting) fostering fear of intimacy and social avoidance (Bartholomew, & Horowitz, 1991). Broberg, Hjalmers and Nevonen (2001), find combined clusters of fearful/ambivalent and fearful/avoidant in eating disordered women. This data suggests that this kind of independency is a type of defense against fear of rejection, which in turn results detachment.

Evans and Wertheim examined the relationship between attachment styles and eating disorders particularly in the interpersonal arena between partners (Evans, & Wertheim, 1997, 2005). Their studies revealed that, bulimic patients report more difficulty in closeness, low levels of satisfaction, increased fear of intimacy and more avoidance of close relationships. In these studies, they investigated the role of dimensions of attachment, which is mainly avoidance and anxiety. The findings suggest that in eating disordered patients the higher amount of individuals display the combination of anxiety and avoidance dimensions of attachment, which is fearful/avoidant type of attachment. This is exerted as higher vigilance and concern about rejection and abandonment and increase discomfort in close relationships.

Other studies investigated possible mediators within the association between attachment styles and disturbed eating attitudes. Tasca and colleagues (2005) find that negative affect and body dissatisfaction mediates the relationship between attachment insecurity and eating disorders. This study shows that attachment avoidance results in anorexic symptoms such as dietary restraint through lack of interoceptive awareness. In

another study, Tasca and colleagues (2009) study the role of affect regulation and emotional activity within this relationship. They find that while attachment anxiety result disturbed eating as binging through emotional reactivity, attachment avoidance has a direct relationship with disturbed eating. Some studies focus on the mediating role body image and body dissatisfaction (Cash, Theriault, Annis, 2004; Koskina, & Giovazolias, 2010). Cash, Theriault and Annis suggest that insecure attachment result in negative body image, which is an important aspect of self-concept it, which in turn fosters disturbed eating attitudes. Moreover, it is proposed that body image problems are easily observed in intimate relationships that involve physical closeness and demand for acceptance of others. Their study reveals that especially the attachment anxiety/preoccupation is significantly related with negative body image (Cash, Theriault, Annis, 2004).

In 2010, Koskina and Giovazolias examined the relationship between attachment insecurity, body dissatisfaction and disturbed eating attitudes in a nonclinical sample. Results show that for women, body dissatisfaction mediates the relationship between attachment anxiety and general problems in eating. For men on the other hand, this mediator role of body dissatisfaction is only found between attachment anxiety and dieting. However, for both genders attachment avoidance has a direct relationship with disturbed eating attitudes.

1.3.9. Studies on Eating Disorders in Turkey

Various studies regarding eating disorders are conducted in Turkey. One of these studies is conducted by Gürdal in 1999. In her study, she reviews the related literature regarding the diagnosis and treatment of eating disorders and suggests that the effectiveness of medication treatment is limited in the prognosis of eating disorders and it

should be exerted as an additive treatment way for psychotherapy, including individual, family and group therapies (Gürdal, 1999).

Another study is reviewed the literature on the possible association between psychoactive substance abuse and eating disorders (Pirim, & İkiz, 2004). This review inclines that there is stronger relationship between substance abuse and bulimia nervosa, compared to anorexia nervosa. However, it is proposed that the difference between "substance abuse" and "substance addiction" is underestimated in the reviewed studies, which can be an important determinant of the relationship between substance use and eating disorders.

As previously mentioned, psychological correlates and predictors of ED in non-clinical populations in Turkey is investigated by various studies. (Celikel et al., 2008; Erol, Toprak, & Yazıcı, 2006; Erol, Toprak, Yazıcı, & Erol, 2000; Pembecioğlu, 2005). Celikel and friends find that 12% of female college students experience disturbed eating attitudes and these problematic behaviors in eating is highly correlated with depression, obsessive-compulsive symptoms and phobic anxiety. In their study, it is also revealed that problematic eating in females is significantly correlated with mothers' depression, obsession and phobic anxiety. Moreover, elevated levels of affective involvement in the family are found to be negatively affecting the eating attitudes (Celikel et al., 2008). The study conducted by Erol and colleagues (2000) reveal that in the non-clinical Turkish sample, compared to locus of control, low self-esteem is a stronger predictor of disturbed eating attitudes. In another study, Erol, Toprak and Yazıcı (2006) investigate the relationship between obsessive and depressive symptoms, self-esteem, Body Mass Index (BMI) and eating attitudes in a non-clinical sample. This study shows that in women the

strongest predictors of bulimic and anorexic symptoms are obsession and BMI. On the other hand, for men while the obsessive and depressive symptoms strongly predicted bulimic symptoms, only obsession predicted anorexic symptoms such as dietary restraint. However, in that particular study, self-esteem is not found as a significant predictor for problematic eating attitudes (Erol, Toprak, & Yazıcı, 2006). Lastly, in her thesis Pembecioğlu (2005) investigates the predictors of eating disturbances in Turkey and find that weight satisfaction, gender, age, emotion focused coping and BMI are strong predictors of problematic eating attitudes. Another study conducted by Çepikkurt, and Çoşkun (2010) shows that female dancers are more dissatisfied with their body images compared to male dancers.

In Turkey, relational patterns and attachment styles of people who suffer from clinically diagnosed ED or disturbed eating attitudes are examined together with its relationship with anger and at the family level (Oral & Şahin, 2008; Toker, & Hocaoğlu, 2009). Oral and Şahin (2008) find that dysfunctional interpersonal schemas and anger are significantly correlated with disturbed eating attitudes. Toker and Hocaoğlu (2009) review the literature regarding family structure and eating disorders and conclude that families of individuals with eating disorders are less empathic, less supportive and more success demanding. Moreover, there is increased likelihood to observe of depression, conflict, substance abuse or any kind of eating disorder in the families of eating disordered patients.

1.3.10. Current Study

Inspired by previous studies, this study will be the first to examine the development of disturbances in eating attitudes from a relational perspective. The first

relationship that is formed with the primary caregiver is accepted to be a prototype both for the later relationships and for the patterns of relating with food. The relationship between the adult attachment both at the romantic relationship level and disturbed eating attitudes is investigated within a non-clinical population in Turkey. Furthermore, the underlying roles of trust and intimacy in close relationships, which are essential components of a close relationship, and body satisfaction regarding problematic eating will be investigated. Here are the hypotheses that will be tested in this study:

1) It is expected that attachment quality will have an influence on relationship patterns, which includes levels of trust and intimacy in romantic relationships. Females and males with insecure attachment are expected to display lower levels of trust and intimacy in their close relationship, whereas females and males with secure attachment are expected to form more trusting and intimate relationships.

2) Females and males with insecure attachment are more likely to display disordered eating attitudes.

3) Females and males with insecure attachment are more likely to be less satisfied with their bodies and tend to have disturbed eating attitudes.

4) Type of attachment insecurity has differential proportion of prevalence in females and males. Females are more likely to display anxious attachment whereas males have higher tendency to display avoidant attachment styles. As an exploratory hypothesis, in the current study, whether if this gender difference on the styles of insecure attachment has differential effects on the attitudes in romantic relationships and problematic eating behaviors that females and males display, will be tested.

CHAPTER II

METHOD

2.1. Participants

One hundred and thirty individuals (70 females, 60 males) voluntarily participated in the study. The ages of participants ranged from 20 to 33 years (M = 25.61, SD = 3.00). Self-reported weight in the sample ranged from 42 to 120 kg (M = 65.96, SD = 14.06) and height ranged from 1.55 to 1.94 meters (M = 1.72, SD = 0.08). Calculated body mass indexes for each participant range between 16.2 and 35.2 (M = 22.10, SD = 3.31).

Most of the participants (78.5%) are university students and graduates, 19.3% are masters and doctorate students, only 1.5% of participants are high school graduates. Majority of the sample have a high socioeconomic status (38.5% of participants have monthly income of 5000 tl and more, 34% have monthly income between 1000 and 3000 tl, 21% have monthly income between 3000 and 5000 tl, 2.3% have monthly income ranging from 500 to 1000 tl, and only 1.6% have monthly income lower than 500 tl). The current sample is constituted of generally heterosexual individuals (92.9%), and the half of the sample is in a current relationship, whereas the other half is not.

2.2. Data Collection and Procedure

Several self-report scales administered through different means to the participants who are volunteered to join to the study. Some part of the data is collected through distributing the self-report questionnaires to the college students in a private university in Istanbul. The other part of the data is collected through distributing the questionnaire package through online devices to the individuals within the researcher's social environment. The agreement to join the

study is obtained by informed consent form. Completing the forms took approximately 30 minutes. The data is collected and analyzed with IBM SPSS Version 20.

2.3. Data Collection Instruments

Demographic Data Form, Experiences in Close Relationships Questionnaire-Revised (ECR-R), Knowledge of Indicators Scale (KNOWI), Relationship Questionnaire (RQ), Eating Attitudes Test-40 (EAT-40), and Body Image Satisfaction Questionnaire (BISQ) were used to collect data.

2.3.1 Demographic Data Form

Demographic data form includes questions about age, sex, education level, height, weight, sexual orientation, current relation status and monthly income (see Appendix A).

2.3.2. Experiences in Close Relationships Questionnaire - Revised (ECR-R)

ECR-R is a commonly used self-report inventory that is developed by Fraley et al. (2000) to measure adult attachment in a dimensional way. The scale is developed by ECR (Brennan et al. 1998). Analyses resulted in two dimensions of insecure attachment: anxious and avoidant. It is a 7-point Likert type scale consisting of 18 items for anxious attachment dimension and 18 items for avoidant attachment dimension, which describes emotional intimacy and security in close relationships. Participants are asked to indicate their agreement on items ranging from *Strongly Agree* to *Strongly Disagree* including a Neutral/Mixed response in the middle. High scores indicate insecure attachment whereas low scores show secure attachment. Scores of dimensions are obtained through computing mean scores of each dimension.

The Turkish version of ECR is developed by Selçuk et al. (2005). It is found that Turkish version has acceptable levels of reliability and validity. Analyses revealed that

Cronbach alphas are .86 and .90; and test-retest correlation coefficients are .82 and .81 for anxious and avoidant dimensions respectively. Finally Ercan Alp developed eight additional items regarding dependence of the self and of the other in close relationships (four items for each dimension). The first subscale of Depend – Me on others involves items indicating the level of the disturbance felt in depending on others in times of stress. The second subscale of Depend – Others on Me includes items indicating a disturbance of reliance of others on one self in times of stress. Both of the Depend subscales are correlated with avoidance dimension. These subscales indicate discomfort of relying on others and the felt reliance of others on one self in times of stress.

In the current study Cronbach's alphas for the Anxiety and Avoidance subscales are found to be .90 and .87 respectively (see Appendix B).

2.3.3. Knowledge of Indicators Scale (KNOWI)

KNOWI is a self-report scale that measures participant's knowledge of the necessary indicators that show whether a partner will be there when needed (Turan & Horowitz, 2007). The scale consists of 41 statements, which imply good (valid) and poor (invalid) indicators of a partner's being there and filler items. Participants are asked to rate the quality of each item depending on its effect on the confidence level of a new partner's being there. Items are rated in a 8-point Likert type scale ranging from *WOULD NOT really increase my confidence that a potential partner will be there for me* (1) to *WOULD VERY MUCH increase my confidence that a potential partner will be there for me* (8). Giving higher scores for the good indicators than for the poor indicators show that the person has the ability to discriminate between good and poor indicators (i.e.: being knowledgeable about the prototypical indicators of a partner's being there). Two

different KNOWI scores are obtained, one is the sensitivity (accuracy) to identify good indicators and the other is the readiness, the motivation to engage in a relationship. The former one is computed by subtracting mean scores given to invalid indicators from the mean score of good indicators, latter is computed by the sum of both (Turan, & Vicary, 2009).

KNOWI is translated into Turkish by Gülenbaht Şentürk. For the Turkish version three additional items are developed. A scale, which measures the knowledge of indicators of parents' being there, is also constructed by the original KNOWI. Participants are asked to rate the quality of items as an indicator of parents' being there when a three-year-old child needs them. However, an adaptation study for the Turkish version is not conducted yet. In the current study, reliability analysis showed that Cronbach's alphas for subgroup of items that are valid indicators and subgroup of items that are invalid indicators are .89 and .91 respectively (see Appendix C).

2.3.4. Relationships Questionnaire (RQ)

RQ is a self-report scale that is established by Bartholomew and Horowitz (1991) to measure adult attachment in four categories. Four-category model of attachment is derived from the interaction of internal models regarding the self and the others either being positive or negative. Analyses resulted in the following types of attachment; secure, preoccupied, fearful, and dismissing. This model is suggested to give the possible levels of dependency and avoidance in close relationships. RQ consists of four paragraphs regarding the internal models of the self and the other, attitudes towards close relationships and attitudes within a certain relationship. Participants are asked to rate each

paragraph depending on how well the paragraph demonstrates their own experiences in a 7-point Likert scale. It is possible to obtain two continuous scores regarding model of the self and model of the other from RQ. Model of the self score is computed by subtracting the sum of scores given to prototypes that contains negative model of self (Preoccupied and Fearful) from sum of scores given to prototypes that contains positive model of the self (Secure and Dismissing). The score for model of the other is obtained by subtracting the sum of scores given to prototypes that contains negative model of the other (Dismissing and Fearful) from sum of scores given to prototypes that contains positive model of self (Secure and Preoccupied). Turkish version of RQ is developed by Sümer and Güngör (1999) and it is found to have acceptable levels of reliability and validity (see Appendix D).

2.3.5. Eating Attitudes Test - 40 (EAT-40)

EAT-40 is a self-report assessment tool for screening any abnormalities in eating attitudes, which is developed by Garner and Garfinkel (1979). Although it is firstly aimed to identify anorexia nervosa, studies showed that it is also able to screen and assess any tendency for disturbed eating attitudes in non-clinical samples (Mintz, & O'Holloran, 2000). It contains 40 items that are responded in 6-point Likert type, ranging from *Never* (0) to *Always* (3). For the items 1, 18, 19, 23, 27 and 29 *Never* is scored 3, *Rarely* is scored 2, *Sometimes* is scored 1 and the rest of the answers are scored as 0. For the rest of the items *Always* is scored as 3, *Very Often* is scored as 2, *Often* is scored as 1 and the other answers are scored as 0 (Talwar, 2010).

Original scale scores that are higher than 30 points indicate a tendency for

disturbed eating attitudes. It consists of seven factors, which are over obsession with food, body image related to being thin, usage of laxatives and vomiting, dieting, patterns of slow eating, eating without being seen, and social pressures regarding gaining weight. EAT-40 is translated into Turkish by Savaşır and Erol (1989). Analyses revealed that Turkish version is found to be highly reliable and valid. Test-retest correlation was found to be r=.65 and Cronbach's alpha is found to be .70. In this version four factors are obtained, namely; anxiety for being fat, dieting behavior, social stress, and obsession for thinness. There is not any certain cut-off point for the Turkish version of EAT-40. In the current study, no cut-off point is utilized, higher scores are accepted to indicate higher tendency of disordered eating attitudes. In this study, the Cronbach's alpha for the whole scale is found to be .91 (see Appendix E).

2.3.6. Body Image Satisfaction Questionnaire (BISQ)

BISQ is developed by Berscheid, Walster and Bohrnsted in 1973 to measure satisfaction of body parts. It is a self-report scale consisting of 26 items for females and 27 items for males, which are answered in 5-point Likert form ranging from *Highly Satisfied* (5) to *Highly Dissatisfied* (1). A total BISQ score is calculated by summing up the item scores and dividing them into total number of items. Higher scores indicate higher satisfaction of body parts. BISQ is translated and adapted into Turkish by Gökdoğan (1988). This study demonstrated that Turkish version of BISQ is a valid tool for assessing body satisfaction and analyses showed that it is highly reliable with a test-retest correlation coefficient of .88. In the current study the Cronbach's alpha of BISQ is found to be .93 (see Appendix F).

2.3.7. Body Mass Index (BMI)

BMI is an index for calculating body weight, which is computed by dividing body weight (kilograms) into square of height (meters). BMI is found to be correlated to body fat and fatness (Garrow & Webster, 1985; Mei et al., 2002). Researches show that it reveals reliable results when it is collected as self-reports (Brooks-Gunn, et al., 1987; Shapiro & Anderson, 2003). Participants' answers fit into the categories developed by the World Health Organization (World Health Organization, 1995).

CHAPTER III

RESULTS

3.1. Descriptives

The variables ECR Anxiety, Avoidance and two Depend (Me on Others and Others on Me) scores, RQ Model of Self and Other scores, KNOWI Accuracy and Readiness scores, EAT total and BISQ total scores are computed for the analysis. Table 4.1 shows the mean scores and standard deviations of the sample for these variables.

3.2. Results Concerning Attachment Qualities

To test the first hypothesis regarding the influence of attachment qualities on relationship patterns a multivariate analysis was conducted. Anxiety, Avoidance and Depend scores of ECR are entered as dependent variables. The relationship status was one of the independent variables in addition to gender, which is entered for testing the fourth hypothesis. Multivariate analysis of variance showed that there is a significant difference between females and males in their ECR Anxiety scores, F (1,115) = 11.91, p = .001. Females (n = 65) have significantly higher scores on Anxiety (M = 3.75, SD = 1.09), compared to males' (n = 54) scores on Anxiety (M = 3.11, SD = .97). The Avoidance scores changed significantly depending on relationship status, either having a current relationship or not, F (1,115) = 11.66, p = .001. Individuals who do not have a current relationship scored significantly higher on Avoidance (M = 3.02, SD = .90), compared to individuals having a relationship (M = 2.49, SD = .72). A similar finding is observed in ECR Depend – Me on Others scores. Individuals who do not have a current relationship scored significantly higher on Depend – Me on Others (M = 4.10, SD = .80), compared to individuals having a relationship (M = 3.70, SD = .59), F (1,115) = 7.63, p = .007.

Table 1. Mean scores and Standard Deviations of Variables

Variables	Mean	Standard Deviation	n*
Anxiety (ECR)	3.47	1.06	129
Avoidance (ECR)	2.77	.86	126
Depend Me on Others (ECR)	3.91	.72	127
Depend Others on Me (ECR)	9.48	3.52	128
Model of Self (RQ)	1.35	4.49	130
Model of Other (RQ)	.45	3.41	130
Accuracy (KNOWI)	.89	1.07	130
Readiness (KNOWI)	11.98	2.43	130
Eating Attitude	16.82	13.58	130
Body Satisfaction	3.50	.72	129

*n changes due to missing cases.

Testing the first hypothesis is expanded through correlation analysis between attachment variables including ECR subscales, model of self and other scores obtained with RQ and the sensitivity to the trust indicators in a relationship (KNOWI Accuracy) and the motivation to be in a supportive relationship (KNOWI Readiness). Pearson correlations are conducted to evaluate the relationship between these variables concerning attachment quality and relationship patterns. A significant negative correlation between Anxiety dimension of ECR and Model of Self scores of RQ is found, $r = -.62$, $p < .01$. Avoidance dimension was significantly correlated with both of

the Depend scores; Depend – Others on Me and – Me on Others revealing a correlation coefficient of $r = .45$ and $r = .42$ respectively, both significant at $p < .01$ level. Avoidance dimension had a weak but a significant negative correlation with Model of Other scores on RQ, $r = -.26$, $p < .01$. Depend scores of ECR were found to be significantly correlated with each other with a coefficient of $r = .36$, at $p < .01$ significance level. Depend – Others on Me scores showed weak but a significant negative correlation with KNOWI Readiness scores, $r = -.19$, $p < .05$.

Model of Self score showed a weak but significant negative correlation with KNOWI Accuracy, $r = -.178$, $p < .05$. Model of Other score showed a moderate significant correlation with KNOWI Readiness scores, $r = .297$, $p < .01$.

KNOWI Accuracy and KNOWI Readiness scores were negatively associated with each other with a coefficient of $r = -.336$, at $p < .01$ significance level. Correlation coefficients can be seen in Table 4.2.

Table 2. Correlation Coefficents among Attachment Quality Variables

Variables	1	2	3	4	5	6	7	8
1. Anxiety (ECR)	1							
2. Avoidance (ECR)	.109	1						
3. Depend Others on Me (ECR)	0	.454**	1					
4. Depend Me on Others (ECR)	-.033	.423**	.362**	1				
5. Model of Self (RQ)	-.615**	-.117	.137	.039	1			
6. Model of Other (RQ)	.167	-.263**	-.172	-.063	.109	1		
7. Accuracy (KNOWI)	.1	-.03	-.037	-.134	-.178*	-.161	1	
8. Readiness (KNOWI)	.232**	-.142	-.191*	-.077	-.083	.297**	-.336**	1

** Correlation is significant at 0.01 level (2-tailed)
* Correlation is significant at 0.05 level (2-tailed)

To examine the role of attachment on knowledge of valid indicators of trust in a close relationship the association between attachment dimensions obtained by ECR and KNOWI is analyzed. A stepwise multiple regression analysis is conducted to detect the predictive variables for knowledge of trust indicators in a relationship (KNOWI Accuracy) and motivation to enter in supportive relationships (KNOWI Readiness). Age, gender, anxiety, avoidance, and their interaction were entered to the equation as predictive variables. When the criterion variable is set as KNOWI Accuracy, KNOWI Readiness is entered in the equation as a predictive variable. Same procedure applied to the opposite situation as well.

Analysis revealed that for Accuracy regarding valid indicators of trust in a close relationship, Readiness scores are the primary predictor, R^2 = .086, adjusted R^2 = .079, F(1, 123) = 11.576, p = .001. As the Readiness scores increase Accuracy scores are likely to increase. The total variance of Accuracy explained, increased when gender is entered to the equation R^2 = .176, adjusted R^2 = .162, F(1, 122) = 13.321, p = .000. Women's scores of Accuracy were higher compared to men's scores. Beta values can be seen in Table 4.3.

The analysis regarding Readiness to enter in a supportive relationship revealed that Accuracy scores, gender, Anxiety scores and Avoidance scores have significantly predicted variance of Readiness scores. Regression analysis results for these variables are presented in Table 4.4.

Table 3. Multiple Regression Analysis Results for Predictive Variables KNOWI Readiness and Criterion Variable KNOWI Accuracy

KNOWI Accuracy			
Predictors	Beta	F	p
KNOWI Readiness	-.360	11.576	.001
Gender	.307	13.028	.000

Note. R^2 change = .086 for KNOWI Readiness, .090 for gender.

Table 4. Multiple Regression Analysis Results for Predictive Variables KNOWI Accuracy, Gender, Anxiety and Avoidance, and Criterion Variables KNOWI Readiness

KNOWI Readiness			
Predictors	Beta	F	p
KNOWI Accuracy	-.369	11.576	.001
Gender	.236	12.600	.000
Anxiety (ECR)	214	10.407	.000
Avoidance (ECR)	-.172	9.180	.000

Note. R^2 change = .086 for KNOWI Accuracy, .085 for gender, .034 for anxiety, .029 for avoidance.

3.3. Results Concerning Eating Attitudes

To test the second hypothesis of the current study expecting a significant relationship between attachment styles and eating attitudes a stepwise multiple regression analysis is conducted. It is aimed to examine how well age, gender, BMI, attachment dimensions; avoidance and anxiety and the interaction between these two dimensions predict disordered eating attitudes of non-clinical Turkish sample.

For the whole sample, the model is found to be significant with values of R^2 = .053, adjusted R^2 = .045, $F(1, 122) = 6.847$, p = .01. The only significant predictor of disturbed eating attitudes is found to be the interaction between Anxiety and Avoidance dimensions.

The nature of this interaction is examined and simple slope analyses revealed that for individuals high on avoidance (1 SD above the mean) higher anxiety predicts higher Eat-40. However, for individuals low on avoidance (1 SD below the mean) the association between anxiety and Eat-40 was occurring but not significant.

When the same analysis conducted separately for the individuals who have a current relationship and who have not, slight alterations occurred in the findings. For the individuals who do not have a current relationship, the same model as the one for the whole sample was obtained of R^2 = .086, adjusted R^2 = .071, $F(1, 61) = 5{,}718$, p = .02. However, for the individuals who have a current relationship, interaction between Anxiety and Avoidance dimensions was not significant. So, the same analysis was conducted by removing interaction from the model. The stepwise multiple regression revealed that Anxiety was a significant predictor of the total variance in Eat-40, of R^2 = .076, adjusted R^2 = .060, $F(1, 59) = 4.837$, p = .032. As the Anxiety scores increase, Eat-40 scores increase as well, r = .27, $p < .05$. The total variance explained in Eat-40 scores increased when BMI entered to the equation, of R^2 = .186, adjusted R^2 = .158, F(2,

58) = 7.876, $p = .003$. As BMI increases, Eat-40 increases as well, $r = .25$, $p < .05$. Results of multiple regression analysis regarding disturbed eating attitudes can be seen in tables 4.5, 4.6 and 4.7. Scores of KNOWI subscales, RQ – Model of Self and Other and Body Satisfaction were not significant predictors of disturbed eating attitudes.

Table 5. Multiple Regression Results for the Predictive Variable Attachment Interaction and the Criterion Variable Eating Attitudes (for the whole sample)

Eating Attitudes			
Predictor	B	F	p
Anxiety&Avoidance	-.231	6.847	.01

Note. $R^2 = .053$.

Table 6. Multiple Regression Results for the Predictive Variable Attachment Interaction and the Criterion Variable Eating Attitudes (for individuals who are single)

Eating Attitudes			
Predictor	B	F	p
Anxiety&Avoidance	-.293	5.718	.02

Note. $R^2 = .086$.

Table 7. Multiple Regression Results for the Predictive Variable Anxiety and BMI and the Criterion Variable Eating Attitudes (for individuals who have a current relationship)

Eating Attitudes			
Predictor	B	F	P
Anxiety	.353	4.837	.032
BMI	.341	6.638	.007

Note. R^2 change = .076 for Anxiety, .110 for BMI.

3.4. Results Concerning Body Dissatisfaction

For testing the third hypothesis, a stepwise multiple regression analysis is conducted to evaluate how well attachment categories predict body satisfaction. In addition to age, gender, and BMI scores on four prototypes of Relationship Questionnaire (RQ), which are secure, dismissing, preoccupied and fearful, are entered into the equation as predictive variables. Body satisfaction was entered as the criterion variable. Analysis revealed that scores on Dismissing prototype in RQ is a significant predictor of total variance in body satisfaction, $R^2 = .049$, adjusted $R^2 = .042$, $F(1, 126) = 6.499$, $p = .012$. When the dismissiveness increased the satisfaction decreased, $r = -.22$, $p = .006$. Slight differences occurred in the findings when the sample was divided into two according their relationship status. For the individuals who have a current relationship, the only significant predictor of the variance in body satisfaction was Body Mass Index, $R^2 = .117$, adjusted $R^2 = .103$, $F(1, 62) = 8.198$, $p = .006$. The individuals who have a current relationship, with higher BMI, were more likely to be less satisfied with their bodies, $r = -.34$, $p = .003$. On the other hand, for the individuals who are single the variance in body satisfaction is significantly explained by their dismissiveness scores in RQ, $R^2 = .081$, adjusted $R^2 = .066$, $F(1, 62) = 5.439$, $p = .023$. As the dismissiveness scores increased, the total body

satisfaction decreased, $r = -.28$, $p = .011$. Results of these analyses can be seen in Tables 4.8, 4.9 and 4.10.

Table 8. Multiple Regression Results for the Predictive Variable Dismissiveness Scores (RQ) and the Criterion Variable Body Satisfaction (BISQ) (for the whole sample)

Body Satisfaction			
Predictor	B	F	p
Dismissiveness	-.221	6.499	.012

Note. $R^2 = .049$.

Table 9. Multiple Regression Results for the Predictive Variable Dismissiveness Scores (RQ) and the Criterion Variable Body Satisfaction (BISQ) (for individuals who are single)

Body Satisfaction			
Predictor	B	F	p
Dismissiveness	-.284	5.439	.023

Note. $R^2 = .081$.

Table 10. Multiple Regression Results for the Predictive Variable BMI, and the Criterion Variable Body Satisfaction (BISQ) (for individuals who have a current relationship)

Body Satisfaction			
Predictor	B	F	p
Body Mass Index	-.342	8.198	.006

Note. $R^2 = .117$.

CHAPTER IV

CONCLUSIONS AND DISCUSSION

4.1. Conclusions

Current study had two main aims. First was to investigate the relationship between the adult attachment styles and relationship patterns. Second was to examine the association between the adult attachment styles and eating attitudes. For the former purpose, the findings regarding adult attachment in categories including secure, dismissive, preoccupied and fearful, adult attachment in dimensions; anxiety and avoidance and knowledge of indicators of trust in a close relationship were analyzed. To investigate the latter hypotheses, analysis regarding the relationship between attachment qualities, knowledge of indicators, body satisfaction and eating attitudes were conducted. The influences of age, gender, BMI and relationship status were all included in the analysis.

In investigation of the primary hypothesis of this thesis, the relationship between attachment qualities, measured both in categories and in dimensions; and knowledge of trust indicators in the partner and in the close relationship were investigated. Role of gender and relationship status were both taken in to consideration within the analyses. Evaluation of scores on attachment dimensions showed that women are more anxious compared to men, which is also supported by other studies (Koskina and Giovazolias, 2010). This finding might indicate that women are more inclined to display anxious attachment, which is defined as increased fear of abandonment and preoccupation with close relationships as a result of inconsistent caregiving (Ainsworth, 1979; Collins, & Read, 1990; Main, 1985). This is also in line with stereotypical

gender roles that foster women to be more dependent to others and their approval (Borchert, and Heinberg, 1996; Bruch, 1974).

The early unresolved conflict show itself in the adult relationship through unconscious communication as Balint (1993) offers. This might result in women taking the giver, and container role in their relationships but generally feeling dissatisfied because of not feeling loved or cared enough (Colman, 1993; Morgan, 2010). This kind of defensive containment disable metabolizing the unbearable materials projected from the other, rather it is kept as its toxic form damaging both parties in a relationship as Colman (1993) offers. In addition to unresolved toxic experience that is introjected without processing, their preoccupation with the relationship and their partners might overwhelm their partner and result in abandonment, which validate the primary fear of abandonment and loss (Pruitt, Kapius, & Gorman, 1990). This is also similar to what Mary Morgan (2010) suggests as unconscious beliefs regarding relationships that are displayed in adulthood. The females who experienced early relationships that are inconsistent and insensitive might expect their partners to be indifferent to their needs as well, this in turn can be displayed as heightened levels of anxiety and over dependence that disable separateness and individuation in close relationships.

This finding is strengthened by the significant negative correlation found between anxiety scores and model of self scores. This indicates that as the model of self decreases, i.e.: as the individual have a more negative representation of the self, the anxiety in close relationships increases (Sibley, Fischer, Liu, 2005). This can be interpreted as having low levels of self-worth increase the dependence of others' approval for validating that the self is loveable and valuable enough to care, which is firstly experiences in the eyes of mother in the very beginning of life.

From a psychoanalytic perspective, this finding can be interpreted as these individuals, especially girls, do not experience a mirroring, containing and holding relationship with their mothers in their early childhood, that is necessary to form self-worth and autonomy (Bion, 1959; Kohut, 1971; Winnicott, 1960). The lack of mirroring, containment and holding results in decreased levels of self-worth and over dependence to others to validate the worth of the self. Moreover, from Kohut's perspective, it can be suggested that the self-object needs of these adult females who are highly anxious in their close relationships, are not satisfied in their early childhood (Kohut, 1971). Rather, it can be speculated that their parents value their own needs compared to their daughters needs, use them as self-objects to reach their unsatisfied needs, which result in these girls as higher dependence on others and their approval (Bruch, 1974).

Another finding regarding attachment styles and relationship patterns observed as a significant difference between individuals who have a current relationship and individuals who are single in the time being. Individuals who are single scored significantly higher on Avoidance, compared to their counterparts who are in a relationship. This finding supports the proposition, which states that avoidant individuals reject their need for intimacy and avoid close relationships (Bartholomew, & Horowitz, 1991). From this finding it can be speculated that avoidant individuals do not rely on and depend on others than themselves and prefer to be alone. Bartholomew and Horowitz (1991) explain this situation as the defensive denial of the need of intimacy resulting from experiences that built a negative model of others but a positive model of self. When this finding is considered from attachment perspective, avoidant individuals choose to be alone because they have neglecting, harming and unreliable representations, or internal working models, of others (Bowlby, 1969). In other words, rather then being neglected or hurt, they prefer to be alone. This suggestion is supported by the finding showing a significant

increase in single individuals' Depend scores that involve items indicating avoidance of depending on others. This subscale of ECR, which is developed by Alp (not published), indicates the level of the disturbance felt in depending on others in times of stress. Avoidant individuals and single individuals are found to score higher on this scale, which supports the assumption that the avoidant individuals do not feel comfortable in relying on others (Bartholomew, & Horowitz, 1991).

In addition to disturbance in relying on others, it is found that as the avoidance increases the disturbance of felt dependence of others on the self increases as well. This is found through the scores of the second Depend subscale of ECR that includes items indicating a disturbance of reliance of others on one self in times of stress. In addition to avoiding reliance on other, the individuals who score higher on avoidance show greater discomfort of others relying on themselves. This finding might support the assumption that dismissing or avoidant individuals stand aloof to two way interactions, reliance and intimacy occurring between themselves and the other (Bartholomew, & Horowitz, 1991).

When these findings regarding avoidance and dependence is considered from a psychoanalytic perspective it can be suspected that these individuals, who turn out to be avoidant to their needs of intimacy, experienced an insensitive and neglecting caregiving in their early childhood. From Bion's perspective it can be suggested that either these individuals might have an innate disposition of excessive destructiveness or the mother is incapable of containing the destructive impulses and transforming them into more tolerable form, unable to display alpha function (Bion, 1959). This might result in an increased and unbearable negative affect and experience introjected from outside. This in turn, might foster the individual to experience others as hostile and harmful objects (Lawrence, 2002). As a result, to protect the self and the good part

within the self, the individual might withdraw from others (Klein, 1946), which is observed as avoidance of intimacy in later relationships.

Higher scores of avoidance and dependence on others seen especially in individuals who do not have current relationship have another indication too. As mentioned above, in adult relationships, in addition to internal sense of containment that is introjected from the mother as alpha function (Bion, 1959), the relationship itself has the role of a container (Colman, 1993). The early experiences that indicate the others cannot be trusted to contain the anxieties of the self are transported to adulthood. The reason behind these avoidant individuals not forming close relationships might be the unconscious belief that the others and the relationships that are built with others cannot be utilized as containers. On the other hand, since it is hard to infer causality depending on these analyses, this association can be viewed from the other way around. In other words, it can be speculated that since these individuals do not have relationships that are working as containers for the unbearable anxieties of the self, their avoidance and unsatisfied needs of intimacy might be reinforced as well. The lack of containment that might be provided by a healthy relationship result in not having a third space that enables resolution for early anxieties and insecurity and in turn fosters personal growth (Colman, 1993). As Morgan (2010) offers, these individuals seem to build a barrier to protect themselves from intimacy and stay unreachable against any kind of intrusion or harm coming from outside.

In the current study the influence of attachment security on relationship patterns is also investigated through its impact on knowledge of indicators for trust in close relationships, or the ability to sensitively detect how reliable a partner can be. It is hypothesized that the secure attachment will predict higher sensitivity for the valid indicators of trust in an intimate relationship, which can be considered as an extension of the reflective function that enables to

form mental representations for trust indicators. However, this hypothesis is not supported by the findings. Analysis revealed that there was not a significant relationship between attachment security and accuracy in knowledge of indicators. The significant predictors of this knowledge were found to be gender and the readiness or motivation to be in a supportive relationship. Women were found to be better at detecting valid signals of trust and reliability of a partner in close relationships. This finding can be interpreted as a result of early developmental capacities that enable little girls to be more attentive to others' ideas and intentions (Putallaz et al., 1995).

In addition to gender, motivation to enter in a supportive relationship was a significant predictor for the accuracy of detecting indicators of trust that a partner own. As motivation increases, the sensitivity to indicators of trust decreases. This can be considered as individuals want to be in a relationship without having enough knowledge or mentalization capacity of how a relationship can be trustable, or the partner in a relationship can be reliable. It can be expected that without having enough reflective function and knowledge that enables forming mental representations of a trustable relationship prototype, the relationships that are build will not be satisfying the needs of trust and intimacy (Fischer, & Crandell, 2001; Fonagy, & Target, 1997; Turan, & Horowitz, 2007). This can be understood by examining the findings regarding readiness to enter in a supportive relationship more thoroughly.

Results showed that the motivation to enter in a supportive intimate relationship is predicted by gender, sensitivity of valid trust indicators of a partner and relationship, attachment anxiety and attachment avoidance. Similar to results in knowledge of indicators, women are more found to be more motivated to enter in a supportive relationship. As mentioned above, there is a negative association between accuracy in knowledge of indicators and readiness to enter in a relationship. Here the attachment dimensions have a significant impact, which is

different than accuracy of knowledge regarding trust indicators. It is found that as the anxiety level increases, the motivation to be in a relationship increases as well, which is in line with the theory. As mentioned previously, attachment anxiety involves preoccupation with close relationships, the others and their support (Ainsworth, 1979; Collins, & Read, 1990; Main, 1985). From this point of view, this finding supports the proposition stating that higher levels of anxiety of attachment fosters individuals to search for the care and attention of others compared to others low in anxiety (Bartholomew, & Horowitz, 1991, Fraley et al., 2000). On the other hand it is found that as the avoidance scores increases the motivation to be in a supportive intimate relationship decreases. This is also a supportive finding for the previous suggestions that are presented above. As expected, avoidant individuals who display fear of intimacy and withdraw from close relationships, show less motivation to enter in an intimate relationship.

The support for the first hypothesis is obtained with various different analyses regarding the comparisons of scores computed from different scales. However, it should be noted that due to some limitations regarding measurements inferences of these results should be examined in caution. Even though the primary expectation, which states that attachment styles will have an influence on relationship patterns, is mostly supported, the inferences have a hypothetic nature, because it is hard to come through with causality from these analyses. The limitations of the study will be elaborated in the next section of this chapter.

The second hypothesis of this study stated that there would be a significant relationship between adult attachment styles and eating attitudes. This is supported by the regression analysis revealing a significant predictive value of interaction between anxiety and avoidance dimensions of ECR for the criterion variable eating attitudes. Here it is important to obtain significance in interaction rather than dimensions separately. The nature of the interaction suggests that when

both of the attachment dimensions, anxiety and avoidance, are high it is more likely to display disturbed eating patterns. The high scores on both dimensions indicate general insecurity in attachment, which indicates that the hypothesis stating a significant association between insecure attachment and disturbed eating patterns is supported in this non-clinical Turkish sample as in various former studies conducted in different cultures with both clinical and non-clinical populations (Broberg, Hjalmers, & Nevonen, 2001; Evans, & Wertheim, 1997, 2005; Koskina, & Giovazolias, 2010; Ward et al., 1999; Ward, Ramsey, & Treasure, 2000). These studies suggest that early problematic attachment experiences result in disturbances in the relationship with the food and this suggestion is supported by the current study.

As mentioned previously psychoanalytic view accept the pre-attachment relationship between the mother and the infant as the root of eating disorders (Reilly, 2004). This relationship, which is in a highly implicit form, leave its traces in the body and psyche apart from later experiences which are explicitly mentalized (Granieri, & Schimmeti, 2014). The problematic relationship with the mother, which lack containment and the alpha function, influences the feeding situation that in turn disturbs the relationship with food (Bion, 1962). As Bick (1968) states, the feeding situation is a prototype in which the mother's containment is felt, which is later on internalized and form a psychic skin for building boundaries necessary for integration and protection of the self. The mother that is experienced as frustrating and hostile, who is unable to offer food companied with love and understanding, is accepted as the bad object. The milk, the food, coming from her is experienced as toxic and damaging as well. As a result, in addition to the inability to internalize good object and the rejection of the mother, the baby built problematic relationship with food, for the protection of the internal good object (Granieri, & Schimmeti, 2014).

In addition to the influence of general insecurity in attachment on eating attitudes, in the current study the nature of the interaction shows another important finding. When examined in more detail, the interaction analysis reveals that the level of avoidance has a greater impact on eating attitudes compared to anxiety level. In other words, change in anxiety levels alone does not influence eating patterns. For anxiety to have an impact on eating patterns, avoidance levels must be high enough. This finding is in line with previous suggestions stating the role of avoidance of intimacy and connection on the relationship with food (Lawrence, 2002). Lawrence (2002) proposes that if the early relationship with the mother involves intrusion, the primary object that is internalized becomes an intrusive object to which a relationship pattern is built in an adhesive way. It is suggested that to defend the self against intrusion the individual build up barriers that declares "no entry" either to others or to the food (Lawrence, 2001, 2002). This finding is supported by another study stating that mostly the anorexic patients who reject and control the entrance of food as a result of confusing separation and individuation with detachment that lacks any kind of connection (Ward, Ramsey, & Treasure, 2000). As Lawrence (2008) conceptualizes, the anorexic mind that rigidly rejects anything coming from outside is displayed both in the relationship with real objects and the food. This type of mind set strictly defend itself against intrusion through setting strong barriers to other and to food, which is previously coded as the extension of the object in the implicit memory (Lawrence, 2008; Granieri, & Schimmeti, 2014).

In the current study, in addition to the critical role of avoidance in predicting eating disturbances, it is found that the situation in which both of the attachment dimensions, avoidance and anxiety, are high, the predictive value of attachment for the eating disturbances is stronger. This situation is also found by other studies and conceptualized as the pull-push pattern or the

fearful avoidant attachment style (Evans, & Wertheim, 2005; Ringer, & Crittenden, 2007; Ward, et al., 1999). Ward and colleagues' (1999) study revealed that anorexic patients show contradictory attachment styles both compulsively self-reliant, which indicates *avoidance* of any kind of intimacy and keep the self detached from any kind of connection, and compulsively care-seeker, which shows *anxiety* and/or *preoccupation* with others and others' attention, care and approval. Bruch (1974) explains this phenomenon with having early history of mother-infant relationship in which the mother is hostile and intrusive, yet is desperately needed for the survival. From attachment perspective, this early experience is displayed in adulthood by fearful avoidant attachment as Bartholomew and Horowitz (1991) suggests. This type of attachment is characterized by having negative models both for the self and the other, which includes defensive denial and fear of intimacy despite of the elevated levels of need for care and dependence.

This finding regarding the interaction between the attachment dimensions, avoidance and anxiety becomes more meaningful when the sample is splitted into two, depending on their relationship status. Interaction maintained its significance in the single group, whereas lost its effect in the group consisting of individuals who have a current relationship. This finding is theoretically significant as well. As Lawrence (2001) proposes anorexic patients who have an increased control over food until the point of starvation, have relational pattern, which serves as a "white out" objectless world. In the current study for the people who do not have a current relationship, who are objectless, the fearful avoidant attachment was a more powerful predictor of disturbed eating attitudes. Moreover, Lawrence (2001) argues that these individuals have extreme need for merger, which is projected to the others and experienced as intrusion coming from outside. When this is applied to the current findings, it can be speculated that single

individuals reject their need for intimacy through avoiding close relationships, which might be experienced as an intrusion to the independence of the self and this pattern of relating show it self in the relationship with the food, which is characterized as over control and restriction to entrance. Here it is important to emphasize the nurturance both common in close relationships and eating. As mentioned previously, relationships starting from very early on have the capacity to nurture the self through providing containment, holding, mirroring, empathy and love. In addition food coming along with these elements have to ability to nurture the individual both in psychological and physiological level. However, when disturbances occur in this early relationship with a significant other and the food coming from this person, the individual cannot be nurtured enough. Moreover, the individual cannot develop a nurturing relationship with others and the food in adulthood. When the findings of the current study is considered from this lens, it can be proposed that the single individuals who display fearful attachment are more likely to show disturbance in eating attitudes through the mechanism of the inability to be nurtured. In other words, it can be said that these individuals are rejecting their extreme needs for nurturance, which is displayed as fearful attachment in close relationships and rejection of food.

Esther Bick explains this situation, in which the need for intimacy is denied defensively despite increased levels of care seeking, as the second skin formation (Bick, 1968, 1986). She suggests that as a result of poor maternal containment that lacks physical holding and psychic presence that fosters the sense of security and formation of the third space necessary for reflective function, the baby forms a second skin to protect the self. However, this second skin is conceptualized as an armor that reinforces a pseudo independence that leaves everything away from the self, which captures feelings of omnipotence that does not need anyone or anything. Bick (1986) proposes that this type of being and relating is associated with muscularity.

Lawrence (2002) explains this situation as forming manic defenses against intrusion anxiety which is mainly a feminine anxiety. The absence of the boundary, psychic skin as Bick (1968) offers, between the mother and the infant increase the anxiety of intrusion and disables to form a third space that is crucial for the development of thinking apparatus, which in turn the rigid and bound type of mind set, the anorexic mind as Lawrence (2008) suggests, develops. Here for women striving extremely for thinness, instead of metabolizing these anxieties through reflective function, muscularity, body that lacks feminine curves, is displayed defensively to obtain a phallus, the power of omnipotence (Lawrence, 2002). When this is considered for the current study, it can be speculated that especially women in the current sample, losing weight and being thin and lean, might be associated with a pseudo independence that exert omnipotence and control over the entrance of others and food. For both of females and males, it can be suggested that high levels of avoidance and control and rejection of food is accompanied with a rigid and bound way of thinking. However, it should be kept in mind this is a hypothetical suggestion, which requires further investigation that includes more detailed materials assessing relationship patterns, mentalization capacity and attitudes towards muscularity and femininity.

It can be summarized that theory regarding the roots of this type of relating suggests two main things. Firstly it is proposed that these individuals experienced an early relationship with the primary caregiver that includes merger with an intrusive object (the mother), which prevents separation and individuation in an adhesive way (Bruch, 1974, Lawrence, 2002). As a defense against this early relational experience, the individual avoids any kind of closeness and intimacy because it is feared to be harmful and intrusive (ibid). Secondly, it is observed that the symbiotic dyad between the mother and the infant is not broken with the occurrence of the third-party, the father (Lawrence, 2001). In other words, the Oedipal conflict that is necessary for accepting

abandonment and independence is not experienced and resolved. For not experiencing the separation from the mother and the fear of loss, it is suggested that these patients build an objectless world that rejects any kind of connection with real objects (ibid). From a psychoanalytic perspective toward couple relationships, Oedipal situation is necessary for building an internal couple that serves as a prototype for later relationships (Morgan, 2005). Moreover, it enables the formation of the third space that is crucial for the reflective function capturing representations and symbolic thinking (Brittion, 1989). If Oedipal conflict is not resolved, the individual cannot internalize the couple of their parents, which works as a different container than the mother. This internalization of the couple enables individuals to utilize their later relationships as a container as well (Morgan, 2005; Ruszczynski, 2005). In the current study, it can be proposed that this pattern is seen in individuals who prefer to be alone as a result of their defensive denial of intimacy because it involves intrusion and a possible abandonment, no matter how deeply they need it. Furthermore, they might have encountered some possible problems in the resolution of Oedipal conflict, which disables them to internalize a couple and use relationships as a container for their anxieties.

On the other hand, a different pattern is observed in the individuals, who have a current relationship. Instead of interaction between the attachment dimensions that is primarily influenced by avoidance, anxiety alone had a predictive value for eating disturbances, in addition to BMI. This finding is in line with previous studies indicating the increased importance of the others' ideas and approval seen in close and intimate relationships that is likely to result in eating disturbances (Cash et al., 2004; Pruit, Kappius, Gorman, 1990; Thelen et al., 1990). It is suggested that individuals who have a negative model of self, a self that is not worth loving and care, are also found to be preoccupied with their body-selves and intensely seeks approval from

others, which is accompanied by elevated levels of fear of abandonment (Pruit, Kappius, Gorman, 1990). Close relationships, the ones especially involve intimacy and closeness between bodies might increase the fear of intimacy and anxiety triggered by the exposition of unworthy and unlovable self and the body as well in the current sample. This is seen as higher predictive value of anxiety and body size that is larger than normal or wanted, for the disturbances in eating attitudes.

In addition to these findings that are in line with previous theory and research there were some findings that are slightly different in this study. First of all, as many studies showed (Koskina, & Giovazolias, 2010; Pembecioğlu, 2005; Siever, 1994) gender was not a significant predictor for disturbed eating. This finding is important because it stands against pioneering theories accepting the eating disorders as a "women" psychopathology (Bruch, 1973, 1982). In a non-clinical sample consisting of young Turkish adults, there was not a significant gender difference in the occurrence of problematic eating attitudes. Despite its noticeability, this finding requires further investigation to examine the possible different ways that the problem with eating and food is displayed across genders. Within the scope of this thesis, it can only be inferred that women and men have a similar likelihood to display problems in eating attitudes. However, this finding might be explained through various sociocultural factors. It can be speculated that the characteristics of the current sample have played a significant role in this finding. This sample consists of well-educated young adults who have a high socioeconomic status. In Turkey in the recent years, especially this part of the population becomes very interested in their physical appearance. There is a general effect of media and fashion that encourages occupation on physical appearance, body shape and size, and clothing, which is dominant especially in this specific part of the population. The common gender difference that is seen in preoccupation with

body (i.e.: higher preoccupation in females compared to males) slowly disappeared in this part of the population. Both females are males become more metrosexual that involves higher care and interest to the body size, clothing and style, which can expand to control and preoccupation over eating. This can be one of the reasons of the finding indicating no gender differences in eating disturbances and body satisfaction in the current sample. Both females and males in this well-educated young adults belonging to high socioeconomic status are occupied with their physical appearance that might be displayed through disturbances over eating patterns. Yet, this explanation needs further investigation that includes thorough examination of the role of various sociocultural factors that contributes to the development of disturbances in eating attitudes.

Another finding that differs from the general literature is related to body satisfaction. In the current study, body satisfaction was not found to be related with attachment insecurity when assessed in dimensions or eating attitudes as previous studies suggest (Cash et al., 2004; Koskina, & Giovazolias, 2010; Pembecioğlu, 2005). However, in this study it is found that scores on prototypes of attachment categories proposed by Bartholomew and Horowitz (1991) have a predictive value. As the scores of dismissiveness increases it is found that body satisfaction decreases. This finding is different than previous findings showing an association between general preoccupation in attachment and body dissatisfaction (Cash et al., 2004). In the current study this finding is also obtained in single individuals. From this point, it can be speculated that even though dismissive and single people who display increased self-reliance supported by a positive lovable and worthy model of self, they are dissatisfied with their bodies, which can be accepted as an indicator of their dissatisfaction of themselves that is hidden from others. However, it should be kept in mind that it is only an assumption, which is not supported by causality. On the other hand, for the individuals who have a current relationship their body

size and weight is the only predictor for body satisfaction. As expected, for these individuals body dissatisfaction is associated with higher body size as previous studies show (Ball, & Lee, 2002). This finding also supports the suggestions regarding thin-media ideal (Anschutz et al., 2008). It can be inferred that in Turkish culture, among young adults thinness sets the primary criterion for being satisfied with one's body, especially in couple relationships.

In addition to different findings regarding the relationship between eating attitudes and gender and body satisfaction, there was not a significant relationship between attachment categories, knowledge of indicators and eating attitudes as expected. These findings might be explained with the limitations of this study, which will be examined in the following section.

4.2. Limitations of the Study

The primary limitation of the study was related to the assessment tools, which are self-report measurements that are able to obtain limited information regarding wide concepts such as attachment styles and eating attitudes. Attachment measurements, Relationship Questionnaire (RQ) and Experiences in Close Relationship (ECR), are widely used, reliable and valid assessment tools that are easy to apply, which are adapted to Turkish (Bartholomew, & Horowitz, 1991; Fraley et al., 2000; Selçuk et al., 2005). However, they only capture a small part of attachment styles, which is models regarding the self and the other in the former, and dimensions of attachment in the latter. The scores obtained from these measurements give a hint about the prototypical tendency of the individual regarding his or her current attachment style and relationship patterns displayed in close, intimate relationships. For RQ, these include, the individuals consideration regarding one self and others either being worthy or not, and reliable or not, and which prototype of attachment category (i.e.: secure, dismissing, preoccupied or fearful)

they feel closer. In ECR, their general tendency of relating either they are anxious or avoidant in their attachment in close relationships is obtained. It is also possible to obtain interaction of these dimensions, revealing four categories offered by Bartholomew and Horowitz (1991). However, the self-report nature of these measurements decreases their reliability.

This problem can be solved in two different ways. One is to apply the same measurement tools to the close relatives (i.e.: parents and siblings), peers and partners of the individuals. Even though this expanded procedure will increase the reliability of the results as a consequence of increasing sources of information, the self-report nature will endure and it will cost more time and effort to apply. The second option is to utilize the Gold Standard of attachment, The Adult Attachment Interview (AAI), which is firstly developed by Main and her colleagues (Main et al., 1985). As mentioned previously within the attachment section, AAI is measurement for adult attachment that is applied in form of interview, which includes special questions regarding early childhood experiences, significant others in the childhood and the nature of relationship with these individuals. Through AAI, it is possible to obtain information about a person's early attachment experiences, and current attachment styles through the manner of how these memories are presented. It is suggested that by means of its nature, AAI surprise the unconsciousness and reveal information regarding attachment styles, to what extend the individual remains balanced and coherent after the activation of early memories that requires affect regulation, meaning making and autobiographical competence, all of which are developed through the early attachment history (Main et al., 1985). Even though the application of AAI is compelling and requires special training the information obtained from AAI is highly reliable and detailed, which captures various dimensions of attachment including affect regulation and reflective function that cannot be assessed by self-report tools. So, for the future research, it is

suggested to investigate the relationship between attachment and eating attitudes by assessing attachment through the application of AAI. Moreover, this investigation showed that there is an absence of a measurement particular for relationship patterns including attitudes towards trust and intimacy in a close relationship for the Turkish culture. Unfortunately, this absence of such an assessment tool in this study limited the inferences made regarding relationship patterns. For more thorough investigations, it is suggested to construct a relevant relationship patterns questionnaire applicable in Turkish culture.

There are also some points important to enlighten regarding measurements of eating attitudes. In this study Eating Attitudes Test (EAT-40), which is developed by Garner and Garfinkel (1979) and adapted to Turkish by Savaşır and Erol (1989), is utilized for assessing disturbances in eating attitudes. In addition to its self-report nature that might cause some biases in the obtained information, the nature of the information obtained through EAT-40 is important to examine. Firstly, it only gives a general tendency towards the level of problematic eating attitudes without giving detailed information about the nature of the problem. Eating Attitudes Test is firstly developed for detecting primarily anorexia nervosa, which is characterized by extreme control over eating. Later on it is found to be reliable and valid for detecting general disturbances in eating patterns. However, the factors obtained from the scale involve mainly tendencies for restricting eating, which are named as Oral Control and Dieting in addition to factors regarding bulimic symptoms and social pressures for eating (Garner et al., 1982). In the Turkish version, the factor for bulimic symptoms did not appear, but a novel factor is observed named as Preoccupation with Thinness, which is again seen in anorexia nervosa compared to other types of eating disorders (Savaşır, & Erol, 1989). A later study conducted by Elal and colleagues (1999), showed different factor loadings now involving bulimic symptoms, additional

to dieting, oral control and social pressures. In the current study a meaningful factor analysis cannot be conducted as a consequence of a relevantly small sample size. However, as seen in previous studies, even though EAT-40 is able to detect disturbances in eating patterns, it is better at detecting problems involving preoccupation with body and thinness, dieting and controlling food intake and might be missing some problems of eating involving bulimic symptoms and bingeing. Moreover, emotional and social aspects accompanying disturbed eating attitudes cannot be obtained with EAT-40. However, Eating Disorders Inventory (EDI) is a better assessment tool for information regarding both psychological and behavioral aspects of problematic eating (Garner, Olmsted, & Polivy, 1983). Unfortunately, it is not adapted to Turkish yet. Future research, might investigate the same association between attachment and eating attitudes assessed by EDI or different tools that involves expanded detail about the nature of the problematic eating.

Lastly, one more point might be indicated regarding the assessment tools. The results obtained from the measurement for the sensitivity to trust indicators in a close relationship and the motivation to enter in a supportive relationship, The Knowledge of Indicators Test (KNOWI) developed by Turan and Horowitz (2007), should be examined in caution. Even though it is translated to Turkish, and reliability coefficients are found to be strong enough in the current study, adaptation study of this measurement was not completed, which requires a greater sample size. So, for future research the adaptation of KNOWI should be completed before it is utilized for investigation.

A part from limitations regarding measurement tools, it is important to emphasize that the sample in the current study might be low in generalizability. The current sample, is constituted of young Turkish adults, who are highly educated and coming from a high

socioeconomic status, which constructs a non-clinical sample coming from a particular part of the general population. The limited variance of the current sample might have affected the results in a way that normally significant associations seen in general population might have not occurred and as a result missed in this specific sample. To eliminate this, it is suggested that investigate the association between the attachment quality, relationship patterns and eating attitudes with a larger sample size, including both clinical and non-clinical groups in later studies. In addition, it is important to emphasize that even though this is a non-clinical sample constituting of individuals who are not in-patients for psychological problems, their past history of psychological treatments were not examined in the current study. However, history of early diagnosis or treatment in eating disorders might have a significant role in the current situation of eating patterns. Within the psychological problems, eating disorders, in addition to history of trauma including sexual abuse, have a significantly secretive nature that obstructs it diagnosis and treatment (Nolen-Hoeksema, 2011). In future studies, it is suggested to clarify and examine the early history of eating problems in a qualitative manner, which in turn will provide more reliable and detailed information regarding the current disturbances in eating attitudes.

4.3. Therapeutic Implications

Despite the specific limitations of this study, the findings have important therapeutic implications for the treatment of disturbed eating attitudes. Firstly it can be inferred that disturbed eating patterns, which might be considered as an extension of Eating Disorders Not Otherwise Specified, is prevalent even in a non-clinical Turkish sample. It is suggested this type of problems in eating patterns that stay under necessary threshold for diagnosis, are observed in a significantly large part of the population, but has the risk for staying unnoticed (Schwitzer,

2001). These findings of the current study support this suggestion and indicate that problematic eating attitudes requires delicate attention and assessment to avoid overlooking the problem.

After correctly detecting the disturbances in eating attitudes, the question for the type of intervention arises. As mentioned previously, eating disorders are a type psychopathology that is very difficult to treat as a consequence of low levels of seeking help of patients, secrecy of the disorders and high levels of mortality rate due to physical problems accompanying the psychological disturbances (Nolen-Hoeksema, 2011). However, when the disturbance is identified and the patient openly seeks treatment, how the situation is handled requires delicacy, attention and special training. Generally, the cognitive behavioral therapies are exerted for the treatment of various eating disorders and their impact is empirically supported (Fairburn, 2005; Wilson et al., 2007). In these therapies the primary focus of the intervention targets the disturbed eating behaviors, such as extreme dieting, bingeing or purging, and maladaptive beliefs and ideas that trigger these behaviors, including preoccupation with body size and weight and equalizing self-worth to body image (Fairburn, Shafran, & Cooper, 2003). For anorexia nervosa treatment plan constitutes mainly of increasing behaviors for gaining weight through reinforcement, and for bulimia nervosa it includes confronting maladaptive cognitions and developing adaptive attitudes towards body and eating (Nolen-Hoeksema, 2011). There are also family therapies in which family members are joined this type of treatment plans reinforcing weight gain and changing cognitions of eating (Lock et al., 2001). There is also a different type of family therapies that is based on structural and systemic theories, which primarily focus on the pathological relationships between family members that trigger disturbances in eating patterns of the patient (Tozzi et al., 2003). In these therapies the relationship patterns are target and it is

worked on forming more adaptive and healthy ways of relating between family members, which will alter the eating pathology.

In addition to cognitive behavioral and family therapies, various studies suggest that eating disorders can be treated by interpersonal therapies (Arcelus et al., 2013; Tasca, Ritchie, & Balfour, 2011). In the current study, it is found that attachment styles, which are built as a consequence of early relationship experiences, significantly predict the disturbances in eating patterns. As the insecurity in attachment increases, the disturbances in eating attitudes increase as well. Especially, individuals who display fearful attachment, which is defined as having an extreme need for care of others yet denying it through avoiding any kind of intimacy, are more likely to show disturbed eating attitudes. It is also found that while fearful attachment, the pull-push pattern as Ward and colleagues (1999) name it, is a significant predictor of the disturbed eating for single individuals, anxiety and BMI are significant predictors of problems in eating patterns for individuals who have current relationship. From these findings, it can be suggested that attachment styles influencing relationship patterns also influence the relationship with food. When there is a problem in early relationships, either being rejecting or neglecting as explained thoroughly before, this works as a prototype for later relationships and relationship that is formed with food. From this perspective, it is proposed for the treatment of disturbances in eating attitudes relational problems might be indicated as one of the core intervention foci. Through identifying the relational problem and working on it, the maladaptive relationship pattern that is formed with eating can be altered as well. Working on the primary relationship that does not provide empathy, containment, mirroring, and a third space for reflective function, requires the therapist to offer all of these capacities to the patient in therapy. When the patient encounters this type of relationship, which serves as a secure base that enables autonomy, exploration and the

capacity of mentalization that is absent in his or her childhood, and experience it long enough for internalization then his or her primary prototype of relationship is modified, which in turn alters the current relationships that are formed both with others and food (Granieri, & Schimmeti, 2014; Lawrence, 2001, 2002; Kullman, 2007). This novel relationship aim to enable the patient to accept the need for intimacy and displaying it without the threat of intrusion, which triggers fear of intimacy and avoidance from others resulting in a pseudo independence as Bick (1986) names it. The target is to form an independent but still connected sense of self, which in turn results in forming a healthy relationship with food that do not contain a war of power exerted in over control or preoccupation with it.

References

Ainsworth, M. (1969). Object Relations, Dependency, and Attachment: A Theoretical Review of the Infant-Mother Relationship. *Child Development, 40,* 969-1025.

Ainsworth, M. (1979). Infant-mother attachment. *American Psychologist, 34*, 932–937.

Ainsworth, M., & Bell, S. M. (1970). Attachment, Exploration, and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation. *Child Development, 41,* 49-67.

Allez, G. H. (2010). Internet Addiction and Offending. In *Infant losses; adult searches: A neural and developmental perspective on psychopathology and sexual offending*. London: Karnac Books.

Anschutz, D. J., Engels, R. C. M. E., Van Strien, T. (2008). Susceptibility for thin ideal media and eating styles. *Body Image, 5,* 70-79.

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders-V.* Washington, DC: Autohor.

Arcelus, J., Haslam, M., Farrow, C., & Meyer, C. (2013). The Role of Interpersonal Functioning in the Maintenance of Eating Psychopathology: A Sytemci Review and Testable Model. *Clinical Psychology Review, 33,* 156-167.

Arsuoğlu, G., Kabakçı, E., Köksal, G., & Kutluay Merdol, T. (2008). Orthorexıa Nervosa and Adaptation of ORTO-11 into Turkish. *Turkish Journal of Psychiatry, 19*(3), 1-9.

Attia, E., 7 Walsh, B. T., (2007). Anorexia nervosa. *American Journal of Psychiatry, 164,* 1805-1810.

Baker, H. S., & Baker, M. N. (1987). Heinz Kohut's Self Psychology: An Overview. *The American Journal of Psychiatry, 144,* 1-9.

Balint, M. (1993). Unconscious Communications between Husband and Wife. In *Psychotherapy with Couples: Theory and Practice at the Tavistock Institute of Marital Studies,* ed. S. Ruszczynski, pp. 30-43. London: Karnac.

Ball, K., & Lee, C. (2002). Psychological stress, coping, and symptoms of disordered eating in a community sample of young Australian women. *International Journal of Eating Disorders, 31*(1), 71-81.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment Styles Among Young Adults: A Test of a Four-Category Model. *Journal of Personality and Social Psychology 61*(2), 226-244. 262-269.

Beebe, B., & Lachman, F.M. (1988). The Contribution of Mother–Infant Mutual Influence to the Origins of Self- and Object Representations. *Psychoanalytic Psychology, 5,* 305-337.

Bem, S. L. (1981). Gender Schema Theory: A Cognitive Account of Sex Typing. *Psychological Review, 88*(4), 354-364.

Berthoud, H. R., & Morrison, C. (2008). The brain, the appetite, and obesity. *Annual Review of Psychology, 59,* 55-92.

Berscheid, E., Walster, E., & Bohrnstedt, G. (1973, November). The happy American body: A survey report. *Psychology Today,* 119-131.

Bick, E. (1986). Further Considerations on the Function of the Skin in Early Object Relations:

Findings from Infant Observation Integrated into Child and Adult Analysis. *British Journal of Psychotherapy, 2*, 292-299.

Bick, E. (1968). The Experience of the Skin in Early Object-Relations. *International Journal of Psycho-Analysis, 49*, 484-486.

Bick, E. (1964). Notes on Infant Observation in Psycho-Analytic Training. *International Journal of Psycho-Analysis, 45*, 558-566.

Bion, W.R. (1957). Differentiation of the Psychotic from the Non-Psychotic Personalities. *International Journal of Psycho-Analysis, 38*, 266-275.

Bion, W.R. (1959). Attacks on Linking. *International Journal of Psycho-Analysis, 40*, 308-315.

Bion, W.R. (1961). *Experiences in Groups And Other Papers*. London: Tavistock.

Bion, W. R. (1962). *Learning from Experience.* London: Tavistock.

Borchert, J., & Heinberg, L. (1996). Gender Schema and Gender Role Discrepancy as Correlates of Body Image. *The Journal of Psychology, 130*(5), 547-559.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation, anxiety, and anger.* New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss.* New York: Basic Books.

Brambilla, F., Bellodi, L. Arancio, C., Ronchi, P., & Limonta, D. (2001). Central dopaminergic function in anorexia and bulimia nervosa: A psychoneuroendocrine approach. *Psychoneuroendocrinology, 26,* 393-409.

Bretherton, I. (1992). The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology, 28*(5), 759-775.

Brennan K. A., Clark C. L., & Shaver P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In *Attachment Theory and Close Relationships*, ed. J. A. Simpson, W. S. Rholes, pp. 46-76. New York: Guilford Press.

Britton, R. (1989). The missing link: parental sexuality in the Oedipus complex. In *The Oedipus Complex Today: Clinical Implications*, ed. R. Britton, M. Feldman, and E. O'Shaughnessy, pp. 83-102. London: Karnac.

Broberg, A. G., Hjalmers, I., & Nevonen, L. (2001). Eating Disorders, Attachment and Interpersonal Difficulties: A Comparison Between 18- to 24- Year-Old Patients and Normal Controls. *European Eating Disorders Review, 9,* 381-396.

Brooks-Gunn, J., Warren, M. P., Rosso, J., & Gargiulo, J. (1987). Validity of self-report measures of girls' pubertal status. *Child Development, 58*(3), 829–841.

Bruch, H. (1962). Perceptual and Conceptual Disturbances in Anorexia Nervosa. *Psychosomatic Medicine, 24,* 187-194.

Bruch, H. (1964). Psychological aspects in overeating and obesity. *Psychosomatics, 5,* 269-274.

Bruch, H. (1973). *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within.* New York: Basic Books.

Bruch, H. (1974). *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within.* London: Routledge.

Bruch, H. (1978). *The Golden Cage: The Enigma of Anorexia Nervosa*. Cambridge, MA: Harvard University Press.

Bruch, H. (1982). Anorexia Nervosa: Therapy and Theory. *American Journal of Psychiatry, 139,* 1531-1538.

Button, B. (1990). Self-esteem in Girls Aged 11-12: Baseline Findings from Planned Prospective Study of Vulnerability to Eating Disorders. *Journal of Adolescence, 13,* 407-413.

Cash, T. F., Thériault, J., & Annis, N. M. (2004). Body Image in an Interpersonal Context: Adult Attachment, Fear of Intimacy, and Social Anxiety. *Journal of Social and Clinical Psychology 23* (1), 89-103.

Cash, T. F., Winstead, B. A., & Janda, L. H. (1986). The Great American Shape-up. *Psychology Today,* 30-37.

Clulow, C. (2007). Can attachment theory help define what is mutative in couple psychoanalytic psychotherapy. In *Couple Attachments: Theoretical and Clinical Studies,* ed. M. Ludlam and V. Nyberg, pp. 207-220. London: Karnac.

Cochrane, C. E., Brewerton, T. D., Wilson, D. B., Hodges, E. L. (1993). Alexithymia in the eating disorders. *International Journal of Eating Disorders, 14*(2), 219-222.

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology, 58,* 644–663.

Colman, W. (1993). Marriage as a psychological container. In *Psychotherapy with Couples: Theory and Practice at the Tavistock Institute of Marital Studies,* ed. S. Ruszczynski, pp. 70-98. London: Karnac.

Celikel, F., Cumurcu, B., Koc, M., Etikan, I., & Yucel, B. (2008). Psychological correlates of eating attitudes in Turkish female college students. *Comprehensive Psychiatry 49,* 188-194.

Çepikkurt, F., & Çoşkun, F. (2010). Social Physic Anxiety and Body Image Dissatisfaction Levels of Collegian Dancers. *Pamukkale Journal of Sport Sciences, 1* (2), 17-24.

Dindia, K. (1994). A multiphasic view of relationship maintenance strategies. In *Communication and Relational Maintenance,* ed. D. J. Canary & L. Stafford, pp. 91-112. San Diego: Academic Press.

Dunn, P., & Odercin, P. (1981). Personality Variables Related to Compulsive Eating in College Women. *Journal of Clinical Psychology, 37,* 43-49.

Elal, G., Altuğ, A., Slade, P. & Tekcan, A. (1999). Factor Structure of the Eating Attitudes Test (EAT) in a Turkish University Sample. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *5*(1), 46-50.

Erol, A., Toprak, G., & Yazıcı, F. (2006). Psychological and physical correlates of disordered eating in male and female Turkish college students. *Psychiatry and Clinical Neuroscience, 60*, 551–557

Erol, A., Toprak, G., Yazıcı, F., & Erol, S. (2000). Comparison of Locus of Control and Self-Esteem as Predictors of Severity of Anorexic Symptoms. *Clinical Psychiatry, 3,* 147-152.

Evans, L., & Wertheim, E. H. (1997). Intimacy patterns and relationship satisfaction of women with eating problems and the mediating effects of depression, trait anxiety and social anxiety. *Journal of Psychosomatic Research, 44*, 355–365.

Evans, L., & Wertheim, E. H. (2005). Attachment Styles in Adult Intimate Relationships: Comparing Women with Bulimia Nervosa Symptoms, Women with Depression and Women with No Clinical Symptoms. *European Eating Disorders Review, 13,* 285-293.

Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive Behavior Therapy for Eating Disorders: A "Transdiagnostic" Theory and Treatment. *Behavior Research and Therapy, 41,* 509-528.

Fairburn, C. G., Cooper, Z., Shafran, R., & Wilson, G. T. (2008). Eating Disorders A Transdiagnostic Protocol. In *Clinical Handbook of Psychological Disorders A Step-By-Step Treatment Manual,* ed. D. H. Barlow, pp. 578-614. New York: The Guilford Press.

Fisher, J., & Crandell, L. (2001). Patterns of relating in the couple. In *Adult Attachment and Couple Psychotherapy, The 'secure base' in practice and research,* ed. C. Clulow, pp. 15-27. East Sussex: Routledge.

Fonagy, P. (2001). *Attachment Theory and Psychoanalysis.* London: Karnac.

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology, 9*, 679-700.

Fonagy, P., & Target, M. (2004). Attachment and Reflective Function: Their Role in Self Organization. In *Affect Regulation, Mentalization, and the Development of the Self,* ed. P. Fonagy, G. Gergerly, E. Jurist, M. Target. New York: Other.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2004). *Affect Regulation, Mentalization, and the Development of the Self.* New York: Other.

Fonagy, P., Steele, M., Steele, H., Moran, G. S, & Higgitt, A. C. (1991). The Capacity for Understanding Mental States: The Reflective Self in Parent and Child and Its Significance for Security of Attachment. *Infant Mental Health Journal, 12,* 201-218.

Fonagy, P., & Target, M. (1996). Playing With Reality: I. Theory Of Mind And The Normal Development Of Psychic Reality. *International Journal of Psycho-Analysis, 77,* 217-233.

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An Item Response Theory Analysis of Self-Report Measures of Adult Attachment. *Journal of Personality and Social Psychology 78* (2), 350-365.

Franko, D. L., Wonderlich, S. A., Little, D., & Herzog, D. B. (2004). Diagnosis and Classification of Eating Disorders. In *Handbook of eating disorders and obesity,* ed. J. K. Thompson, pp. 58-80. Hoboken, NJ: Wiley.

French, S. A., Story, M., Downes, B., Resnick, M. M., & Blum, R. W. (1995). Frequent Dieting among Adolescents: Psychosocial and Health Behavior Correlates. *American Journal of Public Health, 85*(5), 695-701.

Freud, S. (1905). Three Essays on the Theory of Sexuality (1905). The Standard Edition of the

Complete Psychological Works of Sigmund Freud, Volume VII (1901-1905): A Case of Hysteria, Three Essays on Sexuality and Other Works, 123-246.

Freud, S. (1914). On Narcissism. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works, 67-102.

Freud, S. (1936). Inhibitions, Symptoms and Anxiety. *Psychoanalytic Quarterly, 5,* 261-279.

Freud, S. (1931). Female Sexuality. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXI (1927-1931): The Future of an Illusion, Civilization and its Discontents, and Other Works, 221-244.

Furnham, A., Badmin, N., & Sneade, I. (2002). Body Image Dissatisfaction: Gender Differences in Eating Attitudes, Self-Esteem, and Reasons for Exercise. *The Journal of Psychology, 136*(6), 581-596.

Garfinkel, P. E. & Garner, D. M. (1982). *Anorexia Nervosa: A Multidimensional Perspective.* New York: Brunner/Mazel.

Garner D. M. & Garfinkel P. E. (1979). The Eating Attitude Test: an index of the symptoms of anorexia nervosa. *Psychological Medicine, 9,* 273-279.

Garner, D. M., & Garfinkel, P. E. (1980). Sociocultural Factors in the Development of Anorexia Nervosa. *Psychological Medicine, 10,* 647-656.

Garner, D. M., & Garfinkel. P. E. (1982). The Eating Attitudes Test: Psychometric Features and

Clinical Correlates. *Psychological Medicine, 12,* 871-878.

Garner, D. M., Olmsted, M. P., & Polivy, J. (1983). Development and Validation of a Multidimensional Eating Disorder Inventory for Anorexia and Bulimia. *International Journal of Eating Disorders, 2*(2), 15-34.

Garrow, J. S., & Webster, J. (1985). Quetelet's index (W/H2) as a measure of fatness. *International Journal of Obesity*, *9*(2), 147–153.

Gerson, S. (2008). Unconscious Phantasy and Relational Reality. *Psychoanalytic Inquiry, 28,* 151-168.

Gökdoğan, F. (1988). Orta öğretime devam eden ergenlerde beden imajından hoşnut olma düzeyi. Unpublished master's thesis, Ankara Universitesi, Ankara: Türkiye.

Granieri, A., & Schimmenti, A. (2014). Mind-Body Splitting and Eating Disorders: A Psychoanalytic Perspective. *Psychoanalytic Psychotherapy, 28,* 52-70.

Gürdal, A. (1999). Yeme Bozuklukları Tedavisi. *Klinik Psikofarmokoloji Bülteni 9* (1), 21-27.

Hassebrauck, M., & Fehr, B. (2002). Dimensions of relationship quality. *Personal Relationships 9,* 253-270.

Hazan, C., & Shaver, D. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511–524.

Herman, C. P., & Poliviy, J. (1980). Restrained Eating. In *Obesity,* ed. A. J. Stunkard, pp. 208-225. Philadelphia, London, Toronto: Saunders.

Hesse, E. (2008). The Adult Attachment Interview. Protocol, Method of Analysis, and Emprical Studies. In *Handbook of attachment: Theory, research, and clinical applications,* ed. J. Cassidy, and P. R. Shaver, 2nd ed., pp. 552-598. New York, NY, US: Guilford Press.

Hewitt, P. L., Flett, G. L., & Ediger, E. (1995). Perfectionism Traits and Perfectionistic Self-Presentation in Eating Attitudes, Characteristics and Symptoms. *International Journal of Eating Disorders, 18(4),* 317-326.

Holmes, J. G. (1989). Trust and the appraisal process in close relationships. In W. H. Jones & D. Perlman (Eds.), *Advances in personal relationships* (Vol. 2, pp. 57-104). London: Jessica Kingsley.

Jimerson, D. C., Wolfe, B. E., Franko, D. L., Covino, N. A., & Sifneos, P. E. (1994). Alexithymia Ratings in Bulimia Nervosa: Clinical Correlates. *Psychosomatic Medicine, 56,* 90-93.

Kiang, L., & Harter, S. (2006). Sociocultural Values of Appearance and Attachment Processes: An Integrated Model of Eating Disorders Symptomatology. *Eating Behaviors, 7,* 134-151.

Klein, M. (1928). Early Stages of the Oedipus Complex. In *Love, Guilt and Reparation.* London: Hogarth Press.

Klein, M. (1932). *The Psychoanalysis of Children.* London: Hogarth Press.

Klein, M. (1946). Notes on Some Schizoid Mechanisms. In *Envy and Gratitude and Other Works 1946-1973,* ed. M. M. Khan, pp. 1-24. London: London: The Hogarth Press and

the Institute of Psycho-Analysis.

Klein, M. (1975). Envy and Gratitude and Other Works 1946–1963. *International Psychoanalytical Library*, *104*:1-346. London: The Hogarth Press and the Institute of Psycho-Analysis.

Kohut, H., & Wolf, E.S. (1978). The Disorders of the Self and their Treatment: An Outline. *International Journal of Psycho-Analysis, 59,* 413-425.

Koskina, N., & Giovazolias, T. (2010). The Effect of Attachment Insecurity in the Development of Eating Disturbances across Gender: The Role of Body Dissatisfaction. *The Journal of Psychology 144*(5), 449-471.

Kullman, A. (2007). The "Perseverant" Personality: A Preattachment Perspective on the Etiology and Evolution of Binge/Purge Eating Disorders. *Psychoanalytic Dialogues, 17,* 705-732.

Laplanche, J., & Pontalis, J.B. (1973). The Language of Psycho-Analysis: Translated by Donald Nicholson-Smith. The International Psycho-Analytical Library, 94:1-497. London: The Hogarth Press and the Institute of Psycho-Analysis.

Latzer, Y., Hochdorf, Z., Bachar, E., & Canetti, L. (2002). Attachment Style and Family Functioning as Discriminating Factors in Eating Disorders. *Contemporary Family Therapy 24* (4), 581-599.

Lawrence, M. (2001). Loving Them to Death: Anorexic and Her Objects. *International Journal of Psycho-Analysis, 82,* 43-55.

Lawrence, M. (2002). Body, Mother, Mind. Anorexia, Femininity and The Intrusive Object. *International Journal of Psycho-Analysis, 83,* 837-850.

Lawrence, M. (2008). *The Anorexic Mind.* London: Karnac.

LeDoux, S., Choquet M, & Flament, M. (1991). Eating Disorders Among Adolescents in Unselected French Population. *International Journal of Eating Disorders, 1,* 81-89.

Lock, J., le Grange, D., Agras, W. S., & Dare, C. (2001). *Treatment Manual for Anorexia Nervosa: A Family-Based Approach.* New York: Guilford Press.

Macht, M. (2008). How Emotions Affect Eating: A Five-Way Model. *Appetite, 50,* 1-11.

Macht, M., Haupt, C., & Ellgring, H. (2005). The Perceived Function of Eating is Changed During Examination Stress: A Field Study. *Eating Behaviors, 6,* 109-112.

Macht, M., & Simons, G. (2000). Emotions and Eating in the Everyday Life. *Appetite, 35,* 65-71.

Mahler, M.S. (1963). Thoughts about Development and Individuation. *Psychoanalytic Study of the Child, 18,* 307-324.

Mahler, M.S. (1971). A Study of the Separation-Individuation Process—And its Possible Application to Borderline Phenomena in the Psychoanalytic Situation. *Psychoanalytic Study of the Child, 26,* 403-424.

Mahler, M.S. (1972). Rapprochement Subphase of the Separation-Individuation Process. *Psychoanalytic Quarterly, 41,* 487-506.

Mahler, M.S. (1974). On the First Three Subphases of the Separation-Individuation Process.

Psychoanalysis and Contemporary Science, 3, 295-306.

Mahler, M.S., & Furer, M. (1963). Certain Aspects of the Separation-Individuation Phase. *Psychoanalytic Quarterly, 32,* 1-14.

Mahler, M.S., & La Perriere, K. (1965). Mother-Child Interaction During Separation-Individuation. *Psychoanalytic Quarterly, 34,* 483-498.

Main, M. (1991). Metacognitive knowledge, metacognitive monitoring, and singular (coherent) vs. multiple (incoherent) model of attachment: Findings and directions for future research. In *Attachment Across the Life Cycle,* ed. C. M. Parkes, J. Stevenson-Hinde, and P. Marris, pp. 127-159. London: Tavistock/Routledge.

Main, M. (2000). The Organized Categories of Infant, Child, and Adult Attachment: Flexible vs. Inflexible Attention Under Attention Related Stress. *Journal of the American Psychoanalytic Association, 45,* 1055-1095.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In *Attachment in the Preschool Years: Theory, Research and Intervention,* ed. M. Greenberg, D. Cicchetti, and E. M. Cummings, pp. 161-182. Chicago: University of Chicago Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In I Bretherton & E. Waters (Eds.) Growing points of attachment theory and research. *Monographs of the Society for Research in Child*

Development, 50(1), 66-104.

McCluskey, U. (2007). Attachment therapy with couples: affect regulation and dysregulation in couple relationships; effective and ineffective responses to painful states by therapists and partners. In *Couple Attachments: Theoretical and Clinical Studies*, ed. M Ludham, and V. Nyberg, pp. 221-228. London: Karnac.

Mei, Z., Grummer-Strawn, L. M., Pietrobelli, A., Goulding, A., Goran, M. I., & Dietz, W. H. (2002). Validity of body mass index compared with other body -composition screening indexes for the assessment of body fatness in children and adolescents. *American Journal of Clinical Nutrition*, *75*(6), 978–985.

Meyer, D. F., & Russel, R. K. (1998). Caretaking, Separation from Parents, and Development of Eating Disorders. *Journal of Counseling and Development, 76*(2), 166-173.

Mintz, L. B., & O'Holloran, M. S. (2000). The eating attitudes test: Validation with DSM-4 eating disorder criteria. *Journal of Personality Assessment, 74,* 489-503.

Mishkind, M. E., Rodin, J., Silberstein, L. R., & Striegel-Moor, R. H. (1986). The Embodiment of Masculinity. *American Behavioral Scientist, 29*(5), 545-562.

Mitchell, S. A., & Black, M. J. (1995). *Freud and Beyond A History of Modern Psychoanalytic Thought.* BasicBooks.

Morgan, D. (2001). The internal couple and the Oedipus complex in the development of sexual identity and sexual perversion. *Sexuality-Psychoanalytic Perspectives*, 137.

Morgan, M. (2005). On being able to be a couple: the importance of a ‘’creative couple’’ in psychic life. In *Oedipus and the Couple,* ed. F. Grier, pp. 9-30. London: Karnac Books.

Morgan, M. (2010). Unconscious Beliefs About Being a Couple. *Fort Da, 16*(1), 36-55.

Nolen-Hoeksema, S. (2011). Eating Disorders. In *Abnormal Psychology*, pp. 358-387. New York: McGraw-Hill.

Ogden, T. H. (1979). On Projective Identification. *International Journal of Psycho-Analysis, 60,* 357-373.

Oral, N., & Şahin, N. (2008). Relationships among Eating Attitude Disorders, Personal Schemas, Attachment, Interpersonal Communication Styles and Anger. *Turkish Journal of Psychology, 23*(62), 49-51.

Peat, C. M., Peyerl, N. L., & Muehlenkamp, J. J. (2008). Body Image and Eating Disorders in Older Adults: A Review. *The Journal of General Psychology, 135*(4), 343-358.

Pembecioğlu, Ü. (2005). Predictors of Disordered Eating Among Turkish University Students. Unpublished master thesis.

Pirim, B., & İkiz, T. (2004). The Psychoactive Substance Use in Eating Disorders: A Review. *Journal of Dependence, 5,* 30-34.

Putallaz, M., Hellstern, L., Sheppard, B. L., Grimes, C. L., & Glodis, K. A. (1995). Con-

flict, social competence, and gender: Maternal and peer contexts. *Early Education and*

Development, 6, 433–447.

Pruitt, J. A., Kappius, R. E., & Gorman, P. W. (1990). Bulimia and Fear of Intimacy. *Journal of Clinical Psychology, 48*(4), 472-476.

Rastam, M., Gillberg, C., Gillberg, I. C, & Johansson, M. (1997). Alexithymia in Anorexia Nervosa: A Controlled Study Using the 20-item Toronto Alexithymia Scale. *Acta Psychiatrica Scandinavica, 95,* 385-388.

Reilly, E. A. (2004). Skin Deep: Psychic Skin, Second-Skin Formation and its Links with Eating Disorders. *Free Associations, 11,* 134-174.

Ringer, F., & Crittenden, P. (2007). Eating Disorders and Attachment: The Effect of Hidden Family Processes on Eating Disorders. *European Eating Disorders Review, 15,* 119-130.

Ruszczynski, S. (2005). Reflective space in the intimate couple relationship: the ‘’marital triangle’’. In *Oedipus and the Couple*, ed. F. Grier, pp. 31-48. London:Karnac Books.

Sanderson, C. A., & Evans, S. M. (2001). Seeing One’s Partner Through Intimacy-Colored Glasses: An Examination of the Processes Underlying the Intimacy Goals and Relationship Satisfaction Link. *Personality and Social Psychology Bulletin, 27,* 463-473.

Safran, J. D. (2012). Psychoanalysis and Psychoanalytic Therapies. *American Psychological Association.*

Savaşır, I. & Erol, N. (1989). Eating Attitude Scale: Anorexia Nervosa Symptom Index (Turkish). *Psikoloji Dergisi, 7*(23), 19-25.

Schacter, S., & Rodin, J. (1974). *Obese humans and rats.* Washington, DC: Erlbaum/Halsted.

Schwitzer, A. (2012). Diagnosing, Conceptualizing, and Treating Eating Disorders Not Otherwise Specified: A Comprehensive Practice Model. *Journal of Counseling and Development, 90*(3), 281- 289.

Schwitzer, A. M., Rodriguez, L. E., Thomas, C., & Salimi, L. (2001). The Eating Disorders NOS Diagnostic Profile Among College Women. *Journal of American College Health, 49*(4), 157-166.

Schore, A. N. (2001). Minds in the Making: Attachment, The Self-Organizing Brain, and Developmentally-Oriented Psychoanalytic Psychotherapy. *British Journal of Psychotherapy.* 17(3), 299-328.

Schore, A. (2003). *Affect Regulation and the Repair of the Self.* New York, London: W. W. Norton & Company.

Schore, A. (2005). A Neuropsychoanalytic Viewpoint: Commentary on Paper by Steven H. Knoblauch. *Psychoanalytic Dialogues, 15*(6), 829, 854.

Selçuk, E., Günaydın, G., Sümer, N., & Uysal, A. (2005). Yetişkin bağlanma boyutları için yeni bir ölçüm: Yakın ilişkilerde yaşantılar envanteri-II'nin Türk örnekleminde psikometrik değerlendirilmesi. [A new measure for adult attachment styles: The psychometric evaluation of Experiences in Close Relationships - Revised (ECR-R) on a Turkish sample]. *Türk Psikoloji Yazıları [Turkish Psychological Articles], 8,* 1-11.

Shapiro, J. R., & Anderson, D. A. (2003). The effects of restraint, gender, and body mass index on the accuracy of self-reported weight. *International Journal of Eating Disorders, 11*,

177–180.

Sibley, C. G., Fischer, R., & Liu, J. H. (2005). Reliability and Validity of the Revised Experience in Close Relationships (ECR-R) Self-Report Measure of Adult Romantic Attachment. *Personality and Social Psychology Bulletin, 31*(11), 1524-1536.

Siever, M. D. (1994). Sexual Orientation and Gender as Factors in Socioculturally Acquired Vulnerability to Body Dissatisfaction and Eating Disorders. *Journal of Consulting and Clinical Psychology, 62*(2), 252-260.

Silverstone, P. H. (1992). Is Chronic Low Self-Esteem the Cause of Eating Disorders? *Med Hypotheses, 39*(4), 311-315.

Smolak, L., Murnen, S. K., & Ruble, A. E. (2000). Female athletes and eating problems: A meta-analysis. *International Journal of Eating Disorders, 27,* 371-380.

Steel, H. & Steel, M. (2008). Ten Clinical Uses of the Adult Attachment Interview. In *Clinical Applications of the Adult Attachment Interview,* pp. 3-30. New York, NY: The Guilford Press.

Stern, D. N., Bruschweiler-Stern, N., Harrison, A. M, Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L. W., & Tronick, E. Z. (1998). The Process of Therapeutic Change Involving Implicit Knowledge: Some Implications of Developmental Observations for Adult Psychotherapy. *Infant Mental Health Journal. 19*(3), 300-308.

Stice, E. (1994). Review of the Evidence for a Sociocultural Model of Bulimia Nervosa and an Exploration of the Mechanisms of Action. *Clinical Psychology Review, 14,* 633-661.

Stice, E., Presnell, K., & Spangler, D. (2002). Risk Factors for Binge Eating Onset in Adolescent Girls: A 2-Year Prospective Investigation. *Health Psychology, 21,* 131-138.

Stice, E., Spangler, D., & Agras, W. S. (2001). Exposure to Media-Portrayed Thin-Ideal Images Adversely Affects Vulnerable Girls: Longitudinal Experiment. *Journal of Social & Clinical Psychology, 20,* 270-288.

Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk factors for eating disorders. *American Psychologist, 62,* 181-198.

Sümer N., & Güngör, D. (1999). Yetişkin bağlanma stilleri ölçeklerinin Türk örneklemi üzerinde psikometrik değerlendirmesi ve kültürlerarası bir karşılaştırma. *Türk Psikoloji Dergisi, 14* (43), 71-109

Talwar, P. (2011). Factorial Analysis of the Eating Attitude Test (Eat-40) among a group of Malaysian University Students. *The Malaysian Journal of Psychiatry*, *20*(2).

Tasca, G. A., Kowal, J., Balfour, L., Ritchie, K., Virley, B., & Bissada, H. (2005). An Attachment Insecurity Model of Negative Affect among Women Seeking Treatment for an Eating Disorder. *Eating Behaviors, 7,* 252-257.

Tasca, G. A., Ritchie, K., & Balfour, L. (2011). Implications of Attachment Theory and Research for the Assessment and Treatment of Eating Disorders. *Psychotherapy, 48*(3), 249-259.

Tasca, G. A., Szadkowski, L., Illing, V., Trinneer, A., Grenon, R., Demindenko, N., Kryanski, V., Balfour, L., Bissada, H. (2009). Adult Attachment, Depression, and Eating Disorder Symptoms: The Mediating Role of Affect Regulation Strategies. *Personality and Individual Differences, 47,* 662-667.

Thelen, M. H., Farmer, J., Mann, L., & Pruitt, J. (1990). Bulimia and Interpersonal Relationships: A Longitudinal Study. *Journal of Counseling Psychology*, *37*(1), 85-90.

Toker, D., & Hocaoğlu, Ç. (2009). Yeme Bozuklukları ve Aile Yapısı: Bir Gözden Geçirme. *Düşünen Adam, 22* (1-4), 36-42.

Tozzi, F., Sullivan, P. F., & Fear, J. L. (2003). Causes and Recovery in Anorexia Nervosa: The Patients Perspective. *International Journal of Eating Disorders, 34,* 143-154.

Turan, B., & Horowitz, L. M. (2007). Can I Count on You to Be There for Me? Individual Differences in a Knowledge Structure. *Journal of Personality and Social Psychology 93* (3), 447-465.

Turan, B., & Vicary, A. M. (2009). Who Recognizes and Chooses Behaviors That Are Best for a Relationship? The Separate Roles of Knowledge, Attachment and Motivation. *Personality and Social Psychology Bulletin, 31*(1), 119-131.

van den Berg, P., Thompson, J. K., Obremski-Brandon, K., & Coovert M. (2002). The Tripartite Influence Model of Body Image and Eating Disturbance: A Covariance Structure Modeling Investigation Testing the Mediational Role of Appearance Comparison. *Journal of Psychosomatic Research, 53,* 1007-1020.

van Strien T., Schippers, G. M., & Cox, W. M. (1995). On the Relationship between Emotional and External Eating Behavior. *Addictive Behaviors, 20*(5), 585-594.

Vincent, M. A., & McCabe, M. P. (1999). Gender Differences Among Adolescents in Family, and Peer Influences on Body Dissatisfaction, Weight Loss, and Binge Eating Behaviors. *Journal of Youth and Adolescence, 29*(2), 205-221.

Wallis, D. J., & Hetherington, M. M. (2009). Emotions and Eating. Self-Reported and

Experimentally Induced Changes in Food Intake under Stress. *Appetite, 52,* 355-362.

Ward, A., Ramsay, R., & Treasure, J. (2000). Attachment Research in Eating Disorders. *British Journal of Medical Psychology 73,* 35-51.

Ward, A., Ramsay, R., Turnbull, S., Benedettini, M., & Treasure, J. (1999). Attachment Patterns in Eating Disorders: Past in the Present. *International Journal of Eating Disorders, 28,* 370-376.

Wertheim, E., Paxton, S., Maude, D., Szmukler, G. I., Gibbons, K, & Hiller, L. (1992). Psychosocial Predictors of Weight Loss Behaviors and Binge Eating in Adolescent Girls and Boys. *International Journal of Eating Disorders, 12,* 151-160.

Whelton, W. J. (2004). Emotional Processes in Psychotherapy: Evidence Across Therapeutic Modalities. *Clinical Psychology and Psychotherapy, 11,* 58-71.

Wilson, G. T., Grilo, C. M., & Vitouesk K. M. (2007). Psychological Treatment of Eating Disorders. *American Psychologist, 62,* 199-216.

Winnicott, D.W. (1960). The Theory of the Parent-Infant Relationship. *International Journal of Psycho-Analysis, 41*, 585-595.

World Health Organization. (1995). *Physical status: The use and interpretation of anthropometry*. Health Library for Disasters, World Health Organization, Technical Report Series No. 854. Retrieved February 8, 2008, from http://www.helid.desastres.net/

APPENDICES

APPENDIX A

(In Turkish)

DEMOGRAFİK VERİ FORMU

Katılımcı No …….

Aşağıda sizinle ilgili bazı sorular bulunmaktadır. Lütfen her bir soru için doğru şıkkı işaretleyin. Anketin gizliliğini korumak için adınızı ve soyadınızı hiçbir formun üzerine yazmayın. Değerli katkılarınız için teşekkürler.

1- Cinsiyetiniz 1) Kadın 2) Erkek

2- Doğum Tarihiniz (Ay/Yıl) .....

3- En son bitirdiğiniz sınıf? .....

4- Boyunuz? .....

5-Kilonuz? .....

6- Cinsel yöneliminiz?

1) Heteroseksüel 2) Homoseksüel 3) Biseksüel

7-Devam eden bir romantik ilişkiniz var mı? 1) Evet 2) Hayır

8- Evet ise bu ilişki ne kadar zamandır sürmekte? .....

9- Bu ilk ilişkiniz mi? 1) Evet

2) Hayır (Daha önce kaç tane ilişkiniz oldu?) .....

10- Evinize giren aylık toplam gelir ne kadar?

1) 0-500 2) 500-1000 3) 1000-3000 4) 3000-5000 5) 5000 ve üstü

APPENDIX B

(In Turkish)

YAKIN İLİŞKİLERDE YAŞANTILAR ENVANTERİ

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilintilidir. Sadece şu anki ilişkinizde değil, genel olarak ilişkilerinizde neler olduğunu ya da neler yaşadığınızı anlamak istiyoruz. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile şimdiye kadar romantik ilişkide bulunduğunuz kişiler kastedilmektedir. Lütfen her maddeye ne kadar katılıp katılmadığınızı en sağdaki sütuna size uygun olan rakamı yazarak belirtin.

Hiç Katılmıyorum			Kararsızım / Fikrim yok			Tamamen Katılıyorum
1	2	3	4	5	6	7

1	Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	
2	Terk edilmekten korkarım.	
3	Birlikte olduğum kişinin bana ihtiyaç duyması beni rahatsız eder.	
4	Birlikte olduğum kişilere yakınlaşmakta rahatımdır.	
5	İlişkilerimle ilgili çok endişe duyarım.	
6	Bir sorun yaşadığımda, birlikte olduğum kişinin bana duygusal olarak yardımcı olmaya çalışacağını biliyorum.	
7	Birlikte olduğum kişi bana yakınlaşmaya başlar başlamaz kendimi geri çekiyorum.	
8	Birlikte olduğum kişi kendisini kötü hissettiğinde ona karşı şevkat göstermekte zorlanırım.	
9	Birlikte olduğum kişilerin beni, benim onları umursadığım kadar umursamayacaklarından endişelenirim.	
10	Birlikte olduğum kişi çok yakın olmak istediğinde rahatsız olurum.	
11	Birlikte olduğum kişiyi kaybedeceğim diye oldukça kaygılanırım.	
12	Birlikte olduğum kişinin bana gerektiğinde destek olacağından emin değilim.	
13	Birlikte olduğum kişilere kendimi açmakta rahat değilimdir.	
14	"Keşke birlikte olduğum kişinin benim için hissettikleri, benim onun için hissettiklerim kadar güçlü olsaydı" diye sıklıkla aklımdan geçer.	
15	Bir sorun yaşadığında, birlikte olduğum kişiye ilgi göstermek beni yorar.	
16	Birlikte olduğum kişiye yakın olmak istiyorum ama hep kendimi geri çekiyorum.	
17	Genellikle birlikte olduğum kişiyle tamamen bir bütün olmak isterim ve bu bazen onları korkutup benden uzaklaştırır.	

18	Birlikte olduğum bir kişi bana fazla yakınlaştığında gerildiğimi hissederim.	
19	Yalnız kalmaktan endişelenirim.	
20	Kendime saklamayı tercih ettiğim duygu ve düşüncelerimi birlikte olduğum bir kişiyle paylaşmaktan çekinmem.	
21	Kendimi kötü hissettiğim zamanlar, birlikte olduğum kişi bana yardımcı olmaya çalışırsa rahatsız olurum.	
22	Çok yakın olma isteğim bazen insanları korkutup uzaklaştırır.	
23	Birlikte olduğum kişiyle çok fazla yakınlaşmaktan kaçınırım.	
24	Birlikte olduğum kişi tarafından sevildiğimin tekrar tekrar gösterilmesine ihtiyaç duyarım.	
25	Birlikte olduğum kişiyle yakınlaşmak benim için kolaydır.	
26	Bazen birlikte olduğum kişileri, bana olan duygu ve bağlılıklarını göstermeleri için zorladığımı hissediyorum.	
27	Birlikte olduğum bir kişiye güvenmek benim için zordur.	
28	Terk edileceğim diye pek sık endişelenmem.	
29	Birlikte olduğum bir kişiye çok fazla yakın olmamayı tercih ederim.	
30	Birlikte olduğum kişinin bana ilgi göstermesini sağlayamazsam çok bozulur ve kızarım.	
31	Birlikte olduğum kişiye hemen hemen herşeyi anlatırım.	
32	Birlikte olduğum kişi yaşadığı bir sıkıntıyı benimle paylaştığında rahatsız olmam.	
33	Genelde birlikte olduğum kişi veya kişiler bana dilediğim kadar yakınlaşmak istemiyorlar.	
34	Genellikle sorunlarımı ve kaygılarımı birlikte olduğum kişiyle konuşurum.	
35	Kendimi kötü hissettiğim zamanlar, genelde bir süre kendi başıma kalmayı tercih ederim.	
36	Bir ilişkide olmadığım zaman kendimi biraz huzursuz ve güvensiz hissederim.	
37	Birlikte olduğum bir kişiye güvenmekten huzursuzluk duymam.	
38	Birlikte olduğum kişi dilediğim ölçüde yanımda bulunmazsa gerilirim.	
39	Birlikte olduğum kişilerden teselli, öğüt ya da yardım istemekten rahatsız olmam.	
40	İhtiyaç duyduğumda, birlikte olduğum kişiye ulaşamazsam gerilirim.	
41	İhtiyacım olduğunda birlikte olduğum kişiden yardım istemek işe yarar.	
42	Birlikte olduğum kişiler beni onaylamadıkları zaman kendimi çok kötü hissederim.	
43	Teselli edilmek ve güvence almak da dahil pekçok konuda birlikte olduğum kişinin desteğine baş vururum.	
44	Birlikte olduğum kişi benden ayrı zaman geçirdiğinde içerlerim.	

APPENDIX C

(In Turkish)

Sana Güvenebilir miyim?

Romantik bir ilişkinin gelişmesindeki temel unsurlardan biri partnerinizin bütün zor anlarınızda yanınızda olacağına inanıp inanmadığınızdır. Elbette, ciddi bir probleminiz olana kadar bundan tamamen emin olamazsınız. Ancak birçok insan, birlikte olduğu kişinin her zaman güvenebileceği biri olup olmadığını tahmin etme konusunda oldukça iyidir. Biz, insanların romantik partnerlerinin her zaman yanlarında olacağına nasıl emin olabildiğiyle ilgileniyoruz. Aşağıda, insanların böyle bir yargıya varmak için kullandıklarını belirttikleri bazı göstergeleri bulacaksınız. Kendinizi yeni birisiyle ilişkiye giriyor olarak hayal edin.

Lütfen her bir göstergeyi, olası partnerinizin her zaman yanınızda olacağına duyduğunuz güveni ne kadar artıracağını belirtecek şekilde değerlendirin.

Olası partnerimin Her zaman yanımda Olacağına dair güvenimi pek ARTIRMAYACAKTIR

Olası partnerimin her zaman yanımda olacağına dair güvenimi oldukça ARTIRACAKTIR

1 2 3 4 5 6 7 8

Olası partnerinize olan güveniniz ne kadar artar, eğer partneriniz…

PUAN

1- Pek çok kişiye anlatmadığı şeyleri size anlatıyorsa	
2- Sizi çok seviyorsa	
3- Sizinle ortak ilgi alanları varsa	
4- Size kendisi hakkında anlattığı şeylerde tutarlıysa	
5- Sizi daha önce aldatmamışsa	
6- Kendisini sert biri olarak tanımlayan şeyler söylüyor ama aslında pamuk gibi bir kalp taşıyorsa	
7- Hasta olduğunuzda uğruyor ya da arıyorsa	
8- Gerginlik verici bir olayın yaklaştığından bahsettiğinizi hatırlıyor ve sonrasında size bununla ilgili soru soruyorsa	

9- Kendi ailesiyle bağlantı halinde olmak için çaba harcıyorsa	
10- Yalnız kalmak istediğinizde size alan bırakıyor ama yeniden yaklaşmak için hazır görünüyorsa	
11- Size destek olmak için kendi planlarını feda ediyorsa.	
12- Cana yakınsa	
13- Sizinle ilişkisini bir yazgı olarak görüyorsa	
14- Sinirinizi bozmuyorsa	
15- Hayat hakkında bilgiliyse	
16- Size olduğunuz ya da olmaya çalıştığınız halinizle saygı duyuyorsa	
17- Söylediklerinizi dinliyor ve bunlara ilgi ve dikkatle karşılık veriyorsa	
18- Siz açıkça belirtmeseniz de o herhangi bir şey hakkında ne hissettiğinizi biliyorsa	
19- Siz ona sormadan o size yardım teklif ediyorsa	
20- Duygularınızdaki değişimin farkına varıyor ve herhangi bir sorun olup olmadığını soruyorsa	
21- Komik olmasa da esprilerinize gülüyorsa	
22- Nazikse	
23- Size karşı dürüst ve samimiyse	
24- Sizin onun için eşsiz olduğunuzu söylüyorsa	
25- Yanlış olduğunu düşünse bile söylediklerinizi tam olarak dinliyorsa	
26- Önceki durumlarda sözünü tutmuşsa	
27- Biri sizinle uğraştığında o sizi savunuyorsa	
28- Sizi ve endişelerinizi yargılamıyorsa	
29- Siz herhangi bir şey söylememiş olsanız da o bir şeylerin ters gittiğini biliyorsa	
30- Toplum içinde sizinle samimi olmaktan kaçınmıyorsa	

31- Kendisi hakkındaki bilgileri rahatça ortaya seriyorsa	
32- Hoş bir kişiliği varsa	
33- Düzenli ve çözüm odaklıysa	
34- Sizin onu ne kadar sevdiğinizi fark ediyorsa	
35- Diğer insanları görmezden gelmiyorsa	
36- Sizin hoşlandıklarınız ve hoşlanmadıklarınızla uyumlu olmak için küçük ödünler veriyorsa	
37- İyi olmadığınız hissine kapıldığı zaman hatırınızı soruyorsa	
38- Beraberken özel bir şey yapmasanız da sizinle olmaktan hoşlanıyorsa	
39- Herkese dostça davranıyorsa	
40- Sizi gıcık eden şeyler yapmıyorsa	
41- Sizi dinliyor ve sizin bakış açınızı anlamaya çalışıyorsa	

42- Ondan yardım ya da destek istediğimde benim bencilce davrandığımı düşünmüyorsa.	
43-Onun desteğini istediğim için onunla ilişkimiz bozulmuyorsa (kötüye gitmiyor, zayıflamıyorsa)	
44-Onun yardımını istememin bir sorun yaratmayacağını açıkça belirtiyorsa.	

APPENDIX D

(In Turkish)

İÖ-RQ[1]

Lütfen aşağıdaki paragrafların her birinin sizi ne oranda doğru tanımladığını değerlendiriniz. Değerlendirmenizi aşağıdaki yedi aralıklı ölçek üzerinde uygun rakamı daire içine alarak yapınız. *1=beni hiç tanımlamıyor, 7=beni tamamen tanımlıyor.* Orta noktadaki rakamlar ise genellikle orta derecede doğru tanımladığını gösterir.

1. Başkaları ile kolaylıkla duygusal yakınlık kurarım. Başkalarına güvenmek, onlara bağlanmak ve başkalarının bana güvenip bağlanması konusunda kendimi oldukça rahat hissederim. Birilerinin beni kabul etmemesi ya da yalnız kalmak beni pek kaygılandırmaz.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

2. Yakın duygusal ilişkiler içinde olmaksızın çok rahatım. Benim için önemli olan kendi kendine yetmek ve tamamen bağımsız olmaktır. Ne başkalarına güvenmeyi ne de başkalarının bana güvenmesini tercih ederim.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

3. Başkalarına duygusal olarak tamamen yakın olmak isterim. Fakat genellikle başkalarının benimle benim arzu ettiğim kadar yakınlık kurmakta isteksiz olduklarını görüyorum. Yakın ilişki(ler) içinde olmazsam huzursuzluk duyarım, ancak bazen başkalarının bana, benim onlara verdiğim kadar değer vermeyecekleri için endişelenirim.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

4. Başkaları ile yakınlaşmak konusunda rahat değilim. Duygusal olarak yakn ilişkiler kurmak isterim, ancak başkalarına tamamen güvenmek ya da inanmak benim için çok zor. Başkaları ile çok yakınlaşırsam incinip kırılacağımdan korkarım.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

APPENDIX E

(In Turkish)

YEME TUTUM TESTİ

Bu anket sizin yeme alışkanlıklarınızla ilgilidir. Lütfen, her bir soruyu dikkatlice okuyunuz ve size uygun gelen şıkkı işaretleyiniz.

a. Daima b. Çok Sık c. Sık Sık d. Bazen e. Nadiren f. Hiçbir Zaman

1. Başkaları ile birlikte yemek yemekten hoşlanırım.	**a b c d e f**
2. Başkaları için yemek pişiririm ama pişirdiğim yemeği yemem.	**a b c d e f**
3. Yemekten önce sıkıntılı olurum.	**a b c d e f**
4. Şişmanlamaktan ödüm kopar.	**a b c d e f**
5. Acıktığımda yemek yememeye çalışırım.	**a b c d e f**
6. Aklım fikrim yemektedir.	**a b c d e f**
7. Yemek yemeyi durduramadığım zamanlar olur.	**a b c d e f**
8. Yiyeceğimi küçük parçalara bölerim.	**a b c d e f**
9. Yediğim yiyeceğin kalorisini bilirim.	**a b c d e f**
10. Ekmek, patates, pirinç gibi yüksek kalorili yiyeceklerden kaçınırım.	**a b c d e f**
11. Yemeklerden sonra şişkinlik hissederim.	**a b c d e f**
12. Ailem fazla yememi bekler.	**a b c d e f**
13. Yemek yedikten sonra kusarım.	**a b c d e f**
14. Yemek yedikten sonra aşırı suçluluk duyarım.	**a b c d e f**

15. Tek düşüncem daha zayıf olmaktır.	**a b c d e f**
16. Aldığım kalorileri yakmak için yorulana dek egzersiz yaparım.	**a b c d e f**
17. Günde birkaç kez tartılırım.	**a b c d e f**
18. Vücudumu saran dar elbiselerden hoşlanırım.	**a b c d e f**
19. Et yemekten hoşlanırım.	**a b c d e f**
20. Sabahları erken uyanırım.	**a b c d e f**
21. Günlerce aynı yemeği yerim.	**a b c d e f**
22. Egzersiz yaptığımda harcadığım kalorileri hesaplarım.	**a b c d e f**
23. Adetlerim düzenlidir.	**a b c d e f**
24. Başkaları çok zayıf olduğumu düşünür.	**a b c d e f**
25. Şişmanlayacağım (vücudumun yağ toplayacağı) düşüncesi zihnimi meşgul eder.	**a b c d e f**
26. Yemeklerimi yemek, başkalarınınkinden uzun sürer.	**a b c d e f**
27. Lokantada yemek yemeyi severim.	**a b c d e f**
28. Müshil kullanırım.	**a b c d e f**
29. Şekerli yiyeceklerden kaçınırım.	**a b c d e f**
30. Diyet (perhiz) yemekleri yerim.	**a b c d e f**
31. Yaşamımı, yiyeceğin kontrol ettiğini düşünürüm.	**a b c d e f**
32. Yiyecek konusunda kendimi denetleyebilirim.	**a b c d e f**
33. Yemek yeme konusunda başkalarının bana baskı yaptığını hissederim.	**a b c d e f**

34. Yiyecekle ilgili düşünceler çok zamanımı alır.	**a b c d e f**
35. Kabızlıktan yakınırım.	**a b c d e f**
36. Tatlı yedikten sonra rahatsız olurum.	**a b c d e f**
37. Perhiz yaparım.	**a b c d e f**
38. Midemin boş olmasından hoşlanırım.	**a b c d e f**
39. Şekerli, yağlı yiyecekleri denemekten hoşlanırım.	**a b c d e f**
40. Yemeklerden sonra içimden kusmak gelir.	**a b c d e f**

APPENDIX F

(In Turkish)

BEDEN BÖLGELERİ ve ÖZELLİKLERİNDEN HOŞNUT OLMA ANKETİ

AÇIKLAMA:

Bu araç sizin beden bölgelerinizden ve özelliklerinde hoşnut olup olmadığınızı ve ne derece hoşnut olduğunuzu belirlemeyi amaçlamaktadır. Sıra ile belirtilen beden bölgelerinizden *çok hoşnut iseniz* "son derece hoşnutum", *hoşnut iseniz* "oldukça hoşnutum", söz konusu beden bölgenizden hoşnut olup olmama konusunda *bir fikriniz yok ise* "kararsızım", *hoşnut değilseniz* "pek hoşnut değilim", *hiç hoşnut değilseniz* "hiç hoşnut değilim" seçeneğinin altındaki boşluğu işaretleyiniz. Lütfen hiçbir maddeyi boş bırakmamaya çalışınız.

AÇIKLAMALAR:

Beden Oranları: Bir insanın bedeninde gövde, kol, bacak ve ayakların birbiri ile oranları.

Beden Duruşu: Bir insanın boyunu belli edecek genel görünümü, endam.Dik yada eğik,kambur vb. duruşlarla ilgilidir.

	Son Derece Hoşnutum (5)	**Oldukça Hoşnutum (4)**	**Kararsızım (3)**	**Pek Hoşnut Değilim (2)**	**Hiç Hoşnut Değilim (1)**
BEDENİN GENEL GÖRÜNÜMÜ					
Beden Oranları	( )	( )	( )	( )	( )
Bedenin Duruşu	( )	( )	( )	( )	( )
Spor Yeteneği	( )	( )	( )	( )	( )
Ten Rengi	( )	( )	( )	( )	( )
Kas Gücü	( )	( )	( )	( )	( )
Boy	( )	( )	( )	( )	( )
Kilo	( )	( )	( )	( )	( )
YÜZ					
Yüz Güzelliği	( )	( )	( )	( )	( )
Saçlar	( )	( )	( )	( )	( )
Gözler	( )	( )	( )	( )	( )
Kulaklar	( )	( )	( )	( )	( )
Burun	( )	( )	( )	( )	( )
Ağız	( )	( )	( )	( )	( )
Dişler	( )	( )	( )	( )	( )
Ses	( )	( )	( )	( )	( )
Çene	( )	( )	( )	( )	( )
Yüzdeki kıl miktarı **(E)**	( )	( )	( )	( )	( )

BEDEN ÜYELERİ					
Omuzlar	( )	( )	( )	( )	( )
Kollar	( )	( )	( )	( )	( )
Eller	( )	( )	( )	( )	( )
Ayaklar	( )	( )	( )	( )	( )
GÖVDE					
Karın	( )	( )	( )	( )	( )
Kalçalar	( )	( )	( )	( )	( )
Bacak ve Bilekler	( )	( )	( )	( )	( )
Göğüsler ve Üst Bölge	( )	( )	( )	( )	( )
Cinsel Organ	( )	( )	( )	( )	( )