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Attachment Styles and Changes among Women Members of Overeaters Anonymous Who Have Recovered from Binge-Eating Disorder

Pnina Hertz, Moshe Addad, and Natti Ronel

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

KEY WORDS: *attachment; emotional recovery; Overeaters Anonymous; spirituality*

Binge eating, as an eating disorder, appears in and is defined in the *DSM–IV* (American Psychiatric Association, 1994) as characterized by episodes of consuming huge quantities of food without initiated self-cleansing mechanisms, such as intentional vomiting or causing diarrhea. Eating disorders such as binge eating are common in Western society (Bachar, 2001; Latzer, 1999; Latzer & Chishinski, 2003).

Binge eating is widespread during adolescence, but early signs may begin to appear in childhood and even infancy. Researchers and field workers have referred to themes such as the early self-regulation of feelings of hunger, the quality of the initial contacts formed around the feeding of babies and children, and eating disorders in infancy (Greenspan, Wieder, & Simons, 1995; Keren & Tiano, 1998; Mahler, 1975). Reports of eating disorders among adolescents and adults tend to include early memories of the home atmosphere at meal times, parents' eating patterns, and the availability of the principal caregiver during events connected with feeding.

A number of researchers have studied the connection between eating patterns and eating disorders as well as between parental qualities, familial relationships, and attachment processes (see later references). *Attachment* is the ability to connect during the first year of life to significant figures and to see them as a source of comfort in times of distress. Clark-Stewart (1973) noted that all infants attach up to the age of one year but that the style of attachment differs among them. An insecure style of attachment is characteristic of a mother who is not emotionally responsive to her baby during the first year. Bowlby (1973) argued that failed attachment processes in childhood may result in difficulties in forging interpersonal relations in adulthood. Ainsworth, Blehar, Walters, and Walls (1978) found that about 65 percent of the population is characterized by a secure style of attachment and the rest by an insecure style, either anxious/avoidant or resistant.

Theories regarding the development of eating disorders have noted a connection with incorrect styles of attachment within the family, including low encouragement for personal growth, and especially the avoiding style of anxiety attachment (Bruch, 1973; Latzer, Hochdorf, Bachar, & Kenneti, 2003; Zachrisson & Skårderud, 2010). Tasca et al. (2006) found among women who were diagnosed with an eating disorder that

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attachment insecurity was related to body dissatisfaction and negative affect. Bosmans, Goossens, and Braet (2009) found a link between insecure attachment toward mother and father and concerns about shape and weight among inpatient, obese children. Zlotnik (1998) found a connection between compulsive overeating among women and relations with others, including mother–daughter relations. She described the complex relationships between daughters and judgmental mothers, who are critical of their daughters and interfering. These daughters aspire to a high degree of self-control through compulsive patterns of eating. The interpersonal theory of binge-eating disorder, originally developed from research in the depression literature, places emphasis on the role of affect, including helplessness and anxiety, in the development and maintenance of binge eating (Elliott et al., 2010; Wilfley, MacKenzie, Weich, Ayres, & Weissman, 2000). By attempting to deal with negative emotions, including anxiety and depression, overweight children tend toward emotional eating, a coping mechanism used to regulate and reduce negative feelings (Goosens, Braet, Vlierberghe, & Mels, 2008). Children with a secure attachment base script will probably seek less maladaptive emotion regulation strategies to handle stressful situations (Goosens, Braet, Bosmans, & Decaluwé, 2011). In addition, attachment representations are linked to overweight children's concerns about shape and weight, reflecting a fear of being rejected by their mothers and a denial of the need for an attachment figure in their fathers (Elliott et al., 2010).

Overeaters Anonymous (OA) is a well-established self-help organization for people suffering from eating disorders (N. Ronel & Libman, 2003). Initially it provided group activities for members afflicted with overeating, but over the years its groups started to address different eating problems, such as bulimia and anorexia (OA, 1987; Suler & Bartholomew, 1986). OA presents a program based on the 12 steps of Alcoholics Anonymous (AA) (2006), which is intended to lead to emotional and spiritual recovery over and above treatment of the physical aspects of the disorder (OA, 1990). Within OA, a spiritual program for personal development is combined with processes of mutual support and self-help (Goldner, 1984). Members of OA expect to be afforded a nonjudgmental welcome and a sense of equality when they join and to find their fellow members to be both understanding and supportive. Studies have affirmed OA's claim that the social network, with its emphasis on social acceptance, plays a major role in the self-transformation that members go through: The experience of being unconditionally welcomed and the absence of any judgmental element, as well as the principle of anonymity that disregards distinguishing personality traits among participants, enable a process of recovery (OA, 1990, 1996; N. Ronel & Libman, 2003; Shemesh, 2005). Regarding the explanation for eating disorders, OA's uniqueness in relation to various psychological approaches lies in its understanding of the disorder as a food addiction disease with three manifestations that require recovery: physical, emotional, and spiritual (N. Ronel & Libman, 2003; Shemesh, 2005). It should be noted that OA's perception of the addiction as a disease does not purport to provide a scientific explanation for it but does point to a possible solution.

The present study focuses on the aspect of emotional recovery. Emotional recovery is likely to be manifested by perceptual–subjective changes in such areas as locus of control and taking responsibility for recovery through functional activities though without magnifying feelings of guilt (N. Ronel, Hoffman, & Yaakov, 2003; R. Ronel, 2000). In the process of recovery in a professional setting or in a self-help group, there tend to be changes from stable negative inclusive attitudes to integrative moderated and situation-dependent attitudes (Peterson & Bossio, 2001). Possible additional manifestations of emotional recovery are the adoption of speech patterns and attitudes in the spirit of recovery, where the individual identifies with an environment providing recovery-related speech patterns (Keane, 2000), and the development of emotional intelligence, as manifested by the identification and the regulated expression of emotions, when these occur in a secure, encouraging and supportive environment (Salovey & Mayer, 1990).

Our aim was to study the subjective experiences of women through the descriptions of their emotional recovery as a result of membership in OA, while noting changes that advance or hold up the disorder. The research described here, which focuses on changes in the attachment of OA members as a sign of emotional recovery, is part of a larger study of different aspects of

emotional recovery, including an increase in women's emotional intelligence (Hertz, 2010). The research questions also targeted emotional recovery in the context of the 12 steps, while making use of the program's tools, and in the context of the interpersonal relations developed with sponsors and other women members in the program (OA 1990, 1996), with the latter likely to serve as objects of secure attachment. The current research is the first to deal with attachment transformations within OA groups and is therefore unique in exposing new and challenging data in the field of attachment.

METHOD

This article reports qualitative research based on a phenomenological approach. At the focus of the study were the memories and thoughts of OA members regarding their struggles for recovery and emotional transformation (Van Manen, 1990). These memories and thoughts did not necessarily constitute a complete autobiography of participants (Lieblich, 1997) but, rather, provided statements or short narratives that might represent components of emotional recovery from compulsive eating.

Participants

For this study, we interviewed 20 women. The process of data gathering, the choice of participants, and the researchers' decision regarding the overall number of participants took into account the saturation rule, the theoretical approach, and the subject and goals of the research (Cresswell, 1998; Padgett, 1998). Given that the majority of OA members are women, and because of our wish to give a voice to women suffering from such eating disorders as compulsive overeating, we decided to interview women only. Fluent Hebrew-speaking women were chosen who were capable of actively and informatively participating in a semistructured interview process. Their ages ranged from 26 to 62. The minimal criterion for participation in the research was at least one year of OA membership. However, abstinence was not included in the criteria for a member's participation in the current research because it is not required for membership in OA groups (OA, 1990). The group of women interviewees was heterogeneous in a number of ways, including occupation and religiosity. Their socioeconomic status, however, was relatively uniform. They were all Jewish, and probably representative of the majority of OA members in Israel. The interviewees' family status was as follows: Ten of the participants were married (of whom two were in their second marriage), seven were unmarried, and three were divorced. At the time of interview, the research participants worked in the fields of education, social work, the arts or the media. Others were volunteers in various frameworks or were pensioners. Half of the participants defined themselves as secular; the other half were connected to Orthodox Judaism in varied degrees of religiosity. All participants but one had a sponsor at some previous stage or at the time of data collection. All but five had served as a sponsor at some previous stage or at the time of data collection. Therefore, the experience of being in a relationship that could be perceived as a positive attachment experience was very common in this study.

Tools

The data were gathered through semistructured in-depth interviews. The interviews were similar in procedure to those that appear in examples of qualitative research in the literature (Shkedi, 2003). An interview guide (see the Appendix) was prepared, to focus the participants on subjects that did not come up spontaneously.

The researcher's long-term involvement and level of activity enabled the in-depth study of the phenomenon being researched (Dushnik & Sabar Ben-Yehoshua, 2001; Shkedi 2003). Similar processes derived from the primary researcher's involvement in the research field are referred to in other studies (Atkinson & Hammersley, 1994; Evered & Meryl, 1981; N. Ronel, 2006). Pnina Hertz's long-term activities helped to establish interviewer–interviewee relations, which in turn resulted in the communication of a large amount of rich sensitive and personal information.

Procedure

The participants were selected on the basis of personal acquaintance within the OA group. Use was made of purposive sampling in an effort to select participants who were particularly appropriate for the topic being researched and who were likely to describe the phenomenon in varied ways, thereby offering a broad range of viewpoints. This method of sampling is not intended to produce

generalizations about the larger research population (Shlesky & Alpert, 2007). During the study we were approached by a number of OA members who wished to participate in the research, having heard from interviewees about their experiences. Some of these women who met the research criteria were included in the sample. The interview data were collected between 2007 and 2009.

When conducting the interviews we were especially alert to the ethical requirements of qualitative research: mutual respect, trust, mutuality, and collaboration between researcher and research participants (Dushnik & Sabar Ben-Yehoshua, 2001). All interviewees participated voluntarily after being given a detailed explanation about the research topic and aims and after signing an informed consent form. An institutional review board approved the current study before data collection. The anonymity of the participants was strictly maintained, and only the research team had access to the information collected. In the following text, we use pseudonyms to further protect participants' anonymity.

Written transcriptions were made during the interviews. The decision not to audio record the interviews was made after the interviewees expressed their unease in that regard.

Interviews were conducted in the framework of a variety of activities of OA groups, though one of the groups served as the main group for the research, from which most of the interviewees were selected. Qualitative research calls for dialogue between the researcher and the research group, making it possible for information received in the field through direct encounters with the research population to be added to academic knowledge of the phenomenon under study (Borkman & Schubert, 1994). Telephone and face-to-face conversations between the meetings enabled the primary researcher to update, clarify, and enrich the gathered data. The aims of the research and its methodology were made clear to the participants, and every question and request addressed to the researchers was given an adequate and immediate response based on attention and sincere interest. The primary researcher made a phone line available so that participants could call with questions, doubts, and comments. In the majority of cases, the interviews were conducted in a number of stages, consisting of two or more meetings. The number of meetings was determined on the basis of the interviewee's alertness and patience.

Data from interviews were collected, documented, and then processed according to thematic categories. Six main themes were extracted, and other secondary hierarchical level themes were identified too.

Reliability of the research was ensured by organizing the data, by saving documents from different stages of the research, and by gaining feedback from the interviewees and the two mentors, who served as external researchers. Validity of the data was ensured by the consistent accompaniment of the two external researchers, who gave continual feedback in relation to the thematic categorization and authenticity of the research findings.

The final report was organized in a manner that enabled the sequence of the evidence to be followed in the general context of the research. Validity of the research was ensured by thick description, triangulation, and the accessibility of the data to two judges (Shkedi, 2003). The ethics of the research was ensured by explaining the research goals and procedures to the participants and by obtaining their signed and informed consent to participate in the study and by respecting their right to anonymity.

There are several unavoidable limitations to the current study. The participants were chosen according to specific qualities and characteristics and so, as is common in qualitative research, it is not possible to generalize to the population at large. In addition, the current findings are based on subjective accounts of OA members that were taken "as is" by the research team. However, triangulation of different sources might increase their trustworthiness. Finally, the presence of an active participant researcher and the unique type of relationship built between the primary researcher and the interviewees could have influenced the data, although in our view it helped to enrich them.

FINDINGS

This section presents the narratives of women members of OA regarding changes of their attachment patterns. These narratives are described in terms of several major categories: retrospective subjective experiences of attachment, sponsors and peer members as enabling the building of a secure attachment, OA meetings as a spiritual and

emotional tool for recovery, and constructing a secure attachment with the help of a perceived loving God.

Retrospective Subjective Experience of Attachment

The women came to OA following subjective experiences that did not necessarily encourage or arouse trust in others. According to recurrent descriptions, their experiences of relationships and attachment in their past were frequently characterized by insecurity and by difficulties in maintaining meaningful and long-term relationships. The unconditional giving that is a distinctive feature in OA could not be recalled as a dominant and determining factor before recovery in the program. Positive thinking and seeing the glass as half full were not regular motifs among the members (N. Ronel & Libman, 2003). An inability to sustain meaningful, long-term relationships was found to be common among participants. Those who sought immediate satisfaction through "addictive relationships" lacked the basic feeling of a secure attached relationship with a parental figure. Sometimes, they lacked an available attachment figure, and the mother who was supposed to have supplied their early needs and functioned as "a good enough mother" (Winnicott, 1964) was absent from their subjective experiences. At times, the figure of the mother who should be relied on for providing basic security at the start of life and for helping to build relationships along the life axis was missing and unable to develop part of her children's emotional range, as emerges from the following words:

> In the past I had outbursts of anger that could not be contained. Nobody could control me, and there was a great deal [of anger] within me. The message at home was: cry, shout until you burst, without any empathy. (Gal)

Sometimes the mother figure was present as a silencing entity who encouraged learning how to conceal distress from the outside world. Being active in OA, however, was likely to minimize this silencing element, and even to encourage emotional cooperation when the effort of speech was experienced as a remedial instrument. As shown by the following extreme yet representative example, the tendency to keep silent was liable to result from fear of the adult figure and the parent's inability to cope with the many and complex aspects of parenting, including the responsibility involved in constructing a secure attachment.

> Ever since the incident [rape], thirteen years have passed, and no one knew apart from two people, my mother and my doctor. They taught me that the world is unfriendly, and that it is better that they shouldn't know about you and not take pity on you. In OA I learnt that to talk is like medicine. I discovered a gift that it is possible to look directly into a pair of eyes ... and to talk. (Shifi)

A harmful relationship with a nonsupportive parent was reported by participants as likely to damage attachment processes and the building of secure relationships with others. The following story illustrates the ability learned in OA to express and share deep and negative experiences from a dark past. The story relates to a pathological relationship within the family. The domestic sexual abuse that Ruth experienced was very harmful and had long-term effects. She perceived her family environment as silencing and unsupportive. This incident also displays the aspect of recovery that was made possible through sharing her repressed emotional world with another person.

> My most intimate secrets, and all my repressed internal being, were laid out there on the table. ... For years I went around with this story with my brother and wasn't able to cope emotionally ... except to cry uncontrollably, to sit like that in the bus with tears flowing all the time uncontrollably. ... In the program, together with the caregiving treatment, I was rehabilitated. I learnt that I could speak about everything. There is someone who listens and is not scared by it. (Ruth)

As a result of emotional deficiencies, and in light of the vacuum that they create, addicts, in this case overeaters, are likely to regard food as a kind of substitute attachment object and to use it

to fill the emptiness. A feeling of emptiness is typical of addicts, who try in vain to fill this spiritual or emotional vacuum with addictive substances (Addad, Vignansky, & Haimi, 2008; Shoham & Addad, 2004). Compulsive overeating can also be understood as a failed attempt to use physical food to compensate for spiritual or emotional deprivation. Emotional recovery is likely to be manifested by insights about the confusion between physical and emotional needs, with an emphasis on the primary need for a relationship with an accessible and attentive parental figure. The following description deals with food and drugs as one entity, even though in practice, only food was compulsively and addictively consumed. Food, and to a lesser degree tobacco and wine, served as a kind of substitute for a human figure that was unavailable for the encounter with the emotional world of the participant, who needed large doses of emotional nourishment.

> In the past I could only be creative if I had cigarettes and wine. Today I don't need food in order to fill me or to remove the loneliness. Before I found OA I felt emptiness from a terrible feeling of loneliness. From this place I could not create without food or stimulants. Today I do not need that in order to achieve creativity from within myself, because I know that I am not alone thanks to the program. (Gal)

Sponsors and Peer Members as Enabling the Building of a Secure Attachment

The clear, external structure of OA as a fully transparent organization that is equally accessible to all also contributes to the experience of confidence and permanence, which is a fundamental condition for the creation of secure attachments. OA advertises the range of its activities, referring to the principles of the program in its wide-ranging literature, thereby constituting a kind of accessible and attentive mother figure, inspiring confidence, and sensitive to the needs of those who turn to it seeking to recover from their addiction. The accessibility of groups all over the country, and specifically in Jerusalem where the current research took place, helps the organization to function as a mother figure, one who is there and present for her dependent and needy child. On the one hand, OA functions as a global resource of emotional power; on the other hand, individual OA members serve as specific and diffuse resources of support and power for one another. The women in OA are there for each other and can always be helpful and reinforcing on the basis of their previous and similar experiences. The feeling of being on the same side and the lack of hierarchical relations strengthens the sensation of empathy, sensitivity, and warmth, all of which are characteristics of a good enough and well-attached mother. The mother figure—with OA as the basic archetype, and members as other mother figures—is perceived as a significant reinforcing resource, as illustrated in the following statements:

> There are many groups and I go to other meetings, but this is my mother group. Even when I can't make it here I know that I have a warm home. Here I am like everyone else, I don't need to make excuses and I don't have to make believe. For me, the feeling of belonging is not something I take for granted. (Tal)

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> During the years that I have been in OA I have learned that I can share my worst feelings without fear of being rejected. People will listen to me from a position of understanding. ... I don't take this for granted, because in my family there was a great deal of anger that we were not allowed to talk about and that created lots of anger and anxiety. (Lee)

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> Even when I'm away for a good reason and I don't come to the meetings for a while, it's very easy for me to get used to what we do here and I never forget the fact that I'm loved here, no matter how I feel and act or how deep I am in with my obsessive eating. (Effi)

Despite the egalitarian approach and absence of hierarchy that is usual in professional therapy, the inclusive connection of the sponsor with the sponsee should be considered as a parental

containing situation characterized by unconditional love. The classical literature on the subject of attachment notes the traits of a mother who enables a secure attachment for her children, and stresses the ability to love and to give of herself according to the signals and needs of the child, and not according to the needs and wishes of the adult (Clark-Stewart, 1973).

> In OA my connection with my sponsor was very important for me, because she accepts me unconditionally. (Gal)

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> Even when I confided my secrets to my sponsor after I had made Step Four and other steps after that, and had brought out my resentments and fears and all that, I saw that the world didn't fall apart ... she [the sponsor] really taught me that it was okay to express, to bring out and talk about all the emotions and memories that I have. (Ruth)

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> In OA I learned in every way, with every fiber of my being sharing in this feeling, that I am loved. I know for sure that I can stand here before you and cry out my soul and it won't make you love me less. That makes my life much easier, not being terrified to lose the love of people that I depend on. That's a gift from OA. (Linda)

The fear of being rejected is a familiar theme among women who suffer from compulsive overeating. Anxieties of being abandoned and being alone may be the consequence of concrete experiences of loss and neglect in the past or a general state of anxiety caused by the lack of a secure attachment figure. Women in OA described their emotional recovery as a result of positive and new ways of relating to loving figures in OA, and use the tools of the program, like the telephone, to share feelings and thoughts:

> I realized that usually the other side is available to take my call. ... If the timing is not convenient for her, I'm not hurt and I'll try a different member. Today I know that if someone can't talk to me that doesn't mean that she's rejecting me. (Gila)

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> The feeling that people care for me was absent from my life prior to OA. I have changed my sponsor in OA a few times, because I had one in the past who acted like a dictator. The one I have now is so soft and caring. She was meant for me, and now I know that waiting to meet her paid off. (Ruth)

OA Meetings as a Spiritual and Emotional Tool for Recovery

OA meetings are considered a tool for helping with processes of spiritual and emotional recovery. The women's preparations and sense of expectation before OA meetings at a set time might express feelings of secure attachment that enable a high level of anticipation regarding what is going to happen and the expulsion of feelings of loneliness and social exclusion:

> Sometimes I feel that I don't have the strength to use the tools of the program, but I won't miss the meetings ... they give me confidence, and at the meetings I gain the strength to deal with difficult situations. (Linda)

Linda, like other members of OA, experiences the weekly meetings as an opportunity to recharge her emotional strength and resources. It is possible that meeting with loving and loved people and enjoying ongoing relationships between recoveries and others functions as a frame for establishing positive attachments. The opportunity to build positive relationships characterized by consistency and continuity can forge a pathway to the establishment of a secure attachment style.

> For me to come to meetings is like being before a diet. At home they shouted at me: Why are you putting make-up all over yourself for your friends? And I said to myself that I was putting on make-up to look as beautiful

as possible, because the meeting is important for me. I do the utmost to look good, just like before a good date. (Ann)

Ann compared her OA meetings with going on a date. As well as the aspects of continuity and consistency, which are critical for the constitution of positive, secure, and reliable attachments, Ann indicated the arousal of quasiromantic excitement as symbolic of how significant the group meeting is for her. The emotional aspect of recovery would seem to relate to the opportunity to share feelings, concerns, and doubts in the presence of loving and secure attachment figures. This basic positive sensation that contributes to the establishment of secure attachment is strengthened by the experience of being loved by God and receiving unconditional love:

I know that no matter what happens I am always wanted here. I can come [to meetings] or not come, and no one will say anything negative to me. That encourages me to work through the program and to use the different tools because people aren't angry at me and accept me the way I am. I can feel angry and express anger without being afraid about my place in OA. (Rachel)

The secure environment of OA as an organized and accessible service is the basis for establishing secure relationships. A lack of security, which was frequently characteristic of the women before their active participation in OA, was an obstacle in the process of attaching in a secure style. After experiencing reinforcing relationships with other recoverees and sponsors, OA women achieve a basic sense of security. Their secure experience with human beings is reinforced by their faith in God's unconditional love of the universe.

Constructing a Secure Attachment with the Help of a Perceived Loving God

Previous qualitative studies of changes and recovery processes in OA dealt with changes in the general worldview of members in the program, including the meaning of God in their lives (N. Ronel & Libman, 2003; Shemesh, 2005). Women in OA experience an initial change of worldview from believing in a vengeful and punishing God to believing in a loving and compassionate one. The literature on attachment discusses how a loving and sensitive mother responds to her children's reactions in the first year of their lives and how secure attachment that is well-established predicts positive peer relations in the future (Clark-Stewart, 1973; Goosens et al., 2011). Women in OA, who come from different backgrounds regarding their religiosity and spirituality, try to characterize God as loving and compare him to the figure of a compassionate and loving parent who gives her children a secure attachment.

It reminds me that I am a beloved child of God, and that as a beloved child I rightfully deserve good. (Gila)

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I have faith that God is with me at any given moment, and He gives me the strength to create and to produce from within myself things that I feel most deeply inside. (Shifi)

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I thought, what shall I say from the psychological standpoint to people in the program about God? I shall say to them that this is the compassionate and loving voice that normal people hear from their parents when we are small children. It is the voice that does not beat us, the voice that says: "You will succeed, you will be fine." The addicts did not hear this voice, and a being must be invented who will make this voice heard (for them). This is God. (Riki)

Just as a female sponsor is likely to serve as a positive attachment figure in the process, compensating for an insecure attachment in the early stages of development, so a divine figure may well be viewed as a positive alternative with which women are able to connect securely in the course of their emotional recovery. Women in OA see their emotional recovery as being dependent on their spiritual recovery, so that they actually refer to a hierarchical structure that sees physical

recovery as necessary but insufficient without emotional and spiritual recovery.

Spiritual recovery is expressed by the creation of new relations with a divine entity that were absent during the period in which the addictive disease was active. This divine entity serves as an instrument of recovery through the mediation of love and compassion. In addition, there is a movement between secure attachment with a human figure and secure attachment with a divine figure.

> You ask me about emotional recovery, but I am so much into the spiritual aspect of the program. I discovered in it the ability to address outside myself elements stronger than me. The program helped me to know that there is a sponsor and a divine force, and I can turn to them and not only focus on myself. (Tal)

DISCUSSION

The importance of emotional support in the process of recovery from addictions is well-known (for example, Best, 2010; Lewandowski & Hill, 2009; White & Kurtz, 2005), although the underlying mechanism is less explored (Orford, 2008). The current research attempted to fill in this gap in relation to recovery from food addiction and binge eating. Our findings point to a change in attachment style from retrospective insecure to current secure attachments. The women in OA who described their emotional recovery from compulsive overeating portrayed the negative quality of their interactions with meaningful figures in their childhood, and their subsequent opening up to compensatory processes in adulthood. Through recovering emotionally from compulsive eating, they had become aware of their previous tendency to emotional eating as a coping mechanism to reduce and regulate negative emotions like depression and anxiety, which can cause or be caused by the compulsive behavior of binge eating (Goosens et al., 2008). Although their childhood experiences had enabled their food addiction, the social atmosphere and values they encountered in OA enabled their recovery. They described their friendships with fellow members in the program and their meaningful and welcoming relationship with their sponsor as filling a primary deficiency in insecure attachment processes. This can be understood as their experiencing a positive repairing of their former disturbed relationships with peers, which had been caused by the lack of a secure attachment base with significant figures during infancy and early childhood (Goosens et al., 2011; Zachrisson & Skårderud, 2010). The process of recovery, they said, contains positive episodes and reforming experiences that enable a kind of "secondary" or later attachment. From this it emerges that the environment of OA and the interpersonal dynamics among the women members, both sponsors and sponsees, are likely to advance emotional recovery through changes in attachment style.

Attachment styles are identifiable in early childhood, which is a critical period for the creation of attachment patterns, and most authorities claim that they are stable from the start of life until adulthood (Bowlby, 1973; Scharfe & Bartholomew, 1994; Thisessen, 1993). In various studies, it was found that a secure attachment is a positive emotional resource for a variety of life areas, interpersonal situations, and functions, and that the influence of the quality of the attachment is long-term and meaningful in encounters with friends, teachers, spouses, and offspring (Al-Yagon & Mikulincer, 2006; Bernant, Mikulincer, & Florian, 2001; Goosens et al., 2011; Mikulincer, Shaver, Gilath, & Nitzberg, 2005; Mikulincer & Sheffi, 2000). It might be that, similarly, the ability to move in adult life into a secure attachment based on positive emotional encounters can become a stable positive emotional resource.

Despite the literature showing that styles of attachment are shaped at a critical and early age, and despite the multifaceted and long-term influence of attachment patterns mentioned earlier, women members of OA reported experiencing what can be interpreted as the transformation of an insecure attachment experience into compensating and remedying experiences characterized by love and unconditional giving. The formation of positive mental representations in the process of the connection between an individual and her sponsor, moderators, or other figures is likely to contribute to this shift from an insecure to a secure style of attachment. A remedying and compensating attachment process becomes possible when given optimal conditions of love, acceptance, empathy, and the maintenance of equality.

The guiding principles common to self-help groups include receiving unconditional love and giving, the opportunity to identify with and to learn from the experiences of one's peers, and the internalizing of positive habits practiced in groups (Bottorff et al., 2008; Chappel, 1997; Katz & Bender, 1990; Zafiridis, 2001; Zlotnik, 1998). Women in OA are capable of presenting weakness, deprivation, and the desire for the love of their fellows without any trepidation in their encounter with an understanding and supportive environment. The accepting environment frees them from the initial need to present false appearances regarding fulfillment. A parallel can be drawn between the transition from an insecure to a secure attachment style as relations are established with other people. This is further enhanced by the relationships established by women at OA with a loving and compassionate God who is perceived to be accessible to their needs and who knows and chooses how to equip them with what He considers to be the best possible means and scenarios for them. Emotional recovery is thus found to be based on spiritual recovery (N. Ronel & Libman, 2003; Shemesh, 2005). This demonstrates both James's and Jung's long-standing assertions that a spiritual transformation can bring about the relief of unsatisfied emotional needs from the past (James, 1949; Jung, 1933).

The clear structure of OA as a fully transparent organization that is equally accessible to all also contributes to the experience of confidence and permanence, which is a fundamental condition for the creation of secure attachments. OA advertises the range of its activities, referring to the principles of the program in its wide-ranging literature, thereby constituting a kind of accessible and attentive mother figure, inspiring confidence and sensitive to the needs of those who turn to it seeking to recover from their addiction. This is akin to a mother's sensitivity toward her baby at the start of its life, which is a condition for the creation of secure attachment and healthy peer relations in middle childhood and later in life (Al-Yagon & Mikulincer, 2006; Clark-Stewart, 1973; Goosens et al., 2011). OA as a whole offers various groups and activities and is based on the participation of many members with the same goal. Whereas in traditional therapy the patient is focused on his or her own development, OA as a self-help group is fundamentally different. The women who participated in this study perceived themselves as responsible for their own recovery but were also willing to help in the recovery of others and to be part of others' emotional and spiritual well-being. This mode of support and cooperation contributed to their sense of faith and security.

The OA program also enables a secure attachment experience because of features of its content that include the principle of giving and unconditional love, furnishing the opportunity to loosen initial labeling processes that occurred in the family. Accessible women members and sponsors in OA are likely to serve as substitute positive attachment figures (Addad et al., 2008).

Staying in touch with objects of attachment beyond the physical encounter with a sponsor—through the use of a wide range of program tools, including phone calls and meetings with other members—is a way of strengthening participants' secure attachments with their fellows. This is somewhat like a small child grasping onto a photograph of his mother when she is away traveling: He experiences a sense of separation from her, but he is also able to find strength through a mental representation of her physical presence. In our view, it is possible to assume a remedying and compensating attachment process in adulthood through such sociotherapeutic principles in OA groups as loving, supporting, and containing.

The current research, which continues a growing body of research on the link between attachment style and eating disorders (for example, Zachrisson & Skårderud, 2010), calls for further examination of the possibilities of changing attachment patterns among veteran members of OA. A future study could compare attachment styles within different groups of members in OA, such as compulsive overeaters and those suffering from bulimia nervosa, and look for its relevance to their recovery. In addition, because women in OA referred to their childhood experiences in the context of their attachments, further research could shed light on their style of attachment with their own.

The implications of the findings in the current research are relevant for social workers and other professionals from the field of mental health. First, it is important to invest in the treatment of children who are characterized by compulsive eating and emotional eating, because of the continuity between insecure attachment in early childhood

and difficulties with peer relationships in later childhood and adolescence (Goosens et al., 2011; Kerns, Klepac, & Cole, 1996). Second, collaboration between the medical system and self-help groups like OA is necessary to promote the holistic principle of the OA organization, with emphasis on emotional eating and processes within participants who are recovering in a positive and supportive environment accompanied by a secure attachment figure like a sponsor. Third, it is important that professionals in the field of mental health treating eating disorders will promote the establishment of social groups and systems in the community. Peer groups that emphasize social goals in a supportive environment can function as a therapeutic opportunity for positive attachment experiences. In our view, a repairing and compensating attachment process may be assumed in adulthood and among other populations if the sociotherapeutic principles of OA groups, such as love, nonjudgmental attitudes, support, and empathy, are adhered to. This view is reflected in the new approach of "positive criminology," which stresses the importance of integrating positive experiences in reducing behavioral problems and addictions (N. Ronel & Elisha, 2011). The current article adds to this perspective by suggesting that change in attachment style is a positive criminology mechanism that may lead to behavioral change. HSW

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APPENDIX: INTERVIEW QUESTIONNAIRE

1. Describe your childhood: What was your temperament? Which characteristics were attributed to you by your everyday environment during childhood?
2. Who were your significant figures during childhood (in the core family, wider family and other circles)?
3. What type of a relationship did you have with those figures?
4. From what age or stage of live were you a compulsive eater? Did you or your

environment define you as an overeater/compulsive eater?

5. In what manner was your compulsive eating overt? Were you troubled by it? Describe how you were troubled.
6. Did your environment tend to give you feedback about your compulsive eating? What type of feedback?
7. How would you define your eating habits and characteristics today? Have they changed during your period of participation in the OA program?
8. Have these characteristics and eating habits influenced other aspects of life? Describe manner of affect and please mention the life domains that were affected.
9. How would you describe your emotional functioning today?
10. Is your current emotional state similar to your emotional state in the past? (Relate to general sense of satisfaction and relationships with others)
11. Have you ever considered seeking emotional professional help in the past? How did that help influence you?
12. If you are having emotional treatment today, explain how that help affects your life.
13. Do you share emotional processes and changes with other people?
14. Do those people give you feedback on those emotional changes?

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