

Self-image of girls with different subtypes of eating disorders

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Summary

Aim. The aim of the present study was the assessment of the differences in self-image of patients diagnosed with different subtypes of eating disorders.

Subjects and methods. The study used the Polish version of the Offer Self-Image Questionnaire for Adolescents (QSIA). In the statistical analyses, data of 54 patients diagnosed with anorexia nervosa restrictive type (ANR), 22 diagnosed with anorexia nervosa binge-eating/purging type (ANBP), and 36 diagnosed with bulimia nervosa (BUL) were used. Two control groups consisted of 36 girls diagnosed with depressive disorders (DEP) and 85 healthy schoolgirls from Krakow's schools (NOR). Girls from ANR group turned out to be, in a statistically significant way, younger than girls from BUL group. There were no significant differences among the clinical groups in terms of school type or family situation in the analyzed material.

Results. The ANR group differs from the NOR group to its disadvantage in only 2 scales (Emotional Tone and Body Image), the ANBP group in 5 scales, the BUL and DEP groups in 7 scales. All clinical groups (ANR, ANBP, BUL, DEP) differ from the NOR group to their disadvantage only in the Emotional Tone scale. The ANR group differs from the DEP group to its advantage in 3 scales (Impulse Control, Family Attitudes, Vocational and Educational Goals). There was no statistically significant difference in any of the scales between the DEP, BUL and ANBP groups. There was no statistically significant difference in any of the scales between ANR and ANBP groups. The BUL group differs from the ANR group to its disadvantage in 6 scales. There were statistically significant differences between the NOR group and the three groups diagnosed with eating disorders only in the Body Image scale.

Conclusions. The obtained results indicate considerable heterogeneity of eating disorders and cause one to pose a question about the mutual relations between bulimia nervosa and depressive disorders.

eating disorders subtypes / self-image

INTRODUCTION

One of the important directions of research on the causative factors of eating disorders is connected with personality development in persons suffering from anorexia and bulimia nervosa, es-

pecially concerning disturbances in the process of self-concept creation. In this context, symptomatic decompensation can be understood as a result of various processes leading to disturbances in experiencing oneself, that sometimes greatly precede the symptoms themselves [1, 2, 3, 4, 5]. Self-image can be regarded as an important element of personality, especially in the developmental age. It is a framework for personality that is such a group of features with which a person identifies oneself and considers his or her own. It forms a structure that integrates and stabilizes actions and perception of oneself and the

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world [5, 6]. The Offer Self-Image Questionnaire for Adolescents constitutes one of the tools used to assess self-image. Its' author used psychodynamic bases of understanding the meaning of self image as well as his own long-term empirical observations as the foundation for creation of the questionnaire [5]. The Questionnaire is used in epidemiological and clinical studies as well as research in different cultural contexts.

In the research based on the Offer Self-Image Questionnaire, persons diagnosed with anorexia nervosa showed a number of significant differences in their self-image as compared with a normal population. Koenig et al. [7] found that persons diagnosed with eating disorders showed a number of negative significant differences in their self image as assessed by QSIA in comparison with a population norm. They occurred in all dimensions of a psychological self. The largest differences had to do with Emotional Tone and Sexual Attitudes. Examined patients did not deviate from the norm in the areas of Family Functioning, Vocational and Educational Goals, or Superior Adjustment. As the authors of the cited work emphasize, persons diagnosed with eating disorders were characterized by the largest deviation from the norm, both in the quantity of deviated scales as well as in the intensity of the deviation, from among all groups of mental disorders. In two scales: Self-Image and Sexual Attitudes, there were no similar disturbances at all in other examined psychopathological groups. In the study of Casper, Offer and Ostrov [8] on 30 patients diagnosed with anorexia nervosa, all patients differed significantly from normal adolescents by displaying disturbances in mood and self-esteem, in social relationships, and in attitude toward sex; late adolescent patients additionally showed maladjustment in impulse control, self-perception and body image, and in general psychopathology. Patients were found well adjusted with regard to moral values, family relationships, and educational goals. In the study of Steinhausen and Volirath [9] on a group consisting of 31 patients diagnosed with anorexia nervosa and 9 patients diagnosed with bulimia, the profile clearly deviates negatively from the standard score of the reference group of healthy subjects in the following scales: Impulse Control, Emotional Tone, Body Image, Social Relationships, Sexual Attitudes, and Psychopathol-

ogy. Scores for functioning were lower for the patient group than for the reference group in all of these areas. However, scores measuring Vocational and Educational Goals were higher for the patient group than for the reference group. In addition, they scored in the middle range of the respective scales in the areas of Family Relationships, Mastery of the External World, and Superior Adjustment. In the last three areas, the scores of the patient group did not differ significantly from those of the reference group. In the study of Iniewicz [10], 30 girls diagnosed with anorexia nervosa differed from the other group of 30 girls selected to match them in terms of age, basic demographic information and family situation to their disadvantage in 7 scales of the Questionnaire.

The above-cited results converge to a high degree. Cultural differences among populations could be one of the factors affecting differences in the observed studies. The lack of distinction between individual subtypes of eating disorders could serve as another explanation. In the study of Erkoalahti, Saarijarvi and Terho [11] on the population of 10 girls diagnosed with anorexia and 10 girls diagnosed with bulimia, a number of significant differences between groups was observed. Simple comparisons between the eating disorder groups show differences in Body Image, Vocational and Educational Goals, and Family Relationships. The girls with bulimia nervosa showed a more poorly developed self-image than those with anorexia nervosa. Simple comparisons between the anorexic and normal girls showed significant differences only in Emotional Tone and Sexual Attitudes. Significant differences were found between the girls with bulimia nervosa and normal controls in almost all scale scores. However, also in this quoted study, there was no distinction made between individual subtypes of anorexia nervosa.

AIM OF THE STUDY

The aim of the present study was the assessment of the differences in self image of the patients diagnosed with anorexia nervosa restricting type, anorexia nervosa binge-eating/purging type, and bulimia nervosa as defined in DSM-IV. Two control groups were used in the course of

the study. The first consisted of girls with a basic diagnosis of major depressive disorder (single or recurrent depressive episode, dysthymia, depressive disorder NOS as defined in DSM-IV) of the same age as patients with eating disorders under the study that were consulted at the outpatient unit. Girls with psychotic features, depressive symptoms due to general medical condition, substance-induced depressive features and manic episodes in anamnesis were excluded from the sample. The second control group consisted of healthy girls of age similar to the examined group from Krakow's schools chosen on the basis of sequential selection.

The choice of the group with depressive disorders was determined by the desire to observe features that are most typical for eating disorders and not characteristic only for mental disturbances of the developmental age in general. The choice to add the second control group was driven by the intention to relate the observed differences in self-image of persons with no mental disturbances.

SUBJECTS AND METHODS

Methods

The study surveyed patients consulted due to eating disorders in the outpatient unit of the Department of Child and Adolescent Psychiatry at Jagiellonian University Collegium Medicum in Krakow.

The study used the Polish adaptation of the Offer Self-Image Questionnaire for Adolescents prepared by Wanda Badura-Madej et al. [12, 13]. The study analyzed 99 questions of the 130-item questionnaire (international version) describing self image of the adolescents in 10 individual areas, such as:

- Scale 1. Impulse Control,
- Scale 2. Emotional Tone,
- Scale 3. Body and Self-Image,
- Scale 4. Social Relationships,
- Scale 6. Sexual Attitudes,
- Scale 7. Family Attitudes,
- Scale 8. Mastery of External World,
- Scale 9. Vocational and Educational Goals,
- Scale 10. Psychopathology,
- Scale 11. Superior Adjustment.

Due to appropriate statistical procedures, 2 scales of the tool (scale 5 and 12) were not taken into account in the course of the study.

Subjects

In the statistical analyses, data of 54 patients diagnosed with anorexia nervosa restricting type (ANR), 22 diagnosed with anorexia nervosa binge-eating/purging type (ANBP), and 36 diagnosed with bulimia nervosa (BUL) were used. Two control groups consisted of 36 girls diagnosed with depressive disorders (DEP) and 85 healthy girls from Krakow's schools (NOR). Four girls who suffered from slightly intensified bulimic symptoms or presented atypical bulimic symptoms accompanying severe depression were excluded from the analyses. Subjects with significant body mass loss within normal range, and subjects who vomited less than 2 times per week or vomited after subjective bingeing episodes were added to the appropriate main groups.

Data Analysis Method

Single-factor variation analysis and a Tamhane post hoc multiple comparison among averages test were used to compare the results in every scale of the questionnaire separately.

Statistical computations were made using the statistical package SPSS+ 12.0.

RESULTS

Girls from the ANR group were found to be, in a statistically significant way, younger than girls from the BUL group. There were no significant differences among the clinical groups in terms of school type or family situation in the analyzed material. Profiles acquired by the groups were used to graphically illustrate the obtained results (diagram 1), presenting the results in the z scale. A high standardized result indicates a better self image. Table 1 contains statistically significant observations of QSIA results. Assumed Alfa = 0.05.

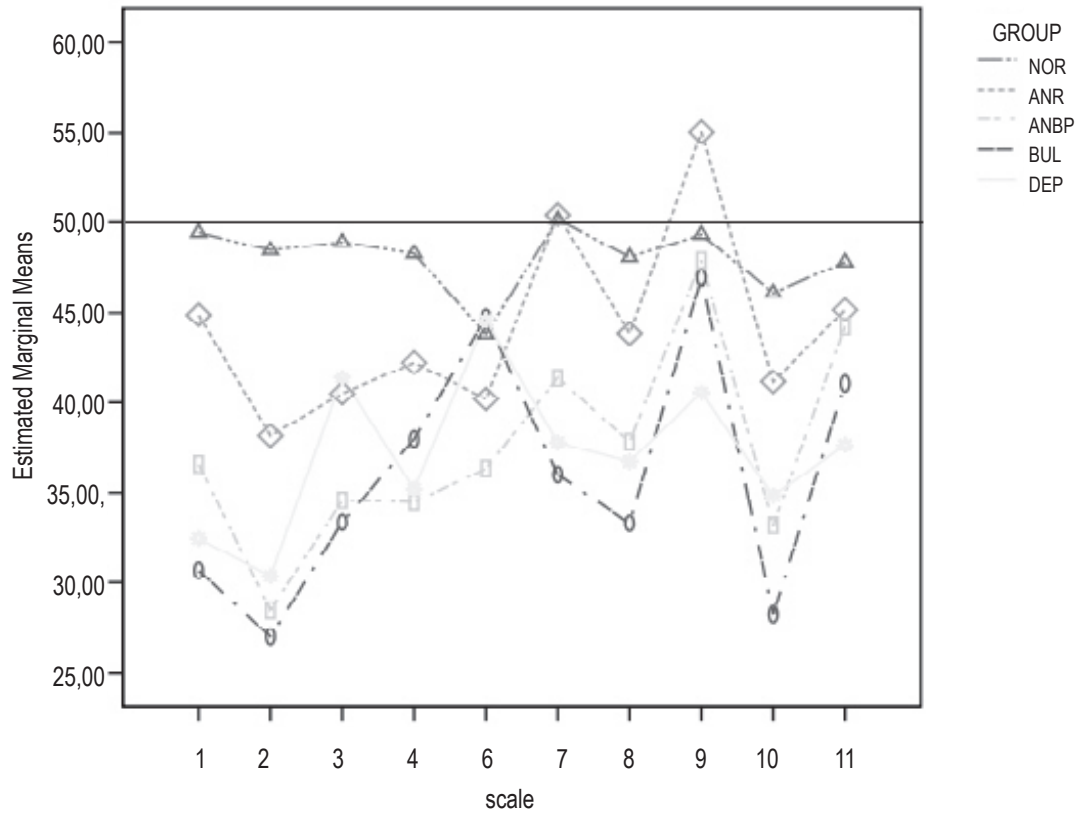


Diagram 1. Profiles

Table 1. Multiple Comparisons

DGN		SCALE								
		1	2	3	4	7	8	9	10	11
(I) dgn	(J) dgn	Mean Difference (I-J)								
NOR	ANR		10.3104	8.4108						
	ANBP	12.8759	19.9975	14.3496	13.8133				12.9148	
	BUL	18.7709	21.4737	15.5681	10.3189	14.1842	14.7980		17.8700	
DEP	ANR	-12.4331				-12.6712		-14.4853		
	ANBP									
	BUL									
ANR	ANBP									
	BUL	14.2011	11.1633			14.4490	10.5426	8.0996	12.9280	
	ANBP									
NOR	DEP	17.0029	18.1126		13.0950	12.4064	11.3699		11.2719	10.1769

In the Sexual Attitudes scale, there was no statistically significant observation. The ANR group differed from the NOR group to its disadvantage in only 2 scales (Emotional Tone and Body Image), the ANBP group in 5 scales, the BUL and DEP groups in 7 scales. All clinical groups (ANR, ANBP, BUL, DEP) differed from the NOR

group to their disadvantage in only the Emotional Tone scale. The ANR group was characterized (on non-statistically significant level) by better self-image than the NOR group in the Vocational and Educational Goals scale. The ANR group differed from the DEP group to its' advantage in 3 scales (Impulse Control, Family

Attitudes, Vocational and Educational Goals). There was no statistically significant difference in any of the scales between the DEP, BUL and ANBP groups. There was no statistically significant difference in any of the scales between the ANR and ANBP groups. The BUL group differed from ANR group to its' disadvantage in 6 scales. There were statistically significant differences between the NOR group and the three groups diagnosed with eating disorders only in the Body Image scale.

DISCUSSION

The obtained result is considerably convergent with the one obtained by Erkolahti et al. [11] which compared girls diagnosed with anorexia nervosa and bulimia nervosa. The introduction of the distinction between subtypes of anorexia nervosa seems to make the observed difference more visible and explicit. However, it should be noted that the statistically significant age difference between girls diagnosed with ANR and BUL types of eating disorder impairs reasoning and the ability to draw conclusions. Differences in self image may be related not only to the context of diagnosis type but also to age. On a hypothetical spectrum, the ANBP group is generally situated between the ANR and BUL groups. Occurrences of bingeing and purging symptoms, from the perspective of self-image, seem to be at least as important classifying factors as weight. Interpretation is impaired by the small size of the ANBP group. Nevertheless, similar outcomes were obtained in studies on personality features in different subtypes of eating disorders conducted by other researchers [14, 15]. Prospective crossover analyses between diagnoses indicate relative stability of diagnosing bulimia nervosa and frequent conversion of the symptoms into either type of anorexia nervosa. They are a manifestation of the same disorder rather than of unique diagnostic groups [16]. In this context, the difference in self-image between the ANR and ANBP type poses a question about the relation between development of bingeing and purging in the course of treatment of the ANR type and a change in the area of intrapsychic functioning. The results table shows that the BUL group differs from the NOR group

of healthy girls to its disadvantage in all scales except for Sexual Attitudes, Vocational and Educational Goals, and Superior Adjustment. Girls from the DEP group show similar negative self-image except on the Body and Self-Image scale. There were no self-image differences between the BUL and DEP groups. Erkolahti, Saarijarvi, Terho arrived at a similar result in their study with the Offer Questionnaire [17]. There was no statistically significant difference in any of the scales between the depression group and the bulimia group. The results cause one to wonder about the relations between these syndromes, especially about the significance of the depressive component in bulimia nervosa. In the examined material, 28 patients diagnosed with eating disorders (10 ANBP, 4 ANBP, 14 BUL) also showed clinical symptoms of depression. This may have affected the observed convergence of the results of the clinical groups.

Relatively good self-image results obtained by girls from the ANR group were paired with bodily destruction and life threatening symptoms, along with an often critical perception of family functioning by parents [18], may indicate a lack of adequate self-esteem and probably defensive character of self-image of patients suffering from the ANR type of eating disorder[10]. Thus, any literal interpretation of results of studies on girls diagnosed with the ANR type of eating disorder should be approached very carefully and with a degree of reservation. Drawing far-fetched conclusions as to the intensification of psychopathologies observed in these girls in the context of comparison with a healthy control group should be avoided.

Lack of statistically significant relationships in the Sexual Attitudes scale diverges from data provided in literature on the subject matter, which shows that girls with eating disorders obtain (as measured by the Offer Self-Image Questionnaire) results indicating difficulties in experiencing their sexuality. Regression analyses conducted on the above-presented material indicate the significance that the attitude toward one's own sexuality has between the ANR group and the BUL group. Patients from the BUL group accept their sexuality to a greater degree than girls from the ANR group. In this context, the aspect of the attitude toward one's own sexuality is one of the most important differences between these groups [19].

CONCLUSIONS

The obtained results allow formulation of a few conclusions:

1. In the context of self image, patients diagnosed with eating disorders constitute a heterogeneous group.
2. Girls diagnosed with anorexia nervosa restricting type and bulimia nervosa tend to show extreme differences in self-image.
2. Occurrences of bingeing and purging symptoms, from the perspective of self-image, seem to be at least as important classifying factors as weight.
3. The results raise a question about the significance of the depressive component in bulimia nervosa.
4. The relatively good self-image of girls from the group of anorexia nervosa restricting type may indicate a lack of adequate self-esteem and a probably defensive character of their self-image.

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