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The role of self-esteem in communication with individuals suffering from eating disorders

Rola samooceny w komunikacji z osobami z zaburzeniami odżywiania

Abstrakt:

Tematyka samooceny osób cierpiących na zaburzenia odżywiania jest kwestią podejmowaną zarówno na gruncie teoretycznym jak i empirycznym przez naukowców i klinicystów działających w tym obszarze. Jest to zagadnienie istotne z punktu widzenia właściwego rozumienia, wspierania i skutecznego leczenia osób z tymi zaburzeniami. Poniżej scharakteryzowane zostaną krótko różne rodzaje zaburzeń odżywiania, omówiona zostanie kwestia samooceny i zaprezentowane zostaną możliwe sposoby wspierania odbudowania pozytywnej samooceny wśród osób zmagających się z tą problematyką.

Słowa kluczowe: zaburzenia odżywiania, samoocena, komunikacja

Abstract:

The self-esteem of people suffering from eating disorders is a very popular subject with scientists and clinical psychologists, who deal with it both theoretically and empirically. It is a relevant issue if one wants to understand, support and treat the people with these disorders effectively. Different kinds of eating disorders will be briefly described below, the issue of self-esteem will be addressed as well and possible ways to help rebuild high self-esteem among the people suffering from eating disorders will be presented.

Key words: eating disorders, self-esteem, communication

1. Eating disorders

DSM-5 and ICD-10 classifications (APA, 2013; WHO, 1992) define various types of difficulties and disorders of eating and feeding. There are: anorexia nervosa, bulimia nervosa, binge-eating disorder, rumination disorder, pica, avoidant/restrictive food intake disorder and other specified / unspecified feeding or eating disorder (APA, 2013; Gałęcki, Pilecki, Rymaszevska, Szulc, Sidorowicz, Wciórka, 2018).

In order to make it more clear what kind of problems people suffering from eating disorders deal with, diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa and Binge-Eating Disorder will be briefly presented below.

Anorexia nervosa is diagnosed when energetic supply limitation occurs which leads to significantly lowered body mass compared to developmental standards and physical health, depending on age, sex etc.. Another important factors are: an intensive fear of gaining weight or of becoming fat, or persistent behavior that prevents weight gain even with significantly low body weight; disturbance experiencing of one's weight or body shape; too much value placed on body mass or continuing unawareness of the seriousness of current lowered body mass (APA, 2013; Gałecki, Pilecki, Rymaszewska, Szulc, Sidorowicz, Wciórka, 2018). In DSM-5 classification there are subtypes such as Restricting type and Binge-eating/purging type which involves recurrent periods of binge eating or purging.

Bulimia nervosa is diagnosed in case of recurrent episodes of binge eating (a person, within a particular time period, eats the amount of food that significantly exceeds what most people would eat in a similar time period and in similar conditions; which is accompanied by the feeling of losing control over them). In order to avoid gaining body mass, a person compensate these binge eating episodes with vomiting, excessive physical exercise etc.. Both binge eating episodes and compensating episodes occur on average at least once a week in a three-month period. What is more, in bulimia nervosa, the influence of body shape and its mass on self-esteem is too significant. It should be mentioned that this disorder does not occur in the case of anorexia episodes (APA, 2013).

Eating disorders with binge eating episodes are also characterized by recurrent episodes of eating the amount of food within a particular time period, that significantly exceeds what most people would eat in a similar time period and in similar conditions and is accompanied by the feeling of losing control (APA, 2013). Furthermore, at least three of the following issues occur at the same time: eating much faster than usually, until the feeling of discomfort resulting from overeating; eating significant amounts of food even though there is no physical craving; eating alone caused by the feeling of embarrassment about the amount of food consumed; subsequent self-loathing, feeling miserable or feeling guilty. Those episodes are connected with the suffering of the person and occur, on average, at least once a week in a three-month period but they are not accompanied by compensating behavior. It should be mentioned that this disorder does not occur in the case of anorexia or bulimia episodes (APA, 2013).

The characteristics above allows one to notice that, in each of the eating disorders mentioned, eating problems are interwoven with and influence reciprocally the area of self-esteem and its components as early as at the stage of diagnosis.

2. Self-esteem

In a more general sense, self-esteem can be related to believing in oneself and in one's abilities, the feeling of dignity, acceptance, and the fact that one is a person who is important and significant to other people and one's environment. In psychology, self-esteem is a term often used interchangeably with the term self-worth. It is defined as a positive or negative attitude or emotions towards the „self” which constitute a global assessment of oneself (Brown, 2014; Rosenberg, 1965; Wojciszke, 2003). High self-esteem is connected with a belief that a person has value as a human being, that they are „good enough”. Low self-esteem, on the other hand, is connected with self-denial and rejecting oneself (Rosenberg, 1965).

Self-esteem and person's general situation and events in life may influence one another. The beliefs about oneself may have an impact on achievements in many areas (e.g. professional), health, interpersonal relationships and the feeling of fulfillment. The external events and conditions may, as a feedback loop, contribute to generating self-esteem of a given person (Markus, 1977).

In case of people with eating disorders, the very fact that they suffer from such a disorder may result in creating this vicious circle. The disorder may be the consequence of the problems in the area of self-esteem, but it can also influence it, e.g. in case of the people suffering from anorexia nervosa, the disorder may seemingly increase the self-esteem thanks to a belief that one is different than other people and does not need or can live on minimum food intake. Mentioned belief can be in itself is dangerous to health and life. When self-discipline and self-limitations concerning food become weaker, or the weight even slightly increase, a person may experience guilt, weakness or even the feeling of worthlessness.

When it comes to people with bulimia nervosa and binge-eating disorders, the disorders may be connected with the lack of belief in oneself, trying to regulate difficult emotions connected with it, experiencing weight or body shape in negative way. And again, like in a vicious circle, the symptoms of the disease may additionally result in lowering of self-esteem, which can inhibit the fight for oneself as a valuable human being and applying for treatment. These are only a selected number of issues and possible ways how eating disorders and self-esteem interact with each other, but they show how these two areas are interwoven and connected and that it is necessary to understand them better.

3. The brief review of past research

A brief review of selected research areas concerning eating disorders and self-esteem will be presented below.

Wilksch and Wade (2004) studied the relation between shape and weight concerns, depression and self-esteem among women from three research groups - people suffering

from anorexia nervosa (19 participants), restrained eaters (20 participants) and unrestrained eaters (21 participants). Research tools consisted of the following questionnaires: The Centre for Epidemiological Studies Depression Scale, The Shape Concern and Weight Concern subscales from the Eating Disorder Examination Questionnaire and The Self-Perception Profile for Adolescents. The results showed that people suffering from anorexia nervosa had significantly higher shape and weight concerns and lower self-esteem than restrained eaters. The issue of depression occurrence also turned out to be of high importance and it was a variable which should be controlled in such studies. Unrestrained eaters had higher self-esteem and lower shape and weight concerns than restrained group (Wilksch, Wade, 2004).

Halvorsen and Heyerdahl (2006) conducted research on personality, self-esteem and life satisfaction among young adult women who suffered from anorexia nervosa in their childhood or adolescence. The tools used in the research consisted of Temperament and Character Inventory, The Rosenberg Self-Esteem Scale and item from the HUNT study. The data showed that the results concerning personality and self-esteem depended also on the issue of current health state and attitude towards eating. Life satisfaction was reduced in case of the whole research sample and, moreover, it was strongly associated with self-esteem (Halvorsen, Heyerdahl, 2006).

Brytek-Matera (2007) studied self-esteem in research groups with anorexia nervosa and bulimia nervosa. A research tool used was Self-Esteem Inventory of Coopersmith, which included four areas of self-esteem, such as general, social, family and school/professional. They were comparative research of Polish and French female patients. The results showed that, in both Polish and French populations, people with eating disorders were characterized by low results in all studied self-esteem areas. The author also concluded that low self-esteem is a factor supporting anorexia nervosa and bulimia nervosa (Brytek-Matera, 2007).

Another research was conducted by Brytek-Matera and Charzańska (2009) and they were concerned with the relationship between dissatisfaction with one's own body and selected personality variables among people with eating disorders. The research tools used were Dissatisfaction with One's Body Scale, Eating Disorders Questionnaire, Self-Esteem Questionnaire, Self-Expression and Control Scale, Fear and Depression Hospital Scale and Feeling of Control Placement Scale. As far as self-esteem is concerned, it turned out to be lower among the people with anorexia nervosa and bulimia nervosa than those in the control group. Moreover, the study concluded that slim figure apply to one's self-image (Brytek-Matera, Charzańska, 2009).

A little different research area was explored by Noordenbos, Aliakbari and Campbell (2014). They studied the relationship between critical inner voices, low self-esteem and self-criticism among eating disorder participants. There were three research groups with diagnoses of anorexia nervosa, bulimia nervosa and with eating disorder not otherwise specified (no patients were diagnosed as a person suffering from schizophrenia or any other

psychotic disorder). The research tools used were demographic surveys, Eating Disorder Examination Questionnaire, The Rosenberg Self-Esteem Scale, Forms of Self-Criticizing/Attacking and Self-Reassuring Scale, Psychotic Symptom Rating Scales (only if participants had experienced hearing a critical inner voice), Beliefs About Voices Questionnaire. The results showed that people with eating disorders were characterized by higher intensity of self-criticism and lower self-esteem than the control group. A conclusion was also drawn that hearing critical inner voice was significantly more common among people diagnosed with eating disorders than the control group (Noordenbos, Aliakbari, Campbell, 2014).

The research results presented above are only a small fraction showing the interest among researchers in the topic of self-esteem of people struggling with eating disorders. It is a result of the fact that this issue is of great importance in clinical practice but it is also worth noting that these issues may be relevant for the close environment of the patients from these clinical groups.

4. Possible ways to help people with eating disorders to rebuild positive self-esteem

It is an open question how one can help people struggling with eating disorders to build positive self-esteem. It seems crucial for their close environment, who often doesn't have specialized knowledge or education in this matter, to be able to support patients in the area of self-esteem - also in every day communication.

It seems a good idea to try to help separate the disease identity obsessed with weight/body from a global self-esteem of people from such clinical groups. It might be a problem if the only identity of such a person is the fact that she/he suffers from a disease or that she/he is too slim or overweight, or she/he is a person who is using embarrassing strategies to avoid gaining weight. A possible action could be trying to point out qualities other than physical appearance, such as abilities, skills, and talents.

People from these clinical groups may have strong determination, ambition, effectiveness in achieving their goal of losing body weight or hiding the disease. Therefore, in communication with them, one could translate these features into more adaptive and functional areas such as work / education / society to contribute to a better quality of life for patients.

Moreover, it would be helpful to take up some of the social roles one played before the disease and to show acceptance, involvement and the significance of the patient to their close environment.

Another idea how to help rebuild positive self-esteem could be communicating and helping find the talents and skills that the people possess. Discovering an area in which

person could take action and realize herself/himself could contribute to increasing self-esteem and, in the long term, it might also alleviate influence and intensity of eating disorder.

To summarize, self-esteem seems to be a significant area in groups struggling with eating disorders, such as anorexia nervosa, bulimia nervosa or binge-eating disorder. Self-esteem might be a key factor concerning occurrence and process of the disease and its treatment. The results of the presented research indicate that persons suffering from eating disorders may be characterized by lower self-esteem compared to healthy people. This issue is also tested taking into account other variables such as personality, concerns of weight and body shape, or depression to obtain a more appropriate picture of the problem. Using the knowledge from the research, it is also possible to take actions on a micro- and macro-social scale that support the rebuilding of positive self-esteem of people from these clinical groups such as educate or create appropriate therapeutic programs for patients and their families. These programs could provide additional support that would help patients and their environment learn how to increase acceptance and self-esteem.

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