

Are Anorexia and Bulimia self-esteem based illnesses?

Study on self-esteem using the Coopersmith test (1984) based on 24 anorexic and bulimic subjects

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Literature evokes in people with an eating disorder, a disturbance of self-esteem in relation to instability of the ego, a failure of self, and a weakness of narcissistic foundations. This study is based on this question by setting the following objectives:

- Objective Number 1: To verify that the self-esteem of patients with an eating disorder is abnormally low.
- Objective Number 2: To compare the self-esteem of restrictive anorexics and restrictive bulimics emitting qualitative interpretations.
- Method: 24 patients followed in the hospital were submitted the Coopersmith self-esteem tests. Eleven of the patients are Restrictive-Anorexic, ten are Bulimic-Anorexic, and three are Bulimic (criteria of DSM-IV - 1994).

The questionnaire asks the subject to describe their attitudes and feelings in form of statements ("I feel like..." or, "I do not feel like...") in four domains: social, professional, family, and general. The authenticity of the answers is tested on a scale of untrue responses.

- Result Number 1: The self-esteem of the population of the study is abnormally low, with a score inferior to 16% of the base-limit compared to the normal population.
- Result Number 2: The self-esteem of the bulimic-anorexics was 16% inferior to restrictive-anorexics.
- Interpretations: The abnormally low score obtained by patients appears related to an incapacity to become autonomous as well as interpersonal difficulties. The superior results of the restrictive-anorexics is seen in the self-satisfaction that they show in testing in self control; while the bulimic-anorexics suffer from a deficiency of the taking care of themselves, impulsive and self mutilation acts produce feelings of embarrassment and guilt.
- Possible extensions: The measure of the depression state, with help by using the Beck scale, permits to better understand that which is taken in the very low scores obtained by the Coopersmith scale on depression and which produces food disorders.

Introduction

Many studies report patients with eating disorders:

Self-esteem problems

In connection with:

- A pathological intrapsychic organisation (lack of a sound narcissistic foundation, ego instability. . .) (Jeammet, Brusset, Corcos. . .)
- Incapable of being autonomous
- Incompetence with interpersonal relationships
- Numerous embarrassing experiences and a feeling of losing self control
- Negative body image
- Perfectionism
- Depression
- De-nutrition

Questions: - Is a weak self-esteem the central dimension of these pathologies?
- Does this dimension differ according to the type of disorder?

Objectives

- *Problematic:*

To verify, with the help of the Coopersmith scale of evaluation (1984), within the Restrictive-Anorexic (RA) and Bulimic-Anorexic (BA) population, if self-esteem of these two populations is abnormally low, and if qualitative and quantitative differences exist in respect between them.

- *The importance of this research:*

To contribute to the discussion by comparing self-esteem in both categories of patients, and to explain how and why they differ.

- *Objective Number 1:*

To verify if, in the study involving 24 patients, the threshold of self-esteem is very low (score < 33).

We postulate that the score will be low, particularly because of:

- Difficulties of patient autonomy
- Their social and relational incompetence
- The self-deception of their body image
- Negative thoughts associated to depression

→ Hypothesis 1: The self-esteem of the population of the study will be abnormally low.

- *Objective Number 2:*

To compare the scores obtained by the Restrictive-Anorexics and the Bulimic-Anorexics in order to evaluate self-esteem.

We postulate that the score of the Bulimic-Anorexic will be weaker than that of the Restrictive-Anorexic, especially because of:

- Their sense of loss of control
- Their greater vulnerability to depression,

Restrictive-Anorexics also have a sense of power and self-control.

→ Hypothesis 2: The self-esteem of the Bulimic-Anorexics will be weaker than that of the Restrictive-Anorexics.

Materials and Methods

• *Recruitment*

24 patients followed in the Paul Brousse hospital in Villejuif, France:

- 11 Restrictive-Anorexics (RA)
- 10 Bulimic-Anorexics (BA)
- 3 Bulimics (B)

<u>Pathology</u>	<u>11 RA, 10 BA, 3 B</u>
Duration of the disease	from 1 year to 30 years
Psychiatric care	from 3 months to 25 years
Age	from 18 to 50 years old
Sex	Female
Average BMI	BMI = 15 (deviation from 13 to 22)
Socio-cultural standing	Heterogeneous
Family situation	3 are married, 2 are mothers, 21 are single
Professional activity	80% non-activity

• *Inclusion criteria*

- Criteria DSM IV (1994) for anorexia and bulimia
- Non-specified eating disorders
- Binge Eating Disorders

• *Exclusion criteria*

- Psychiatric comorbidity
- Severe denutrition (BMI < 13)
- Secondary anorexia with an organic disease or depression

• *Methods*

- Coopersmith self-administered questionnaire given to patients by the same clinician after an interview on eating behavior in the same entry conditions (isolation in a hospital office).
- The test covers the following domains: social (8 items), professional (8 items), family (8 items) and general (26 items).

- The subject answered questions evoking attitudes and feelings with "that is like me" or "that is not like me."