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Anorexia nervosa among French adolescent females in relation to self-esteem, coping strategies, anger expression and anger control

Anna Brytek-Matera

SUMMARY

Aim: This study sought to determine the dimensions of self-esteem, coping strategies, anger expression and anger control among French women diagnosed with anorexia nervosa.

Material and method: A clinical group of 32 females suffering from anorexia and 57 healthy females completed an anonymous questionnaire form concerning family life, their state of health and/or the course of their illness, the Self Esteem Inventory, the Brief COPE evaluation, and the Self-Expression Control Scale.

Results: Compared with controls, French anorexic adolescents showed low social, familial and general self-esteem. Eating-disordered women used emotional methods of coping more often than the control group and they conceptualised their anger against themselves.

Conclusions: We concluded that anorexia nervosa is inseparably connected with low self-esteem, as well as an inability to cope with one's own emotions, personal problems and feelings.

anorexia nervosa / **self-esteem** / **coping** / **anger expression** / **anger control**

INTRODUCTION

Self-esteem is an individual judgement of advantages expressed in attitudes which are affected by humans [1], such as acceptance, love, self-respect, self-confidence and belief in one's own abilities [2]. Self-esteem defines how a given individual feels and who he or she is. Therefore, it is treated as a key value of personal development, and it plays a fundamental role in how one feels emotionally, mentally and physically. As a result, one increases or decreases one's value depending on the situation, on one's own actual self-esteem ("I don't approve of myself because I am not slim enough") or the desired self-esteem ("I will be slim enough so I will approve of myself"). The degree of self-acceptance, especially in people with eating disorders, is also affected by the way they are perceived by others. In this approach, self-perception is determined by other people's opinions.

The specificity of anorexia nervosa is characterised by physical destruction, which for a girl is a condition of her own identity. In the ideal perception of herself (slim figure) the girl feels that it is possible to get to know her own *ego* and be accepted by others. The feeling of gaining control over eating and her own body is for her a reason to declare specific increasing satisfaction and pride. Destructive activities lead to reinterpretation – the self-esteem of the girl suffering from anorexia increases, however, it does not reach a suitably sufficient level to gain confidence. As a result, she undertakes further sacrifices to prove she can do better. If the self-esteem coefficient was higher, further destructive activi-

Anna Brytek-Matera: Health Psychology Laboratory, Department of Psychology, University Paul Verlaine-Metz, Institute of Psychology, Chair of General Psychology, University of Silesia; Correspondence address: Anna Brytek-Matera, University of Silesia, Institute of Psychology – Chair of General Psychology, 53 Grażyńskiego Str., 40–126 Katowice, Poland; e-mail: abrytek@us.edu.pl

ty would not occur since the girl would not need proof for her self-acceptance. An individual suffering from anorexia nervosa is characterised by low self-esteem and problems with self-acceptance [3, 7]. The result of paying full attention to diet is that the question of non-eating becomes most important and other problems which were previously important are no longer noticed. Thus, the disease is a kind of escape from the awareness of not being loved or needed.

Coping with stress is defined by Lazarus and Folkman [8] as cognitive and behavioural processes which facilitate reduction, tolerance of, and coping with internal and external requirements which endanger or exceed the resources of the human being. The authors believe that the evaluation of the event (not the event in itself) connected with the disease causes stress as well as emotional, cognitive, and behavioural consequences. Depending on an individual response there are two kinds of strategies of coping with stress: the first is concentrated on emotions, i.e. responses oriented on emotional reactions (towards person's internal condition), and the second is concentrated on the problem, i.e. responses focused on the event itself. Girls suffering from anorexia nervosa use more strategies concentrated on emotions in comparison with the control group [9, 12]. Endler and Parker [13] also distinguish categories concentrated on avoidance. They are expressed through tendencies to focus on substitute activities which are meant to eliminate thinking, experiencing and getting involved in a stressful situation (thinking about pleasant situations, dreams).

Difficulties with expressing one's own emotional states, including anger, coexist with anorexia in girls. As far as negative situations were concerned, patients showed far more internal attribution than the control group.

For many years in both psychological and medical literature many authors presented their research related to eating disorders. The author of this paper has conducted comparative research on the French population. The research concentrated on examination and comparison of self-esteem, as well as strategies of coping with stress and expression of anger in girls suffering from anorexia.

MATERIAL AND METHODS

The research group consisted of 32 French female patients suffering from anorexia nervosa who were treated in a full-time ward of St. Cross Hospital in Metz and in the Children and Youth Psychiatry Ward of the Children's Hospital in Nancy-Brabois, Lotharyngia. The control group consisted of 57 female university students at Metz (table 1).

All the girls gave their consent to participate in the research program. First, the girls completed an anonymous questionnaire concerning their family life, health condition and course of their disease. In addition to this, Coopersmith's Self-esteem Inventory [1], C.S. Carver's BRIEF COPE and Self-expression Control Scale by Van Elderen et al. [16] were applied.

The statistical analysis was conducted by means of SPSS software, Version 12.0 (2004) and the Formic software for processing statistical data. For statistical calculations, ANOVA variance analysis was used.

Table 1. Subject characteristics

	Patients with anorexia nervosa		Healthy subjects	
Variable	n = 32		n= 57	
	M	SD	M	SD
Age (in years)	17.66*	1.30	20.84	1.91
Body Mass Index (BMI)	16.69*	2.31	21.41	2.82
Duration of disease (in months)	24.02	21.51	–	–

*Differences in relation to the control group statistically significant.

RESULTS

In the dimension of self-esteem, strategies of coping with stress and expression of anger, significant statistical differences were observed when comparing the diseased group to the control group. Girls with anorexia nervosa had lower self-esteem in relation to social, family and general "me" areas of their lives (table 2).

In comparison with the control group, the patients with anorexia nervosa used fewer strategies for coping with stress involving behaviour disorganisation, a sense of humour and situation acceptance. These girls less frequently reinterpreted their situation in a positive way or expressed their feelings and emotions (table 3).

Concerning internalization of anger, adolescents with anorexia nervosa achieved higher results than the control group (table 4).

DISCUSSION

The results we achieved concerning self-esteem show that in French girls suffering from anorexia nervosa, the"I-structure" is disturbed. They have low self-esteem in social and family areas. Low "social me" related to considering other people's

Table 2. Average results of dimensions on Self-Esteem Inventory for individual groups

Self-esteem dimension	Patients with anorexia n = 32		Healthy subjects n= 57		p
	M	SD	M	SD	
General self-esteem	10.50	5.63	17.61	5.27	0.001
Social self-esteem	4.37	2.01	6.15	1.50	0.001
Familial self-esteem	4.15	2.15	6.00	2.18	0.001
Professional self-esteem	4.87	1.89	5.52	1.80	NS
Lie scale	2.18	1.20	2.57	1.53	NS

Table 3. Average results on Brief COPE scale for individual groups

Coping strategies	Patients with anorexia n = 32		Healthy control n = 57		p
	M	SD	M	SD	
Active coping	2.35	0.61	2.60	0.63	NS
Planning	2.43	0.64	2.56	0.72	NS
Use of emotional support	2.70	0.85	2.73	0.66	NS
Use of instrumental support	2.60	0.82	2.75	0.72	NS
Focus on and venting of emotions	2.29	0.60	2.64	0.73	0.01
Behavioural disengagement	1.89	0.75	1.56	0.54	0.01
Self-distraction	2.62	0.69	2.72	0.52	NS
Positive reinterpretation	2.10	0.66	2.56	0.74	0.006
Humour	1.53	0.60	2.07	0.77	0.001
Denial	2.01	0.70	1.84	0.74	NS
Acceptance	2.09	0.60	2.58	0.80	0.001
Religion	1.56	0.82	1.61	0.76	NS
Substance use	1.50	0.80	1.44	0.72	NS

Table 4. Average results on Self-Expression Control Scale for individual groups

Anger	Patients with anorexia n = 32		Healthy control n = 57		p
	M	SD	M	SD	
Anger-out	2.23	0.86	2.19	0.73	NS
Anger-in	2.81	0.85	2.08	0.68	0.001
Control anger-out	2.57	0.84	2.67	0.76	NS
Control anger-in	2.76	0.76	2.81	0.76	NS

opinions and adopting their point of view causes the patients to be very much concerned about what people think of their appearance, behaviour, etc. The kind of feedback and the way they are interpreted by others also strongly influences their perception of themselves. Increasing self-consciousness leads to a more critical self-evaluation and, as a result, to a decrease in their own self-esteem. The way patients interacted with their family, or "family–me", was also evaluated. Many people believe that the reason for anorexia is an imperfect family life [17, 20]. In this study, it was observed that in France, a girl's life is completely full and consists of doing her duties (work is treated in the same way as pleasure), therefore there is no time or place for doing what she really wants to do. She feels emptiness in her spiritual life. To fill it, she undertakes many activities, is hyperactive, and attends many different extra classes. Through her lasting resistance, the anorexia manifests its' existence. By refusing food, the girl declares what she wants, proving her humanity: being a human being with dreams and desires, not only needs. Low self-esteem related to family life may result from a certain type of family (overprotective, reserved, stiff) or stressful family relationships. These may involve overprotection, psychic interference, intensity of being together, inappropriately defined and realised roles (a domineering mother, a weak role of man as a partner with imposed subordination and suppressing individual ambitions), or strong attachment to maintaining the unchanged status quo within the family, which is related to denial and hiding significant conflicts. Low scores in total self-esteem in girls with anorexia nervosa have also been proved by other authors [21, 22]

In comparison with the control group, the French patients less often used a sense of humour as one of the coping strategies. They less frequently interpreted their disease in a positive way and were less likely to accept their reality. In other words, they did not approve of their own condition (a desire to be healthy or even slimmer). These adolescents used fewer coping strategies which were directed at expression of feelings and emotions. Furthermore, they tended not to undertake any activities which may have involved an unpleasant situation and, as a consequence, they were dominated and suppressed by this. Thus it may be assumed that the girls were not able to find an adequate solution. They passively accepted all events and did not believe that they were capable of changing this condition, which could have been achieved through looking at the situation from a less negative perspective.

As can be observed from this research, French girls suffering from anorexia nervosa do not attempt to cope with stressful situations through active strategies, i.e. by focusing on finding a solution or planning the next stages of problem solving. They make use of coping strategies focused on emotions (positive reinterpretation, expressing of feelings and emotions, behaviour disorganisation). The patients typically react in this way, avoiding situations which lead to emotional tension.

The patients with anorexia nervosa were more likely to internalize their anger than the control group. They believed they were more annoyed than normal, and therefore became more reserved. They did not blame others and became "enraged" inside but did not show it. In the existing research [23], authors confirm the presence

of anger-internalization in patients with anorexia nervosa.

The results prove the role of factors causing and maintaining anorexia in the examined French group. In therapy, the role of low self-esteem especially in family and social areas as well as maladaptive strategies of coping with stress (but not avoidance of expressing anger) should be taken into account. These activities may play the role of defense mechanisms against reactions to conflicts and unpleasant situations a human being cannot cope with. Therefore, attempts should be made to change this behaviour and direct it towards solution instead of avoidance.

CONCLUSIONS

Anorexia nervosa is inseparably connected with low self-esteem, the need of acceptance, as well as an inability to cope with one's own emotions, personal problems and feelings, as evidenced by limited adaptation strategies of coping with stress and anger-internalization.

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