

## АНАЛІЗ МЕТА-ЦІННОСТЕЙ У ЖІНОК З АНОРЕКСІЄЮ І ПСИХІЧНОЮ БУЛІМІЄЮ

*У статті здійснено аналіз мета-цінностей жінок з анорексією і булімією. З цією метою нами використано методику Шварца для вивчення цінностей особистості. Обсяг загальної вибірки дослідження склав 160 осіб. Серед них до експериментальної групи увійшло 40 жінок з анорексією і 40 – з булімією, які діагностувалися згідно з критеріями МКХ-10 (1998). Контрольна група складалася з 80 здорових жінок. Результати дослідження дають нам підстави констатувати значно більшу цінність консерватизму у жінок з розладами харчової поведінки на противагу здоровим жінкам. При цьому жінки з анорексією відрізняються від жінок з булімією, насамперед значно вищим рівнем самооцінки.*

**Ключові слова:** *мета-цінності, жінки, розлади харчування, анорексія, булімія.*

**Introduction.** According to ICD-10, anorexia nervosa and bulimia nervosa belong to the group of specific eating disorders. Anorexia is characterized by permanently and considerably limiting the consumption of food (especially rich in fats), frequently associated with different forms of behaviours (physical exercise, vomiting, abusing laxatives or diuretics and others), which are intended to lose weight or avoid weight gain [4, 12], [9, 13]. Abandoning food consumption is often accompanied by the loss of appetite and an intensive fear of putting on weight, which is another diagnostic criterion of anorexia.

Depending on the stage and degree of marasmus, numerous somatic disorders take place connected with differentiated risk threatening life or the occurrence of permanent changes in the functioning of many organs. Serious metabolic disorders are especially observed in patients who experienced a considerable loss of the body mass within a few months and above all in those who often induced vomiting or frequently took laxatives and/or diuretics. These disorders are also observed in people who have been ill for a long time, who are extremely emaciated as a result of food restrictions and more rarely due to restrictions in drinking liquids [6, 23 – 24].

Anorexia nervosa is a disease syndrome with a high mortality risk, reaching 18%, mainly due to the general emaciation or even cachexia of the whole organism. The cause of death is sometimes a disturbed balance of the levels of water and mineral salts, cardiac or neurological disturbances, infections of the weakened organs or serious gastric complications resulting from bulimic attacks or from returning to eating too rapidly [8, 7]. Due to the spread of the disease, high mortality rate and the degree of chronicity, some European countries recognized anorexia, besides alcoholism and AIDS (so-called 3A), as a priority of activities in the sphere of health [11, 52].

While looking for the causes of anorexia nervosa it can be stated that these are not clear and obvious; therefore, that is why a co-occurrence of different factors is assumed. They include, for example, biological, psychological, family and socio-cultural ones.

The biological factors, which are one of the causes of anorexia, include genetic predispositions, neurotransmitter (especially serotonergic) disorders, improper concentrations of appetite and satiety regulators, disturbances in all the three hormonal axes (hypothalamus- pituitary- adrenal glands, hypothalamus- pituitary- thyroid and hypothalamus- pituitary- ovaries) as well as primary specific cognitive disturbances, probably also conditioned genetically [6, 21].

The psychological approach sees the reasons for eating disorders in the personality type of a given individual. Results of studies conducted using personality questionnaires indicated that a part of women suffering from anorexia showed neurotic or obsessive features and – by far more often than women with the body weight within the norm – feel repulsion towards their own body and a lowered self-esteem [6, 21], [9, 26 – 27].

The family perspective is an important element in understanding anorexia. The occurrence of anorexia nervosa was related to an increased intensity of non-specific family problems that might constitute the factors both releasing and sustaining the symptoms. The appearance and development of the disease are possible when the child's physiological susceptibility occurs besides the features of the family system. The authors included the following within the specific models of behaviours and communication in a psychosomatic family: enmeshment, over-protectiveness, rigidity, lack of conflict resolution and over-involvement of the child in marital conflicts. There is no consensus among the authors dealing with this issue referring to whether the problems observed in families are primary or secondary for the development of the disorders, or maybe they are a liberating factor or a way of the family's adaptation and a method to cope in an extraordinarily difficult situation of a child's illness [9, 23 – 24].

Another reason for anorexia nervosa refers to socio-cultural factors. Nowadays, one can observe a great focus on the body, physical fitness, youth and health. This canon of beauty is spread by the contemporary media. A shapely, well-cared for and slim body is promoted in the culture of the West

and a conviction is strengthened among the recipients of the audiovisual means that the satisfaction of the beauty criteria guarantees a broadly understood success. The media contribute to the spread of the «slim ideal» and limit the social preferences to a narrow spectrum of shapes and dimensions of the human body, thus rejecting the diversity of appearances and shapes normally occurring in the society [2, 161 – 162], [17, 27 – 28].

Bulimia nervosa is an eating disorder characterized by eating big quantities of food within a short time in an uncontrolled manner accompanied by compensatory behaviours supposed to liberate the body from the consequences of the consumed energy and not to gain weight [4, 16], [9, 15 – 16]. It is possible to speak of bulimia if the episodes of binge eating must occur at least twice a week for at least three months. The beginnings of bulimia can be associated not only with controlling the body weight but also with other events such as crises in the family life, the death of a close person, an examination stress or a change of the job.

The most frequent compensatory behaviours undertaken by people with bulimia nervosa include inducing vomiting, starvation diets, abusing laxatives or diuretics, intensive physical exercise or using slimming products. Compensatory behaviours can be divided into those whose effect is felt immediately, e.g. vomiting, and those where the effect of compensation takes time, for example physical exercise, the use of laxatives or dietary restrictions. Both bulimic attacks and compensatory behaviours can occur with different frequency (ranging from a few during a week to several during a day). Using such drastic methods of controlling the weight leads to very grave disorders in the state of physical and psychical health. In many cases, untreated bulimia ends up with death as a result of disturbed work of many organs and systems, spread infections or suicides.

Bulimia is mainly manifested in the second stage of adolescence and in the stage of early adulthood. This disease starts between the age of 16 and 18 years old, usually after a period of a restrictive slimming diet and a loss of body weight. Even before it appeared, people suffering from bulimia frequently showed inclinations to over-eating and, as a result, using various diets. Moreover, long before the symptoms of the disease became visible, those people showed increased concentration upon their own appearance, dissatisfaction with their figure and an interest in foods.

Etiology of the disease is of complex and multi-factor character. The factors that might be of importance for the occurrence of the symptoms of bulimia nervosa include biological, individual, family-related, social-cultural and precipitating. As indicated by epidemiological research, the appearance of the symptoms of bulimia nervosa is connected with overweight or obesity, lack of parental care, problems in the family (bad contacts with mothers and older sisters), alcohol addiction, perfectionism, inclination to compulsion and a low

self-esteem. The group of precipitating factors includes intensive slimming, family breakup, disturbed social relations or endangered physical security (sexual abuse, physical or psychical violence). Numerous studies point to the family occurrence of bulimia nervosa and its genetic links, which get manifested under the effect of a variety of environmental and personality factors [6, 21].

An important role in the personality structure of a person is played by the system of values since – as emphasized by Gurycka [3, 24] – it releases definite emotions towards the surrounding people and phenomena, thus affecting the direction and manner of behaviour in various life situations. As noticed by Skorny [7, 17 – 18], values, treated in psychological and pedagogical sciences as a relatively permanent element of human personality, are a creation of human culture and they are shaped as a result of the influence of the social environment. Values get formed in the process of socialization, when an individual learns from the social environment what is important. Knowledge of what is valuable depends on individual experiences acquired in cooperation with other people. According to Skorny [7, 18], internalization of values, which takes place under the effect of the social environment, is manifested in subjectivization of values, consisting in accepting them and acknowledging them to be an integral part of one's own person. Internalized values stimulate human activity and facilitate the acquisition of desired objects, the achievement of definite states and desired social contacts.

In contemporary psychology the predominant division is the one developed by Schwartz where the starting point is the inventory of values by Rokeach. The originality of Schwartz's concept consists of a circle structure of values and their inventory, constituting a proposition for a complete description of human values. These are (1) conformity (restraint of actions likely to harm others, observance of norms, self-discipline, obedience and politeness), (2) tradition (acceptance of cultural and religious orders and prohibitions, humility, devotion), (3) benevolence (concern about the welfare of close people, faithfulness, responsibility, friendship, love), (4) universalism (care about the welfare of all people and the environment, justice, equality, peace), (5) self-direction (independence in thinking and acting, freedom and creativity), (6) stimulation (searching for novelties and variety, boldness, exciting life), (7) hedonism (striving for pleasure, the joy of living), (8) achievement (striving at personal success, ambition, efficiency), (9) power (striving for control, dominance and prestige, authority, richness), (10) security (safety for oneself and the loved ones, social order, harmony, cleanliness, health, sense of belonging) [1, 26 – 27].

#### **Author's own studies**

The aim of the studies was to analyze four metatypes of values represented by women with eating disorders against a comparative group. The research should provide answers to the following questions: 1) Are there any

differences, and if so – what kind, in the assessment of metavalues in women with eating disorders and healthy ones? (2) Are there any differences, and if so – what kind, in the assessment of metavalues in women with anorexia nervosa and bulimia nervosa?

The study was conducted in two stages. In the first one, where the procedure of purposeful sampling was applied, 80 women with eating disorders (ZO) were examined, including 40 with diagnosed anorexia (A) and 40 with diagnosed bulimia (B) according to the criterion ICD-10. They constituted the basic research group. In the second stage, random sampling was used, thus collecting a comparative group consisting of 80 healthy women (ZD). In this stage, first numerical indexes of personal variables were established on the basis of the data obtained in the basic group and next the expected list of healthy women who satisfied the adopted criteria and could take part in the studies was made. The study was of pilot character and was carried out in the years 2012 – 2014, prior to the author's own studies concerning women with eating disorders.

With the aim of analyzing the metatypes of values of women with eating disorders and healthy ones, the Personality Questionnaire developed by Schwartz was used. The instrument consists of 57 statements concerning descriptions of different people, including 52 statements referring to 10 types of universal basic values, 5 spiritual values (not included within the study). Respondents rate the importance of a given value according to a 7-point scale (1 – means that a given principle is opposed to the professed values; 0 – means that a given value is not important, 1,2 – means that a given value is less important, 3 – means that a given value is important; 4,5 – means that a given value is more important, 6 – means that a given value is very important; 7 – means that a given value is of supreme importance as the rule steering the life). Additionally, the questionnaire measures the preferences of four metatypes of values: self-enhancement (average benevolence and universalism), self-transcendence (average power and achievement), conformity (average adjustment, security and tradition), openness to change (average self-direction, stimulation and hedonism).

**Results.** With the aim to analyze metavalues of women with eating disorders and in healthy women, t test for independent samples was used. *Table 1* lists the mean values and standard deviations of the assessment of four metatypes of values subjected to the procedure of ipsatization<sup>1</sup> recommended by Schwartz and the values of t statistics and p-values. *Figure 1* presents the ratings of metavalues for women with eating disorders and healthy ones.

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<sup>1</sup> The procedure of ipsatization means transforming each of the value indexes for each studied person by subtracting from it this person's mean response to all questions. The procedure minimizes the disturbing effect of individual differences. The positive result means that this value is placed higher than the mean in the system of values of the person or the group. The negative result indicates that the value is situated lower than the mean, while the values with zero index occupy the middle place in the hierarchy of values [5, 134].

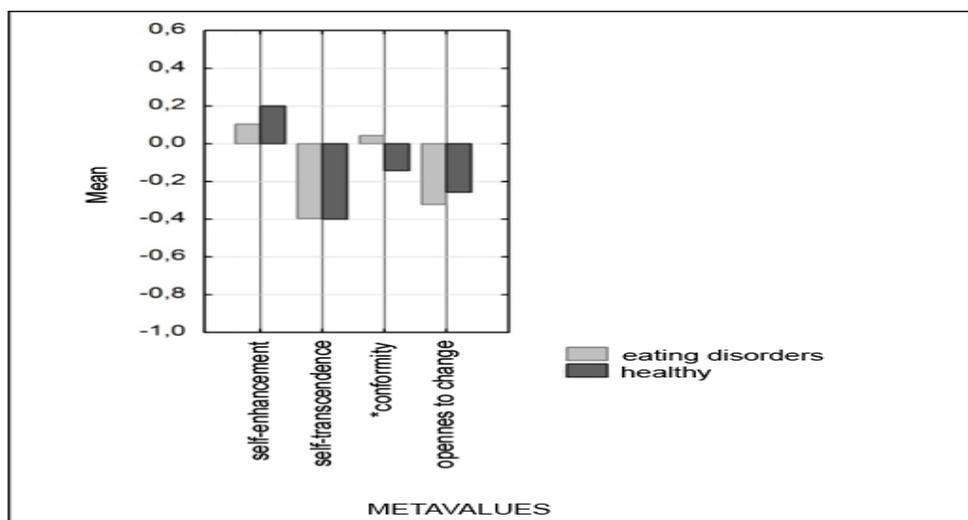
Table 1. Mean values and standard deviations of the ipsative index of the assessment of metavalues, t statistics values and p-values for women with eating disorders (ZO) and healthy ones (ZD)

Metavalues	Mean ZO	Mean ZD	SD ZO	SD ZD	t	p
Self-transcendence	0.104	0.200	0.400	0.477	-1.375	0.171
Self-enhancement	-0.396	-0.400	0.702	0.714	0.038	0.970
Conformity	0.043	-0.142	0.449	0.453	2.598	0.010*
Openness to change	-0.322	-0.256	0.627	0.573	-0.695	0.488
*						

source: author's own study

The analysis of metavalues pointed to significant inter-group differences in the field of preferences concerning conformity, which is a derivative of such values as adjustment, tradition and security. In the group of women with eating disorders, conformity is assessed higher. The difference between the groups in assessing this metavalue refers to the place in the hierarchy. In the group of women with eating disorders conformity is placed above the mean metavalue in the hierarchy whereas in the group of healthy women it is below the mean.

Figure 1. Assessment of metavalues in women with eating disorders and healthy ones



source: author's own study

Next, differences in the assessment of metavalues by women with anorexia and bulimia were studied. Mean values and standard deviations of the assessment of metavalues subjected to the procedure of ipsatization and the values of t statistics and p-values are included in *Table 2*. The ratings of metavalues by women with anorexia and bulimia are presented in *Figure 2*.

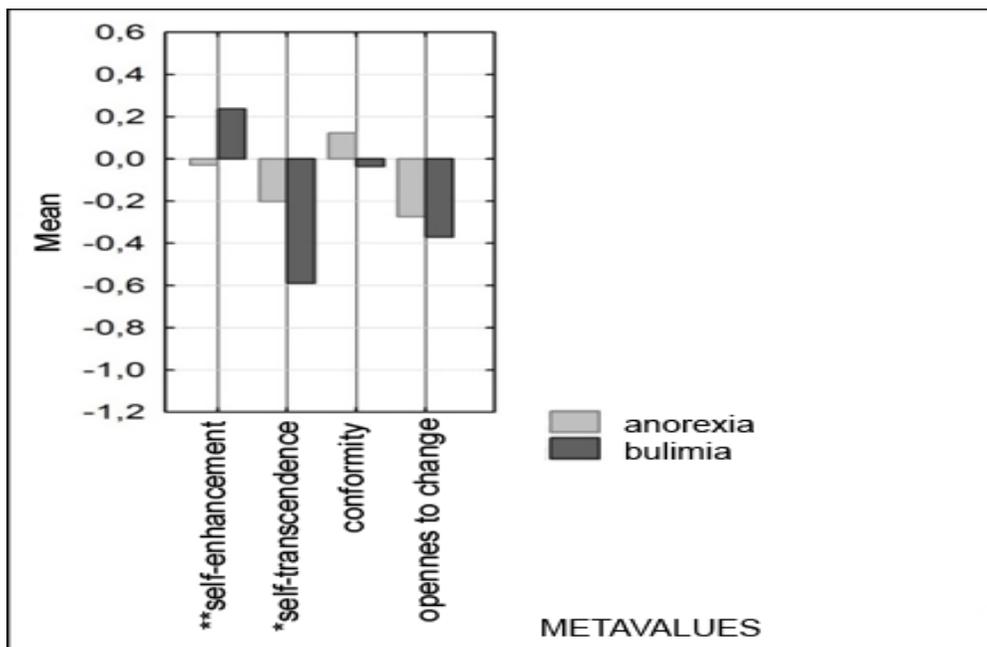
*Table 2.* Mean values and standard deviations of the ipsative index of the assessment of metavalues, t statistics values and p-values for women with anorexia (A) and bulimia (B)

Metavalues	Mean A	Mean B	SD A	SD B	t	p
Self-transcendence	-0.030	0.237	0.274	0.461	-3.146	0.003**
Self-enhancement	-0.203	-0.589	0.526	0.803	2.544	0.013*
Conformity	0.122	-0.036	0.417	0.472	1.592	0.115
Openness to change	-0.275	-0.370	0.612	0.646	0.673	0.503

\* \*\*

*source: author's own study*

*Figure 2.* Assessment of metavalues in the group of women with anorexia and bulimia



*source: author's own study*

The analysis of metavalues in the groups of women with anorexia and bulimia pointed to significant differences in the field of self-transcendence and self-enhancement. The differences in the ratings of self-transcendence refer to the place of this value in the hierarchy. Women suffering from bulimia reach the highest scores in the dimension of self-transcendence, which is expressed in the attachment to such values as benevolence and universalism. The assessment expressed by women with anorexia is placed slightly below the mean hierarchy of values for this group. Differences in the assessment of self-enhancement in the case of women with anorexia and bulimia are of quantitative character and they concern the strength of the preference of this value. Women with bulimia appreciate the values associated with this category of values (self-enhancement) significantly lower as compared to women suffering from anorexia. There were no significant differences between women with anorexia and bulimia concerning the assessment of conformity (adjustment, security and tradition) and openness to change (self-direction, stimulation and hedonism).

**Conclusions.** The analysis of metavalues in women with eating disorders and healthy ones showed significant differences. Women with eating disorders as compared to healthy women assess conformity higher, which reflects attachment to values oriented towards the past (adjustment, security, tradition) and leading to closing oneself and to the preservation of the status quo [5, 136]. A greater preferential inclination of the metavalues of conformity may make the treatment process more difficult and decrease its effects.

Women with anorexia attach greater importance to the metavalues self-enhancement, which derives from such values as power and achievement. The former is connected with striving for a high social position, prestige and control over other people. The other refers to the sphere of personal success achieved by showing competence in agreement with the social norms and standards. Differences in the assessment of the metavalues self-enhancement can be related both to individual qualities of people with anorexia (perfectionist tendencies, vaulting ambitions, a strong desire for achievement and success, efficiency in achieving the goals), the style of the functioning of the family (the children's achievements and successes as an important measure of the parents' evaluation and prestige, affirmation of the norms referring to education and social standing) or the clinical picture (control over eating and one's own body gives the feeling of strength and power over the surrounding reality) [9, 26 – 27], [10, 64 – 68]. Women with bulimia assess such values as benevolence, security and hedonism significantly higher as compared to women with anorexia, while giving lower assessment of tradition, power and stimulation, which leads to the preference of the value self-transcendence. It follows from the analyses of preferences referring to the values placed on the axis self-transcendence – self-enhancement that people generally attach greater importance to the former [5, 135], which is similar in the case of women with bulimia.

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**Вятровская Анна. Анализ мета-ценностей у женщин с анорексией и булимией.** В статье осуществлен анализ мета-ценностей женщин с анорексией и булимией. С этой целью нами использована методика Шварца для изучения ценностей личности. Объем общей выборки исследования составил 160 человек. Среди них в экспериментальную группу вошло 40 женщин с анорексией и 40 – с булимией, которые диагностировались согласно критериям МКБ-10 (1998). Контрольная группа состояла из 80 здоровых женщин. Результаты исследования дают нам основания констатировать значительно большую ценность консерватизма у женщин с расстройствами пищевого поведения в противовес здоровым женщинам.

При этом женщины с анорексией отличаются от женщин с булимией, прежде всего значительно более высоким уровнем самооценки.

**Ключевые слова:** мета-ценности, женщины, расстройства питания, психическая анорексия, булимия.

**Wiatrowska Anna. The analysis of metavalues of women with anorexia and bulimia nervosa.** The article analyzes the metavalues of women with anorexia nervosa and bulimia nervosa using the Schwartz Personality Questionnaire. The studies comprised 80 women with eating disorders, including 40 with bulimia nervosa, according to the ICD-10 criterion (1998), who made the basic study group. A reference group consisted of 80 healthy women. Women with eating disorders assess the metavalues of conformity significantly higher than healthy women. Women with anorexia are distinguished from women with bulimia by a significantly higher assessment of the metavalues of self-enhancement.

**Key words:** metavalues, women, eating disorders, anorexia nervosa, bulimia nervosa.

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