

Self-esteem levels and the predisposition to eating disorders in adolescence

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Abstract:

Eating disorders are being widely noted nowadays in many societies, also in the Albanian society. Individuals affected more often by eating disorders are women, mostly girls in late adolescence and early adulthood age. The purpose of this study was to focus on exploring the relationship between the tendency to develop an eating disorder and levels of self-esteem of teenage girls 15-18 years old.

In this study there participated 300 teenage girls. They completed two measure instruments: Multidimensional eating disorder inventory-Garner, Olmstead & Polivy (1983) which measured respectively eating disorders symptoms and Rosenberg Self-esteem Scale (1965) which measured the self-esteem levels of the teenage girls. The hypothesis of the current study was that there was a significant link between levels of self-esteem and the tendency to develop an eating disorder at teenage girls 15-18 years old.

The result in the end of the study was that there is a statistically important relationship between the tendency to develop an eating disorder and self-esteem levels of the teenage girls. The study showed that the correlation between levels of self-esteem and tendency to develop an eating disorder was significant. Teenage girls with low self-esteem showed more symptoms of eating disorders, they were in border to develop eating disorders or they already had one.

Key words: Adolescence, eating disorders, predisposition, risk factors, self-esteem.

INTRODUCTION:

Several authors have stressed the importance of low self-esteem in the development of eating disorders (Button et al., 1996; Fairburn et al., 1999; French et al., 2001; Williams et al., 1993; Wade et al., 2001), whereas a positive self-esteem has been pointed out as protective factor not only for abnormal eating behaviors (French et al., 2001) but also for eating disorders (Croll et al., 2002). Other studies have found the eating disordered patients with low self-esteem have got a worse response to treatment (Baell & Wertheim, 1992; Fairburn et al., 1993). Several studies have stressed the importance of self-esteem related to body weight and shape for eating disorders in teenage samples (McFarlane et al., 2001; Geller et al., 1998) and body dissatisfaction and weight-reducing behavior may be a previous condition for eating disorders. Adolescence is a period in which perception of personal appearance plays an important role in self-esteem (Geller et al., 1998) and therefore, feelings of self-contempt related to social consideration and to body weight may swear also a crucial aspect in the eating disorders in adolescents (Pesa et al., 2000). There are some studies about shape and weight based self-esteem and eating disorders in adult patients (McFarlane et al., 2001; Geller et al., 1998) and low body and social self-esteem has been considered an important cognitive trait in patients with eating disorders (Fairburn et al., 1999). Nevertheless, to my knowledge, there are not any studies conducted in Albania in this direction.

This study arouse from my personal interest to understand more about the self-esteem processes of the teenage girls and predisposition to develop an eating disorder. Also this study originated as a result of lack of studies regarding this topic in Albania. This is the first study which aims to understand more about the connection between the predisposition to develop an eating disorder and self-esteem levels of 15-18 years old teenage girls in Albania.

AIM OF THE STUDY AND HYPOTHESIS:

This study aims to explore the relationship between the self-esteem levels of 15-18 years old teenage girls and their predisposition to develop an eating disorder. The hypothesis of this study was: Teenage girls 15-18 years old which show lowest level of self-esteem, will also show the predisposition to develop an eating disorder.

Objectives of the study are:

1. To identify self-esteem levels of 15-18 years old teenage girls.
2. To identify the teenage girls which show symptoms and predisposition to develop an eating disorder.
3. To find the correlational link between the tendency of developing eating disorders and self-esteem levels to teenage girls.
4. To offer recommendations for professionals during their labor with adolescent girls regarding an understanding of self-esteem processes and tendency to develop eating disorders.

METHODOLOGY:

The study sample consists of 300 adolescent girls aged 15 to 18 years living in Tirana. Were chosen only girls according to the aim of the study and also because approximately 90% -95% of patients with eating disorders are girls between 15-18 years old (Steiner & Lock, 1998). In the current study 7% of the sample were 15 years old girls; 32.3% of participants were 16 years old; The majority of girls were 17 years old or 45.7% of the sample, and 18 years old girls constitute 15% of the sample.

Answers of 13 girls resulted not valid, and the results of the study were extracted from the final sample of 287 teenage girls. Individuals who participated in this study may exhibit symptoms of eating disorders or not.

Table 1.

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15 years old	20	7.0	7.0	7.0
	16 years old	93	32.3	32.3	39.3
	17 years old	131	45.7	45.7	85.0
	18 years old	43	15.0	15.0	100.0
Total		287	100.0	100.0	

The sample selection of this study was based on a randomized selection as the appropriate tool for the study realized. In Tirana there are 50 public and private high schools. All school names were written in white letters and from 50 schools were randomly selected 5 high schools. The high schools selected to realize this study were: Sami Frashëri, Partizani, Sinan Tafaj, Andon Zako Çajupi and Ismail Qemali.

MEASURE INSTRUMENTS:

To carry out my study I have used three instruments measuring: *Rosenberg Self-Esteem Scale (1965)*; *Multidimensional eating disorder inventory -Garner, Olmstead & Polivy (1983)* and *The questionnaire of Demographic Data.*

Rosenberg Self-Esteem Scale (1965): That is fundamentally an instrument that was developed by Rosenberg (1965) to measure self-esteem. Alfa Cronbach of this instrument in the current study resulted 0.95. The instrument consists of 10 statements about themselves. The points that an individual can take after completing the questionnaire are 10-40 points, which rates from lowest self-esteem, moderate levels of self-esteem and highest self-esteem. This is an instrument that is widely used in the world for measuring different self-assessment studies. It is constructed according to the Likert-Scale from 1(totally agree)-4(totally disagree). Time management is 5 minutes.

Multidimensional eating disorder inventory-Garner, Olmstead & Polivy (1983): It is an instrument used on various studies to measure the symptomatology of eating disorders. Alfa Cronbach of this instrument in the current study resulted 0.9. This instrument measures the presence or not of an eating disorder. The instrument contains 40 claims related to the symptoms of eating disorders. The total of the point in this instrument are 120 points are. The instrument has been divided in three levels of points. Individuals who take from 0-29 points are categorized as normal and individuals who do not have symptoms of eating disorders and are not at risk to develop one. Individuals who take from 30-50 points are categorized as individuals who are in the border with eating disorders, they show symptoms and predisposition to develop an eating disorder. But individuals who take more than 50 points are categorized as individuals who already have eating disorders and that should be diagnosed for determining the specific type of disorder that may be anorexia, bulimia, etc. It is constructed according to the Likert-Scale from 1(never)-5(always). Time management is 20 minutes.

Questionnaire of Demographic Data: The instrument contains questions about the age, the class that attends, hometown, social and economic status, parents educational level and religious faith of individuals participants in the study. In this study will not be used all the data derived from this questionnaire, but will be used only data available in function of the current study. Other data provided are in function of future studies I can do in this area.

STUDY ETHICS:

The entire information gathered from the study was totally anonymous. All the participants in the study were informed about the aim of the study, procedures and confidentiality and all the girls participated voluntary in the current study. It's

avoided any physical or psychological damage of the participants. After getting all the necessary information all the participants signed the "Consent Form".

RESULTS:

The data were analyzed with the Statistical Program for Social Sciences (SPSS) version 20. Statistics included in this basic program were correlations and descriptive statistics, such as: frequencies, averages, percentages, cross tabulations, rates etc. Out of the sample of 300 adolescents, 13 of fulfilled instruments resulted not valid, consequently results have been extracted from the final sample of 287 teenage girls.

The results obtained from the *Multidimensional eating disorder inventory-Garner, Olmstead & Polivy (1983)* are presented in the following table:

Table 2. The results expressed in percentages about the symptoms of eating disorders of teenage girls in the study

Results of "Multidimensional eating disorder inventory"					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Normal	195	67.9	67.9	67.9
	In border with eating disorders	85	29.6	29.6	97.5
	Eating disorders	7	2.4	2.4	100.0
	Total	287	95.7	100.0	
Missing	System	13	4.3		
Total		300	100.0		

In the Table 2 we see that the greatest proportion of teenage girls between 15-18, 67.9% is categorized as "normal" by the *Multidimensional eating disorder inventory-Garner, Olmstead & Polivy (1983)*. So, for the most part of girls participating in the study show no symptoms or risk of developing an eating disorder; 29.6% of them are located on the border and potentially endangered to develop an eating disorder; 2.4% of them already had an eating disorder and they should be

diagnosed to specify the eating disorder and take the right treatment.

Table 3. Self-esteem levels of the participants

Results of "Rosenberg Self-Esteem Scale"					
		Frequency	Percent	Valid Percent	Cumulative Percent
287 Valid	Low self-esteem	157	54.7	54.7	54.7
	Moderate self-esteem	56	19.5	19.5	74.2
	High self-esteem	74	25.8	25.8	100.0
	Total	287	100.0	100.0	

Table 3 shows that 157 or 54.7% of teenage girls participating in this study have lower levels of self-esteem; 56 of them or 19.5% of them show moderate levels of self-esteem; while 25.8% of adolescent girls (74 girls) have high levels of self-esteem.

Table 4. Multidimensional eating disorder inventory & Self-Esteem Scale

Cross tabulation - Multidimensional eating disorder inventory & Self-Esteem			
		In Border with Eating Disorders	Eating Disorders
92 Valid	Low Self-Esteem	84.7%	100%
	Moderate Self-Esteem	12.9%	0
	High Self-Esteem	2.4%	0
	Total	100%	100%

From 85 girls in border with eating disorders 84.7% of them have low levels self-esteem; 12.9 % of them have moderate levels of self-esteem and only 2.4% of them have high levels of self-esteem. From 7 girls with an eating disorder 100% of them have low levels of self-esteem.

Table 5. Correlation between the variables of study.

Correlations			
		In border with eating disorders	Self-Esteem
In border with eating	Pearson Correlation		-.463**
	Sig. (2-tailed)	1	.000

disorders	N		
Self-Esteem	Pearson Correlation	-.463**	1
	Sig. (2-tailed)	.000	
	N	287	287
**. Correlation is Significant at the 0:01 level (2-tailed).			

From the table 5 we see that there is a strong negative correlation between self-esteem and being in border with an eating disorder ($r = -0.46$ "). This correlation means that teenage girls with low levels of self-esteem will show also higher predisposition to develop an eating disorder and teenage girls with high levels of self-esteem will show lower risk to develop an eating disorder.

DISCUSSION:

The study sample consists of 300 adolescent girls aged 15 to 18 years living in Tirana. Were chosen only girl according to the aim of the study and also because approximately 90% -95% of patients with eating disorders are girls between 15-18 years old (Steiner & Lock, 1998). In the current study 7% of the sample were 15 years old girls; 32.3% of participants were 16 years old; The majority of girls were 17 years old or 45.7% of the sample, and 18 years old girls constitute 15% of the sample. Answers of 13 girls resulted not valid, and the results of the study were extracted from the final sample of 287 teenage girls. Individuals who participated in this study may exhibit symptoms of eating disorders or not.

The aim of the study was to explore the relationship between the self-esteem levels of 15-18 years old teenage girls and their predisposition to develop an eating disorder. The hypothesis of this study was: Teenage girls 15-18 years old which show lowest level of self-esteem, will also show the predisposition to develop an eating disorder. The hypothesis of this study was confirmed.

The study revealed that 67.9% of girls participating in the study show no symptoms or risk of developing an eating

disorder; 29.6% of them are located on the border and potentially endangered to develop an eating disorder; 2.4% of them already had an eating disorder and they should be diagnosed to specify the eating disorder and take the right treatment. Even by the Association American Psychiatric (2000), 3-5% of adolescents develop an eating disorder. Without a strong sense of identity, teenage girls start feeling bad about their appearance and they go towards maintaining diets and increasing unrealistic expectations about their appearance, going on this way towards the development of an eating disorder (Rosen et al., 1993).

Adolescence is an important period which needs to be studied, because it can be a critical period for the development of eating disorders (Silverstone, 1992). Problems such as diet, food e weight control, disturbances about weight and body shape, and problematic relations with parents can be risk factors on developing an eating disorder in adolescence (Schupak-Neuberg et al.1993)

There resulted that 157 or 54.7% of teenage girls participating in this study have lower levels of self-esteem; 56 of them or 19.5% of them show moderate levels of self-esteem; while 25.8% of adolescent girls (74 girls) have high levels of self-esteem. These results can be understood taking present that in adolescence identity isn't created yet. On adolescence identity process formation it is usually more difficult for girls than for boys, leading to "greater volatility identity in girls, high levels of awareness, greater concerns about popularity, negative body image, and low self-esteem" (Fairbum et al., 1999).

In this study resulted that from 85 girls in border with eating disorders 84.7% of them have low levels self-esteem; 12.9 % of them have moderate levels of self-esteem and only 2.4% of them have high levels of self-esteem. From 7 girls with an eating disorder 100% of them have low levels of self-esteem. Various studies extracted similar results with the current

study. Patients with eating disorders exhibit low self-esteem levels, such as problems with self-image and overall their exaggerated fears about weight and body shape, and globally negative attitudes about self-control and discipline (Button et.al, 1996).

Other findings of the study were that there is a strong negative correlation between levels of self-esteem and being in border with an eating disorder ($r = -0.46$). This correlation means that teenage girls with low levels of self-esteem will show also higher predisposition to develop an eating disorder and teenage girls with high levels of self-esteem will show lower risk to develop an eating disorder. Using different surveys and inventories researchers as Schupak-Neuberg (1993), Rosen (1993) and Button et al. (1997) found that low self-esteem is more often found in patients with eating disorders. In some cases, the evidence for this relationship is so strong that some researchers believe that low self-evaluation is a necessary precondition for the development of an eating disorder (Silverstone 1992).

THE CONTRIBUTIONS OF THIS STUDY:

This is the first study in Albania, which shows that there is a relationship between the tendency to develop an eating disorder and self-esteem level on 15-18 years old teenage girls. Eating disorders are dedicated usually as a consequence of social ideals and standards about the beauty, consequence of the impact of the media as well. Meanwhile, this study attempted to concept them closely related to low levels of self-esteem.

RESEARCHES IN THE FUTURE:

I would suggest future researches exploring the relationship of eating disorders and self-esteem in a sample of diagnosed

patient with anorexia or bulimia. In Albania are absent such studies and also standardized measurement instruments. Other researches are necessary about intervention programs for teenage girls suffering from an eating disorder. All clinical psychologist working with teenagers, should gain a deep understanding of psychological processes of teenage girls with an eating disorder or with the predisposition to develop an eating disorder. This can lead us to prevention or the right treatment program.

CONCLUSIONS:

The aim of the study was to explore the relationship between the self-esteem levels of 15-18 years old teenage girls and their predisposition to develop an eating disorder. From the study resulted that there is a strong negative correlation between levels of self-esteem and eating disorders. On the other hand girls with high levels of self-esteem will not show the presence of an eating disorder. Also there resulted that there is a strong negative correlation between self-esteem and being in border with an eating disorder. This means that teenage girls with low levels of self-esteem will show also higher predisposition to develop an eating disorder and teenage girls with high levels of self-esteem will show lower risk to develop an eating disorder. The finding of this study makes us understand the importance of self-esteem in adolescents psychological well-being, in their mental health and how low levels of self-esteem can be a risk factor of developing an eating disorder.

RECOMMENDATIONS:

Therapists must be aware of the nature and manifestations of the symptoms of eating disorders and with te understanding of self-esteem processes during their work with teenage girls. This will help therapists to a better understanding of the history of

the concerns of the client as well to understand the real origin of the problem. Therapists who will work with this category of adolescents should take present that symptomatology of eating disorders derive also from lower level of self-esteem and they work should focus on improving teenage self-esteem.

REFERENCES

1. American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., textrev.). Washington, DC: Author.
2. Baell, W.K. & Wertheim, E.H. (1992). Predictors of outcome in the treatment of bulimia nervosa. *British Journal of Clinical Psychology, 31*, 330-332.
3. Button, E.J., Sonuga-Barke, E.J.S., Davies, J., & Thompson, M. (1996). A prospective study of self-esteem in the prediction of eating problems in adolescents schoolgirls: questionnaire findings. *British Journal of Clinical Psychology, 35*, 193-203.
4. Croll, J., Neumark-Sztainer, D., Story, M., & Ireland, M. (2002). Prevalence and risk and protective factors related to disordered eating behaviors among adolescents: relationship to gender and ethnicity. *Journal of Adolescent Health, 31*, 166-175.
5. Fairburn, C.G., Cooper, Z., Doll, H.A., & Welch, S.(1999). Risk factors for anorexia nervosa: Three integrated case-control comparison. *Archives of General Psychiatry, 56*, 468-476.
6. French, S.A., Leffert, N., Story, M., Neumark-Sztainer, D., Hannan, P., & Benson, P.L. (2001). Adolescent binge/purge and weight loss behaviors: associations with development assets. *Journal of Adolescent Health, 28*, 211-221.

7. Garner, David M.; Olmstead, Marion; Polivy, Janet (Spring 1983). "Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia". *International Journal of Eating Disorders* 2 (2): 15–34. Retrieved 7 December 2009.
8. Geller, J., Johnston, C., Madsen, K., Goldner, E., Remick, R., & Birmingham, L. (1998). Shape and weight based self-esteem and the eating disorders. *International Journal of Eating Disorders*, 24, 285-298.
9. McFarlane, T., McCabe, R.E., Jarry, J., Olmsted, M.P., & Polivy, J. (2001). Weight-related and shape-related self-evaluation in eating-disordered and non-eating-disordered women. *International Journal of Eating Disorders*, 29, 328-335.
10. Pesa, J.A., Syre, T.R., & Jones, E. (2000). Psychosocial differences associated with body weight among female adolescents: the importance of body image. *Journal of Adolescent Health*, 26, 330-337.
11. Rosen, James C., Bruce E. Compas, and Barbara Tracy. "The relation among stress, psychological symptoms, and eating disorder symptoms: A prospective analysis". *International Journal of Eating Disorders*. Vol. 14, (2), 153-162. 1993.
12. Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
13. Schupak-Neuberg, Erika, and Carol J. Nemeroff. "Disturbances in identity and selfregulation in bulimia nervosa: Implications for a metaphorical perspective of "Body as Self". *International Journal of Eating Disorders*. Vol. 13, (4), 335-347. 1993.
14. Steiner H, Lock J. Anorexia nervosa and bulimia nervosa in children and adolescents: a review of the past ten years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 1998; 37:352–359.

15. Wade, T.D., Treloar, S.A., & Martin, N.G. (2001). A comparison of family functioning, temperament, and childhood conditions in monozygotic twin pairs discordant for lifetime bulimia nervosa. *American Journal of Psychiatry*, 158, 1155-1157.
16. Williams, G.J., Power, K.G., Millar, H.R., Freeman, C.P., Yellowlees, A., Dowds, T., Walker, M., Campsie, L., Macpherson, F., & Jackson, M.A. (1993). Comparison of eating disorders and other dietary/weight groups on measures of perceived control, assertiveness, self-esteem and self-directed hostility. *International Journal of Eating Disorders*, 14, 27-32.