Intuition: The BYU Undergraduate Journal in Psychology

Volume 11 | Issue 1 Article 3

2015

Self-worth in the Development and Treatment of Eating Disorders

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Abstract

Eating Disorders (EDs) involve a consuming drive for thinness. They cause significant physical and psychosocial impairment. A core commonality between EDs is the overvaluation of body weight and shape as a measure of self-worth. The purpose of this paper is to review the importance of self-worth perception in the development and treatment of EDs in women and girls. Women and girls with EDs tend to believe their worth comes from body weight and shape, as opposed to intrinsic sources. Self-worth can interact with other factors such as relationships, body dissatisfaction, and perfectionism in ED development. A major goal of treatment is to replace false beliefs about the source of self-worth with more truthful, positive beliefs. To do this, counselors should work with the patient's social support system and address the patient's negative thinking and perfectionism. Prevention efforts would ideally start at an

early age by instilling in young girls an understanding of their inherent worth.

Keywords: self-worth, self-esteem, eating disorder, women, girls

Eating disorders (EDs) have the highest mortality rate of any other psychological disorder (Barlow & Durand, 2012), and ED incidence rates appear to be increasing (Hudson, Hiripi, Pope, & Kessler, 2007; Sadock & Sadock, 2015). This illness involves abnormal eating-related behaviors and cognitions that cause significant physical and psychosocial impairments (American Psychiatric Association, 2013). Some common problems people with EDs experience include extremes in body weight, electrolyte imbalances, amenorrhea, depression, social phobia, and substance abuse (American Psychiatric Association, 2013; Sadock & Sadock, 2015). Because 60-90% of cases occur in women (Jones & Morgan, 2010), in this paper I will focus on EDs in women and girls. The three main EDs are anorexia nervosa, bulimia nervosa, and binge eating disorder (Fairburn & Cooper, 2014). Anorexia nervosa (AN) has the highest mortality rate, and is characterized by severe food restriction leading to a significantly low body weight. Bulimia nervosa (BN) is characterized by repeated episodes of bingeing and compensatory behaviors (e.g. vomiting, excessive exercise). Binge eating disorder (BED) is characterized by recurrent binges in the absence of compensatory behaviors (American Psychiatric Association, 2013). Although AN, BN, and BED manifest different

behaviors, they share a distinct core factor: the belief that self-worth depends on body weight and shape (Fairburn & Cooper, 2014; Hrabosky, Masheb, White, & Grilo, 2007; McFarlane, McCabe, Olmsted, & Polivy, 2001; Wilson, 1996). This distorted view of self-worth plays a central role in ED pathology, and therefore must be examined more closely by those involved in ED treatment (Fairburn & Cooper, 2014). The purpose of this paper is to highlight the importance of self-worth perception in the development and treatment of EDs.

Self-worth: A Misunderstanding

Self-worth is a measure of inherent value based on one's humanity; it is invariable, and does not depend on external factors such as perceived achievements or shortcomings (Granek, 2007). Because it is innate and not dependent upon behaviors or external conditions, it follows that all human beings have equal, immutable worth. However, women and girls with EDs perceive their worth as being dependent on external factors, especially body weight and shape (Hrabosky et al., 2007; Kirsh, McVey, Tweed, & Katzman, 2007; McFarlane et al., 2001; Wilson, 1996). As a result, they see their self-worth as being on a spectrum, fluctuating as they gain or lose weight (McFarlane et al., 2001). In a study comparing women diagnosed with EDs to

both restrained and unrestrained eaters who do not suffer from EDs, McFarlane et al. (2001) found that the ED group based more of their self-evaluation on weight and shape. The value that the ED group put on weight and shape was also significantly more pervasive; it affected not only their beliefs about appearance and social domains (as it did with the restrictive eaters), but also other areas of their lives such as work and school. Another study found that compared to controls, adolescent girls with EDs placed more emphasis on physical appearance as a "barometer of self-worth" (Kirsh et al., 2007). This distorted view of self-worth based on weight and shape is a hallmark of ED pathology (Fairburn & Cooper, 2014; McFarlane et al., 2001).

Self-worth in ED Development

Perception of self-worth plays a central role in ED development, and is influenced by factors such as relationships (Granek, 2007; Hill & Pallin, 1998; Reindl, 2001), body dissatisfaction (Gordon & Dombeck, 2010; Kirsh et al., 2007; McVey, Pepler, Davis, Flett, & Abdolell, 2002; Phares, Steinberg, & Thompson, 2002), and perfectionism (Culbert, Racine, & Klump, 2015; DiBartolo, Frost, Chang, LaSota, & Grills, 2004; McGee, Hewitt, Sherry, Parkin, & Flett, 2005). Hill and Pallin (1998) found that frequent mother dieting, lower perceived self-worth, and

higher body mass index (BMI, a health indicator based on height and weight) significantly predicted dieting awareness in 8-year-old girls. The researchers reported that girls tend to see weight-control as a way to increase self-worth, and mothers are influential in that regard (Hill & Pallin 1998). Anecdotal evidence also illustrates the impact that relationships can have on self-worth in the context of ED development. In a qualitative study by Granek (2007), one subject described how her father withheld affection from her mother whenever she gained weight. Another subject's parents encouraged her extreme dieting. Influenced by their family environments, these women learned at an early age to equate thinness with worthiness of their parents' love. These and other findings illustrate the impact that relationships can have on self-worth and ED development (Reindl, 2001).

Body dissatisfaction interacts with perceived self-worth in ED development (Gordon & Dombeck, 2010; Kirsh et al., 2007; McVey et al., 2002; Phares et al., 2002). Self-worth contingent on physical appearance has been found to moderate the association between body dissatisfaction and disordered eating (Kirsh et al., 2007; McVey et al., 2002). Additionally, Phares, Steinberg, & Thompson (2004) found that body dissatisfaction, drive for thinness, and bulimic tendencies were directly related to low global self-worth in

young girls. Other studies have found a comparable relationship in older age groups (Gordon & Dombeck, 2010). Taken together, these results highlight the important role that perceived self-worth plays in the link between body dissatisfaction and ED development.

The interaction between perfectionism and self-worth perception may also influence ED development. Perfectionism is a risk factor for ED development (Culbert et al., 2015; Kirsh et al., 2007; McGee et al., 2005), and necessarily involves maladaptive contingent self-worth (DiBartolo et al., 2004). By definition, perfectionists "regard anything short of perfection as unacceptable" (Perfectionism, *Merriam Webster Online*). If a person with perfectionistic tendencies believes her body is imperfect, and further bases her self-worth on body weight and shape, she would view not only her body, but also *herself* as unacceptable. Indeed, Smith (2002) said that women with EDs "believe that others deserve happiness, love, and joy, but that they themselves deserve sorrow, disappointment, and punishment" (p. 3). This belief is consistent with the self-targeting nature of perfectionism, in which a woman may hold herself to a higher standard than she does others.

How does one develop this view of self-worth as being contingent upon body weight and shape, as opposed to

being innate and unchangeable? Though research on this question is limited, a few proposals have been made. One popular theory proposes that body weight and shape serves as an "easy" and simple source of worth for people with EDs (McFarlane et al., 2001). Though it may appear more controllable and measurable to these women, in reality, body shape and weight are relatively inflexible compared to other human characteristics such as knowledge, skills, or happiness (Wilson, 1996). The illusion of forcing one's body to be "perfect" could be partially attributed to Western society's emphasis on the simplistic "calories in" vs. "calories out" equation for weight control (Division of Nutrition, 2011), though further research is required on this topic. Additionally, body weight and shape are external measures; they can be *seen* via mirrors, scales, clothing sizes, etc., and visual reinforcements allow for easy evaluation. Self-worth is intrinsic and unchanging, and therefore cannot be measured (Granek, 2007; Smith 2002). Western culture, with its emphasis on image and outward displays of accomplishment (e.g. degrees, career achievement, physical appearance, monetary wealth, etc.), does not seem to support a sense of intrinsic self-worth. Though there may be many reasons for its cause, it clearly plays a central role in ED development.

Self-worth in ED Treatment

Considering the important role self-worth perception plays in ED development, treatment and prevention must address these beliefs. Cognitive Behavioral Therapy is the most popular treatment for EDs, and aims "to expand the patient's definition and sense of self-worth" (Wilson, 1996). Center for Change, a leading ED treatment center, asserts that an essential part of ED intervention is to teach the patient that she is unconditionally worthy of acceptance and love (Smith, 2002). To help clients understand their worth, clinicians address negative thinking patterns, perfectionistic tendencies, and social relationships (Fairburn & Cooper, 2014; Verplanken & Tangelder, 2011).

Frequency and automaticity of negative thoughts are strong risk factors for body dissatisfaction, perception of low self-worth, and ED propensity (Verplanken & Tangelder, 2011). Perfectionistic beliefs often persist after recovery (Granek, 2007; McGee et al., 2005), but as long as these remain, the patient is vulnerable to relapse (Kirsh et al., 2007). She must be able to accept that her authentic self is worthy of love and joy and that her worthiness does not change according to appearance or achievement (Smith, 2002). Finally, relationships based on love and acceptance can help one gain an appreciation for her unconditional

worth. Granek (2007) found the positive role of loved ones to be a major theme in recovery. One subject in her study described what she learned from her relationship with her boyfriend: "I realized what I looked like doesn't matter, it's not the first thing on everyone's agenda. ... He liked me for *me* and not for the way I looked" (p. 375). Positive relationships played a more significant role in recovery for these women than did behavioral corrections (Granek, 2007), likely because social connections have a deeper, more intrinsic, and longer-lasting effect than behavioral interventions. Considering the strong link between relationships and perception of worth, involving loved ones in ED treatment could be pivotal to the patient's recovery (Hill & Pallin, 1998; Phares et al., 2004; McGee et al., 2005).

In addressing negative thoughts, perfectionism, and social relationships, it is important to replace old maladaptive beliefs and behaviors with new positive ones (Fairburn & Cooper, 2014). As women with EDs reduce their focus on weight and shape concerns, they should concentrate their energy on more constructive things (e.g. service, learning, meaningful goals, living a balanced life) that not only replace the bad, but also bring more of the good into their lives (e.g. joy, fulfillment, peace). Moving on to more important things is essential for recovery because it

creates hope, a critical factor in overcoming an ED (Granek, 2007; Smith, 2002).

In order to fully recover, it is necessary for the patient to redefine her ideas about the source of her self-worth (Fairburn & Cooper, 2014; Wilson, 1996). Counselors and therapists address negative thinking, perfectionism, and work with the patient's social support system to help the patient establish a stable sense of worth. Erasing and replacing destructive beliefs with healthier ones enables positive direction, hope, and an ability to appreciate one's innate worth.

Prevention

Girls as young as 8 years old can be at risk for EDs (Hill & Pallin 1998), so it is vital to help them establish a stable understanding of self-worth while they are young (Kirsh et al., 2007; McFarlane et al., 2001). The most effective way to do this may be through the child's family. Parents can set examples of healthy attitudes toward food and body, and an authentic positivity about themselves and others. By their examples, teaching, and unconditional parental love, they can nurture their child's understanding of her inherent value, greatly reducing the risk of ED development (Hill & Pallin, 1998; Kirsh et al., 2007;

McFarlane et al., 2001; McGee et al., 2005; Phares et al., 2004).

Conclusion

One's understanding of the source of self-worth plays a central role in ED development and recovery. Women and girls with EDs base their self-worth on body weight and shape. This perceived source of worth is strongly influenced by relationships, especially familial ones. Source of self-worth plays a major role in the relationships between body dissatisfaction, perfectionism, and ED propensity. Though we do not fully understand why women with EDs base their worth on their weight and shape, some suggest it may involve an illusion of control and simplicity. ED treatment must enable the patient to replace false beliefs about the source of her worth. Counselors' treatment plans should address negative thinking, perfectionism, and the patient's social support system, and replace maladaptive priorities with positive, truthful ones. Prevention efforts should start early by instilling in young girls an understanding of the true innate source of their worth.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Barlow, D. H., & Durand, V.M. (2012). *Abnormal Psychology: An Integrative Approach*. (6 ed., pp. 262-282). Belmont, CA: Wadsworth Cengage Learning.

Culbert, K. M., Racine, S. E., & Klump, K. L. (2015). Research review: What we have learned about the causes of eating disorders—a synthesis of sociocultural, psychological, and biological research. *Journal of Child Psychology and Psychiatry, 56*(11), 1141-1164.

DiBartolo, P. M., Frost, R. O., Chang, P., LaSota, M., & Grills, A. E. (2004). Shedding light on the relationship between personal standards and psychopathology: The case for contingent self-worth. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 22(4), 237-250.

Division of Nutrition, Physical Activity, and Obesity. (2011, October 31). Healthy weight— it's not a diet, it's a lifestyle! Retrieved from http://www.cdc.gov/healthyweight/calories/index.html

Fairburn, G. H. & Cooper, Z. (2014). Eating disorders: A transdiagnostic protocol. In D.H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual* (5th ed.). New York: The Guilford Press.

Gordon, K. H., & Dombeck, J. J. (2010). The associations between two facets of narcissism and eating disorder symptoms. *Eating Behaviors, 11*(4), 288-292. doi:10.1016/j.eatbeh.2010.08.004

Granek, L. (2007). 'You're a whole lot of person'—Understanding the journey through anorexia to recovery: A qualitative study. *The Humanistic Psychologist, 35*(4), 363-385. doi:10.1080/08873260701593367

Hill, A. J., & Pallin, V. (1998). Dieting awareness and low self-worth: Related issues in 8-year-old girls. *International Journal of Eating Disorders, 24*(4), 405-413. doi:10.1002/(SICI)1098-108X(199812)24:4<405::AID-EAT7>3.0.CO;2-D

Hrabosky, J. I., Masheb, R. M., White, M. A., & Grilo, C. M. (2007). Overvaluation of shape and weight in

binge eating disorder. *Journal of Consulting and Clinical Psychology*, *75*(1), 175.

Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 61*(3), 348-358.

Jones, W. R., & Morgan, J. F. (2010). Eating disorders in men: A review of the literature. *Journal of Public Mental Health, 9*(2), 23-31. doi:10.5042/jpmh.2010.0326

Kirsh, G., McVey, G., Tweed, S., & Katzman, D. K. (2007). Psychosocial profiles of young adolescent females seeking treatment for an eating disorder. *Journal of Adolescent Health, 40*(4), 351-356. doi:10.1016/j.jadohealth.2006.11.003

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*(3), 328-335. doi:10.1002/eat.1026

McGee, B. J., Hewitt, P. L., Sherry, S. B., Parkin, M., & Flett, G. L. (2005). Perfectionistic self-presentation, body image, and eating disorder symptoms. *Body*

Image, 2(1), 29-40. doi:10.1016/j.bodyim.2005.01.002

McVey, G. L., Pepler, D., Davis, R., Flett, G. L., & Abdolell, M. (2002). Risk and protective factors associated with disordered eating during early adolescence. *The Journal of Early Adolescence, 22*(1), 75-95. doi:10.1177/0272431602022001004

Phares, V., Steinberg, A. R., & Thompson, J. (2004). Gender differences in peer and parental influences: Body image disturbance, self-worth, and psychological functioning in preadolescent children. *Journal of Youth and Adolescence, 33*(5), 421-429. doi:10.1023/B:JOYO.0000037634.18749.20

Perfectionism [Def. 2]. (n.d.). In *Merriam Webster Online*. Retrieved from http://www.merriam-webster.com/dictionary/perfectionism

Reindl, S. M. (2001). *Sensing the self: Women's recovery from bulimia*. Cambridge, MA: Harvard University Press.

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan & Sadock's Synopsis of Psychiatry: Behavioral*

Sciences/Clinical Psychiatry. Philadelphia, PA: Wolters Kluwer.

Smith, M.H. (2002). Towards an understanding of self-esteem and eating disorders. *Hope and Healing, 7*(2), 2-4. Retrieved from http://centerforchange.com/news-resources/newsletter/towards-understanding-self-esteem-and-eating-disorders

Verplanken, B., & Tangelder, Y. (2011). No body is perfect: The significance of habitual negative thinking about appearance for body dissatisfaction. eating disorder propensity, self-esteem and snacking. *Psychology & Health, 26*(6), 685-701. doi:10.1080/08870441003763246

Wilson, G. (1996). Acceptance and change in the treatment of eating disorders and obesity. *Behavior Therapy, 27*(3), 417-439. doi:10.1016/S0005-7894(96)80025-6