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Perception of parental attitudes and the level of female adolescents' self-esteem affected with anorexia nervosa

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Summary

Aim. The article's aim is to look for correlation between a parent-child relationship and the level of self-esteem in the perception of girls affected with anorexia nervosa (who meet the criteria of DSM-IV-TR). The differences in the perception of parental attitudes (of mothers and fathers) and self-esteem of girls suffering from anorexia nervosa and their healthy peers were also analyzed.

Method. Two equally numbered groups of girls: the clinical group (30 persons affected with anorexia nervosa) and control group (30 healthy girls) in the 15–20 age range were examined. Two tests were applied: Parent-Child Relations Questionnaire (PCR) A. Roe and M. Siegelman in the authorized translation by W. S. Kowalski to investigate characteristic behavior of parents of small children as perceived by youth or adults and a Questionnaire „What are you like?” by P. Sears in adaptation of J. Kostrzewski, which is used to study self-esteem.

Results and conclusions. The results confirmed the expected relationship between perception of parental attitudes and the level of self-esteem of girls affected with anorexia nervosa. Parental attitudes characterized by love and protection promote higher self-esteem of their daughters and the experience of higher demands and rejection by both parents lowers their self-esteem. The comparison of average attitudes of mothers and fathers in perception of their daughters diagnosed with anorexia nervosa did not confirm significant statistical differences. Comparison of maternal attitudes in the perception of their daughters from the group affected by anorexia and the healthy group revealed significant differences in full range of attitudes. The differences in perception of the attitudes of their fathers were statistically substantial regarding the attitudes concerning love and rejection. Self-esteem of persons treated for anorexia is significantly lower than of their healthy peers.

Key words: anorexia nervosa, parental attitudes, self-esteem

Anorexia is a complex disease entity, in which biological agents mesh and combine with psychological, social, and cultural factors. In the recent years there can be noticed in Poland an unremitting increase in new cases of anorexia among the girls entering adolescence. It is assumed that the prevalence of anorexia nervosa lays between 0.2% and 0.8% among adult people [1]. Eating disorders combine with deep emotional dysfunctions and have serious consequences in the area of somatic health. Behavior and thinking of persons affected by anorexia is characterized by an obsessive

desire to lower their body weight. Analysis of contemporary literature pertaining to the subject demonstrates that in addition to biological and individual factors predisposing individuals to coming down with anorexia, cultural and family factors also play substantial role. Scientific research confirms the significant contribution of cultural factors in occurrences of this disorder [2, 3]. Popular magazines, billboards, television programs promote fashions and trends influencing young girls to undertake rigorous diet, in order to become in their looks more like the image depicted by skinny models. For some of those girls restrictive diet and exhausting physical exercises become a trap, triggering a devastating disease. Etiopathogenesis of anorexia is multifactorial - many studies confirm the family relations factor in the expansion of that disorder. It is believed that family factors which are involved in the initiation process of anorexia nervosa are abnormal relations between parents themselves and between parents and the sick person individually, the stiffness of the relations, inability of solving problems in the family and finally excessive dependence, which makes it difficult for the patient to achieve autonomy [4]. The manner of exercising parental functions in child-raising and parental attitudes contribute considerably to proper development of a child. Educational and formative influence of parents, acceptance within the family, emotional support given to a child, providing safe and secure environment, mutual trust in the family, foster proper development of child's personality. The results of multiple studies demonstrate that the attitude demonstrated by both parents towards their posterity has lasting consequences for the functioning of children not only in childhood but also in adolescence and adulthood. Self-esteem is formed in family environment, mostly in relationships with influential persons. A child surrounded with love, acceptance, receiving a lot of attention and quality time, but without unnecessary protectiveness, encouraged to develop personal independence, has a chance to build-up self-esteem and accept his own personality and body, develop self-confidence and trust in his own ability, and also learns to be open to the needs of other people. Proper parental attitudes create suitable conditions for intellectual, emotional, and social development of a child [5]. Errors of child raising involve in general the inability to maintain the appropriate distance between a parent and a child. Excessive distance is exhibited in aggressive reactions and also in avoiding contact with the child. However, too intense concentration on a child is characterized by excessive closeness, tendency to relieve him/her in activities that the child should accomplish unaided [5]. Focusing too much on a child may considerably impede formation of adequate self-esteem, and delay his or her social and emotional maturity. Excessive requirements and unreasonable aspirations of parents towards the child, very often cause the loss of self-confidence, timidity, hypersensitivity, and insecurity in interpersonal relationships. Excessively strong family bonds of a girl entering adolescence may substantially hinder the process of her separation from parents and downright preclude the acquisition personal independence [6]. Literature indicates that significant number of families with a member suffering from anorexia is characterized by strong bonds and centripetal tendencies. The world outside is perceived as hostile and dangerous, which intensifies overprotectiveness, impeding the attainment of independence. Some authors understand anorexia as a disorder, which is giving a child in a dysfunctional family the sense of

autonomy. The child's behavior and its healthy functioning do not depend entirely on the parental attitude. The perception of the world and ability to function in it effectively are also determined by the influence of environment outside of the family and child's own individuality. Relatively few empirical studies in current literature conclusively determine significance of family factor in etiopathogenesis of anorexia. The research presented in the article falls in this category. After taking into account data presented in the literature the following research problems were formulated:

1. What is the relation between the perception of parental attitudes and the level of self-esteem of persons undergoing treatment for anorexia?
2. What is the difference regarding the perception of parental attitudes (mothers and fathers) and the self-esteem of girls suffering from anorexia and their healthy peers?

Research hypothesis were formulated based on above-mentioned questions:

1. There is a relationship between the perception of parental attitudes and the level of self-esteem of girls undergoing treatment for anorexia: higher self-esteem is linked with a more loving attitude of mother, and more loving and protective attitude of father. Rejecting attitude of parents enhances lower self-esteem of their daughters.
- 2.1. here are differences in perception of parental attitudes when viewed retrospectively by girls suffering from anorexia and their healthy peers.
- 2.2. Self-esteem of girls affected by anorexia is indeed lower than the self-esteem of healthy peers.

Two groups of girls, one diagnosed with anorexia nervosa and the other of their healthy peers, were examined in order to verify those hypotheses.

Sample

The tested group consisted of 30 persons meeting the diagnostic criteria of DSM-IV-TR the restrictive type of anorexia nervosa. They were undergoing treatment therapy in ambulatory care (group or individual psychotherapy or group and individual psychotherapy at the same time). The data showed that examined girls were in long-term process of therapy (from 7 months to 4.5 years). The control group consisted of 30 healthy girls who were matched in pairs with persons affected by anorexia in respect of age, education (grade in school or college), residence, and education of their parents. Persons in control group were never treated for mental disorders or they were not at the time on a restrictive diet. The girls under examination were in the 15-20 years age range. The mean age in clinical group was $M=17.7$ ($SD=1.22$), and in control group $M=17.9$ ($SD=1.31$). Mean body mass index (BMI) for ill persons was 16.1 ($SD=1.72$), and for healthy girls $BMI=21.1$ ($SD=2.71$).

Method

The Parent-Child Relations Questionnaire (PCR) A. Roe and M. Siegelman in the authorized translation by W. S. Kowalski was applied in research to investigate

characteristic behavior of parents towards small children as perceived by youth or adults. The structure of the questionnaire is closely linked with typology of parental attitudes presented by A. Roe. In retrospective image of parents perceived by youth marked out were five parental attitudes: loving, demanding, attentive, rejecting, casual [7]. Polish version of the Questionnaire consists of two parts: 50 statements for “My mother” version and the same for “My father” version. The second tool applied in studies is the Questionnaire „What are you like?” by P. Sears in adaptation of J. Kostrzewski, which is used to study self-esteem. It consists of 71 statements. It allows for the calculation of general self-esteem, composed of five partitive self-estimations:

- Assessment of health condition and physical abilities (on a scale from 18 to 54 points).
- Assessment of one’s intellectual abilities (on a scale from 12 to 36 points).
- Assessment of one’s attitude towards work (on a scale from 10 to 30 points).
- Assessment of one’s attitude towards self and life (on a scale from 19 to 57 points).
- Assessment of one’s attitude towards other people (on a scale from 12 to 36 points).

Total results may reach values of 71 to 213 points [6]. Psychometric qualities of both tools (accuracy and reliability) are satisfactory.

Results

Obtained results of self-esteem evaluation for participants in clinical group (affected with anorexia) were compared with girls from control group (healthy ones).

Table 1. Comparison of mean results obtained by girls from clinical group (affected with anorexia) and control group (healthy ones) on a scale in Questionnaire „What are you like?”

Self-esteem	Clinical group		Control group		Test U Manna whitneya	
	M	SD	M	SD	Z	p
Assessment of health and physical abilities	27.5	3.25	39.1	3.62	476.0	0.0000
Assessment of one’s intellectual abilities	28.2	2.95	26.9	3.79	1014.0	0.1453
Assessment of the work	24.7	3.36	20.7	3.11	1188.0	0.0001
Assessment of yourself and to life	31.8	5.00	42.2	7.24	562.5	0.0000
Assessment of one’s relation to other people	21.1	4.10	27.8	3.33	562.0	0.0000
General self-esteem	133.2	9.80	156.7	10.40	-	-

* all statistical calculations were performer assuming significance level $\alpha=0.05$;

M – medium; SD-standard deviation;

p – the probability value for the Mann-Whitney test OR the exact value of the exact two-tailed test probability;

Z – the standardized value of normal distribution for the statistic of Mann-Whitney U test

Except in one sub-scale of self-estimation (assessment of one's intellectual abilities), in all other partitive self-estimations and in general self-estimation, the clinical group differs significantly from the results of control group. Mann-Whitney test was used to perform the comparison of numerical distribution in both trials. The results demonstrated that girls affected with anorexia in comparison with healthy peers consider themselves as sicker, definitely less satisfied with the look of their bodies or physical abilities. Girls affected with anorexia nervosa have lower level of self-confidence, do not trust in their own abilities, are less satisfied with themselves, and are characterized by insecurity. In their own opinion, they have difficulties with understanding other people and their behavior, maintaining relations with peers, and entering into deeper interpersonal relationships. The investigated girls treated for anorexia nervosa do not differ from their healthy peers in estimation of their intellectual abilities. Persons in the group affected with anorexia nervosa received higher mean scores regarding their intellectual abilities and the assessment of their attitude towards work in comparison to their healthy peers. Persons affected with anorexia nervosa are satisfied with their intellectual efficiency and can skillfully make use of their intelligence resources. In this regard, there is no statistically relevant difference between them and their healthy peers. Girls affected with anorexia nervosa received statistically substantially higher scores than their healthy peers. It means that, in comparison with healthy persons, they tend to become involved in performing various types of jobs and completing them. Overall score of self-evaluation ($M=133.2$; $SD=9.8$) received by persons treated for anorexia nervosa indicates a lower self-esteem of those being tested. It is substantially lower than the results of healthy peers ($M=156.7$; $SD=10.4$), which is found to be in the medium range.

Table 2. Comparison of average scores for attitudes of mothers and fathers in perception of their daughters (diagnosed with anorexia nervosa) on scales in Questionnaire PCR

Attitudes	Mother		Father		Test U Mann-Whitney	
	M	SD	M	SD	Z	p
Loving	28.57	6.61	24.70	8.95	1031.5	0.0863
Demanding	25.80	6.94	22.53	8.65	1012.0	0.1537
Protecting	23.63	5.86	23.43	8.37	949.0	0.6204
Rejecting	18.93	6.92	20.67	7.27	870.0	0.5106
Casual	22.40	5.78	25.60	9.08	815.5	0.1433

The comparison of attitudes of mothers and fathers in perception of their adolescent daughters diagnosed with anorexia nervosa does not indicate significant statistical differences in the full range of attitudes. The biggest difference becomes visible for the attitude of love (mothers more loving than fathers), but it is not a significant difference on the statistical level.

The results presented in Tab. 3 – *next page* demonstrate significant differences in attitudes of mothers and fathers towards healthy daughters. Mothers display more loving attitudes towards their healthy daughters than fathers. Girls remember that their

Table 3. Comparison of average scores for attitudes of mothers and fathers in perception of their (healthy) daughters on scales in Questionnaire PCR

	Mother		Father		Test U Mann-whitney	
	M	SD	M	SD	Z	p
Loving	35.63	5.20	32.33	6.60	1069.5	0.0228
Demanding	20.07	3.87	22.23	6.29	831.5	0.2198
Protecting	28.17	5.68	23.57	7.29	1101.0	0.0061
Rejecting	14.17	4.60	16.63	4.95	766.5	0.0287
Casual	25.93	4.98	26.53	6.80	875.5	0.5642

mothers devoted them a lot of attention in childhood. They tried rather to reward than punish their daughters, devoted them a lot of time, were accessible when the girls needed support and helped in many difficult for a child situations. At the same time, mothers did not excessively interfere in the lives of their children. Mothers are also considerably different from fathers regarding the protective attitude. They display more interest and emotional commitment towards their daughters, are more lenient and forbearing. More than fathers, they try to protect their daughters from difficult experiences in relations with other people. Fathers differ from mothers in retrospective perception of their daughters in the intensification of the rejecting attitude. Healthy girls undergoing examination felt in childhood, that their fathers, in comparison with mothers, had at their disposal less time to spend with them and to devote for conversations about matters important to them. The analysis of the results contained in tables 2 and 3 demonstrates that the girls diagnosed with anorexia nervosa described as dominant the loving and demanding attitude for their mothers, whereas for fathers – loving and casual. On the other hand, healthy persons undergoing examination remember that their mothers displayed as dominant the loving and protective attitude, whereas fathers – loving and casual. The intensity of those attitudes in both groups differs emphatically, which is shown in Tab. 4.

Table 4. The comparison of average scores for attitudes of mothers in perception of their daughters in clinical group (diagnosed with anorexia nervosa) and the control group (healthy ones) on scales in Questionnaire PCR.

Postawy	Clinical Gr. Mother		Control Gr. Mother		Test U Mann-Whitney	
	M	SD	M	SD	Z	p
Loving	28.83	8.14	35.63	5.20	635.0	0.0000
Demanding	25.80	7.94	20.07	3.87	1149.5	0.0005
Protecting	23.63	5.86	28.17	5.68	718.0	0.0037
Rejecting	18.93	6.92	14.17	4.60	1138.5	0.0010
Casual	22.53	5.90	25.93	4.98	748.0	0.0138

The differences between both groups in evaluation of all tested attitudes of mothers were statistically substantial. They revealed that healthy girls indicated more loving, protective and casual attitudes presented towards them by their mothers, than their peers affected with anorexia nervosa. By contrast, sick girls stressed the intensified demanding and rejecting attitudes of their mothers in comparison with the healthy respondents.

Table 5. Comparison of average scores for attitudes of fathers in perception of their daughters in clinical group (diagnosed with anorexia nervosa) and the control group (healthy ones) on scales in Questionnaire PCR

	Clinical Gr. Father		Control Gr. Father		Test U Mann-Whitney	
	M	SD	M	SD	Z	p
Postawy						
Loving	24.70	8.95	32.33	6.6	694.5	0.0011
Demanding	22.53	8.64	22.23	6.29	904.0	0.8766
Protection	23.43	8.37	23.57	7.29	889.5	0.7117
Rejecting	20.66	7.27	16.63	4.95	1078.0	0.0163
Casual	25.60	9.08	26.53	6.80	897.0	0.7958

The comparison of average scores for attitudes of fathers in perception of their sick and healthy daughters demonstrates two statistically substantial differences. Fathers demonstrate definitely more loving attitude towards their healthy daughters, than the fathers of tested sick girls do. In turn, girls affected with anorexia nervosa indicate the more rejecting attitude of their fathers in comparison with healthy peers.

Kruskal-Wallis test was implemented in order to evaluate the influence of parental attitudes on the self-esteem of daughters. After calculating general self-esteem including the weight of respective partitive self-estimations, distinguished were three groups differing in the degree of evaluation of self-esteem.

Group 1: low level of self-esteem

Group 2: average level of self-esteem

Group 3: high level of self-esteem

In the group of tested healthy persons, there were no significant correlations, which were displayed clearly in the group of persons affected with anorexia. Statistical analyses of results (Kruskal-Wallis test) in the group of girls diagnosed with anorexia nervosa demonstrated that:

- the more loving attitude of a mother, the higher self-esteem of a daughter
- the more casual attitude of a mother, the higher self-esteem of a daughter
- the more rejecting attitude of a mother, the lower self-esteem of a daughter
- the more loving attitude of a father, the higher self-esteem of a daughter
- the more protective attitude of a father, the higher self-esteem of a daughter
- the more rejecting attitude of a father, the lower self-esteem of a daughter

Higher self-esteem of girls treated for anorexia nervosa is linked with the loving and casual attitude of a mother and loving and protective attitude of a father. This results mean that girls with anorexia nervosa may build positive self-esteem the more they perceive their parents as being warm, accepting, devoting them a lot of attention, trying to understand their problems, encouraging them in achieving independence. Simultaneously, formation of adequate self-esteem of a daughter is encouraged, in her perception, by the interest of her father, his emotional involvement, protection from experiences with other people that may cause disappointment and psychological suffering. Lower self-esteem of tested girls with anorexia nervosa is linked with the rejecting attitude of father and mother alike. Namely, that in perception of a sick daughter parents did not accept her childishness. Girl sensed that parents are emotionally cold toward her or even hostile and rejecting. In perception of girls affected with anorexia nervosa and having low self-esteem, parents did not take into consideration their point of view and considerably limited contact with them as children.

Discussion of research results

Research results confirmed the proposed hypothesis that there is a link between the level of self-esteem of girls affected with anorexia nervosa and the kind of attitudes expressed by their parents. Girls treated for anorexia nervosa displayed higher level of self-esteem if, in their retrospective judgment, their mothers displayed towards them more loving and casual attitude and their fathers were more loving and protective. Tested persons diagnosed with anorexia nervosa, which experienced rejecting attitude, from mother as well as the father in childhood, displayed lower level of self-esteem. Parental attitudes in perception of sick and healthy persons differ substantially. Girls affected with anorexia nervosa perceived their mothers as more demanding and rejecting in comparison with mothers of healthy peers. In their judgment, their fathers were also more rejecting compared with the assessment of healthy persons. Similar research results are published in scientific literature on the subject. S. Deas et al. [9] stated that persons suffering from anorexia nervosa perceived their parents as less caring, less loving and protective, and more controlling and demanding compared with the examined persons suffering from depression or displaying anxiety, and the healthy students. The results of Spanish scientists [10] demonstrated that parents of children with eating disorders are characterized by lower level of care (neglect) and excessive control during first 16 years of their descendants lives. Previously published research results in New Zealand [11] provided similar conclusions. It was concluded that women who were cured from anorexia nervosa, in many aspects differ from those, who were ill chronically. It was indicated that one of the variables distinctly differentiating the two groups is parental bonding. Low level of interest and care from the parents induce chronic anorexia nervosa. H. Swanson et al. [12] conducted studies among women hospitalized for anorexia nervosa and healthy students. They noticed much lower level of parental care among sick persons. Strong correlation was established between intensification of eating disorders in cases of anorexia nervosa and the low level of care and high level of control on the part of mother. Similar study results were released by L. Canetti et

al. [13] proving that persons suffering from anorexia nervosa perceive both, mothers and fathers, as less caring, and also fathers as more controlling than those tested in control group. Examined persons who experienced mother as more controlling, and father as less caring demonstrated increase in symptoms of anorexia nervosa. Leung et al. [14] concluded that perceived low level of parental care constitutes a predictor of unhealthy convictions regarding eating held by women diagnosed with anorexia nervosa. Silverstrone [15] presented an outright argument that eating disorders are a symptom of a chronically low self-esteem. Confirmed was also the second hypothesis of presented in the article studies, presupposing the difference in retrospective perception of parental attitudes by girls suffering from anorexia nervosa. Girls with anorexia nervosa experience their mothers as more demanding and rejecting compared with the assessment of their healthy peers. Healthy persons undergoing examination view their mothers as more loving, protective, and casual compared with mothers of treated girls. Girls with anorexia nervosa describe their fathers as more rejecting compared with healthy peers. In turn, healthy girls remember fathers as more loving in comparison with the assessment of persons diagnosed with anorexia nervosa. The research results demonstrate that the domination of rejecting attitude in both parents manifested in lack of expression of warm, positive and accepting a child feelings, disapproval of a daughter and her intense criticism, as well as multiple repressive demands, hinder the formation of positive, adequate self-esteem, especially in the group of girls with anorexia nervosa. It is worth noticing that loving and accepting attitude of both, mother and father, closeness and sympathy for a daughter, as well as protective attitude of a father in childhood, enhance the formation of a more positive view of self. The results of presented studies find confirmation in Polish publications. A and G. Kozak [16] discovered decreased level of a loving attitude expressed by mothers and increased level of rejecting and casual attitude expressed by fathers of patients with anorexia nervosa in comparison with the healthy group. Prevalence of rejecting and decrease in loving attitude of fathers in perception of daughters diagnosed with anorexia nervosa is confirmed also by studies conducted by M. Chuchra et al. [17]. Significant differences in attitudes of fathers and mothers in perception of healthy and ill daughters were also affirmed. Mothers, in comparison with fathers, expressed intensified loving and protective attitudes. In the presented research such substantive statistically differences were not ascertained in the clinical group, however they were present in the perception of healthy respondents. Many scientists confirm that persons with anorexia nervosa studied by them have lower level of self-esteem [18-20]. Presented in the article research substantiate these results. Persons with anorexia nervosa undergoing examination are characterized by lower general self-esteem in comparison with their healthy peers. Partitive self-estimations, with the exception of one (assessment of one's intellectual abilities) are also significantly lower.

Presented research demonstrates that prophylactic therapeutic activities may prevent development of anorexia nervosa and should be directed, especially, toward girls with low self-esteem. The studies also revealed the role played by relationship between parents and persons suffering from anorexia nervosa. Alteration of dysfunctional

behavioral family norms in the process of family therapy may substantially help the patient treated for anorexia nervosa and her family in the recovery.

Conclusion

1. The attitudes of mothers and fathers in retrospective perception of their daughters suffering from anorexia nervosa do not differ substantially.
2. Healthy daughters pointed to considerable differences in perception of the attitudes of their mothers and fathers. Mothers are perceived by healthy girls as more loving ($z=1069.5$; $p<0.02280$) and protective ($z=1101.0$; $p<0.0061$) in comparison with fathers. In the perception of healthy daughters, fathers are characterized by increased rejecting attitude ($z=766.5$; $p<0.0287$) in comparison with mothers.
3. Significant differences were revealed between the attitudes of mothers and fathers in perception of their daughters from both clinical as well as control group.
- 3a. In retrospective perception of persons in clinical group, mothers are more demanding ($z=1149.5$; $p<0.0005$) and more rejecting ($z=1138.5$; $p<0.001$) in comparison with assessment of their healthy peers. Girls in the control group rate their mothers as more loving ($z=635.0$; $p<0.0000$), protective ($z=718.0$; $p<0.0037$) and casual ($z=748.0$; $p<0.0138$) in comparison with mothers of girls treated for anorexia nervosa.
- 3b. Girls in the clinical group perceive their fathers as more rejecting ($z=1078.0$; $p<0.0163$) in comparison with their healthy peers. In turn healthy girls remember fathers as more loving ($z=694.5$; $p<0.0011$) in comparison with the assessment of persons diagnosed with anorexia nervosa.
4. Higher self-esteem of daughters treated for anorexia nervosa is enhanced by more loving and casual attitude of a mother, and also more loving and protective attitude of a father. Closely linked with the lower self-esteem is the rejecting attitude of a mother as well as a father.

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