



Self-Esteem and Eating Disorders in Female College Students

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ABSTRACT

The Study on "Self-Esteem and Eating Disorders in Female College Students" was conducted as an attempt to find the relationship between eating disorder and self-esteem in the selected group of college students. From 6 colleges, 443 randomly selected female students from undergraduate courses (age range from 18 to 21) were screened for self-esteem and eating disorder. The tools used were the Eating Disorder Examination Questionnaire and State Self-Esteem Scale. The results showed that eating disorder prevailed among the selected students; there was a statistically significant negative linear relationship between self-esteem and eating disorder of the sample.

KEYWORDS : self-esteem, eating disorder, female college students

Introduction

In psychology, the term **self-esteem** is used to describe a person's overall sense of self-worth or personal value. Self-esteem is often seen as a personality trait, which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions, and behaviors (Cherry, 2015).

Our self-esteem develops and evolves throughout our lives as we build an image of ourselves through our experiences with different people and activities. Experiences during our childhood play a particular large role in the shaping of our basic self-esteem. When we are growing up our successes (and failures) and how we were treated, all contribute to the creation of our basic self-esteem (Yaratan and Yucesoğlu, 2011).

Anorexia nervosa is a serious, potentially life-threatening eating disorder characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distorted body image and intense fear of gaining weight, a lack of menstruation among girls and women and extremely disturbed eating behaviour (Wilfley, 2013).

Bulimia nervosa is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviours such as self-induced vomiting designed to undo or compensate for the effects of binge eating. It is characterized by recurrent and frequent episodes of eating unusually large amounts of food, and feeling a lack of control over the eating. This binge-eating is followed by a type of behaviour that compensates for the binge, such as purging (e.g., vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise (Wilfley, 2013).

Binge Eating Disorder (BED) is a type of eating disorder that is characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating. The person feels a loss of control over his or her eating. Unlike bulimia, binge-eating episodes are not followed by purging, excessive exercise or fasting. As a result, people with binge eating disorder are often overweight or obese. They also experience guilt, shame and/or distress about the binge eating, which can lead to more binge eating. Obese people with binge eating disorders often have co-existing psychological illness including anxiety, depression, and personality disorders (Swanson, Crow, Le Grange, Swendsen and Merikangas, 2011).

Eating disorders are complex conditions that arise from a combination of long-standing behavioural, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these emotionally and physically damaging conditions.

Psychological factors that can contribute to eating disorders are low self-esteem, feelings of inadequacy or lack of control in life and depression, anxiety, anger, stress or loneliness. Interpersonal factors that can contribute to eating disorders are troubled personal relationships, difficulty expressing emotions and feelings, history of being teased or ridiculed based on size or weight and history of physical or sexual abuse. Social factors that can contribute to eating disorders are cultural pressures that glorify "thinness" or muscularity and place value on obtaining the "perfect body", narrow definitions of beauty that include only women and men of specific body weights and shapes, cultural norms that value people on the basis of physical appearance and not inner qualities and strengths and stress related to racial, ethnic, size/weight-related or other forms of discrimination or prejudice (Stice, Shaw and Marti, 2007).

Self-esteem is an important issue in eating disorders. It has been known that gender, self-esteem, body image, and perceived self-worth seem to be related to dietary habits and eating disorders. Many research studies have presented the idea that those who suffer from an eating disorder are more likely to have lower self-esteem than those who do not have an eating disorder (de la Rie, Noordenbos and Furth, 2005). These studies and others have shown that eating disorders are associated with lower levels of self-esteem and perception of self-concept (Fremder, 2012).

In the existing era of distorted body images and disturbed eating habits, there has been an increase in the prevalence of eating disorders. This rise in eating disorders can be contributed to the influence of the media. The stick figure models have changed the definition of health and beauty. The commercial wolves have left no stones unturned to display extravagant images that dictate the perfect body, one that's all bones and no muscles. The present study is attempted at understanding the prevalence of eating disorders and level of self-esteem of the participants and the correlation between self-esteem and eating disorders.

Method

Participants

From Avinashilingam University for Women, Coimbatore, Mumbai University, Mumbai, Nirmala College of Arts and Science, Coimbatore, Hindustan College of Engineering, Coimbatore, PSG College of Arts and Science, Coimbatore, PPG Institute, Coimbatore, 443 undergraduate students in the age range from 18-21 years were selected for the study.

Tools

- Eating Disorder Examination Questionnaire (EDE-Q 6.0) constructed and standardized by Christopher G Fairburn and Sarah Beglin (1993) consisted of 28 questions which presented questions about eating behaviour for the past 28 days. Each question had seven alternatives.

- State Self-Esteem Scale constructed and standardized by Heather-ton and Polivy (1991) consisted of 20 questions which is about how an individual valued himself/ herself. Each question had five alterna-tives.
- Adult Consent Form to obtain willingness of the students to par-ticipate in the research.

Null Hypotheses

- The participants of the study have low self-esteem.
- The participants of the study do not have eating disorders.
- There is no relationship between self-esteem and eating disor-ders of the participants.

Procedure

The participants were explained about the nature and purpose of the research, and the Adult Consent Forms were also distributed to ob-tain their willingness to participate in the research. After the student expressed their willingness, both the Questionnaires were given to them.

Results and Discussion

Table1: Mean and SD in Self-esteem and Eating Disor-ders of the Participants

Variable	Mean	Standard Deviation
Self-esteem	70.28	9.14
Eating Disorder	39.40	24.49

Table 1 reveals that as a group, the participants of the study hold a high level of self-esteem and has mild level of eating disorders. Hence the Null Hypothesis, “The participants of the study have low self-es-teem” is rejected and also the Null Hypothesis, “The participants of the study do not have eating disorders” is rejected. This result is ex-pected because most of participants were from good colleges and obviously had good social backgrounds.

It seemed women's identity in our society is tied to social apprecia-tions that are formed and supported by important others, movies, TV, internet ads and other mass media. When they feel their current ap-pearance is different from ideal appearance, they feel down and prob-ably develop eating disorders. The participants of the present study might be facing such a situation.

Studies over the last 15 years showed self-esteem as an important psy-chological factor contributing to health and quality of life (Mann et al., 2004). The low trend in eating disorders among the participants of the present study could also be attributed to their high self-esteem.

Table 2: Correlation between Self-Esteem and Eating Disorders

Variable	Mean	Correlation
Self-Esteem	70.28	r=-0.44*
Eating Disorder	39.40	

*significant at .05 level

Table 2 indicates Pearson's Correlation value of -0.44 - a strong neg-ative linear relationship between self-esteem and eating disorders in the participants. This means that when individuals suffer from eating disorders, the self-esteem is negatively implicated or affected. Hence the Null Hypothesis, “There is no relationship between self-esteem and eating disorders of the participants” is rejected. It is observed from the data that with high self-esteem, there is a lower prevalence of eating disorders or vice versa.

In the present study there was a negative significant relationship be-tween self-esteem and eating disorders that was consistent with the studies of Askari *et al.* (2010), Tiggemann (2005), Mirza (3005), Mo-hammadi (2007), Hwang (2009) and De Bruin (2009).

Empirical Findings

- The participant women college students of the study have high level of self-esteem.
- There exists a mild level of eating disorders among the partici-pants.
- The correlation between self-esteem and eating disorders has The Pearson's Correlation value of -0.44 that indicates a strong negative linear relationship between self-esteem and eating dis-order of the participants. This means that when individuals suffer from eating disorders, the self-esteem is negatively implicated or affected.

Limitations

The present study was based on self-report measures of eating dis-orders and self-esteem; there was no independent support of the self-report data; generalization of the findings of this study may be limited to female college students.

Recommendations and Suggestions for Further Re-search

- Awareness programmes on eating disorders could be conducted for college and higher secondary school teachers and students.
- Educational institutions could involve Health Psychologists in identifying and evolving holistic interventions to deal with eating disorders of adolescents.
- Research could be done to examine psychosocial risk factors for eating disorders in a nationally representative sample of adoles-cents.
- Future research could examine factors that causally influence self-esteem, as this knowledge might provide the basis for ef-fective interventions aimed at improving self-esteem of young-sters.

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