



## A consideration of developmental egocentrism in anorexia nervosa

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### ABSTRACT

Recent research has suggested that normal adolescent processes are important in understanding psychosis, and that young adult individuals with psychosis are often struggling to develop an individual and autonomous self (the “fundamental task” of adolescence). The current paper explores the utility of considering normative adolescent developmental processes in understanding anorexia nervosa. Data were collected from 31 female young-adults with symptoms of anorexia nervosa, 26 female comparison young-adults and 71 female adolescents on measures of adolescent egocentrism. A one-way ANOVA indicated that individuals with symptoms of anorexia nervosa scored more highly than both their peers and the adolescents on several dimensions of egocentric developmental beliefs. Correlations also showed that egocentrism was positively associated with eating concern in participants with symptoms of anorexia. The results suggest that young-adult women with symptoms of anorexia nervosa tended to feel physically invulnerable while also feeling both psychologically vulnerable to others and special or different. Together with the finding of excessive self-consciousness, this supports a notion that they may be experiencing exaggerated versions of normal self-developmental phenomena. Clinically, offering alternative ways of feeling unique other than dieting may be important in therapeutic approaches to anorexia nervosa. Similarly, strategies aimed at normalisation, such as facilitating healthy attachment to peers, may be useful for individuals with anorexia nervosa.

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## 1. Introduction

Adolescence is an important developmental stage, where beliefs about the self are developed and individual boundaries are negotiated and expanded (Harter, 1999). Given that several psychopathologies onset during adolescence and the following period of ‘emerging-adulthood’ (Arnett, 2000), including eating disorders (Fairburn & Harrison, 2003) and psychosis (Hafner, 2003), it is somewhat surprising that little research has examined the role of adolescent developmental processes in mental health difficulties. Some recent research has explicitly considered the importance of adolescent developmental phenomena in the onset of psychosis (Harrop & Trower, 2001, 2003); however, there has been little consideration of the role of these same phenomena in other mental health difficulties. This paper aims to consider whether these processes of adolescent development are relevant to an understanding of anorexia nervosa – an illness that typically affects adolescents and young people (Fairburn & Harrison, 2003).

### 1.1. Adolescent development

Recent research has considered the role of social factors within adolescent development, with particular emphasis on the development of a unique and individual self identity (Lapsley, 1993). In essence, it seems that adolescents are making their first attempts to provide an answer to the question ‘who am I?’ (Rosenberg, 1979). Typical adolescent feelings of uniqueness and self-consciousness are thought to reflect the ‘personal fable’ (the belief that one is special or unique) and ‘imaginary audience’ (the belief that others are always watching) (Elkind, 1967).

In order to move beyond this stage of development, it has been argued that adolescents must meet a variety of psychosocial challenges, such as negotiating increasing independence, developing romantic relationships, exploring self-identity, and choosing a career (Hendry & Kloep, 2003). In meeting these challenges, adolescents are beginning to develop a coherent sense of self, and starting a process that continues into emerging-adulthood (Arnett, 2000; Frankenberger, 2000). Indeed, Frankenberger (2000) found that personal fable beliefs continued beyond adolescence and into early adulthood and concluded that these cognitions reflect attempts to maintain a sense of self during separation–individuation from parents. More recently, personal fable cognitions have been separated into several distinct dimensions, including beliefs regarding personal uniqueness, invulnerability and omnipotence (Duggan, Lapsley & Norman, 2000; Goosens, Beyers,

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Emmen & van Aken, 2002). However, the role that these beliefs may play in adolescent self-development, and whether they are indeed confined to adolescence as originally suggested by Elkind (1967), has not been well explored.

### 1.2. Self-development and psychopathology

While typical adolescent development is a time of increased self-focus, other research has linked self-focused attention with a variety of mental health problems (Penn & Witkin, 1994). Aalsma, Lapsley, and Flannery (2006) found that personal uniqueness was linked to depression and suicidal ideation in adolescents, and suggest it is a risk-factor for internalising symptomatology. Furthermore, self-consciousness is commonly associated with the imaginary audience (Vartanian, 2000) and has been linked with a variety of mental health issues (see Ruiperez & Belloch, 2003). Several disorders onset during adolescence, including both anorexia nervosa and psychosis, however, relatively little research has examined the normative adolescent processes of self-development in young people with mental health difficulties.

There is some previous research that does suggest that individuals with anorexia nervosa are struggling with normal development (e.g. separation–individuation issues, Barth, 2003; self-esteem, Halvorsen & Heyerdahl, 2006; self-consciousness, Rosen, Reiter & Orosan, 1995). Rhodes and Kroger (1992) found that eating disordered young-adult women demonstrated particularly high levels of separation anxiety, suggesting that they had failed to resolve the adolescent task of separation–individuation. Indeed, traditional eating psychopathology literature suggests that individuals with anorexia nervosa struggle to form an identity of their own, and strive to live up to the expectations of others in order to secure a sense of self (Bruch, 1978). This perspective has also been supported in more recent analyses in the course of development and recovery in anorexia nervosa (Weaver, Wuest & Ciliska, 2005).

It is possible that people who experience anorexia nervosa during adolescence may have difficulties with progressing beyond this stage of personal development, in a similar manner to that observed in young-adult psychosis (Harrop & Trower, 2001, 2003). If this is the case, then it would be expected that individuals with symptoms of anorexia nervosa would demonstrate exaggerated egocentric beliefs and problems with autonomy. One possible explanation could be that the difficulties associated with adolescence focus some individuals upon observable aspects of themselves (e.g. Fredrickson & Roberts, 1997; Thompson, Dinnel & Dill, 2003), which when combined with perfectionistic and controlling personality characteristics (Bjorck, Clinton, Sohlberg, Hallstrom, & Norring, 2003) leads to symptoms of anorexia nervosa – a theme common in many of the cognitive–behavioural models of anorexia nervosa (e.g. Fairburn, Cooper & Shafran, 2003; Garner & Bemis, 1982; Slade, 1982).

It is unclear from the literature which egocentric beliefs are associated with which self-developmental aspects of adolescence, and this makes it problematic to offer precise predictions regarding the elements of adolescent egocentrism that will be associated with psychopathology. However, it may be speculated that adult individuals with symptoms of anorexia nervosa may be expected to demonstrate egocentric cognitions regarding self-consciousness and the personal fable (the belief that one is unique and invulnerable).

### 1.3. Current aims and hypotheses

The current paper has outlined the possibility that people with symptoms of anorexia nervosa may also experience exaggerated adolescent beliefs. Such beliefs, although normative in adolescence, have been associated with negative affect (Penn & Witkin, 1994) and experiences of psychosis (Harrop & Trower, 2001, 2003). In an effort to

explore this possible relationship further, levels of specific egocentric beliefs will be measured in adolescent individuals without a history of mental health problems in order to assess 'normative' levels of egocentrism. These scores will be compared to young adult individuals with anorexia nervosa and a matched non-clinical group. Three hypotheses are made:

- 1) Non-clinical adolescents will score more highly on measures of egocentric beliefs (personal uniqueness, adolescent invulnerability and public self-consciousness) than non-clinical adults, as suggested by the traditional adolescent cognitive developmental theory of Elkind (1967).
- 2) Adult individuals who have experienced symptoms of anorexia nervosa will score more highly on measures of egocentric beliefs than an age-matched comparison group; in effect, they will be more like adolescents than their contemporaries.
- 3) There will be significant positive correlations between eating disorder symptom severity and levels of egocentricity in adult individuals with symptoms of anorexia but not in adult individuals without symptoms of anorexia.

## 2. Methods

### 2.1. Participants

31 individuals with symptoms of anorexia nervosa were recruited through opportunity sampling from eating disorders teams within the local health authority area (Birmingham and Solihull) and from adverts posted out to self-help groups around the country, through a UK based charity ('beat', formerly known as the Eating Disorders Association). Individuals were included if they indicated that they had experienced symptoms of dietary restriction (with or without bulimic symptoms) in the last 12 months and were aged between 18 and 30 ( $M=22.87$ ,  $SD=2.32$ ). All participants in this anorexia group were female and of white ethnic background (although neither gender nor ethnic bias was specifically sought). A comparison group of 26 non-eating-disordered women was assembled through personal contacts, also aged between 18 and 30 ( $M=22.77$   $SD=3.53$ ) and was matched as closely as practicable to the anorexia group for age, educational experiences and ethnic background. This group reported no previous history with psychiatric services. Both groups completed the Eating Disorders Examination Questionnaire (Fairburn & Beglin, 1994; EDE-Q) to help ensure they matched the recruitment criteria; scores above 3.09 on the global subscale of the EDE-Q were taken as an indication of the presence of eating psychopathology (Mond, Hay, Rodgers, Owen & Beumont, 2004). In the anorexia group, 34 individuals were originally recruited, but 3 were not entered into the final anorexia data-set due to scores that were below this threshold. In the final

**Table 1**

Comparison of egocentrism scores across the adolescent, anorexia and adult groups

|                                  | Anorexia<br><i>N</i> =31 | Adolescents<br><i>N</i> =71 | Comparison<br><i>N</i> =26 | <i>F</i> | Comparisons<br>( <i>p</i> <.05) |
|----------------------------------|--------------------------|-----------------------------|----------------------------|----------|---------------------------------|
|                                  | <i>M</i> ( <i>SD</i> )   | <i>M</i> ( <i>SD</i> )      | <i>M</i> ( <i>SD</i> )     |          |                                 |
| Danger<br>invulnerability        | 2.20 (.88)               | 1.92 (.42)                  | 1.89 (.48)                 | 2.99     | –                               |
| Psychological<br>invulnerability | 1.61 (.57)               | 2.24 (.59)                  | 2.07 (.44)                 | 13.83*   | AN<A, A=C, AN<C                 |
| Doubts about<br>being understood | 3.53 (.64)               | 2.53 (.69)                  | 2.07 (.80)                 | 34.08*   | AN>A>C                          |
| Doubts about<br>being the same   | 3.59 (.57)               | 2.97 (.53)                  | 2.70 (.52)                 | 21.60*   | AN>A=C                          |
| Public self<br>consciousness     | 3.44 (.64)               | 2.81 (.70)                  | 2.43 (.81)                 | 15.10*   | AN>A=C                          |

\* *p*<.001.

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