

ALEXITHYMIA, DEPRESSION AND GENERAL SELF-EFFICACY IN ANOREXIA NERVOSA

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BACKGROUND

Investigators in eating disorders have proposed theoretical formulations that define Anorexia Nervosa (AN) as a disorder of affect regulation (Taylor, Bagby, & Parker, 1997). To reinforce this perspective, studies that analyse the relationship between this disorder and alexithymia suggest a frequent presence of alexithymic traits in anorectic subjects. On the other hand, depression and low self-efficacy, which play either an active role in negative affectivity, are associated with AN. Nevertheless, it is not clear the unique contribution of alexithymia, depression and low self-efficacy in the prediction of AN diagnosis.

OBJECTIVES

Based on this question, the present study attempted to:

- (1) assess alexithymia, depression and general self-efficacy in a sample of anorectic subjects;
- (2) analyse the influence of alexithymia, depression and general self-efficacy in the prediction of anorexia nervosa.

METHOD

Participants

CLINICAL GROUP (AN-R and AN-B)	CONTROL GROUP (C)
<ul style="list-style-type: none">80 female with AN diagnosis (DSM-IV criteria): Restricting subtype (AN-R): n= 52; Bulimic subtype (AN-B): n=28Recruited in six Portuguese HospitalsAged between 12 and 34 y.o. with an average age of 19.21	<ul style="list-style-type: none">80 female students without diagnosis of ANRecruited in one secondary school and in University of OportoAged between 12 and 34 y.o. with an average age of 19.20

Procedures and Measures

Both groups were assessed with:

- ▶ Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994)
- ▶ Self-Rating Depression Scale (SDS; Zung, 1965)
- ▶ General Self-Efficacy Scale (GSES; Ribeiro, 1995)

RESULTS

I) AN Diagnosis effect in alexithymia, depression and general self-efficacy

Anorectics present superior levels of alexithymia and depression and inferior levels of general self-efficacy when compared to the non-clinical group. There were no significant differences between AN-R and AN-B in these variables.

Table 1. MANOVA among the three groups on TAS-20, SDS and GSES.

	AN-R M (DP)	AN-B M (DP)	C M (DP)	F	AN-R vs AN-B	AN-R vs C	AN-B vs C
TAS-20	67.32 (8.78)	65.16 (12.05)	49.80 (11.39)	37.77***	n.s.	***	***
SDS	50.92 (9.89)	53.84 (9.79)	37.46 (7.88)	43.84***	n.s.	***	***
GSES	63.73 (16.20)	59.84 (16.42)	78.22 (13.66)	18.71***	n.s.	***	***

n.s. - no significant; ***p<.001

II) Prediction of AN diagnosis

Depression and alexithymia are significant predictors of AN. The general self-efficacy is not a significant predictor of AN diagnosis when the effect of depression and alexithymia is controlled.

Table 2. Logistic Regression of GSES, SDS and TAS-20 in AN diagnosis

Steps	Predictors	Statistics of Final Model				
		B	s.e. (B)	Wald	odds	Model
1	GSES	.01	.02	.11	1.007	
	SDS	.12	.04	10.21***	1.128	
	TAS-20	.09	.03	9.65**	1.090	

$\chi^2(3)=73.97***$

p<.01; *p<.001

CONCLUSIONS

Alexithymia is a common feature in anorectic participants (both subtypes) and present an unique contribution in the prediction of an AN diagnosis. This result reinforces the theory presented by Taylor et al. (1997) that conceptualizes AN as a disorder of self-regulation, with impairment in affect regulation as the most salient component.

Probably, the sense of inefficacy in AN is associated to alexithymia and depression, given that emotional states influence the self-efficacy development. Globally, the results support the importance of psychological intervention being directed to the affect regulation in AN.