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## LIFE ORIENTATION AND PREFERENCES OF META VALUES IN WOMEN WITH ANOREXIA AND BULIMIA NERVOSA

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### ЖИТТЄВА ОРІЄНТАЦІЯ І ПЕРЕВАГИ МЕТА-ЦІННОСТЕЙ У ЖІНОК З АНОРЕКСІЄЮ І БУЛІМІЄЮ

*У статті представлено результати досліджень з питань взаємодії між життєвою орієнтацією і переваги мета-цінностей у жінок з анорексією і булімією. Проведено анкетування життєвої орієнтації (SOC-29) Антоновського і анкету цінностей Шварца (PVQ-R2). У дослідженні взяли участь 80 жінок з розладами харчової поведінки, у тому числі 40 жінок з анорексією і 40 – з булімією, відповідно до критеріїв досліджень ICD-10. Визначення імунних ресурсів та адаптивності і переваги мета-цінностей є особливо важливим з точки зору профілактики і лікування людей з розладами харчової поведінки.*

**Ключові слова:** *почуття когерентності, мета-цінності, психічна анорексія, психічна булімія, жінки.*

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### ЖИЗНЕННАЯ ОРИЕНТАЦИЯ И ПРЕИМУЩЕСТВА МЕТА-ЦЕННОСТЕЙ У ЖЕНЩИН С АНОРЕКСИЕЙ И БУЛИМИЕЙ

*В статье представлены результаты исследований по вопросам взаимодействия между жизненной ориентацией и преимуществами мета-ценностей у женщин с анорексией и булимией. Проведено анкетирование жизненной ориентации (SOC-29) Антоновского и анкету ценностей Шварца (PVQ-R2). В исследовании приняли участие 80 женщин с расстройствами пищевого поведения, в том числе 40 женщин с анорексией и 40 – с булимией, в соответствии с критериями исследований ICD-10. Определение иммунных ресурсов и адаптивности и преимущества мета-ценностей особенно важно с точки зрения профилактики и лечения людей с расстройствами пищевого поведения.*

*Ключевые слова: чувство когерентности, мета-ценности, психическая анорексия, психическая булимия, женщины.*

### **Introduction**

According to Antonovsky [1, 34], the sense of coherence (SOC) plays the foremost role in the group of health conditioning factors. It is a person's general orientation expressing the degree in which this person has a keen, permanent – though dynamic – sense of certainty that (1) stimuli arriving in the course of life from the inner and outer environments have a structured, predictable and explainable character; (2) they have access to the means which will enable them to cope with the requirements laid down by those stimuli; (3) these requirements are for that person a challenge worth the effort and involvement. A strong sense of coherence consists of three inter-correlated dimensions: the sense of comprehensibility, the sense of manageability and the sense of meaningfulness. The sense of comprehensibility refers to the degree of perceiving the surrounding world as ordered, predictable and coherent, independently of whether it really is so. The sense of manageability boils down to the belief that people have sufficient personal and other resources to cope with unfavourable circumstances or requirements of the environment. The sense of meaningfulness determines the degree in which man feels that life has sense from the emotional point of view and the efforts undertaken – though not easy – are worth the involvement and devotion [1, 32 – 34]. Although particular components of the sense of coherence are independent of each other, they remain in a mutual dynamic relation, thus creating a complex and ordered whole.

The value concept by Schwartz [8, 2 – 13], cf. [3, 26 – 28], [2, 53 – 63], which dominates in contemporary psychology, views them as emotion related beliefs concerning the desired objectives (going beyond specific activities and situations), at the same time constituting the criterion of one's own and others' behaviours. The Author proposes 10 types of universal basis values: (1) conformity (restraining from actions harming others, observing the norms, self-discipline, obedience, politeness); (2) tradition (accepting cultural and religious commands and prohibitions, modesty, devotion), (3) benevolence (caring about the welfare of those near and dear, faithfulness, responsibility, friendship, love), (4) universalism (caring about the welfare of all people and the environment, justice, equality, peace, wisdom), (5) self-direction (independence in thinking and acting, freedom and creativity), (6) stimulation (seeking novelty and variety, audacity, exciting life), (7) hedonism (aiming at pleasures, the joy of life), (8) achievement (aiming at personal success, ambition, efficiency), (9) power (aiming at control, domination and prestige, authority, wealth), (10) security (safety for oneself and the loved ones, social order, harmony, cleanliness, health, sense of belonging), and 4 meta types structured by two dimensions, namely self-transcendence versus self-enhancement and openness to change

versus conservation. The first dimension describes the conflict between the values associated with others' good and interests (benevolence, universalism) and the values directed at the realization of one's own needs and goals (power, achievement). The second dimension presents the conflict between the values associated with independence in thinking and acting as well as the need for variety and stimulation (self-direction, stimulation) on the one hand and the values connected with the preservation of the existing order, a dislike to changes and self-limitation (conformity, security, tradition) on the other. In this classification, values associated with satisfying one's own needs, especially organic needs (hedonism) belong to both dimensions.

The knowledge of preferences referring to the basic values and meta values can help to better understand an individual's attitudes and behaviours, both in health and in illness.

Anorexia nervosa is a disorder consisting in aiming to limit the consumed food (especially that rich in fats), which is frequently connected with different forms of behaviours (physical exercise, vomiting, abusing laxatives or diuretics and others), which serve to lose weight or avoid the weight gain [10, 13]. The prevalence of anorexia nervosa, which is the disorder occurring mainly in women, is 4 – 8 per 100,000 people in the population per year, while the death rate is 5 – 2 % [6, 421].

The characteristic features of bulimia nervosa include recurrent episodes of binge eating, when huge amounts of food are consumed at short time intervals, followed by compensatory behaviours aimed to free the body from the consequences of the consumed energy and not to gain weight [10, 15 – 16]. To speak of bulimia, episodes of binge eating together with compensatory behaviours must occur at least twice a week for the period of at least three months. The prevalence of bulimia among women is 1 – 1.5 % yearly, while the death rate in the case of bulimia (resulting from natural deaths, somatic complications or suicides) is significantly lower as compared to anorexia and is about 0.7 % [6, 438].

### **The Author's own studies**

The purpose of the studies was to search for the relations between life orientation and preferences of meta values in women with eating disorders. The form of eating disorders was adopted as the differentiating criterion. The major research problem was contained in the following question: Does any relation exist between the sense of coherence in women with anorexia and bulimia on the one hand and preferences of meta values according to Shalom Schwartz's theory and if so, what is its character? Specific questions were formulated as follows: 1) Are there any significant differences in the sense of coherence in women with anorexia and in women with bulimia and if so, what are they? 2) Are there any significant differences in preferences of meta values in women with anorexia and in women with bulimia and if so, what are they?

The following hypothetical assumptions were formulated in reference to the main research problem: There exists a relation between life orientation and preferences of meta values in women with eating disorders. It is assumed that the dimensions of the sense of coherence (comprehensibility, manageability, meaningfulness) modify the preferences of meta values in the studied women. The relation between the sense of coherence and the preferences of meta values is shaped differently in the groups of women with anorexia and bulimia. The formulation of hypothetical assumptions was based on theoretical findings and the analysis of the existing, scarce studies [cf. 3, 34 – 38] concerning the relations between the analyzed variables. It was a pilot study.

The study comprised 40 women with diagnosed anorexia nervosa (AN) and 40 women with diagnosed bulimia nervosa (BN), according to the research criteria ICD-10. Women with diagnosed anorexia ( $M=20.1$ ) were younger ( $M=23.6$ ) and their illness started considerably earlier ( $M=16.4$ ) as compared to women with bulimia ( $M=18.6$ ). Moreover, they were hospitalized more seldom ( $M=1.8$ ) than bulimic women ( $M=2.6$ ).

The studies made use of the Portrait Value Questionnaire (PVQ-R2) by Schwartz [9, 941 – 943] and the Life Orientation Questionnaire (SOC-29) by Antonovsky [1, 174 – 178]. The Portrait Value Questionnaire consists of 57 statements, where 52 correspond to 10 types of universal basic values (self-direction, stimulation, hedonism, achievement, power, universalism, benevolence, conformity, tradition and safety) and 5 spiritual values (not included in the study). Besides the preferences of the basic values, the tool measures – in accordance with Schwartz's theory – four meta values constituted by two dimensions, namely self-transcendence – self-enhancement, conformity – openness to changes. The studied person's task is to estimate the degree of similarity between a given description of values and themselves. This is done using a 9-point rating scale (the range of the score from – 1 to 7), where, for example – 1 means that a given value is opposite to the life guiding principles; 7 means that it is the most important life guiding principle. The Life Orientation Questionnaire is composed of 29 items expressed in the form of interrogative sentences equipped with a 7-point rating scale (the range of the score from 1 to 7), including described extremes. Besides establishing the general sense of coherence determined on the basis of calculating the points from all test items, the tool enables to find out the level of its three dimensions (the sense of comprehensibility with 11 test items, the sense of manageability with 10 items and the sense of meaningfulness with 8 test items).

### **Results**

The first stage of analyses consisted in calculating the means and standard deviations of the sense of coherence and meta values in the group of women with anorexia and bulimia. The positive rates obtained in the procedure of ipsatization recommended by Schwartz indicate the placement of this meta

value above the means in the system of the group's values, while negative rates of preferences point out that the meta value is placed below the means.

The means and standard deviations of the sense of coherence and preferences of meta values<sup>1</sup> together with the levels of the significance of differences are presented in *Tables 1* and *2*.

**Table 1**

**Means and standard deviations of the sense of coherence and its components in both studied groups**

SOC29	Anorexia		Bulimia		p
	M	SD	M	SD	
<b>Sense of coherence</b>	3.35	0.57	3.16	0.74	0.006*
<b>Sense of comprehensibility</b>	3.24	0.68	3.13	0.88	0.232
<b>Sense of manageability</b>	3.50	0.61	3.02	0.70	0.000*
<b>Sense of meaningfulness</b>	3.29	1.20	3.36	0.86	0.734

\* statistically significant at the level of  $p < 0.05$   
source: Author's own study

Statistically significant differences between the studied women refer to the general sense of coherence ( $p=0.006$ ) and one the three components, namely the sense of manageability ( $p=0.000$ ). Women with anorexia, as compared to bulimic women, have greater resistance resources and adaptive possibilities. In addition, they use a wider range of measures combating the unfavourable circumstances and life requirements. A significantly lower sense of coherence experienced by women with bulimia does not promote coping with the illness and searching for and using the resistance resources which are adequate from the point of view of adaptive possibilities.

Women with anorexia and bulimia differed significantly in the sphere of preference of the meta value of self-transcendence, with the difference of assessments concerning its placement in the hierarchy, and the meta value of self-enhancement, where the difference is connected with the strength of preference. A greater preference of the meta value of self-transcendence among bulimic women ( $p=0.003$ ) is connected with the values directed at common good (benevolence and universalism). On the other hand, a higher assessment of the meta value of self-enhancement ( $p=0.013$ ), which is a derivative of

<sup>1</sup> The data concerning the preferences of meta values in women with eating disorders are discussed in detail in the article «The analysis of metavalues of women with anorexia and bulimia nervosa» [12, 64 – 73].

achievement and power, in the group of anorectic women is related to the satisfaction of one's needs and goals.

*Table 2*

**Means and standard deviations of preferences  
of meta values in both studied groups**

Meta values	Anorexia	Bulimia	Anorexia	Bulimia	p
	M	M	SD	SD	
<b>Self-transcendence</b>	-0,030	0.237*	0.274	0.461	0.003*
<b>Self-enhancement</b>	-0,203*	-0.589	0.526	0.803	0.013*
<b>Conformity</b>	0.122	-0.036	0.417	0.472	0.115
<b>Openness to change</b>	-0.275	-0.370	0.612	0.646	0.503

\* statistically significant at the level of  $p < 0.05$   
source: Author's own study

At the second stage of analyses, correlations between the general sense of coherence and its components on the one hand and the preferred meta values were calculated in both studied groups. Results of the analyses are presented in the tables below.

*Table 3*

**Correlation coefficients of the sense of coherence  
with the preferred meta values in both studied groups**

Values	SOC29		Significance of differences of correlation coefficients
	Anorexia	Bulimia	
<b>Self-transcendence</b>	0.16	-0.07	0.05
<b>Self-enhancement</b>	0.01	0.19	0.05
<b>Conformity</b>	0.35*	-0.30	0.005*
<b>Openness to change</b>	-0.39*	0.37*	0.001*

\* statistically significant at the level of  $p < 0.05$   
source: Author's own study

In both studied groups statistically significant relations occurred between the general life orientation and the preferred meta values. The sense of coherence in the group of women with anorexia correlates positively with conformity and negatively with the opposite openness to change. A different set of relations

between the general life orientation and the meta type of openness to change occurred in the group of bulimic women. In the group of women with eating disorders statistically significant differences also occurred between the coefficients of correlation between the sense of coherence and the meta value of conformity ( $p=0.005$ ) and openness to change ( $p=0.001$ ).

**Table 4**

**Correlation coefficients of the sense of comprehensibility  
with the preferred meta values in both studied groups**

Values	Sense of comprehensibility		Significance of differences of correlation coefficients
	Anorexia	Bulimia	
<b>Self-transcendence</b>	0.10	-0.04	0.05
<b>Self-enhancement</b>	0.26	-0.02	0.05
<b>Conformity</b>	0.01	-0.11	0.05
<b>Openness to change</b>	-0.24*	0.27*	0.028*

\* statistically significant at the level of  $p<0.05$   
source: Author's own study

The statistically significant relation between the sense of comprehensibility and the preferred meta values occurred only in the group of women with bulimia. The sense of comprehensibility in the group correlates positively with openness to change ( $p=0.028$ ). Statistically significant differences occurred between correlation coefficients of the sense of comprehensibility in women with anorexia and bulimia and the meta value of openness to change ( $p=0.028$ ).

**Table 5**

**Correlation coefficients of the sense of manageability  
with the preferred meta values in both studied groups**

Values	Sense of manageability		Significance of differences of correlation coefficients
	Anorexia	Bulimia	
<b>Self-transcendence</b>	-0.10	-0.16	0.05
<b>Self-enhancement</b>	-0.01	0.35	0.05
<b>Conformity</b>	0.20	-0.45*	0.004*
<b>Openness to change</b>	-0.26	0.46*	0.002*

\* statistically significant at the level of  $p<0.05$   
source: Author's own study

Statistically significant relations between the sense of manageability and the preferred meta values occurred only in the group with bulimia. The sense of manageability in this group correlates negatively with conformity and positively with the opposite meta value of openness to change. In the group of women with anorexia no significant correlations between the analyzed dimension of the sense of coherence and the preferred meta values took place. In the group of women with eating disorders statistically significant differences occurred between correlation coefficients of the sense of manageability with the meta values of conformity ( $p=0.004$ ) and openness to change ( $p=0.002$ ).

*Table 6*

**Correlation coefficients of the sense of meaningfulness with the preferred meta values in both studied groups**

Values	Sense of meaningfulness		Significance of differences of correlation coefficients
	Anorexia	Bulimia	
<b>Self-transcendence</b>	0.26	0.01	0.05
<b>Self-enhancement</b>	-0.19	0.27	0.077
<b>Conformity</b>	0.46*	-0.33*	0.001*
<b>Openness to change</b>	-0.32*	0.30	0.007*

\* statistically significant at the level of  $p<0.05$   
source: Author's own study

In the group of anorectic women a statistically significant correlation occurred between the sense of meaningfulness and openness to change. The sense of meaningfulness in this group is correlated positively with conformity and negatively with the opposite openness to change. In the group of bulimic women this relation has an opposite direction, namely the negative sign of the correlation coefficient indicates that the increase of the sense of meaningfulness in this group is related to the decreased preference of the meta value of conformity. Statistically significant differences in both studied groups also occurred between the coefficients of correlation between the sense meaningfulness with the meta value of conformity ( $p=0.001$ ) and openness to change ( $p=0.007$ ).

**Discussion and conclusions**

The present studies pointed to statistically significant differences in life orientation of preferences of meta values in women with eating disorders as well as in the structure of relations between them. Anorectic women – as compared with bulimic women – have greater resistance mechanisms and adaptive possibilities (the sense of coherence). They perceive the accessible external and internal resources as sufficient to cope with any problems and

requirements directed at them from the environment (the sense of meaningfulness). According to Antonovsky [1, 28], a higher sense of coherence increases the chance for the continuum to shift towards the «health» pole since it is aimed to avoid health hazards and it promotes greater availability of personal and other resources in the struggle against unfavourable circumstances or life requirements. According to the Author, a lower sense of coherence does not promote coping with the illness or organizing and using the resistance resources adequate from the point of view of adaptive possibilities.

Women with anorexia differed from women with bulimia considerably in the sphere of preferences of the meta values of self-transcendence (the means of benevolence and universalism) and the opposite meta value of self-transcendence, which in bulimic women is related to the values directed at common good, both in group and social dimensions. The few existing studies on the analysis of preferences of meta values placed on the axis self-transcendence showed that people pay greater attention to the values associated with self-transcendence [cf. 7, 135], like it is in the case of women with bulimia nervosa. A greater preferential inclination towards the meta value of self-enhancement within the group of women with anorexia is connected with the sphere of personal successes achieved through showing competence, in agreement with social norms and standards, and with aiming at a higher social position, prestige and control over other people. Domination of values connected with self-enhancement can be, for example, associated with individual traits of anorectic women such as perfectionist inclinations, excessive ambitions, a strong need for achievement and success or effectiveness in pursuing one's aim [13, 64 – 68], [4, 230 – 239], [10, 27], [6, 425] in addition to the style of the family's functioning, where children's achievements and successes become a significant measure of the assessment and prestige of their parents and the norms concerning education and the social position are especially affirmed [10, 23 – 25], [11, 189 – 194], [5, 51 – 66]. Both individual traits and the style of the family's functioning play a principal role in the development of anorexia.

The analyses partly confirmed the adopted hypotheses concerning the occurrence of relations between the sense of coherence and its dimensions on the one hand and preferences of meta values in anorectic and bulimic women on the other. Within the group of women with anorexia, both life orientation (SOC) and the sense of meaningfulness correlate positively with conformity (the means of conformity, security, tradition) and negatively with the opposing value of openness to change (the means of self-direction and stimulation). Therefore, increased resistance resources and adaptive possibilities as well as the activities which have sense from the emotional point of view are connected in anorectic women with restraining from the inclinations or impulses which could harm others or violate the social norms or expectations, as well as with the sense of security and respect for social and cultural customs. Additio-

nally, an increase of the sense of coherence and meaningfulness in women with anorexia is related to a decrease of independence in thinking and acting, which is reflected in situations of making choices, exploration activities and interpersonal relations as well as to a smaller need for stimulation. A different set of relations between the general life orientation and the values connected with openness to change took place in the group of women with bulimia. In this group, an increase of resistance resources and adaptive possibilities is connected with independence in thinking and acting and aiming at excitation, novelty and challenges. Besides, openness to change in the group of bulimic women is related to the ability of cognitive control over the environment and the ability to make use of the available personal and other resources in coping with problems. Significant correlations also occurred in this group between the sense of manageability and the sense of meaningfulness on the one hand and the values connected with conformity on the other. The ability to use the proper resources in difficult situations and to undertake the activities which have sense from the emotional point of view is related in bulimic women to a decrease of values associated with conformity, security and tradition.

Determination of life orientation and preferences of meta values in women with eating disorders as well as the structure of relations between them seems especially important from the point of view of the undertaken preventive actions as well as from the point of view of planning and using different methods and forms of therapy.

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