

Do Female Dieters Have an “Eating Disorder” Self-Schema?
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Self-schemata are “cognitive generalizations about the self, derived from past experience that organize and guide the processing of self-related information contained in the individual’s social experiences (Marcus, 1977). Schemata develop early in life and shape the way that we see the world and ourselves. Certain types of schemata have been linked to the development of psychopathology, including eating disorders (ED). Reshaping maladaptive self-schemata are often a focus of ED treatment. Unique self-schemata have been identified in patients diagnosed with an ED. Dieting is a risk factor and strong predictor of ED symptoms. Could self-schemata be one link in this relationship? Do dieters have an “eating disorder” self-schema?

Greer & Cooper (2016) assessed self-schemata in a group of dieters (n=25) and non-dieters (n=24). Participants with any psychiatric history, including an eating disorder, were excluded from this study. They grouped participants based on high or low scores on the Restraint subscale of the Eating Disorder Examination-Questionnaire (EDE-Q). Participants were administered the Self-Schema Processing Task using ED relevant, depression relevant, generic negative, and generic positive/neutral words. Words were displayed on a computer screen and participants were asked to indicate whether they felt the word described or applied to them (ie. “me” or “not me”). After a 5-10 minute delay, participants were asked to recall as many of the words as they could remember. Participants were also assessed for ED symptoms, anxiety and depression symptoms, self-esteem, current mood, and reading ability. None of the participants in this study had clinical ED symptoms.

Results of this study indicated that dieters endorsed significantly more ED-relevant words as “me” than non-dieters. Dieters also recalled more ED-relevant words during the free recall task than non-dieters. On the day of the testing, dieters reported greater feelings of sadness than non-dieters. To control for this difference, researchers included sadness as a covariate and found that it did not change the main results.

This study provides evidence to support the idea that dieters with no significant eating disorder symptoms exhibit higher levels of eating disorder self-schemata than non-dieters. While the difference in sadness between dieters and non-dieters on the day of the study did not affect the results, the authors posit that the increased sadness in the dieting group may be linked to the experience of dieting since dieters tend to hold a negative view of the self. The authors suggest that more research needs to be conducted into the profiles of dieters who later develop an ED versus those who do not to better understand and identify the most vulnerable dieting individuals.

Reference: Greer S & Cooper M. (2016). Do Female Dieters Have an “Eating Disorder” Self-Schema? *Journal of Eating Disorders*. 4:15