

THE IDENTIFICATION OF EMOTIONS IN TWO DIFFERENT POPULATIONS: ANORECTIC AND NON ANORECTIC GIRLS

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Objectives: The main objective of this study was to analyze: a) the ability of feeling and identifying emotions and, b) the variability of emotions felt in the anorectic and non anorectic girls.

Methods: Participants The experimental group was formed by 70 Anorexia Nervosa (AN; DSM-IV criteria) female patients, aged between 12 and 34 y.o. with an average age of 19.07. The control group was constituted by 100 female subjects without AN diagnosis, aged between 13 and 34 y.o. with an average age of 18.86.

Procedures and measures The part II of the Emotional Evaluation Questionnaire for Anorexia Nervosa (QAE-AN), developed by Torres & Guerra, was applied to both groups. The part II of this questionnaire includes 11 questions describing common situations in AN. Each situation was developed to stimulate one of the 11 primary emotions defined by Izard (1991): interest, joy, surprise (these are considered positive emotions), anguish, anger, disgust, contempt, fear, shame, sadness and guilty (these are considered negative emotions). In each situation, subjects must identify: a) if they feel any emotion or not, b) in case of an affirmative answer, which one is the main primary emotion.

Results: The Pearson Chi-Square Test (independency test) was applied to analyze the differences between anorectic and control groups in relation to the signaled emotions on the 11 questions. The results indicated significant differences in questions referring to these emotions: interest (sig.,002), anger (sig.,000), surprise (sig.,000), anguish (sig.,004), disgust (sig.,000), fear (sig.,000) and guilty (sig.,000). In these cases, Adjusted Residual were compared and analyzed in order to identify the specific emotions with present significant differences between anorectic and non anorectic girls.

Conclusions: In a significant number of questions we can conclude the tendency of anorectic subjects to indicate negative emotions, even in those that might stimulate positive emotions, like interest and surprise. In contrast to what we expected we observed a high frequency of "I do not feel anything" as answers in the control group, probably because the stimulus were chosen thinking in problems of anorectic girls. These observations suggest the anorectics' ability of feeling and identifying emotions. Nevertheless the type of emotions felt seem to be different from the normal population.

EATING ATTITUDES OF ELITE, FEMALE ATHLETES AND NON-ATHLETES.

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Aim

To compare top athletes (elites) competing within different sports and non-athletes on psychological and behavioural indices of disordered eating and to identify those participants who showed symptoms of anorexia nervosa (AN).

Design

Between-groups comparison of eating attitudes and weight concerns among a group of elite athletes competing in (a) aesthetic sports (gymnasts, ballet dancers), (b) ballgames (basketball players) and (c) a control group.

Methods

One hundred and four female, Greek athletes (elites) and 70 female, high school students (controls) participated. The Drive for Thinness (DT) sub-scale of the Eating Disorders Inventory, the Eating Attitude Test 26 (EAT-26) and several demographic indices were administered to athletes and their non-athletic counterparts. Between-subject factor MANOVA was used to test the differences on eating attitudes and weight concerns between athletes in aesthetic sports, ballgames and the control group.

Results

Group participation had a significant effect on the EAT-26, its sub-scales and the DT. Elite basketball players appeared to have the healthiest eating attitudes. From athletes participating in aesthetic sports, gymnasts scored significantly higher than basketball players and the control group in most psychological indices, whereas ballet dancers only scored significantly higher than their non-lean athletic counterparts. When cut-off points on the EAT-26 and DT were considered, Chi-Square suggested that a high proportion of athletes in lean sports, especially gymnasts, scored at the range indicative of AN.

Conclusion

Counselling should be targeted at those athletes, especially gymnasts, identified in this study as being at high risk of developing disordered eating patterns.

TRANSVERSAL AND LONGITUDINAL TRENDS AMONG SOME PSYCHOPHYSIOLOGICAL MEASURES IN SUBJECTS WITH EATING DISORDERS UNDER COGNITIVE BEHAVIOURAL THERAPY

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In order to use information which is becoming more and more objective regarding the variables involved in psychotherapeutic change, this preliminary study has compared some psychophysiological responses measured by the psychophysiological profile (PPP) in 13 subjects during cognitive-behavioural treatment. The three sessions of PPP were recorded in two groups of subjects: 5 Bulimia Nervosa patients (5 F; mean age 29±10.29), 8 Anorexia Nervosa patients (1 M, 7 F; mean age 22,8±3,48) during the "assessment" phase, after 4 months and again after 8-10 months from the beginning of therapy. The following parameters were continuously monitored: the electromyogram of the frontal muscles (EMG), the skin conductance response (SCR), the peripheral temperature (PT) and the heart rate (HR). The PPP was registered for a period of 16 minutes divided into Baseline phase (6 min), Stress presentation (4 min) and Recovery (6 min), after a short adaptation phase (3-4 minutes). The first PPP recorded was compared with the two subsequent control records by means of the "paired sample t test", both in a longitudinal sense (before-after), in order to evaluate the three PPP phases mean differences, and in a transversal sense in order to evaluate the internal parameter configuration of the same PPP. The implications of the present findings for clinical practice and treatment verification are discussed.

DIET CONCERNS AND WEIGHT CONTROL STRATEGIES IN ELITE, FEMALE ATHLETES AND CONTROLS.

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Aim

To identify differences in body mass index (BMI), diet concerns and weight control strategies between elite, female athletes competing in aesthetic sports (ballet dancers, gymnasts), athletes competing in ballgames (basketball players) and a control group.

Design

A Chi-Square was used to compare differences between group participation, BMI and diet concerns and a between-subject factor ANOVA to investigate differences in weight control strategies between athletes in different sports and their non-athletic counterparts.

Methods

A hundred and four female, Greek athletes (elites) and 70 high school students (controls) participated in the present study. A questionnaire was administered, which included three questions on dieting concerns and a weight control questionnaire created by the first author for the purpose of this study (Alpha = 0.83).

Results

BMI scores indicated that most athletes and non-athletes were underweight or of normal weight with gymnasts being the slimmest. The majority of young female athletes and controls wanted to lose weight. However, only a small proportion of the control group and basketball players had tried to lose weight in the last 6 months in contrast to about 60% of ballet dancers and gymnasts. ANOVA also suggested that athletes in aesthetic sports reported the highest frequency of the total number of weight control strategies with exercise being the most frequently reported method to lose weight by all groups.

Conclusion

Nutritional counselling should be targeted at those athletes competing in aesthetic sports so that their present diet patterns do not lead to more extreme weight control strategies.