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The system of values and the severity of depression symptoms in women with eating disorders

System wartości a nasilenie objawów depresji u kobiet z zaburzeniami odżywiania

Introduction

A significant role in undertaking health behaviours is played by the system of values. According to Schwartz (2006), it constitutes a hierarchical organization of judgments and beliefs concerning the preferred goals and ways of behaviour. Values perform the function of the motivation factor for a definite activity, they shape an individual's behaviour, especially in the context of social adaptation, in addition to affecting the reception of the surrounding reality and self-esteem. The tasks of values include giving meaning to human existence and organizing life phenomena and experiences. They can also be associated with an assessment of the state of physical and psychical health.

As follows from research on the relations between eating disorders and the concurrent affective disorders, the issue is extremely complex (Keel et al., 2005; Fisher and Le Grange, 2007; Wiatrowska 2021, 2022), resulting in numerous

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life-threatening complications which sometimes lead to death. Suicide rates in anorectic and bulimic persons turn out to be much higher than in the general population (Dennis and Helfman, 2013). The highest death rates in the group of eating disorders occur in the laxative subtype (Bulik et al., 2008; Wiatrowska 2019), which – due to its course and numerous consequences – is considered extremely dangerous and life threatening. It was proved that the co-occurrence of depression with eating disorders negatively affects the treatment process and the prognosis. It increases the risk of relapse and death rates (Berkman et al., 2007; Presnell et al., 2009). Studies on the effectiveness of therapeutic programmes in eating disorders recognized depression as a significant inclusion criterion, that is why patients with affective disorders are referred for treatment before they start a therapy of eating disorders, or for parallel treatment (Fairburn, 2013).

Studies conducted so far confirm the interrelation between various personal resources and behaviours, on the one hand, and the system of values as viewed by Schwarz, on the other (Bardi and Schwartz, 2003; Boski, 2009; Schwartz, 2006; Ciecuch 2010). Reports concerning the relations of values with health conditions and disease are scarce (Kirenko and Wiatrowska, 2015; Wiatrowska, 2019), that is in spite of the fact that health is perceived as the person's basic value occupying a high position in the hierarchy of values of both for an individual and for the whole society.

Problem and goal of research

The present studies were aimed at establishing the relation between the system of values and increased severity of depression symptoms in women with eating disorders. The essence of the analyses was to verify those relations in the context of health education, treatment and prophylaxis of eating disorders. The goal formulated in this way implied the following research problem: *Are there any relations between depression and the value system in women with diagnosed eating disorders and if so, what are these relations?*

The solution of the research problem set in this way and the verification of the working hypothesis were connected with the necessity to formulate the following detailed questions:

Q1. What are the strength and direction of the relation between increased severity of depression symptoms and the system of values in women with eating disorders?

Q2. Do anorectic women differ from women with diagnosed bulimia in respect of the strength and direction of the relations between increased severity of depression symptoms and the values preferred by them, and, if so, what do those differences consist in?

Referring to the research questions, the following working hypothesis was formulated: it is presumed that there are significant relations between the system of values and depression in women with eating disorders. The basis of increased severity of depression symptoms relate to different preferences of values, namely the values which are an expression of fear (*tradition, conformity, security, power, achievement*) will be connected with increased severity of the symptoms, whereas the values which do not express fear (*universalism, benevolence, stimulation, self-direction, hedonism*) will be related to decreased severity of depression symptoms. It was assumed that the form of eating disorders will differentiate the strength and direction of relations between the analysed variables (Schwartz, 2006; Ciecuch 2013).

Methods of research and characteristics of the sample

The studies made use of the *Portrait Values Questionnaire (PVQ-R2)* by Schwartz (2006). The tool contains 57 statements, 52 of which refer to 10 types of basic universal values such as *conformity* (self-restraint in actions that harm others, observance of norms, self-discipline, obedience and politeness), *tradition* (acceptance of cultural and religious regulations and prohibitions, modesty and sacrifice), *benevolence* (concern for the welfare of those near and dear, faithfulness, responsibility, friendship and love), *universalism* (concern for the welfare of all people and for the environment, justice, equality, peace and wisdom), *self-direction* (independence in thought and action, freedom and creativity), *stimulation* (looking for novelty and variety, daring, and exciting life), *hedonism* (seeking pleasure, joy of life), *achievement* (seeking personal success, ambition and efficiency), *power* (aiming at control, domination and prestige, authority and wealth), and *security* (security for oneself and those to whom one is close, social order, harmony, cleanliness, health and the sense of belonging). The task set for the studied person is to estimate the degree of similarity of a given description of value as the life guiding principle to oneself. This takes place by means of a 9-point scale (e.g. 1 means that a given value is opposed to the principles guiding one's life, 0 means that a given value is

not important, 3 – it is important, 9 – it is very important, 7 – it is the most important as a principle guiding one's life). Reliability of the Polish version of the questionnaire was estimated using Cronbach's alpha, and it was for conformity (alpha =.57); tradition (alpha=.61); benevolence (alpha=.64); universalism (alpha=.75); self-direction (alpha=.65); stimulation (alpha=.63); hedonism (alpha=.80); achievement (alpha=.72); power (alpha=.70); security (alpha=.60). Reliability of the tool also proved satisfactory (Ciecuch and Zaleski, 2011).

Depression symptoms were assessed using Hamilton Depression Rating Scale (*HAM-D*) in the version proposed by Puzyński and Wciórka (2002). The tool consists of 21 questions referring to depressed mood, feelings of guilt, suicidal thoughts, difficulties in falling asleep, waking early morning, difficulties at work and out-of-work activity, psychomotor retardation, agitation, fear, somatic anxiety, somatic symptoms, general symptoms, sexual and genital disorders, hypochondriac symptoms, weight loss, appearance, diurnal variation of symptoms, depersonalization and derealization symptoms, paranoid symptoms, and obsessive-compulsive symptoms. Only one answer is marked for each question. The higher the score is, the greater severity of depression symptoms is. It should be emphasized that this tool belongs to observation tools, which means that the study is conducted by an experienced observer who knows the standards applied to the assessment of an increase in the severity of symptoms. The answers range from 0 to 4. Only one answer is marked in each question, and the higher score is, the greater severity of depression symptoms is. The score below 7 suggests no disorders, from 8 to 12 – mild depression, and from 13 to 17 – moderate depression. The score between 18 and 29 means severe depression, while from 30 to 52 – very severe depression. The average of Cronbach's alpha reliability coefficient calculated for this scale is 0.70, on average (Ragby et al., 2004).

Totally, 100 women with eating disorders, including 50 with anorexia and 50 with bulimia, were studied on the basis of diagnostic criteria included in ICD-10. The form of eating disorders was recognized as a significant factor.

Table 1. Age of studied women

Group	<i>N</i>	<i>M</i>	<i>SD</i>
Anorexia	50	25.14	5.19
Bulimia	50	26.82	5.09
Totally	100	25.98	5.18

Source: own work.

The studied women did not significantly differ in respect to age (t test for independent samples, $t=1.63$, $df=98$, $p=0.110$), the mean age of anorectic women was 25.14 ($SD=5.19$), while for women with diagnosed bulimia it was 26.82 ($SD=5.18$).

Procedure of data analysis

Determination of the strength and direction of the relation between the severity of depression symptoms and the system of values in women with diagnosed eating disorders was possible owing to the application of the Spearman rank nonparametric correlation coefficient. Relations between the analysed variables were sought in subgroups of anorectic and bulimic women distinguished in respect to the type of disorder. Calculations were performed by means of the Statistica Pl 13.3 statistical package.

Results

The obtained values of Spearman rank nonparametric correlation coefficients between the severity of depression symptoms and the system of values in women with eating disorders as well as the levels of the significance of differences are presented in the table below.

Table 2. Correlation coefficients between the system of values and the severity of depression symptoms in women with eating disorders

Basic values & severity of depression symptoms (H)	Spearman <i>R</i> coefficient			Test of significance of correlation coeffi- cients R_A and R_B <i>p</i>
	Totally <i>R</i>	Anorexia R_A	Bulimia R_B	
Self-direction & H	-0.40***	-0.43**	-0.38**	0.772
Stimulation & H	-0.42***	-0.28*	-0.44**	0.373
Hedonism & H	0.04	0.51***	-0.32*	<0.001***
Achievement & H	-0.32**	-0.12	-0.32**	0.309
Power & H	0.05	-0.37**	0.58***	<0.001***
Universalism & H	0.61***	0.66***	0.43**	0.110
Benevolence & H	0.02	0.41**	-0.27*	<0.001***
Conformity & H	0.24*	0.26	0.10	0.424
Tradition & H	0.23*	-0.08	0.48***	0.004**
Security & H	-0.21*	-0.24	-0.08	0.427

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Source: own work.

A moderate negative correlation occurred between the value *self-direction* and the severity of depression symptoms in patients with eating disorders ($R = -0.40$), as well as in the subgroups of women with anorexia ($R = -0.43$) and bulimia ($R = -0.38$) distinguished due to the type of disorder. Therefore, it should be stated that weaker severity of depression was observed in those women who greatly appreciated independence in thoughts and action as well as freedom in decision making. This regularity was shown in both subgroups, independently of the disorder type. On the other hand, no significant difference occurred in reference to the strength of the relation between the assessment of the value *self-direction* and the severity of depression in the distinguished subgroups of women with anorexia and bulimia ($p = 0.772$), which means that the form

of disorder does not differentiate the strength of dependence between the analysed variables.

A similarly moderate negative relation appeared in the group of persons with eating disorders ($R=-0.42$) and in the subgroups with diagnosed anorexia ($R=-0.28$) and bulimia ($R=-0.44$) concerning the severity of depression symptoms and the assessment of the value *stimulation*. Hence, it should be stated that looking for novelty and variety, as well as daring and seeking exciting life, are associated with decreased severity of depression symptoms in women with eating disorders. There was no significant difference in the strength of dependence between the analysed variables in the distinguished subgroups ($p=0.373$). Therefore, the type of disorder does not affect the relations between depression severity and the estimation of the value stimulation in women with diagnosed anorexia and bulimia.

In the group of anorectic patients, a strong positive correlation was revealed between the severity of depression symptoms and the value *hedonism* ($R=0.51$), whereas in the group of bulimic persons a moderate negative correlation occurred ($R=-0.32$). In women with anorexia, a strong desire for pleasure and for the joy of life in addition to the satisfaction of one's organic needs are connected with greater severity of depression symptoms, while in women with diagnosed bulimia, seeking the satisfaction of their pleasures, needs and the joy of life is connected with lower severity of depression. The test of significant for correlation coefficients indicates a significant difference in the relation between the value hedonism and the severity of depression symptoms in the distinguished subgroups of women with anorexia and bulimia ($p<0.001$). Considering the group of women with eating disorders it should be stated that there was no statistically significant difference between the analysed variables ($R=0.04$).

In patients with eating disorders a moderate negative correlation occurred between the value *achievement* and the severity of depression symptoms ($R=-0.32$). In the subgroup of women with bulimia, this dependence was also characterized by a negative direction and average strength ($R=-0.32$). This means that women with eating disorders, mainly with diagnosed bulimia, who greatly appreciated personal success, ambition and efficiency, were characterized by much lower severity of depression symptoms, whereas there was no significant difference in the strength of the relation between the analysed variables ($p=0.309$). In the subgroup of anorectic women, no

statistically significant dependences were found between the severity of depression symptoms and the estimation of the value achievement ($R=-0.12$).

There was a strong positive correlation between the value *power* and the severity of depression symptoms in women with anorexia ($R=0.58$), while the relation between the analysed variables in patients with bulimia was negative and moderate ($R=-0.37$). In women with anorexia nervosa seeking control, domination, prestige, as well as authority and wealth, it was connected with increased severity of depression symptoms. In women with diagnosed bulimia, the preference of a high position associated with power and the possessed resources resulted in a decrease of depression. The test of significance for correlation coefficients indicated a significant difference in the connection between the value power and the severity of depression in the subgroups of women distinguished in respect of the type of disorder ($p<0.001$). Therefore, the form of eating disorders differentiated the relations between the analysed variables.

In the group of patients with eating disorders a strong positive correlation occurred between the value *universalism* and the severity of depression symptoms ($R=0.61$). The situation was similar in the subgroup of women with anorexia distinguished due to the form of disorder ($R=0.66$), while a moderate correlation was found ($R=0.43$) in women with diagnosed bulimia. This means that women concerned about the welfare of all people and about the environment, those who valued justice, equality, peace and wisdom, show greater severity of depression symptoms. This regularity was revealed in both subgroups, independently of the type of eating disorder. On the other hand, no significant difference occurred in the strength of the relation between the assessment of the value universalism and the severity of depression symptoms in the distinguished subgroups of women ($p=0.110$). Therefore, it should be stated that the form of eating disorder does not differentiate the strength of the relation between and assessed value and the severity of the affective disorder symptoms.

A strong positive correlation between the level of depression and the value *benevolence* ($R=0.541$) was revealed in anorectic women, while in those suffering from bulimia, a weak negative relation occurred ($R=-0.27$). Therefore, women with anorexia, who preferred care and concern about the welfare of people close to them in addition to faithfulness, responsibility, friendship and love, show greater severity of depression symptoms, while in women with

diagnosed bulimia a high assessment of the value benevolence is connected with decreased severity of depression symptoms. The significance test for correlation coefficients indicates a significance difference in the relation between the analysed variables in the distinguished subgroups ($p < 0.001$), which means that the form of eating disorders determines the strength of the relation.

A weak positive correlation occurred between the value *adjustment* and the severity of depression in the group of women with eating disorders ($R = 0.24$). Therefore, in people with eating disorders, restraining from actions harmful to others, observing the norms and showing self-discipline and obedience, are connected with increased severity of depression symptoms. No significant difference was shown in the strength of the relation between the analysed variables in the distinguished subgroups of women with anorexia nervosa and bulimia nervosa. Consequently, it should be stated that the type of eating disorders does not affect the relation between the increase in the analysed variables.

In the group of women with eating disorders a weak positive correlation occurred between the value *tradition* and the level of depression ($R = 0.23$). Likewise, this dependence in women with diagnosed bulimia is characterized by a positive direction, but strong correlation ($R = 0.48$). Therefore, it should be stated that patients with eating disorders, mainly women suffering from bulimia, who value cultural and religious norms and who present modesty and sacrifice, show a much greater severity of depression symptoms. The test of significance for correlation coefficients indicates a significant difference in the relation between the analysed variables, both in the group with eating disorders and in subgroups of women distinguished due to the type of disorder ($p < 0.004$). A moderate difference in the strength of the relation between the analysed variables indicates that the form of eating disorder differentiated the women with eating disorders.

A small negative correlation occurred between the value *security* and the severity of depression symptoms in the group of patients with eating disorders ($R = -0.21$). Consequently, women with eating disorders, who sought security both for themselves and for the people close to them, who valued highly the social order, harmony, cleanliness, health and the sense of belonging, were characterized by weaker severity of depression symptoms. No statistically significant dependences were observed either in the subgroup of women with anorexia ($R = -0.24$) or in the subgroup of women with diagnosed bulimia

($R=-0.08$) between the severity of depression symptoms and the assessment of the value security, which indicates that the form of disorder does not differentiate the strength of the relation between the analysed variables.

Discussion of results

The principal aim of the present studies was to establish dependences between the system of values and the severity of depression symptoms in women with eating disorders. These relations are of significant importance for health education, as well as treatment and prophylaxis. It was assumed that the values manifesting fear (*tradition, conformity, security, power, achievement*) will be connected with increased severity of depression symptoms, while the values which are not manifestations of fear (*universalism, benevolence, stimulation, self-direction, hedonism*) will be associated with a decrease of depression symptoms. At the same time, it was assumed that the form of eating disorders will differentiate the strength and direction of dependences between the analysed variables.

The results obtained both in the group of women with eating disorders, and in the subgroups of anorectic and bulimic women distinguished due to the form of disorder, differ in a significant way, although certain similarities between them can be observed. Preference of values which manifest fear (*conformity* and *tradition*), which are oriented at the past and lead into oneself to withdrawing, to escaping from the world and preserving the status quo (Schwartz and Sagie, 2000; Pilch 2012), was in women with eating disorders connected with increased depression symptoms. Increased depression was also related to the preference of the value *power*, and this relation mainly occurred in the group of women with bulimia. The obtained result in some way corresponds to other reports which showed that power is placed on the lowest positions in group hierarchies of values (Zarzycka et al., 2007; Ciecuch, 2010; Pilch, 2012; Ciecuch, 2013). In women with anorexia, this ambition to strengthen "I", which is related to the preference of social status and prestige, control and domination over other people or resources (*power*), was connected with a decrease of depression symptoms. Preference of values not manifesting fear (*self-direction*) was associated with weakened depression in the group of women with eating disorders, as well as in the subgroups of anorectic and bulimic women distinguished due to the form of disorder. Therefore, independence

in thought and action, which derives from the need to have control over the environment, compensation, autonomy and independence in interpersonal relations (Brzozowski, 2002; Ciecuch, 2011) in women with eating disorders led to a decrease of depression symptoms. Likewise, a high assessment of the value *stimulation*, which is close to *self-direction*, was connected with weakened depression both in the group of women with eating disorders and in the subgroups distinguished due to the form of disorder. Therefore, preferring novelty, aiming at exciting and varied life, the need of variety and demand for the optimum level of animation (Schwartz, 2006) are conducive to the lowering of depression and anxiety symptoms in persons with eating disorders. Hence, one of the fundamental goals in the therapy and prophylaxis of eating disorders should be the shaping of such values as self-direction or stimulation, as they can support the effect of the treatment, affect improved prognosis and prevent relapse. High assessment of the value *hedonism*, which is expressed in seeking pleasure, enjoyment of life and satisfaction of one's organic needs in women with diagnosed bulimia, is related to decreased depression, while in women with anorexia it leads to greater severity of symptoms, which beyond any doubt fits the picture and course of the disorder (Cumella and Kally 2008; Fairburn 2013; McCallum, 2013; Wiatrowska, 2019). High assessment of the value *benevolence*, expressed in concern about the closest people, friends and acquaintances together with care about friendship and love, is in women with bulimia associated with decreased depression, while in women with diagnosed anorexia it results in increased symptoms. Similarly, the value *universalism*, deriving from the need of positive interactions with other people and seeking their acceptance, is connected with a pro-social inclination. The preference of this value both in the group of women with eating disorders and in the distinguished subgroups of women with anorexia and bulimia is connected with increased severity of depression symptoms, which can be explained by a number of factors, including the duration of the disease, increased severity of the disorder or hospitalization.

Conclusions

The dependences occurring between higher severity of depression symptoms and the system of values in women with eating disorders and in the subgroups of women with diagnosed anorexia and bulimia proved to be

much more complex than it had been assumed in the adopted hypothesis. An important role in creating and preserving health is played by the system of values, which is the reason why values that do not manifest fear and those that lead to the lowering of depression symptoms should be shaped in women with eating disorders. Therefore, it is recommended to develop the values leading to the strengthening of self-esteem and independence, those which concern the sphere of personal successes achieved by competences, which are in agreement with the social standards and which are associated with efficiency and agency in undertaking actions and performing tasks. Additionally, those values should be shaped which favour openness to change since they can support the effect of the treatment process, affect the prognosis and prevent relapse. In conclusion, it should be emphasized that the strong relations between particular basic values in women with anorexia and bulimia, on the one hand, and the severity of depression symptoms, on the other hand, should become a significant element in the treatment programmes and prophylaxis of eating disorders and health promotion.

Limitations of studies

In order to verify and compare the obtained results in the next research project, it is recommendable to increase the size of groups, at the same time controlling the choice of persons to be studied, the severity and form of eating disorders, the compensation mechanisms applied, as well as the concurrent psychical diseases. If the relations occurring between the analysed variables are to be precisely determined, the stage of treatment and motivation factors should be taken into consideration. It would also be valuable, both cognitively and practically, to search for such personal resources which can play a significant role in motivating people with eating disorders to undertake pro-health behaviours, the latter having crucial importance in the process of treatment.

Abstract

Introduction: The system of values is of significant importance for health behaviours. Studies confirm the relation between various personal resources and behaviours, on the one hand, and the preferred values, on the other. However, there is a lack of reports on the relations between the system of values and the mental health disorders. The aim of the present studies was to establish the relation between the severity of depression symptoms and the system of values in women with eating disorders and in subgroups of bulimic and anorectic women distinguished due to the form of the disorder. **Method of studies** – totally, 100 women with eating disorders were examined, including 50 with anorexia and 50 with bulimia, in accordance with the ICD-10 classification; the Schwartz's Portrait Value Questionnaire (PVQ-R2) and 21-item Hamilton Rating Scale for Depression (HAM-D) were used. **Results:** Preference of values expressing fear, *conformity* and *tradition* were associated with the severity of depression in persons with eating disorders, while the value *safety* – with a decrease of symptoms. A high assessment of the value *power* in bulimic women was related to increased depression, which was different from that in anorectic women. Preference of values which were not a sign of fear, namely *self-direction* and *stimulation*, in women with eating disorders was connected with a decrease of depression. A high assessment of the value *benevolence* in women with bulimia resulted in a decrease, while in anorectic women in an increase of depression symptoms. Preference of the value *hedonism* in bulimic women was related to a decrease of symptom, which showed a different picture in anorectic women. In both subgroups, *universalism*, on the other hand, indicated increased severity of depression symptoms. **Conclusions:** To generalize the obtained results, it should be stated that the relations between the severity of depression symptoms and the system of values in women with eating disorders and in subgroups of bulimic and anorectic women distinguished due to the form of the disorder turned out to be much more complex than was assumed in the adopted hypothesis. Programmes of prophylaxis and treatment of eating disorders should consider the relations between the preferred values and the severity of depression.

Keywords: system of values, depression, eating disorders, anorexia nervosa, bulimia nervosa

Streszczenie

Wprowadzenie: System wartości ma istotne znaczenie dla podejmowania zachowań zdrowotnych. Badania potwierdzają występowanie zależności pomiędzy różnymi dyspozycjami podmiotowymi i zachowaniami a preferowanymi wartościami. Brakuje natomiast doniesień dotyczących powiązań systemu wartości z zaburzeniami zdrowia psychicznego. **Cel badań:** Podjęte badania miały na celu poszukiwanie związków między depresją a systemem wartości u osób z zaburzeniami odżywiania oraz w wy-

odrębnionych ze względu na postać zaburzenia podgrupach. Metoda badań: Przebadano 50 kobiet z jadłowstrętem psychicznym i 50 z rozpoznaniem bulimii, według klasyfikacji ICD-10. Zastosowano Portretowy Kwestionariusz Wartości (PVQ-R2) Schwartz'a i 21-itemową Skalę Depresji Hamiltona (HAM-D). Wyniki: Preferencja wartości będących wyrazem lęku, *przystosowanie* i *tradycja* wiązały się u osób z zaburzeniami odżywiania z nasileniem depresji, natomiast wartości *bezpieczeństwo* ze spadkiem objawów. Wysoka ocena wartości *władza* u kobiet z bulimią powiązana była ze wzrostem depresji, odmiennie niż u kobiet z anoreksją. Preferencja wartości nie będących przejawem lęku, *samokierowanie* i *stymulacja* wiązały się u kobiet z zaburzeniami odżywiania ze spadkiem depresji. Wysoka ocena wartości *życzliwość* skutkowała u kobiet z bulimią osłabieniem, zaś u kobiet z anoreksją nasileniem objawów depresji. Preferencja wartości hedonizm u kobiet z bulimią **łączyła** się ze spadkiem objawów, odmiennie u kobiet z anoreksją, natomiast *uniwersalizm* skutkował w obu podgrupach wzrostem nasilenia objawów depresji. Wnioski: Uogólniając uzyskane rezultaty należy stwierdzić, iż zależności między nasileniem objawów depresji a systemem wartości u kobiet z zaburzeniami odżywiania oraz w wyodrębnionych ze względu na typ zaburzenia podgrupach okazały się znacznie bardziej złożone niż zakładano w przyjętej hipotezie. Programy profilaktyki i leczenia zaburzeń odżywiania powinny uwzględniać powiązania między preferowanymi wartościami a nasileniem depresji.

Słowa kluczowe: system wartości, depresja, zaburzenia odżywiania, jadłowstręt psychiczny, bulimia psychiczna

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