The Eating Disorder Inventory: A measure of cognitive-behavioral dimensions of anorexia nervosa and bulimia.

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The Eating Disorder Inventory: A Measure of Cognitive-Behavioral Dimensions of Anorexia Nervosa and Bulimia

David M. Garner, Marion P. Olmsted, and Janet Polivy

University of Toronto and Clarke Institute of Psychiatry, Toronto, Ontario M5T 1R8, Canada

This chapter describes a new psychometric instrument designed to assess a broad range of behavioral and attitudinal characteristics of anorexia nervosa and bulimia. Recently, several objective scales have been proposed for assessing attitudes or behavior found in anorexia nervosa [Slade, 1973; Garner and Garfinkel, 1979; Fichter and Kesser, 1980; Goldberg et al, 1980].

Since other measures have been recently developed, the purpose of introducing yet another test is a valid concern. However, previous measures either have the disadvantage of being suitable only for inpatient administration [Slade, 1973; Goldberg et al, 1980] or they tend to be oriented toward behavioral-symptom parameters of anorexia nervosa [Garner and Garfinkel, 1979]. Moreover, there is a growing recognition that anorexia nervosa and bulimia (DSM III) [APA, 1980] are multidetermined and multidimensional syndromes with considerable psychological variability across the heterogeneous patient population [Garfinkel and Garner, 1982; Garner and Garfinkel, 1980; Palmer, 1979; Russell, 1979; Strober, this volume]. Delineation and more precise measurement of psychological traits differentiating subgroups may have relevance to the understanding and treatment of these disorders.

The Eating Disorder Inventory (EDI) was devised rather than relying on existing personality measures, since conventional tests do not adequately address the cognitive and behavioral characteristics often observed clinically in anorexia nervosa. The aim of the present communication is simply to describe the EDI and indicate some of its psychometric qualities; the detailed report of the development and validation of the EDI will appear elsewhere [Garner et al, 1983].

METHODS

Questionnaire Construction

Consistent with our multidimensional conception of anorexia nervosa [Garfinkel and Garner, 1982; Garner et al, 1982], questions were generated for behavioral and psychological constructs that have been described as relevant to the disorder. The EDI subscales do not represent an exhaustive sampling of the cognitive-behavioral features of anorexia nervosa; however, either most of the constructs underlying the subscales have not been measured, or we have attempted to refine previous concepts relevant to patients with eating disorders. A short description of the item content of each scale and the clinical sources from which it was derived are presented below.

Drive for thinness.* This indicates excessive concern with dieting, preoccupation with weight, and entrenchment in an extreme pursuit of thinness. Bruch [1973, 1978] and others have described this as a cardinal feature of anorexia nervosa. Items reflect both an ardent wish to lose weight as well as a fear of weight gain.

Bulimia.* This indicates the tendency toward episodes of uncontrollable overeating (bingeing) and may be followed by the impulse to engage in self-induced vomiting. The presence or absence of bulimia differentiates subtypes of anorexia nervosa [Beumont et al, 1976; Russell, 1979; Casper et al, 1980; Garfinkel et al, 1980]. It has been described in women with no prior history of anorexia nervosa [Pyle et al, 1981; Russell, 1979; Johnson et al, this volume]. Recent studies have found that bulimia is relatively common among college females [Wardle, 1980; Halmi et al, 1981; Hawkins and Clement, 1980]; however, these studies have not employed well standardized measures.

Body dissatisfaction. This reflects the belief that specific parts of the body associated with shape change or increased "fatness" at puberty are too large (eg, hips, thighs, buttocks). Body dissatisfaction has been found to be related to other body image disturbances in anorexia nervosa [Garner and Garfinkel, 1981]. These disturbances have been considered a basic deficit in anorexia nervosa [see Garner and Garfinkel, 1981, for a review]. Crisp [1977, 1980] has

*A recent factor analysis of the EAT [Garner et al, 1982] has revealed two item clusters of similar content to that of the EDI Drive for Thinness and bulimia subscales. While the correlation between the respective similar subscales is relatively high (Drive for Thinness with EAT "Dieting" – N = 18, r = 0.80; Bulimia with EAT "Bulimia and Food Preoccupation" – N = 18, r = 0.85), a substantial amount of the variance between scales is *not* shared. Examination of the item content in the similar scales indicates that the EAT factors are broader in focus than those of the EDI. Furthermore, the subscales of the EDI were theoretically or deductively derived (followed by empirical refinement and validation), whereas the EAT factors were empirically or inductively derived from an initial pool of items reflecting symptoms of anorexia nervosa. Despite some conceptual and possibly predictive overlap, the EDI is not intended as a replacement for the EAT. The EAT is a sound measure of a range of symptoms common in anorexia nervosa, and the EDI focuses more on the specific cognitive and behavioral dimensions that may meaningfully differentiate subgroups of patients or which may distinguish those with serious psychopathology from "normal" dieters.

suggested that dieting in anorexia nervosa is a response to dissatisfaction with pubertal "fatness" and the symbolic meaning that it has for the individual.

Ineffectiveness. This assesses feelings of general inadequacy, insecurity, worthlessness, and not being in control of one's life. This feature has been described by some as the fundamental disturbance in anorexia nervosa [Bruch, 1973; Selvini-Palazzoli, 1978; Strober, 1980; Wingate and Christie, 1977]. While there have been attempts to operationalize this construct in terms of locus of control [Garner et al, 1976; Hood et al, 1982], it has been suggested that the concept of ineffectiveness also includes a negative self-evaluation (self-concept) component which is not addressed by locus of control [Garner et al, 1982].

Perfectionism. This indicates excessive personal expectations for superior achievement. Bruch [1978] has suggested that the struggle to live up to perfectionistic achievement standards is a characteristic theme in anorexia nervosa. She interprets the patient's typical superior academic performance as an "overcompliant adaptation," which breaks down in the face of increasing pressures to succeed. We have described the perfectionism in anorexia nervosa as part of a "dichotomous" thinking style [Garner et al, 1982]. The families in which anorexia nervosa occurs have been discussed as highly achievement-oriented [Kalucy et al, 1977; Dally, 1969; Bruch, 1973], and thus may magnify our culture's emphasis on success.

Interpersonal distrust. This reflects a sense of alienation and a general reluctance to form close relationships and has been identified as important in the development and maintenance of anorexia nervosa [Selvini-Palazzoli, 1978; Goodsitt, 1969, 1977; Story, 1977; Strober, 1980]. It is to be distinguished from paranoid thinking and relates to an inability to form attachments or feel comfortable expressing emotions toward others.

Interoceptive awareness. This reflects one's lack of confidence in recognizing and accurately identifying emotions and sensations of hunger or satiety. Bruch [1962, 1978] and Selvini-Palazzoli [1978] have described this deficiency in interoceptive labeling as fundamental to anorexia nervosa, and there is some empirical support for the existence of deficits in this area [Garfinkel and Garner, 1982].

Maturity fears. This measures one's wish to retreat to the security of the preadolescent years because of the overwhelming demands of adulthood. Crisp [1965, 1980] has suggested that the central psychopathology of anorexia nervosa is an avoidance of psychological maturity through the mechanism of carbohydrate avoidance. The loss of body fat results in a return to prepubertal appearance, hormonal status, and experience [Crisp, 1980].

Scoring

The EDI test format and scoring are similar to those for the EAT [Garner and Garfinkel, 1979]. The most extreme "anorectic" response (always or never

depending on the keyed direction) earns a score of 3, the immediately adjacent response 2, the next response 1 and the three choices opposite to the most "anorectic" response receive no score (0). Scale scores are the summation of all item scores for that particular scale (see Appendix for the instructions to subjects and the questionnaire format). Table I indicates the subscale to which items belong.

Validation Subjects

Two groups of subjects participated in the cross validation of the EDI. The criterion group consisted of three subsamples of female, primary anorexia nervosa (AN) patients (total N = 129) seen in consecutive consultation at the Clarke Institute of Psychiatry. The AN group met a modified version of the Feighner et al [1972] diagnostic criteria [Garfinkel and Garner, 1982], and was heterogeneous in that patients were at various stages of treatment although none could be considered recovered. At the time of testing they averaged 20% below expected weight for their age and height according to norms from Health and Welfare Canada [1954]. Of the total AN sample, 56 subjects were of the "restricter" subtype and the remainder (N = 73) had the complication of "bulimia." There were significant differences between subgroups in mean percent of average weight (bulimics, 86.1%, restricters, 72.5%; $t = 6.32$, $P < 0.0001$), although there were no differences in age (mean = 21.9) or duration of illness.

The female comparison group (FC) consisted of three independent subsamples of female university students (total N = 770) from first- and second-year psychology courses. They were tested in their normal class sessions, and although their participation was voluntary virtually all of the subjects approached completed the questionnaires.

TABLE I. Items Corresponding to Subscales on the EDI

Drive for thinness	1*, 7, 11, 16, 25, 32, 49
Bulimia	4, 5, 28, 38, 46, 53, 61
Body dissatisfaction	2, 9, 12*, 19*, 31*, 45, 55*, 59, 62*
Ineffectiveness	10, 18, 20*, 24, 27 , 37*, 41, 42*, 50*, 56
Perfectionism	13, 29, 36, 43, 52, 63
Interpersonal distrust	15*, 17*, 23*, 30*, 34, 54, 57*
Interoceptive awareness	8, 21, 26*, 33, 40, 44, 47, 51, 60, 64
Maturity fears	3, 6, 14, 22*, 35, 39*, 48, 58*

*Negatively keyed items.

Cross Validation

The scale was cross-validated on the three independent AN and FC groups. Items from the original pool were retained if they met several criteria. First, items had to be valid in that they significantly differentiated between groups. Second, items had to display a higher correlation with the subscale to which they were intended to belong than other subscales. Finally, subscales had to have reliability coefficients above 0.80 for the AN samples in order to be acceptable. An item analysis for the AN groups indicated that all but three items had item-total correlations above 0.40 with an average coefficient of 0.63 (SD = 0.13).

For six of the eight subscales the reliabilities were considered acceptable, and the two remaining subscales (Interoceptive Awareness and Maturity Fears) had to be revised with additional items being generated which seemed consistent with the emergent constructs. There were no significant mean subscale score differences within criterion groups across the three cross-validation trials. The mean subscale scores for AN and FC groups are presented in Table II. There were significant mean differences between bulimic and restricter AN patients only on the Bulimia and Body Dissatisfaction subscales. Table III illustrates subscale norms where raw scores have been converted to percentile equivalents for the AN and FC groups. These norms may facilitate interpretation of EDI subscale results.

TABLE II. Mean Scale Scores for Anorexia Nervosa and Female Comparison Groups

	Anorexia nervosa (N = 129)		Female comparison (N = 770)	
	Mean	(SD)	Mean	(SD)
Drive for thinness	15.2	(5.3)	5.0	(5.3)
Bulimia	R = 2.2[a]	(3.8)	1.8	(3.1)
	B = 11.2	(5.5)		
Body dissatisfaction	R = 13.8	(7.1)	9.8	(7.6)
	B = 17.4	(8.0)		
Ineffectiveness	13.9	(8.0)	2.1	(3.6)
Perfectionism	9.9	(5.1)	5.6	(4.0)
Interpersonal distrust	7.4	(5.1)	2.3	(2.9)
Interoceptive awareness[b]	12.3	(7.0)	2.3	(3.5)
Maturity fears[b]	5.9	(5.4)	2.3	(2.4)

[a]R = restricters (N = 56); B = bulimics (N = 73). When bulimic and restricter subgroups do not differ significantly on subscale scores, only total group means are reported.
[b]Anorexia nervosa (N = 49), female comparison (N = 273).

TABLE III. Anorexia Nervosa[a] (AN) (N = 129) and Female Comparison (FC) (N = 770) Groups Conversion of Raw Scores to Percentile Ranks for Each Subscale

	Drive for thinness		Bulimia		Body dissatisfaction		Ineffectiveness		Perfectionism		Interpersonal distrust		Interoceptive awareness		Maturity fears	
Percentile	AN	FC	AN	FC	AN	FC	AN	FC	AN	FC	AN	FC	AN	FC	AN	FC
100	21	21	(B) 20		(B) 27											
			(R) 19	21	(R) 27	27	30	22	18	17	19	15	28	28	22	16
90		13	(B) 17		(B)											
			(R) 8	5	(R) 24	21	24	5	17	10	15	6	21	6	14	4
80	20	9	(B) 16		(B) 26											
			(R) 3	3	(R) 20	17	21	3	15	8	12	4	19	4	10	
70	18	6	(B) 15		(B) 24											
			(R) 2	2	(R) 18	14	19	2	13	6	10	2	16	3	7	3
60	17	4	(B) 13		(B) 21											
			(R) 1	1	(R) 15	11	17	1	11	5	9	1	13	2	5	2
50	16	3	(B) 12		(B) 18											
			(R)	0	(R) 13	8	15	0	10	4	6		10	1		
40	15	2	(B) 9		(B) 15											
			(R) 0		(R) 11	6	11		8	3	5	0	9		3	1
30	13	1	(B) 8		(B) 11											
			(R)		(R) 9	4	8		7	2	4		8	0	2	0
20	10	0	(B) 5		(B) 8											
			(R)		(R) 7	2	5		4	1	2		6		1	
10	6		(B) 3		(B) 6											
			(R)		(R) 4	0	3		2	0	0		3		0	
0	1		(B) 0		(B) 0											
			(R)		(R) 0		0		0				0			

[a]Bulimic (B) and restricter (R) subgroups are reported separately if mean subscale scores differ significantly ($P < 0.05$).

In a more detailed report we have described further validation of the EDI [Garner et al, 1983]. Convergent and discriminant validity was established for subscales, and the EDI was administered to other comparison groups of male college students, normal weight bulimic women, and obese and formerly obese women who had lost weight from a mean of 130% to 100% of average weight. Group differences are reported and the potential utility of the EDI is discussed. Finally, clinically recovered AN patients had scores similar to those for FC women on all subscales, and good agreement was found between AN subscale profiles and ratings by clinicians familiar with the patient's psychological presentation.

In summary, preliminary results with the EDI indicate that it is an objective and economical instrument that may be useful in assessing meaningful cognitive-behavioral dimensions in anorexia nervosa and bulimia. Further research is required to determine its validity and its utility as a predictive or outcome measure with eating-disorder groups.

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APPENDIX: Questionnaire Format

EDI

Name: _____ Date: _____

Age: _____

Present weight: _____ Height: _____ Sex: _____

Highest past weight: _____ (lbs)
(excluding pregnancy)

How long ago? _____ (months)

How long did you weigh this? _____ (months)

Lowest past adult weight: _____ (lbs)

How long ago? _____ (months)

How long did you weigh this? _____ (months)

What do you consider your ideal weight to be? _____ (lbs)

Age at which weight problem began (if any) _____

Father's occupation: _____

Instructions: This is a scale which measures a variety of attitudes, feelings and behaviours. Some of the items relate to food and eating. Others ask you about your feelings about yourself. THERE ARE NO RIGHT OR WRONG ANSWERS SO TRY VERY HARD TO BE COMPLETELY HONEST IN YOUR ANSWERS. RESULTS ARE COMPLETELY CONFIDENTIAL. Read each question and place an (X) under the column which applies best for you. Please answer each question *very* carefully. Thank you.

Always	Usually	Often	Sometimes	Rarely	Never	
( )	( )	( )	( )	( )	( )	1. I eat sweets and carbohydrates without feeling nervous.
( )	( )	( )	( )	( )	( )	2. I think that my stomach is too big.
( )	( )	( )	( )	( )	( )	3. I wish that I could return to the security of childhood.
( )	( )	( )	( )	( )	( )	4. I eat when I am upset.
( )	( )	( )	( )	( )	( )	5. I stuff myself with food.
( )	( )	( )	( )	( )	( )	6. I wish that I could be younger.
( )	( )	( )	( )	( )	( )	7. I think about dieting.

(Continued on next page)

APPENDIX. (Continued)

Always	Usually	Often	Sometimes	Rarely	Never	
( )	( )	( )	( )	( )	( )	8. I get frightened when my feelings are too strong.
( )	( )	( )	( )	( )	( )	9. I think that my thighs are too large.
( )	( )	( )	( )	( )	( )	10. I feel ineffective as a person.
( )	( )	( )	( )	( )	( )	11. I feel extremely guilty after overeating.
( )	( )	( )	( )	( )	( )	12. I think that my stomach is just the right size.
( )	( )	( )	( )	( )	( )	13. Only outstanding performance is good enough in my family.
( )	( )	( )	( )	( )	( )	14. The happiest time in life is when you are a child.
( )	( )	( )	( )	( )	( )	15. I am open about my feelings.
( )	( )	( )	( )	( )	( )	16. I am terrified of gaining weight.
( )	( )	( )	( )	( )	( )	17. I trust others.
( )	( )	( )	( )	( )	( )	18. I feel alone in the world.
( )	( )	( )	( )	( )	( )	19. I feel satisfied with the shape of my body.
( )	( )	( )	( )	( )	( )	20. I feel generally in control of things in my life.
( )	( )	( )	( )	( )	( )	21. I get confused about what emotion I am feeling.
( )	( )	( )	( )	( )	( )	22. I would rather be an adult than a child.
( )	( )	( )	( )	( )	( )	23. I can communicate with others easily.
( )	( )	( )	( )	( )	( )	24. I wish I were someone else.
( )	( )	( )	( )	( )	( )	25. I exaggerate or magnify the importance of weight.
( )	( )	( )	( )	( )	( )	26. I can clearly identify what emotion I am feeling.
( )	( )	( )	( )	( )	( )	27. I feel inadequate.
( )	( )	( )	( )	( )	( )	28. I have gone on eating binges where I have felt that I could not stop.
( )	( )	( )	( )	( )	( )	29. As a child, I tried very hard to avoid disappointing my parents and teachers.
( )	( )	( )	( )	( )	( )	30. I have close relationships.
( )	( )	( )	( )	( )	( )	31. I like the shape of my buttocks.
( )	( )	( )	( )	( )	( )	32. I am preoccupied with the desire to be thinner.
( )	( )	( )	( )	( )	( )	33. I don't know what's going on inside me.

APPENDIX. (Continued)

Always	Usually	Often	Sometimes	Rarely	Never	
( )	( )	( )	( )	( )	( )	34. I have trouble expressing my emotions to others.
( )	( )	( )	( )	( )	( )	35. The demands of adulthood are too great.
( )	( )	( )	( )	( )	( )	36. I hate being less than best at things.
( )	( )	( )	( )	( )	( )	37. I feel secure about myself.
( )	( )	( )	( )	( )	( )	38. I think about bingeing (overeating).
( )	( )	( )	( )	( )	( )	39. I feel happy that I am not a child anymore.
( )	( )	( )	( )	( )	( )	40. I get confused as to whether or not I am hungry.
( )	( )	( )	( )	( )	( )	41. I have a low opinion of myself.
( )	( )	( )	( )	( )	( )	42. I feel that I can achieve my standards.
( )	( )	( )	( )	( )	( )	43. My parents have expected excellence of me.
( )	( )	( )	( )	( )	( )	44. I worry that my feelings will get out of control.
( )	( )	( )	( )	( )	( )	45. I think that my hips are too big.
( )	( )	( )	( )	( )	( )	46. I eat moderately in front of others and stuff myself when they're gone.
( )	( )	( )	( )	( )	( )	47. I feel bloated after eating a normal meal.
( )	( )	( )	( )	( )	( )	48. I feel that people are happiest when they are children.
( )	( )	( )	( )	( )	( )	49. If I gain a pound, I worry that I will keep gaining.
( )	( )	( )	( )	( )	( )	50. I feel that I am a worthwhile person.
( )	( )	( )	( )	( )	( )	51. When I am upset, I don't know if I am sad, frightened or angry.
( )	( )	( )	( )	( )	( )	52. I feel that I must do things perfectly, or not do them at all.
( )	( )	( )	( )	( )	( )	53. I have the thought of trying to vomit in order to lose weight.
( )	( )	( )	( )	( )	( )	54. I need to keep people at a certain distance (feel uncomfortable if someone tries to get too close).
( )	( )	( )	( )	( )	( )	55. I think that my thighs are just the right size.
( )	( )	( )	( )	( )	( )	56. I feel empty inside (emotionally).

(Continued on next page)

APPENDIX. (Continued)

Always	Usually	Often	Sometimes	Rarely	Never	
( )	( )	( )	( )	( )	( )	57. I can talk about personal thoughts or feelings.
( )	( )	( )	( )	( )	( )	58. The best years of your life are when you become an adult.
( )	( )	( )	( )	( )	( )	59. I think that my buttocks are too large.
( )	( )	( )	( )	( )	( )	60. I have feelings I can't quite identify.
( )	( )	( )	( )	( )	( )	61. I eat or drink in secrecy.
( )	( )	( )	( )	( )	( )	62. I think that my hips are just the right size.
( )	( )	( )	( )	( )	( )	63. I have extremely high goals.
( )	( )	( )	( )	( )	( )	64. When I am upset, I worry that I will start eating.