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Anger and personality in eating disorders

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Abstract

Objective: This study was designed to examine how anger, temperament and character profiles differ across subtypes of eating disorders (EDs) in comparison to healthy controls and to analyze the relationship between anger expression, eating attitudes and personality dimensions. **Method:** One hundred and thirty-five outpatients (50 of whom suffered from anorexia nervosa restrictor type [AN-R], 40 from anorexia nervosa binge/purging [AN-BP] and 45 from bulimia nervosa [BN]) and 50 control subjects were recruited and administered State-Trait Anger Expression Inventory (STAXI), Temperament and Character Inventory (TCI) and Eating Disorder Inventory II (EDI-II). **Results:** STAXI showed greater levels of anger in patients with BN than in those with AN. TCI showed different personality profiles, in accordance with previous studies. Correlations were found between the management of anger feelings and psychological and personality traits typical of patients with EDs. **Conclusions:** Clinically, impulsivity seems to be the psychopathologic element most strongly correlated to anger. Moreover, it appears clear that anger is better managed by individuals with greater character strength.

Keywords: Eating disorders; Temperament; Character; Anger; Impulsivity

Introduction

Eating disorders (EDs) are severe illnesses characterised by uncertain pathogenesis, early onset, long course and significant therapeutic difficulties. Several psychiatric, family and environmental stress factors can result in EDs [1].

Clinical symptoms of EDs are various and complex; the complexity of these disorders has led some authors to study the personality features of persons suffering from EDs, using two different approaches. The first is the categorical approach and its objective is to diagnose DSM-IV [2] Axis II Personality Disorders whose presence might influence the course and outcome of EDs [3]. The second is the dimensional approach whose objective is to trace a basic personality profile expressing one's risk of developing an ED.

The categorical approach has revealed a prevalence of Cluster C personality disorders in 0–22% of anorectic patients [4] and a prevalence of Cluster B personality disorders in 2–50% of bulimic patients [4–6].

Several authors have used the dimensional approach to explore temperament and character dimensions of women with EDs using the Tridimensional Personality Questionnaire (TPQ) and Temperament and Character Inventory (TCI) developed by Cloninger and coworkers [7–10]. This approach allowed definition of some personality profiles peculiar to each ED [11–15].

Another research area attempts to identify the relevant psychopathologic nuclei in EDs; this area has not yet received much attention in the literature, but it might be relevant for improvement in the treatment of EDs. The identification of psychopathologic cores and of specific temperament and character traits might be useful, at the beginning of the treatment, to point out those patients with greater risk to develop severe clinical symptoms of EDs.

This approach might provide course and outcome predictors, which at the moment are not sufficiently supplied by Axes I and II diagnoses.

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Aggressiveness is a relevant psychopathologic core because it can influence course and treatment outcome of EDs [16–18]. The DSM-IV does not include a specific aggressive disorder but considers only a very important transnosographic dimension. Hostility, irritability and anger are the most common expressions of aggressiveness. Low tolerance and aggressiveness among individuals with EDs are means of expression that, at least in part, may derive from distorted family relationships and patterns [19,20] and from childhood experiences [21]. Some authors have demonstrated that in EDs correlation exists among severity of disturbed eating patterns, low degrees of self-assertiveness, high levels of self-directed hostility [22] and difficulty in expressing anger [23]. Moreover, in these disorders, impulsive actions can be correlated with difficulty in expressing anger [23].

Although some authors have investigated aggressiveness and some affective states in EDs, data are still inadequate, especially with regard to the relationship among anger, the severity of the ED, and the basic personality of the individual. Some peculiar behaviours of patients afflicted with EDs, such as vomiting, might be associated with higher levels of unexpressed anger, independently from diagnosis [24].

In this work, anger has not been studied as a unitary construct, but in its multifaceted nature, according to the conceptualization of Spielberger [25]. This author has stressed the importance of considering anger both as an emotional state and as a trait. State-anger is a changeable emotional condition, including feelings ranging from tension to fury, which are usually accompanied by symptoms caused by the activation of the autonomic nervous system. Trait-anger depends on the frequency of anger experiences, defining the individual's predisposition toward anger. Moreover, Spielberger stresses the fact that individuals are very different in the way they suppress or express anger.

Thus, the aims of the current study were (1) to examine the different expressions of anger in subjects with anorexia nervosa restrictor type (AN-R), anorexia nervosa binge/purging (AN-BP), bulimia nervosa (BN) and in a nonclinical control group (CW); (2) to evaluate whether anger expression is different in vomiting (AN-BP and BN) and nonvomiting patients (AN-R); (3) to analyse the relationship between anger expression and eating attitudes and habits and (4) to analyse the relationship between anger expression and the personality dimensions as evaluated through the TCI.

Methods

Subjects

One hundred and thirty-five outpatients were recruited from among the 218 who applied to the Eating Disorder Pilot Center of the Psychiatric Clinic of the University of Turin from October 1998 to August 2000. Fifty suffered from AN-R (Group AN-R), 40 from binge/purging type (Group AN-BP) and 45 from BN (Group BN). Fifty women were recruited for the CW (Group CW).

On the basis of the inclusion criteria, outpatients recruited in the study were women, aged 17–32 years, with a diagnosis of AN (restrictor or binge/purging type) or BN according to DSM-IV criteria, but no Axis I comorbidity. Thus, 21 patients with mood disorders, 5 with psychotic disorders, 17 with anxiety disorders and 9 with any other disorder pertaining to Axis I were excluded. This was done to avoid the excessive heterogeneity of the sample in a preliminary study and to increase the preciseness of the diagnosis of ED.

The diagnosis and selection of outpatients was made by a professional psychiatrist. Men, patients with a history of EDs different from the ones currently being assessed, and patients with medical conditions that were not homogeneous to those of the rest of the group were excluded from the study ($m = 31$). All patients were asked for informed written consent to participate in the study.

The control group was recruited among a nonclinical population of subjects matching those of the three clinical groups in age and educational and socioeconomic levels. Before participating in the study, each subject of the control group was assessed by a psychiatrist to exclude any psychiatric disorder.

Procedures

Diagnostic assessment for ED and other Axis I disorders was carried out with the Structured Clinical Interview for DSM-IV (SCID) [26]. A psychiatric expert performed a screening interview (with SCID support) of approximately an hour with every subject to determine possible inclusion in the study. The following week, selected patients were administered tests to evaluate ED psychopathology (Body Mass Index [BMI], Eating Disorder Inventory II [EDI-II], EDI Symptom Checklist [EDI-SC]) and personality and anger (TCI, State-Trait Anger Expression Inventory [STAXI]). None of the patients participating in the study knew the meaning of these tests or had ever taken them. None of the patients was treated with psychotropic drugs or with psychotherapy at baseline.

Anger assessment

State-Trait Anger Expression Inventory (STAXI)

The STAXI [27] is a 44-item self-report questionnaire that measures the experience and expression of anger; it consists of 44 items that are divided into six scales and two subscales. It measures the intensity of anger as an emotional state (state-anger) and the disposition toward anger as a personality trait (trait-anger). The Trait-anger scale contains two subscales, T-Anger/T, which measures the general disposition toward angry feelings (angry temperament),