

Personality dimensions in bulimia nervosa, binge eating disorder, and obesity

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Abstract

Objective: The purpose of this investigation was to examine differences in personality dimensions among individuals with bulimia nervosa, binge eating disorder, non-binge eating obesity, and a normal-weight comparison group as well as to determine the extent to which these differences were independent of self-reported depressive symptoms.

Method: Personality dimensions were assessed using the Multidimensional Personality Questionnaire in 36 patients with bulimia nervosa, 54 patients with binge eating disorder, 30 obese individuals who did not binge eat, and 77 normal-weight comparison participants.

Results: Participants with bulimia nervosa reported higher scores on measures of stress reaction and negative emotionality compared to the other 3 groups and lower well-being scores compared to the normal-weight comparison and the obese samples. Patients with binge eating disorder scored lower on well-being and higher on harm avoidance than the normal-weight comparison group. In addition, the bulimia nervosa and binge eating disorder groups scored lower than the normal-weight group on positive emotionality. When personality dimensions were reanalyzed using depression as a covariate, only stress reaction remained higher in the bulimia nervosa group compared to the other 3 groups and harm avoidance remained higher in the binge eating disorder than the normal-weight comparison group.

Conclusions: The higher levels of stress reaction in the bulimia nervosa sample and harm avoidance in the binge eating disorder sample after controlling for depression indicate that these personality dimensions are potentially important in the etiology, maintenance, and treatment of these eating disorders. Although the extent to which observed group differences in well-being, positive emotionality, and negative emotionality reflect personality traits, mood disorders, or both, is unclear, these features clearly warrant further examination in understanding and treating bulimia nervosa and binge eating disorder.

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1. Introduction

Personality characteristics have been hypothesized to be important variables in etiologic models of eating disorders and are potentially critical for both the development and maintenance of these symptoms [1–8]. Numerous studies have investigated the role of personality in eating disorders, with most reviews observing that eating disorder samples generally score higher than non-eating disorder comparison groups on measures of personality disorders, impulsivity, obsessive compulsive traits, and perfectionism [9–12]. The extent to which these results are due to underlying group

differences, eating disorder maintenance factors, or a “scar” from the eating disorder symptoms is unclear.

In addition to comparisons between eating disorder and non-eating disorder samples, a number of studies have investigated personality differences between different eating disorder subgroups. These findings have been inconsistent with some observing differences among subgroups and others finding few or no such differences [9,11]. These inconsistencies may be due, in part, to different measurement strategies, definitions, and sampling procedures (eg, treatment-seeking vs community participants). Notably, most of these comparisons among eating disorder groups have been made between anorexia nervosa and bulimia nervosa (BN), or within subtypes of anorexia nervosa; few studies have examined personality differences using more broadly defined

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eating disorder and weight disorder samples including obesity, binge eating disorder (BED), and other types of eating disorders, not otherwise specified [9]. For this reason, personality differences among a wider range of eating and weight disorder subgroups are not well understood.

Another source of confusion in understanding the role of personality in eating disorders is the issue of whether personality is conceptualized dimensionally or categorically. Although many studies have examined the co-occurrence of categorically defined personality disorders in those with eating disorders [9,13], this literature is complicated by inconsistent definitions and measurement. Numerous problems are associated with the categorical classification of personality (especially personality disorders), including heterogeneity within categories, high rates of comorbidity, and longitudinal instability [14]. As a result of these limitations, the advantages of measuring personality dimensionally rather than categorically (or using a combination of both approaches) have been increasingly emphasized [6,15,16]. In the context of the ongoing revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a number of researchers have argued for the adoption of a dimensional classification system of personality psychopathology as a way of increasing diagnostic validity [17,18].

Finally, personality studies of individuals with eating disorders have often neglected to examine the relationship between personality and mood disturbance, particularly depression. Given the high co-occurrence of mood disorders in eating disorders [19], investigating the relationship between depressive symptoms and personality is especially important for understanding both phenomena and their role in eating disorders. Although the complex interaction between depression and personality is unclear [20], the impact of depressive symptoms on self-report questionnaires including personality measures is an important consideration [21]. Of particular concern is the impact of depressive symptoms in biasing recall toward more negative global self-appraisals [22]. The potential impact of depressive symptoms in personality measurement may explain some of the inconsistent findings among previous studies of personality and eating disorders. In summary, several important issues remain unclear in the eating disorders and personality literature. The first issue is the extent to which personality characteristics differ among a wider range of eating and weight disorder subgroups including BED and obese individuals who do not binge eat. In addition, although many studies have evaluated personality disorders and personality disturbances in eating disorders using categorical definitions, fewer have measured personality dimensions using instruments that do not exclusively measure psychopathology. Finally, many studies have not examined measures of depression in the context of personality assessment.

The purpose of this investigation was to compare personality dimensions in eating and weight disorders among 4 groups of women: individuals with BN, individuals

with BED, normal-weight control (NWC) participants, and obese participants without eating disorder symptoms. In addition, this study aimed to examine the impact of depression on personality dimensions by using depressive scores as a covariate.

2. Method

2.1. Participants

Study participants included 197 adult females (average age, 36.05; SD, 12.42; range, 18–64). Thirty-six females who were diagnosed with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* purging BN were recruited at baseline from a BN treatment outcome study examining different types of group psychotherapy and body image [23,24]. Fifty-four women were recruited at baseline from a BED treatment outcome study comparing therapist-led and self-help group therapy [25,26]. These individuals were diagnosed with *DSM-IV* BED using the Structured Clinical Interview for *DSM-IV* [27]. The 77 NWC participants, who were recruited from an introductory psychology class and received class credit for their participation, were administered the Restraint Scale [28] and were required to score lower than 16 for inclusion as a nondieting control participant (average score, 9.46; SD, 4.06). The non-binge eating obese participants (OB, $n = 30$; defined as body mass index >30) were recruited from the community and paid \$20 for their participation. As part of the screening, they were administered the eating disorder module of the Structured Clinical Interview for *DSM-IV* to ensure that they had no current or past eating disorder symptoms, including binge eating. Group differences were observed for age, with the BN (mean, 26.03; SD, 6.50) and NWC (mean, 22.71; SD, 4.90) samples significantly younger than the BED (mean, 42.43; SD, 10.07) and the OB (mean, 44.67; SD, 9.41) groups ($F = 55.05, P < .000$). For body weight, the BED (mean, 34.66; SD, 7.57) and OB (mean, 36.13; SD, 6.38) samples had higher average body mass indexes compared to the BN (mean, 21.12; SD, 2.51) and NWC (mean, 22.33; SD, 2.89) samples ($F = 62.02, P < .000$). Participants in all 4 samples were primarily white (92.5%) with no group differences in ethnic status.

2.2. Instruments

The Multidimensional Personality Questionnaire (MPQ) [29] is a 300-item self-report questionnaire with responses presented in a true-false format. This instrument, derived iteratively using factor analytic and rational procedures, was designed as a dimensional measure of personality traits and temperament domains. The MPQ has 11 personality scales: well-being (ie, cheerful, optimistic), social potency (ie, decisive, persuasive, socially dominant), achievement (ie, ambitious, hard working), social closeness (ie, affiliative, sociable, warm), stress reaction (ie, nervous, easily upset), alienation (ie, experiences self as a victim, betrayed),

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