

## Personality heterogeneity in female adolescent inpatients with features of eating disorders

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### Abstract

**Objective:** This study examined evidence for personality variability in adolescents with eating disorder features in light of previous evidence that personality variability in adult women with eating disorder symptoms carries important clinical implications.

**Method:** Millon Adolescent Clinical Inventory personality data from adolescent girls with disturbed eating who were psychiatrically hospitalized were cluster analyzed, and resulting groups were compared in eating and comorbid psychopathology.

**Results:** Three subgroups were identified among the 153 patients with eating disorder features: high functioning, internalizing, and externalizing. The internalizing group was marked by eating-related and mood dysfunction; the externalizing group by elevated eating and mood psychopathology as well as impulsivity, aggression, and substance use; and the high-functioning group by lower levels of psychopathology and relatively high self-esteem.

**Conclusions:** These findings converge with previous research using different personality models in adult samples and highlight the clinical use of considering personality heterogeneity among adolescent and adult women with disturbed eating.

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### 1. Introduction

Women with disturbed eating or eating disorders (EDs) are not homogeneous with regard to clinical [1–4] or personality [4–16] characteristics. This heterogeneity may represent an important source of information for understanding and predicting co-occurring disorders, etiologic factors, and effective treatment planning practices in women with eating disturbances. For example, in one study women with EDs who were otherwise high functioning tended to have relatively good prognoses, whereas other ED groups with different patterns of co-occurring disorders also varied in clinical course [12].

Most research that has taken a typological approach to understanding personality heterogeneity among women with eating-related psychopathology has identified 3 groups, as shown in Table 1. These groups can generally be characterized as high functioning, internalizing (ie, anxious,

depressed, overcontrolled), and externalizing (ie, impulsive, dysregulated, stimulus seeking). Although some other studies have identified more than 3 groups using other measures, alternative models typically include the groups most commonly identified as well as others [12] or embed the assumption that personality subtypes should not vary in clinical severity in their analyses and recover the 2 commonly observed clusters that are not defined by high functioning [10].

Despite the consistency of personality typologies in previous research with adults and the potential clinical importance of personality heterogeneity in EDs, extensions of these models to adolescents have been limited. Indeed, only one study in Table 1 sampled adolescents. In that study, Thompson-Brenner et al [13] identified similar clusters as had been found in adult samples using the Shedler-Westen Assessment Procedure (SWAP; [17]). Yet, developmental factors associated with personality [18] may lead to different groupings in adolescents and adults. For instance, Thompson-Brenner et al [13] noted that avoidant/depressed adolescents were more dysphoric and shy than were adults in the corresponding overcontrolled group, justifying a different personality label across age group samples.

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Table 1  
Personality typologies of eating-disordered women

Lead author (year)	High functioning	Internalizing	Externalizing
Espelage (2002)	High functioning	Overcontrolled/avoidant	Undercontrolled/dysregulated
Goldner (1999)	Mild	Rigid	Severe
Hopwood <sup>a</sup> (2007)	–	Cold-submissive	Cold-dominant
Strober (1983)	High functioning	Anxious	Impulsive
Thompson-Brenner <sup>a</sup> (2008)	High functioning	Avoidant/insecure	Behaviorally dysregulated
Thompson-Brenner <sup>b</sup> (2008)	High functioning/perfectionistic	Avoidant/depressed	Dysregulated
Thompson-Brenner (2005)	High functioning	Constricted	Dysregulated
Westen (2001)	High functioning/perfectionistic	Constricted/overcontrolled	Emotionally dysregulated/undercontrolled
Wonderlich (2007)	Low personality pathologic condition	Interpersonal/emotional	Stimulus seeking/hostile

<sup>a</sup> These studies identified further subtypes that were not explored here.

<sup>b</sup> Adolescent sample adolescent sample.

Furthermore, the nature of eating disturbance may differ as a function of development. Adolescence represents a period of high risk for the development of body image and eating disturbances. Clinical and epidemiological research has found that adolescents often experience the onset of 1 or 2 ED symptoms rather than multiple symptoms or diagnoses [19,20]. Although “subthreshold” clinical presentations are common in adolescent clinical practice settings [21], these individuals are poorly understood because research generally focuses on patients who meet full diagnostic criteria. Nevertheless, “subthreshold” levels of eating and body image disturbances in adolescents are of significant clinical concern as they are associated with risk for full-blown ED and substantial psychiatric and psychosocial problems in adulthood [19,20,22,23].

Although the Thompson-Brenner et al [13] study suggests the existence of adolescent personality typologies that are similar to those found in adults, this research is potentially limited in that the SWAP does not sample patients with EDs directly but rather asks clinicians to rate the personality characteristics of patients they regard as having eating-related symptoms. Although the SWAP has demonstrated its use in a number of studies, it is unclear what differences this method may yield relative to the more conventional method of sampling and assessing patients directly. Furthermore, it remains to be demonstrated that similar personality-based groups can be identified across theoretical models in adolescents with disturbed eating, as has been shown with adults. As such, there is a need to investigate personality heterogeneity in adolescent girls with eating psychopathology using data that were gathered from patients from various theoretical frameworks. Thus, the current study aimed to extend previous research characterizing personality heterogeneity in adult women with eating disturbance to adolescent girls with features of EDs from the perspective of Millon’s model of personality. Briefly, this model accommodates multiple levels of analysis in a framework that is informed by evolutionary theory, descriptive psychiatry, psychoanalytic theory, and perspectives from personality and behavioral psychology. Descriptively, it yields dimensions that correspond closely to the *Diagnostic and Statistical Manual of Mental Disorders*

(DSM) personality disorders, in part because Millon played an important role in developing DSM-III, Axis II.

## 2. Method

Participants were 286 adolescent (ages 13–18; mean, 15.80; SD, 1.42) girls admitted to the adolescent treatment unit of a private, not-for-profit, psychiatric teaching hospital. Two hundred twenty (76.9%) were white, 33 (11.5%) were Hispanic, 31 (10.8%) were African American, and 2 (0.7%) reported other ethnicities. This study was approved by a local ethics review panel, and all participants provided informed consent before participation.

Participants were admitted due to their need for inpatient level psychiatric intervention, and no other selection processes were used. Participants were hospitalized for a variety of serious psychiatric problems (ie, this was not a specialty ED unit). All participants were assessed clinically with respect to their appropriateness for participating in the assessment protocols, and very few were excluded. Exclusions were due to difficulty with reading or language comprehension, active psychosis, agitation or confusion. The Millon Adolescent Clinical Inventory (MACI) was administered shortly after intake. Institutional review board approval was obtained for chart review of the psychological assessments. At the time of admission and after complete explanation of the assessment procedures, written informed consent was obtained from all participants. For minors, assent was obtained from participants and consent was obtained from their parents or guardians.

### 2.1. Measures

Assessments were conducted as part of an overall evaluation procedure that was completed within 1 to 4 days after admission. We chose specific measures from the assessment battery for this study that would evaluate ED symptoms, personality functioning, and relevant psychological domains drawn from the literature. The following is a brief description of these measures.

The MACI [24] consists of 160 true-false items and was developed and normed in clinical samples. The MACI

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