Personality characteristics of females seeking treatment for obesity, bulimia nervosa and alcoholic disorders

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Abstract

The personality traits of 134 female patients, seeking treatment for obesity, bulimia nervosa and alcoholism in Stockholm were assessed with the KSP personality inventory. The results indicate that the personality traits of women seeking treatment for obese, bulimic and alcoholic problems are very similar. Compared to the population average, they were more anti-social, more psychastenic and were also more anxiety prone. The obese subjects showed a similar personality profile as the bulimic and alcoholic women, but differed less drastically from the population average. This supports the conclusion that different types of eating and drinking disorders are associated with similar personality traits. © 1998 Elsevier Science Ltd. All rights reserved.

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1. Introduction

The amount of psychological research on eating disorders is extensive.

Bruch (1973) reports that people with eating disorders seem incapable of differentiating feelings of hunger and satisfaction. Instead, they misinterpret various feelings of dissatisfaction as hunger. According to Bruch, this may be caused by faulty learning processes in childhood, when parents provided the child with food whenever he or she was dissatisfied. In Bruch’s view, these parents taught their children that eating was a proper response to various feelings of dissatisfaction.

Johnson and Connors (1987) summarise the current knowledge on the personality of bulimics in terms of problems in identifying and articulating their internal states, highly variable moods.

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and low self-esteem in association with high aspirations. Sohlberg (1987) reports that bulimics have weaker impulse control than average people.

Björvell (1985) found that obese subjects were higher than the population average on Somatic Anxiety, Muscular Tension, Impulsiveness, Monotony Avoidance and lower on Socialisation on the Karolinska Scales of Personality (KSP), Schalling et al., 1983). Björvell considers this pattern as an impulsiveness syndrome; it is also found in psychopaths and drug addicts. The syndrome is characterised by an inability to learn from experience and a tendency for “acting on the spur of the moment”. Such individuals know how to behave, but cannot act according to the best of their knowledge. Björvell suggests that these characteristics could explain the common obesity history of repeated attempts to lose weight with accompanying relapses. Similar behaviour can be observed among obese persons, alcoholics and other addicts.

People with an impulsiveness syndrome as described by Björvell may have a tendency to react to stress with a craving (Striegel-Moore and Rodin, 1986) for immediate satisfaction. Depending on the learning patterns, as described by Bruch above, people may be conditioned to react with non-appropriate conscious experiences (i.e. with hunger feelings as a conscious symptom of anxiety) on certain internal stimuli. These different experiences may then cause, for example, overeating or overdrinking.

Bergh (1988) notes that there is a tendency in recent research to look at the common denominators of alcoholism and drug abuse on the one hand and non-drug forms of addictions like excessive eating, gambling and sex on the other. Bergh states that the inclusion of obesity and especially bulimia in the discussion might create a more unified approach to the understanding of excessive behaviours and lessen the imbalance due to an over-emphasis on male forms of excessive behaviour.

In sum, bulimics and obese people can be characterised as having:

1. Problems with interpreting their internal states.
2. Highly variable moods.
3. Impulsiveness or weak impulse control.
4. A strong need for immediate satisfaction.
5. High levels of anxiety and tension.
6. Low adjustment to social norms.

The eating disorder patient has problems in accurately pinpointing the real cause of feelings of dissatisfaction. The patient experiences dissatisfaction as a strong craving to eat. Such patients are controlled by external and/or internal impulses which they can neither properly identify nor control.

It is reasonable to assume that similar personality traits can be observed in patients seeking treatment for eating and alcoholic disorders, since both categories use ingestion of substances to achieve satisfaction and/or to dampen negative feelings. The aim of this study was to test this assumption by comparing the personality traits of both categories of patients.

Gossop and Eysenck (1980) and De Silva and Eysenck (1987) report on studies of personalities of bulimic and anorexic patients. They found that bulimic patients showed personality traits which in many ways are similar to those of drug addicts: High scores on Psychoticism and Neuroticism, and Addiction and low scores on Social Desirability and Extraversion.
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