



Interpersonal problems in anorexia nervosa: Social inhibition as defining and detrimental

Jacqueline C. Carter^{a,b,*}, Allison C. Kelly^{a,b}, Sarah Jane Norwood^c

^a Eating Disorders Program, Toronto General Hospital, University Health Network, Toronto, Canada

^b Department of Psychiatry, University of Toronto, Toronto, Canada

^c Department of Psychology, York University, Toronto, Canada

ARTICLE INFO

Article history:

Received 5 August 2011

Received in revised form 24 February 2012

Accepted 28 February 2012

Available online 24 March 2012

Keywords:

Interpersonal problems

Anorexia nervosa

Treatment outcome

ABSTRACT

Interpersonal difficulties are thought to play a central role in both the development and maintenance of anorexia nervosa (AN). The primary aims of this study were to examine the nature of interpersonal problems in AN and to determine whether interpersonal problems are related to AN psychopathology and treatment outcome. The participants were 218 individuals with AN admitted to a specialized treatment program. Overall, in comparison with a normative community sample, a pattern of difficulties with submissiveness, nonassertiveness and social inhibition emerged among patients with AN. Results indicated a positive association between interpersonal problems and eating disorder psychopathology at baseline. The overall level of interpersonal problems decreased from baseline to post-treatment and higher levels of social inhibition at baseline predicted treatment noncompletion. Our findings suggest that AN is associated with a pattern of submissive and socially inhibited interpersonal behavior which contributes to the maintenance of eating disorder pathology and interferes with treatment completion. The theoretical and clinical implications of the findings are discussed.

© 2012 Elsevier Ltd. All rights reserved.

1. Introduction

Anorexia nervosa (AN) is a serious psychiatric disorder characterized by extreme food restriction, maintenance of an abnormally low body weight, intense fear of weight gain, and body image disturbance (American Psychiatric Association, 2000). The focal importance of interpersonal problems in AN has long been recognized in the clinical literature (e.g., Bruch, 1973; Selvini-Palazzoli, 1974). Disturbances in family functioning have been highlighted in models of both the etiology and maintenance of the disorder (e.g., Lock, Le Grange, Agras, & Dare, 2001), and there is a growing evidence base for the effectiveness of family therapy for children and adolescents with AN (e.g., Le Grange, Binford, & Loeb, 2005). Recently, researchers have begun to focus on the role of marital functioning in the maintenance of AN in adults, and the use of couple therapy in the treatment of the disorder (Bulik, Baucom, Kirby, & Pisetsky, 2011). AN is also associated with significant interpersonal dysfunction outside of the family (Schmidt, Tiller, & Morgan, 1995). A number of studies have found high rates of social anxiety disorder (Godart, Flament, Lecrubier, & Jeammet, 2000) and avoidant personality traits (Díaz-Marsá, Carrasco, & Sáiz, 2000; Skodol,

Oldham, Hyler, & Kellman, 1993) among individuals with AN, as well as difficulties with social withdrawal and social isolation (e.g., Beaumont, 2002). To some extent, these interpersonal problems may be a consequence of the illness and, at the same time, they may contribute to the maintenance of the disorder.

A growing interest in the role of interpersonal difficulties in the maintenance of AN is reflected by recent research on interpersonal treatment approaches for the disorder. Interpersonal models of AN view eating disorder symptoms as “inextricably intertwined with interpersonal relationships” and contend that interpersonal difficulties are often the trigger for symptoms (McIntosh, Bulik, McKenzie, Luty, & Jordan, 2000). Thus, interpersonal treatments for AN aim to reduce eating disorder pathology by improving interpersonal functioning. Very little research has been conducted on the effectiveness of interpersonal treatments for AN and the results are mixed. McIntosh et al. (2000) adapted interpersonal psychotherapy (IPT), originally developed as a treatment for depression (Klerman, Weissman, Rounseville, & Chevron, 1984), for the treatment of AN. They found that IPT was less effective than cognitive behavior therapy (CBT) and “specific supportive clinical management” (SSCM) as a first-line intervention for acute AN in a randomized controlled study. SSCM was designed to mimic outpatient care for AN in usual clinical practice and involved a combination of clinical management and supportive psychotherapy. However, the sample size in this study was small and the effect sizes in all three conditions were relatively trivial.

* Corresponding author at: Eating Disorders Program, Toronto General Hospital, 200 Elizabeth Street, EN8-241, Toronto, Ontario, Canada M5G 2C4. Tel.: +1 416 340 4831; fax: +1 416 340 198.

E-mail address: jacqueline.carter@uhn.ca (J.C. Carter).

Schmidt et al. (2011) recently evaluated an interpersonal treatment approach for AN (i.e., MANTRA). MANTRA is based on the idea that AN symptoms facilitate the avoidance of emotions, and that individuals with AN tend to be socially avoidant because close interpersonal relationships may trigger the experience and expression of emotions. No difference was found between MANTRA and SSCM for acute AN (Schmidt et al., 2011). However, the sample size in this study was also small and the effect sizes obtained in both conditions were fairly minor.

In addition to being a potential mechanism through which AN symptoms can change, there is preliminary evidence that interpersonal problems at the start of therapy might moderate response to treatment. Tasca, Taylor, Bissada, Ritchie, and Balfour (2004) found that attachment avoidance predicted attrition while attachment anxiety predicted treatment completion among patients with the binge–purge subtype of AN (AN-BP), but not among patients with the restricting subtype (AN-R) (Tasca et al., 2004). Thus, AN-BP patients high in attachment avoidance may find it difficult to maintain therapeutic bonds and may be more likely to disengage from helping relationships, while those who worry about losing close relationships may be more likely to remain in treatment.

According to Horowitz, Rosenberg, and Bartholomew (1993), specific attachment styles are associated with particular patterns of interpersonal problems. The Inventory of Interpersonal Problems (IIP) was developed to measure distress arising from interpersonal difficulties (Horowitz, Alden, Wiggins, & Pincus, 2000). The IIP is based on a two-dimensional circumplex model that views every interpersonal behavior along two dimensions—an affiliation dimension ranging from cold (hostile) behavior to overly nurturant (warm) behavior; and a dominance dimension that ranges from nonassertive (submissive) to domineering (controlling) behavior (see Fig. 1). According to this model, interpersonal problems can be defined in terms of different combinations of affiliation or dominance. For example, social avoidance is viewed as a combination of cold and nonassertive, whereas intrusiveness is seen as a combination of overly nurturant and domineering.

The IIP appears to be a useful tool for measuring interpersonal problems in AN since, clinically, individuals with AN tend to report difficulties along these two dimensions—assertiveness and social avoidance. To date, only one study has examined interpersonal problems in AN using the IIP. Hartmann, Zeeck, and Barrett (2010) found that patients with eating disorders report particularly pronounced interpersonal difficulties with nonassertiveness and with putting others' needs before one's own. Patients with AN-BP reported more difficulties with social avoidance and lack of closeness to others than patients with AN-R, and these difficulties did not improve with inpatient or day hospital treatment (Hartmann et al., 2010). Taken together, preliminary studies suggest that interpersonal problems may vary according to AN subtype and may affect treatment outcome.

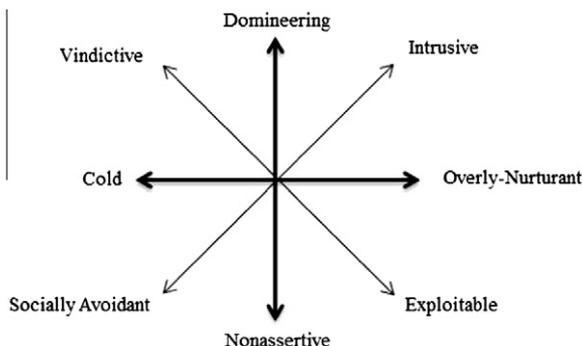


Fig. 1. Diagram of the interpersonal circumplex from Horowitz et al. (2000).

The overall goals of the current study were to characterize interpersonal difficulties in AN and to determine whether certain interpersonal problems are associated with AN psychopathology and treatment outcome. In order to address these goals, the current study had five specific aims. The first aim was to examine whether patients with AN-R and AN-BP differ on IIP subscales. The second aim was to compare the IIP profiles of AN patients to a normative community sample as described in Horowitz et al. (2000). The third aim was to examine the association between interpersonal functioning and eating disorder psychopathology. The fourth aim was to examine whether interpersonal problems in AN would improve with remission of the eating disorder. The final aim was to examine whether interpersonal problems at baseline would predict treatment noncompletion.

2. Methods

2.1. Participants

The participants were a consecutive series of 218 individuals who met *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revised* (DSM-IV-Revised) criteria for AN based on the Eating Disorder Examination (EDE; Fairburn & Cooper, 1993) interview. All were admitted to the hybrid inpatient/day treatment unit of the Eating Disorders Program of the Toronto General Hospital between 2000 and 2008. This is a specialized program for severe AN operated by an interdisciplinary team. Program goals include medical stabilization, weight gain to a healthy level, eradication of binge eating and purging symptoms, normalized eating, and intensive group psychotherapy (Olmsted et al., 2010). The program accommodates up to 12 patients in the group at a time who are together for 30–40 h weekly, which creates an intensive therapeutic milieu.

At admission to the inpatient unit, the 218 participants had a mean age of 26.0 years ($SD = 7.6$) and a mean BMI of 14.8 ($SD = 1.8$). Three percent were male and 97% were female. The mean duration of AN was 7.1 years ($SD = 6.8$) and the mean age of onset of AN was 18.9 years ($SD = 6.1$). The average length of stay was 13.5 weeks ($SD = 6.4$) and the mean weight gain was 11.5 kg ($SD = 6.3$). Eighty-three percent were single, 12% were married or living in common-law relationships and 5% were separated or divorced. Most participants were students (42.2%), 38.7% were employed, and 19.1% were unemployed. With regard to racial background, 87% were Caucasian, 3% were Asian, 2% were African-Canadian, and 8% were Jewish or European. 39% of participants met DSM-IV criteria for the binge–purge subtype of AN (AN-BP), while the remaining 61% had the restricting subtype of the illness (AN-R).

2.2. Measures

The following measures were administered at pre- and post-treatment:

2.2.1. Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn & Bèglin, 1994)

Eating disorder psychopathology was measured using the fifth edition of the EDE-Q. The EDE-Q produces four subscale scores: shape concern, weight concern, eating concern, and dietary restraint, which can be combined into one Global score. It has been shown to have good internal consistency and test–retest reliability (Luce & Crowther, 1999).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات