



## Neuroticism and introversion: A risky combination for disordered eating among a non-clinical sample of undergraduate women

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### Abstract

Recent evidence suggests that people who score low on measures of sociability may be at risk for certain types of psychopathology, including mood and anxiety disorders. In an attempt to extend these findings to other forms of psychopathology, we examined levels of neuroticism and extraversion in relation to eating problems in a non-clinical sample of undergraduate women. The Eysenck Personality Questionnaire (EPQ), Eating Disorders Inventory (EDI), and the Eating Attitudes Test (EAT-26) were completed by 196 first-year undergraduate females. We found that high neuroticism was related to high scores on both of the EDI subscales (Bulimia and Drive for Thinness) as well as high scores on the EAT-26 measure, replicating previous work. In addition, neuroticism served as a moderator such that lower extraversion (i.e., introversion) was related to greater disordered eating, but only for those women who scored high on neuroticism. Thus, a combination of neuroticism *and* introversion may be a risk-factor for symptoms of eating disorders in a non-clinical sample of university women.

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## 1. Introduction

Over the last decade, there has been a dramatic increase in attention paid to eating disorders by researchers, clinicians, and the general public. Given the detrimental effects of eating disorders on an individual's physical and mental health, the study of eating disorders is of critical importance. Prevalence of bulimic behaviors, such as self-induced vomiting or episodes of binge–purge eating, are reportedly as high as 25–35% (Bulik, Sullivan, & Kendler, 2000; Sullivan, Bulik, & Kendler, 1998). The highest rates are found among females aged 15–19, who constitute over 40% of all diagnosed cases (Hoek & van Hoeken, 2003). Research also suggests that as many as 75% of women consider themselves too fat (Scarano & Kalodner-Martin, 1994), 80% have dieted before the age of 18 (Zerbe, 1995), and 35% have engaged in binge eating (Murray, 2003). Among a nationally representative sample of 15,349 grade 9 to 12 students, Forman-Hoffman (2004) found that 1-in-4 female and 1-in-10 male high school students in the U.S. engage in abnormal eating and weight control behaviors.

Prevalence rates of clinically-diagnosed eating disorders present more conservative estimates (0.3% anorexia nervosa, 1% bulimia nervosa and binge eating disorder; Hoek & van Hoeken, 2003) than studies examining those who are symptomatic or members of an at-risk population. However, even in “sub-clinical” cases, the accompanying pathology of individuals exhibiting symptoms of eating disorders has been found to resemble the pathology observed in individuals with full-blown eating disorders, bringing into question the utility of standard diagnostic criteria (Garfinkel et al., 1995; Zaider, Johnson, & Cockell, 2000). Furthermore, given the notion that eating disorders exist along a continuum, early detection of patterns of disordered eating may help in the prevention of more serious syndromes of clinically-diagnosed eating disorders (Forman-Hoffman, 2004). Accordingly, an important purpose of the present study was to examine symptoms, rather than disorders, of eating pathology in a non-clinical population.

In identifying at-risk populations, one approach is to distinguish among the various personality traits of individuals who exhibit disordered eating (e.g., Bulik, Sullivan, Joyce, & Carter, 1995; Kleifield, Sunday, Hurt, & Halmi, 1994). For example, Strober (1980) found individuals diagnosed with anorexia nervosa were obsessional, interpersonally insecure, highly dependent, excessively conformist and regimented. Casper (1990) found that individuals with anorexia nervosa (restricting types) scored high in emotional restraint, low on impulsivity, and were extremely conventional compared to a normal population. Kleifield, Sunday, Hurt, and Halmi (1993) noted that individuals with bulimia nervosa exhibited tendencies toward impulsivity and low sociability. Still others have examined interpersonal functioning among individuals with bulimia nervosa and found they were socially dependent and fearful of rejection (Hayaki, Friedman, Whisman, Delinsky, & Brownwell, 2003).

The personality dimensions neuroticism and extraversion in relation to eating disorders have received much attention. While neuroticism has long been implicated as a predictor of eating disorders and, in particular, of bulimia nervosa (Cervera et al., 2003; Davis, 1997; Heaven, Mulligan, Merrilees, Woods, & Fairouz, 2001; Kendler et al., 1991; Pearlstein, 2002; Wade, Tiggemann, Heath, Abraham, & Martin, 1995), the extant literature is less consistent in identifying the role that extraversion (or sociability) may play. Studies of clinical populations have found low levels of extraversion (i.e., introversion) to be related to disordered eating (De Silva & Eysenck, 1987; Feldman & Eysenck, 1986; Kleifield et al., 1993). Similarly, Bruce, Steiger, Koerner, Israel, and Young (2004) linked bulimia nervosa to social avoidance among a clinical sample of 59 women. Exceptions to these studies

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