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Perceptual illusions in eating disorders: rigid and fluctuating styles

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Abstract

This study investigated perceptual styles in anorexia nervosa (AN) and bulimia nervosa (BN) using a perceptual set task. We hypothesised that, consistent with personality style research, AN patients might be more rigid in style than those with BN or no eating disorder. We found that once an illusion had been established, participants with AN and BN showed more illusions than non-ED women. However, while AN patients responded rigidly, giving the same response repeatedly, BN patients were more likely to change their responses. The study suggests interesting differences to be followed up in future research. Differences in rigid and fluctuating perceptual styles may have implications for understanding the phenomenology of eating disorders, and have implications for treatment. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Anorexia nervosa; Bulimia nervosa; Perceptual illusions

1. Introduction

Patients with anorexia nervosa (AN) are often described as persistent (Brewerton, Hand, & Bishop, 1993), having rigid, conforming or obsessional personalities (Casper, Hedeker, & McClough, 1992; Vitousek & Manke, 1994) and having a preference for simplicity and certainty (Garner & Bemis, 1982; Vitousek & Hollon,

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1990; Bastiani, Rao, Weltzin, & Kaye, 1995; Srinivasagam et al., 1995). This is consistent with evidence of high levels of both obsessive–compulsive personality features (e.g. Gillberg, Rastam, & Gillberg, 1995; Matsunaga et al., 2000; Matsunaga, Kirriike, Iwasaki, Yamagami, & Kaye, 1999) and obsessive–compulsive disorder (e.g. Bastiani et al., 1996; Kaye et al., 1992) in individuals with AN. Women with anorexia nervosa and bulimia nervosa have been shown to be perfectionistic (Bastiani et al., 1995; Terry-Short, Owens, Slade, & Dewey, 1995; Halmi et al., 2000). However, patients with BN tend to differ from both anorexics and healthy controls in terms of being more novelty seeking (Brewerton et al., 1993; Waller et al., 1993) and impulsive, both behaviourally and cognitively (Fahy & Eisler, 1993; Kaye, Bastiani, & Moss, 1995).

Despite the frequent clinical reports of rigidity and persistence in eating disorders, very little experimental work has been conducted to examine these features in more depth. Of relevance, however, are results from studies of personality in eating disorders. Brewerton et al. (1993) and Kleifield, Sunday, Hurt, and Halmi (1994) used Cloninger's tridimensional personality inventory (TPQ) (Cloninger, Przybeck, & Svrakic, 1991) which includes a subscale of "persistence" and found that patients with AN were more persistent than were those with BN. This subscale contains items such as "I am usually so determined that I continue to work long after other people have given up" and "I am more hardworking than most people". In other words, it appears to tap efforts to continue with a task until it is complete, rather than giving up if it becomes difficult. However, while related to rigidity, persistence may reflect more a determination to complete a task rather than difficulty in switching tasks *per se*.

As well as the lack of clear research evidence for rigidity in eating disorders, there has been little discussion of the domain in which these elements occur. It appears that people with AN may show rigidity in personality and in behaviour around eating, and that those with BN may be more likely to show impulsivity, but it is unclear whether these differences are evidence of differences in processing style between AN and BN or between women with eating disorders and those without.

As a first step in clarifying these differences we decided to examine processing at the perceptual level using the Fixed Set paradigm (Uznadze, 1966). The paradigm begins with a series of presentations of experimental objects (to fix a perceptual set), followed by a series of 'critical' presentations. The critical result is the extent to which the 'fixing' presentations influence the form of response to the critical presentations. The work of Uznadze (1966) indicated considerable correspondence between perceptual set features and personality characteristics. The paradigm used is described in more detail in the methods section but essentially involves recognising by touch that two balls are of equal size after a previous fixing period where one ball was consistently larger than the other.

In another study using this paradigm we found that patients with anorexia nervosa made more perseverative errors than non-eating disordered women (Tchanturia, Morris, Surguladze, & Treasure, *in press*). Furthermore, women who had recovered from anorexia nervosa made as many perseverative errors as current patients,

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