Dharma Life Sciences LLC

Etiology of Eating Disorders: Personality Traits

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Author: Monique Powell

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Summary

As eating disorders continue to burden our vulnerable populations, we hope to minimize its impact by offering a different route to recovery. Environmental, and psycho-social influences on eating disorder behavior wouldn't be possible without predispositions to specific personality traits. While the personality profiles of the different eating disorders are nuanced, we are able to highlight two main personality pathways to eating disorder behavior. First, those with obsessive & perfectionist personality traits succumb to fixations (e.g. ideal body image, food) and to extreme regulatory behaviors. Second, those prone to negative emotional reactions experience negative urgency—facilitating on one hand, impulsive eating, and on the other hand, impulsive compensatory behaviors. With these considerations, we showcase the need for the integration of personality development in eating disorder recovery.

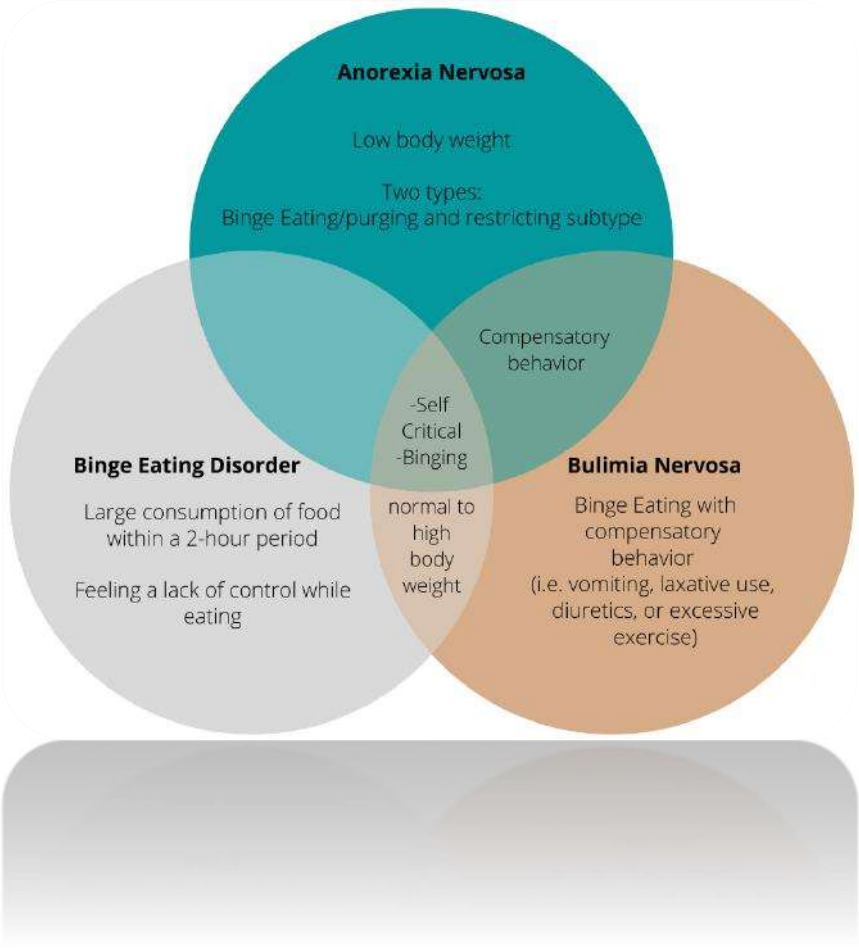
Introduction

According to the American Psychiatric Association, an eating disorder is an illness "in which people experience severe disturbances in their eating behaviors and related thoughts and emotions. People with eating disorders typically become pre-occupied with food and their body weight." In other words, eating disorders consist of abnormal eating behavior, sometimes coupled with a fixation on an ideal body image. There are three widely recognized eating disorders—Anorexia Nervosa, Binge Eating Disorder, & Bulimia Nervosa. Additionally, a large portion of eating disorders fall under what is known as Other Specified Feeding or Eating Disorders (OFSED).

Anorexia Nervosa

Anorexia Nervosa (AN) is characterized by a significantly low body weight, a fear of weight gain, and a focus on self-image (Sim et al. 2010). This eating disorder is known to affect roughly .5% to 1% of the population, most of whom are adolescent girls and young women. There are two ways in which this disorder manifests—namely the restrictive subtype and the binge-eating subtype. Those who fall into the restrictive subtype limit the number of calories they consume as to prevent weight gain. Unlike the restrictive subtype, those with the binge-eating subtype will consume large amounts of food and engage in compensatory behavior—purging, diuretic & laxative abuse—as to lose weight. It is estimated that roughly 1/3 of individuals with AN will eventually develop Bulimia Nervosa.

Binge Eating Disorder



Binge Eating Disorder (BED) is characterized by large consumptions of food within a 2-hour time period as well as a perceived loss of control in the absence of compensatory behaviors (Sim et al. 2010). Individuals with this disorder may eat when they aren't hungry, eat rapidly, and even eat until they are unbearably full. After the fact, they may experience feelings of disgust, guilt, or depression. Binging has to occur at least once a week for 3-months to qualify as a disorder. Binge Eating Disorder affects roughly 2%-3% of the population.

Bulimia Nervosa

Manifestations of Bulimia Nervosa (BN) overlap with manifestations of Anorexia Nervosa and Binge Eating Disorder. It should be noted that the key difference between Anorexia and Bulimia has to do with weight; those with Bulimia typically fall into a normal or overweight weight class. This condition consists of binge eating followed by a compensatory

behavior as a means to maintain one's body weight and regain control (Sim et al., 2010). There is also the non-purging type of the disorder, where the individual engages in alternate methods as to regulate their weight (i.e. exercise, fasting, or strict diets). Like individuals suffering from Anorexia Nervosa, individuals suffering from Bulimia Nervosa have a concern with their body shape and a fear of gaining weight. Nonetheless, those with Bulimia Nervosa clinically make up a higher percentage of the general population (1-1.5%) than those with Anorexia Nervosa. BN is most prevalent among women ages 16-22 years old.

Other Specified Feeding or Eating Disorders

One cannot discuss eating disorders without recognizing the occurrence of Other Specified Feeding or Eating Disorders (OSFED). People who fall into this category display significant eating disorders, but do not meet the diagnostic criteria needed to be diagnosed with AN or BN. For instance, individuals who may fall into this category include people of normal weight who use compensatory behaviors after eating *small* amounts of food (purging disorder), and even women who meet all criteria for Anorexia Nervosa but don't fall into a lower weight class (Atypical anorexia nervosa) (National Eating Disorder Association). The behaviors associated with OSFED overlap with those of AN or BN, yet are limited in regularity (i.e. Binge Eating Disorder of low frequency and/or limited duration, Bulimia Nervosa of low frequency and/or limited duration). Moreover, Night Eating Syndrome is an eating disorder in this category, consisting of excessive food consumption at night. Despite not meeting

all the diagnostic criteria for the major eating disorders, OFSEDs have the highest prevalence of eating disorders, affecting roughly 6% of the population.

Complications

While individuals with eating disorders may be concerned with their external, their internal tells a different story. There are a plethora of physical complications that present themselves with prolonged unhealthy eating tendencies. Namely, gastrointestinal issues such as stomach cramping, acid reflux, and poor digestion is an immediate effect of eating disorders. In the long run, however, dangerously low and high body weight accounts for secondary health conditions that may amount to death. For instance, someone suffering from Anorexia Nervosa may experience cardiovascular complications. Meanwhile, Bulimia Nervosa-related deaths are accounted for by electrolyte imbalances related to purging behavior. Nonetheless, eating disorders do not have to amount to severe complications if they are treated appropriately and promptly. To stop the cycle, it is crucial we shed light on a common component of eating disorder etiology—personality traits.

Overarching links between Eating Disorders and Personality Traits

Across the board, research indicates personality traits markedly contribute to the development of eating disorders. Mainly, elements of perfectionism, obsessiveness, and negative urgency (the tendency to act

impulsively under distress) yield eating disorder behavior. Yet, the degree to which these traits account for eating disorders varies. With each eating disorder — Anorexia Nervosa, Binge Eating Disorder, and Bulimia Nervosa respectively—we will pinpoint the traits that have the biggest factor in their development.

Personality Profile of Anorexia Nervosa

The personality profile of those who suffer from Anorexia Nervosa (AN) is clear—high levels of perfectionism coupled with high levels of obsessiveness create the right conditions for it to occur. A metanalysis suggests overall, those with Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and EDNOS score higher on perfectionism than the non-eating disorder control groups (Farstad et al., 2016). Nonetheless, perfectionism is closest tied to Anorexia Nervosa. Wade and colleagues (2008) for instance found that among several sets of sister-sister twin pairings, the twins with Anorexia Nervosa (of the restricting and binge/purge subtype; with and without amenorrhea) presented elevated levels of perfectionism compared to their non-anorexic counterparts. These same individuals were found to experience "excessive concern about mistakes and doubts about the quality of their actions." In a small sample, about 2/3rds of participants with AN and 1/3rd of participants with BN reported having perfectionism in addition to some form of rigid behavior in childhood (Anderluh, Tchanturia, Rabe-Kesketh, &

Treasure, 2003). While seen in both disorders, those who suffer from Anorexia Nervosa, and likewise those with Atypical Anorexia nervosa, are more perfectionism-oriented.

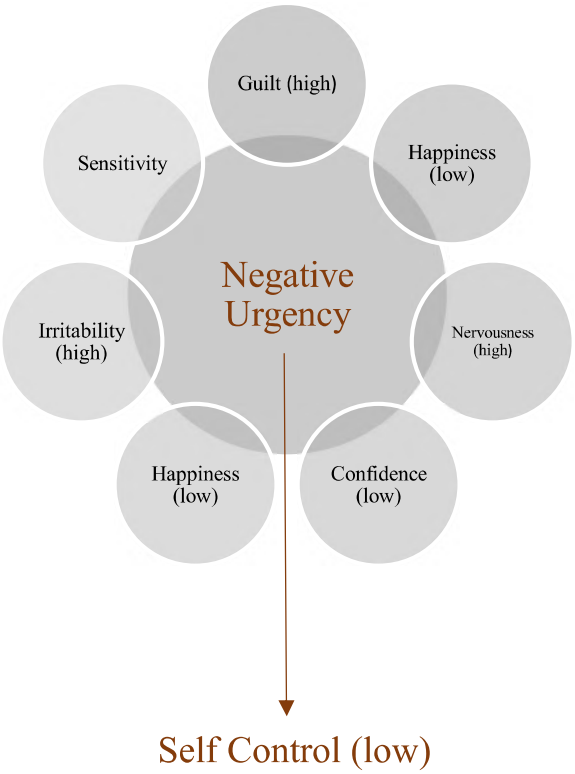
While discussing perfectionism, we must also acknowledge the obsessive component of Anorexia Nervosa, and eating disorders as a whole. In the same study, Anderluh and colleagues (2003) found childhood obsessive-compulsive personality traits to be highly predictive of developing an eating disorder later in life. This was further evidenced by the fact that individuals with AN displayed similar level of obsessive-compulsive behaviors as those with OCD, with the key difference being centralized obsessions with symmetry, exactness, ordering, and arranging for those with AN (Bastiani et al., 1996). These concerns can easily translate to the need to maintain the "perfect" body image. Therefore, perfectionism is likely to co-occur with obsessiveness in this context.

Personality Profile of Binge Eating Disorder

Research on Binge Eating Disorder (BED) suggests the following: Binge eating has close links to neuroticism—as measured by negative urgency—which promotes impulsivity (known as low self-control at Dharma). Schell, Brassard, and Racine (2019) have linked negative urgency, the tendency to act rashly when distressed, to binge eating via correlational assessments. Their most notable relationship was a moderate positive correlation between negative urgency and the expectation that eating alleviates negative emotions. The idea that negative emotion catalyzes Binge Eating Disorder was further evidenced by the fact that compared to the following groups—individuals with bulimia nervosa,

obese individuals w/o binge eating tendencies, and the normal weight comparison group—the binge eating disorder group scored higher in harm avoidance (Peterson, et al., 2010). Harm avoidance, simply put, is an aversion to danger or painful situations. High levels of harm avoidance is a by-product of possessing neuroticism traits, such as anxiety. Given their disposition to traits related to neuroticism, it is plausible that individuals with BED binge as a means to subdue negative emotions.

Murphy, Stojek, & MacKillop (2014) add another consideration to this theory—the impact of positive and negative urgency collectively. In assessing 233 students with eating disorder tendencies, they found strong links between their levels of positive & negative urgency and addictive eating. Positive urgency accounts for impulsive behaviors associated with very strong positive emotions. However, one should note the links were strongest between addictive eating and negative urgency. This suggests the main pathway for which personality traits dictates binge eating is through the need to dispel strong negative emotions (i.e. guilt (high), nervousness (high), happiness (low), confidence (low), irritability (high), etc.). Second, collectively, these facets suggest a second pathway for which binge eating disorder may develop,



which is through a heightened emotional experience in both the positive and negative direction (sensitivity). In both cases, heightened emotional responses contribute to impulsive eating.

Personality Profile of Bulimia Nervosa

The personality profile of those with Bulimia Nervosa (BN) mimics that of Anorexia Nervosa and of Binge Eating Disorder. While individuals with BN were found to score higher on perfectionism than those without eating disorders, there is an added element of low self-control that differentiates this disorder from AN (Farstad et al., 2016). Low self-control operates via negative urgency. In one study, compared to a normal weight group (w/o an eating disorder), those with BN scored lower on positive emotionality (Peterson et al., 2010). Unsurprisingly, their scores on measures of stress reaction and negative emotionality when compared to the other three groups (binge eating disorder, obese, normal weight) were much higher. Since these scores were independent of depression scores, it was suggested that this group of individuals were typically "more nervous, upset, and troubled by guilt than the other groups." This is comparable to the concept of negative urgency previously tied to Binge Eating Disorder, which denotes impulsive eating is a tool to subdue negative emotions. These results further suggest those with BN may experience negative urgency to a greater extent than those with BED.

Revisiting Personality Pathways for Eating Disorders

Eating disorders can be caused by fixations related to body image, as well as by impulsive behaviors that dispel negative emotions. To demonstrate, we will use the OFSED Purging Disorder as an example. Purging disorder is characterized by the need to compensate for food consumption. Binge eating is not associated with this disorder. Nonetheless, the pathways associated with perfectionism, and negative urgency play out here. For instance, having perfectionism (high) entails wanting to meet one's own high standards. A person with this trait will take drastic measures needed to maintain their ideal body image and/or lose weight. However, if this person also has the trait guilt (high), they're prone to feeling guilty even after eating a small to moderate amount of food as this may be perceived as defying their standards. This negative emotion then paves way for compensatory behaviors—causing them to purge the food on a whim—and reinforcing a dangerous cycle.

Call to Action

Personality traits definitively catalyze eating disorders through their contributions to fixations on body image (e.g. perfectionism (high), obsessiveness) and through their contributions to impulsive behaviors due to negative urgency. For this reason, personality traits should be integrated into treatment plans for eating

disorders and OFSEDs. It has already been shown that compared to women who recovered from Anorexia Nervosa only behaviorally, women who recovered behaviorally *and* cognitively responded to assessments of AN symptomatology, attitudes, and personality characteristics indistinguishably from non-eating disorder populations (Bachner-Melman, Zohar, & Ebstein, 2006). Luckily, our personality development program transforms the obstructive cognitive biases and behaviors associated with ED personality traits. If you work at an eating disorder recovery center and are interested in partnering, we encourage you to reach out using our contact information below.

Contact Us:

If interested, please contact us at:

Dharma Life Sciences, LLC
Email: mktg@us.dharmalife.info
Phone: 646.237.7826

Citations

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