



## Subjective self-control and behavioural impulsivity coexist in anorexia nervosa

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### Abstract

*Objective:* Anorexia nervosa (AN) has been associated with impulse regulation problems. This study investigated subjective and behavioural impulsivity in women with anorexia nervosa ( $n=15$ ) and a control group ( $n=16$ ).

*Method:* A self-report measure (the impulsiveness, venturesomeness, and empathy questionnaire; I<sub>7</sub>) and two behavioural measures (a continuous performance task [CPT]; and a novel risk taking measure [Bets 16]) of impulsivity were used along with the Beck Depression Inventory (BDI).

*Results:* The AN group had elevated BDI scores and lower self-reported impulsiveness and venturesomeness scores, but they also displayed impulsive behaviour on the CPT (more errors of commission with faster reaction times).

*Discussion:* The coexistence, in AN, of self-reported self-control and behavioural impulsivity indicates that the relationship between impulsivity and disordered eating in AN is more complex than previously recognised and supports the view that self-awareness in AN is low.

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*Keywords:* Anorexia; Impulsivity; Self-control; Self-awareness

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## 1. Introduction

Casper, Hedeker, and McClough, (1992) proposed that the eating disorders anorexia nervosa (AN) and bulimia nervosa (BN) may be at opposing ends of an impulsive/control continuum: they reported lower scores in an AN group for impulsivity and danger seeking and suggested that traits associated with AN reflect accentuated self-control, caution, and conscientiousness. This view is supported by Vitousek and Manke (1994), who suggested that BN involves behaviours (compulsiveness, impulsivity, and affective instability) which are opposite to those of AN (rigidity and constraint).

Empirical studies of impulsivity have used both self-report questionnaires and more objective behavioural measures (e.g., reaction time tasks), as indices of different aspects of the multi-dimensional impulsivity construct (Gerbing, Ahadi, & Patton, 1987; Malle & Neubauer, 1991). However, investigations of impulsivity in disordered eating have mostly used self-report measures. Using the self-report I<sub>7</sub> questionnaire, Fahy and Eisler (1993) found that women with BN had higher scores on the impulsivity scales (impulsiveness and venturesomeness) than an AN group. Claes, Vandereycken, and Vertommen (2002) also found that a restricting AN group had significantly lower I<sub>7</sub> impulsiveness scores than a BN group, but did not differ from controls on either measure. However, using a continuous performance task (CPT), Seed, Dixon, McCluskey, and Young (2000) found that women with AN responded to more non-targets (errors of commission; indicating impulsivity) and missed more target stimuli (errors of omission; indicating inattention) than controls, without any differences in response latencies.

Overall, self-report measures of impulsivity indicate that those with restricting AN are more self-controlled than those with BN. However, it is uncertain whether they also differ from controls, or whether differences are limited to self-report measures, thereby indicating reduced self-awareness in AN as proposed by Heatherton and Polivy (1992).

The present study assessed impulsivity in women with AN using the I<sub>7</sub> questionnaire and two objective behavioural measures. The behavioural measures were a CPT, which assesses reaction time and accuracy, and a risk-taking measure (Bets 16). The Bets 16 task does not depend on response speed, thus avoiding potential difficulties of interpretation caused by psychomotor retardation associated with the depression that is often exhibited in AN (Bulik, 2002).

Based on research using self-report measures, it was predicted that women with AN will report higher levels of depression (Bulik, 2002) and low levels of impulsiveness and venturesomeness (Claes et al., 2002). Predicting effects on their preferences for Bets 16 is more problematic, but the findings of Seed et al. (2000) provide a clear basis for predicting increased errors of omission and commission on the CPT, without changes in reaction times.

## 2. Methods

### 2.1. Participants

Women with a diagnosis of AN, one with atypical AN (ICD-10; World Health Organisation, 1992), were recruited from an Inpatient Eating Disorder Unit in Southeast England ( $n=15$ , mean age=27.9, S.D.=9.9). Controls were age-matched female psychology undergraduates ( $n=16$ , mean age=28.4, S.D.=8.3), from a university in Southeast England, who were screened for abnormal eating attitudes and

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