Psychodynamic profile and reflective functioning in patients with bulimia nervosa

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Abstract

Objective: The aim of this study was to examine the general psychological functioning of patients suffering from bulimia nervosa (BN) using the Karolinska Psychodynamic Profile (KAPP). Furthermore, KAPP data and data from the Reflective Functioning scale (RF), measuring the ability to mentalize, were combined in order to examine differences in alexithymia, impulse control and affect regulation in patients with high or low RF.

Method: Seventy patients with BN were interviewed with both the KAPP and the Adult Attachment Interview (AAI) from which RF is coded. Differences in KAPP scores of patients with high or low RF were analyzed.

Results: Most of the patients with BN were found to have a personality structure within the normal or neurotic range (*n* = 50 of 70). BN patients with a high RF had significantly lower scores on KAPP's alexithymia scale than patients with a low RF score, demonstrating that poor mentalizing is related to alexithymia. Concurrently, patients with high RF showed problems with impulse control and coping with aggressive affects according to KAPP scores.

Conclusion: Although BN patients with high RF showed good capacities for describing their mental states, they still had difficulties regulating the emotions and impulses related to these states.

Significant outcome: Among patients suffering from BN, patients with high RF were significantly less alexithymic than low RF patients.

Limitations: The findings of this study are limited by the relatively small numbers of participants especially in the RF subgroups, posing a danger of not finding as significant existing differences in character pathology between high and low RF groups.

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1. Introduction

Over the last 40 years, starting with Hilde Bruch's work [1] an insufficient ability to sense, express and regulate emotions has been described as central to the development and maintenance of eating disorders. Several empirical studies [2,3] have documented that the eating disorder bulimia nervosa (BN) like anorexia nervosa (AN) is related to alexithymia, i.e. an insufficient ability to distinguish between feelings and sensations as well as in expressing them. The description of compromised affect-regulating abilities as a central factor in the development and maintenance of BN is valid across theoretical orientations: a number of psychodynamic theorists point to the bulimic symptoms of binging and purging as a bodily-centred strategy for managing otherwise unbearable emotions [4,5]. Likewise, in Fairburn's cognitive behaviour therapy (CBT) for eating disorders [6] the symptoms are described as having a mood-modulatory effect. Within the theoretical frame of dialectical behaviour therapy, emotional dysregulation is seen as the core problem in BN [7].

The Karolinska Psychodynamic Profile (KAPP) [8,9], uses Kernberg's Structural Interview [10] to gain information about various character traits related to the ability to identify and regulate emotions, e.g. impulse control, coping with aggressive affects, and alexithymia. In this interview the patient is asked to describe his or her problems, the history of

the present illness, general interpersonal functioning, and self-conceptions. Based on this information as well as the interaction between patient and interviewer, the level of identity integration, defensive operations, and reality testing is derived. When using the Structural Interview for KAPP rating, the interviewer asks for additional specific information needed for a full rating of the KAPP. The KAPP consists of 18 subscales, which are constructed to assess relatively stable modes of mental functioning, such as the quality of object relations and the personality organization. The KAPP also assesses other aspects relevant for the understanding of BN, specifically on the subscales of the body's importance for self-esteem. Thus, using the KAPP may give an insight into both the core symptoms in BN and some of the psychodynamic character traits that may lie behind, or are related to, the illness. At the same time, the KAPP paints a nuanced picture of the patient's level of personality function, i.e. of how the patient manages to function in life.

Previously, the KAPP has been used in psychosomatic research (ulcerative colitis, [11]; adult atopic dermatitis [12]), in personality disorder research (personality change after brain injury [13]); in borderline and organic personality disorder [14], in psychotherapy research [15–18]; and in substance abuse research [19,20]. Only one previous study has, however, examined the KAPP profile of patients with eating disorders [21], and the sample size in that study was quite small (*n* = 16) and consisted of both patients with AN (*n* = 7) and BN (*n* = 9). To our knowledge, the present study is the first larger-scale study of the KAPP profile in patients suffering from BN.

Recently, eating disorders have been associated both theoretically and empirically with a compromised ability to mentalize [22–27]. Mentalization is defined as the ability to perceive oneself and others as motivated by internal mental states. However, the samples of the published studies are generally quite small and mostly include AN patients rather than those with BN. A recent study of the mentalizing capacities of patients with BN [28] demonstrated that a substantial minority of the BN patients had high mentalizing skills, as measured by the Reflective Functioning Scale (RF; [29]). Since the ability to mentalize is defined as closely connected with the ability to regulate affects [30,31], high mentalization would be expected to imply well-developed affect-regulating abilities. However, as BN is generally associated with defective affect-regulating abilities, the discovery of high RF in a large minority of patients suffering rom BN forms a theoretical paradox. One possible explanation of this apparent paradox is that the capacities for affect regulation are higher than expected in certain patients with BN. Alternatively, high mentalization may not be as closely related to high capacities for affect regulation as theoretically predicted. Since three subscales of the KAPP, alexithymia, impulse control and coping with aggressive affects, all measure various aspects of affect regulation, comparing these subscale scores on the KAPP to the RF-scores will provide an empirical test of these alternative explanations.

1.1. Aims of the study

The first aim of the present study is to examine the general level of psychic functioning as defined by the KAPP in patients suffering from BN. The second aim of the study is to compare the capacity for affect regulation measured by the KAPP in patients suffering from BN with low versus high RF.

2. Materials and methods

2.1. Procedures

The data of the study derive from a randomized controlled trial comprising 70 patients (69 females, one male) with BN [32] and from a pilot study consisting of 20 women suffering from BN [33]. The diagnosis of bulimia nervosa was based on the *Eating Disorder Examination* (EDE [34]). All participants were interviewed with the Adult Attachment Interview (AAI; [35]), which was transcribed verbatim and subsequently coded for RF. Seventy-four of the participants were also interviewed with the KAPP. Due to problems in recording, AAI-data were missing in four cases resulting in a sample of 70 clients who were interviewed with both the AAI and with the KAPP. All KAPP-interviews were performed and rated before the AAI interviews were transcribed and coded for RF, and the RF-coders had no access to the KAPP results.

Informed consent was obtained from the participants, and the study was presented to the Research Ethics Committee for the Capital Region of [masked country] that decided that it did not require ethical approval.

2.2. Measures

Eating Disorder Examination (Version 14.4) (EDE; [34]) is a structured interview consisting of 33 items assessing *DSM-IV* criteria for eating disorders. EDE was translated into (masked language) in agreement with C. Fairburn by (masked institution).

Karolinska Psychodynamic Profile (KAPP; [8,9]) uses a semi-structured interview developed from Kernberg's Structural Interview Procedure [10] which provides the information needed for assessing the psychodynamic profile in the KAPP-subscales. The instrument evaluates stable modes of mental functioning as they appear in self-perception and interpersonal relations. The KAPP consists of 18 subscales (see Appendix A). Seventeen of these measure specific character traits while subscale 18 evaluates the overall personality organisation defined by Kernberg [36], as the degree of differentiation and integration of internalized object relations, and habitual defence strategies. The subscales have three defined levels, where level 1 represents "most normal" and level 3 represents "least normal". Two additional intermediate levels form a 5-point Likert-type scale (1, 1.5, 2, 2.5, 3). Scores below 1.5 are characterized as reflecting a low level of character pathology [17] The video-taped interviews were conducted and rated by the first author.