



# Personality features, disordered eating, and alcohol use among college students: A latent profile analysis



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## ABSTRACT

Eating disorder behaviors are highly comorbid with alcohol use problems. Researchers have examined personality features such as impulsivity and negative emotionality in those who engage in eating disorders and alcohol abuse to try to explain this association. This study is the first to use latent profile analysis to identify profiles based on the following measures: 1 – Schedule for Nonadaptive and Adaptive Personality 2 – Negative Temperament Scale, Eating Disorder Inventory, and 3 – Risk Composite Scale, UPPS Negative Urgency Scale, Drinking Motives Coping Scale, and Michigan Alcohol Screening Test. Participants were college students, who completed a series of questionnaires online. A six profile solution with gender as a covariate yielded the best combination of fit and theoretical value. The six profiles were as follows: *low risk, negative temperament, moderate risk, college drinking, coping, and high urgency*. The *coping* and *high urgency* profiles demonstrated the highest risk for disordered eating, and the *high urgency* profile showed the highest risk for alcohol abuse and alcohol-related problems. These results suggest that students who engage in both disordered eating and alcohol abuse behaviors may be differentiated by the mechanisms that drive the behaviors, such as impulsivity and coping motives.

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## 1. Introduction

Eating disorders are a group of disorders characterized by abnormal eating attitudes and behaviors. Disordered eating symptoms are highly prevalent among college students, such that one study found that two-thirds of college women engaged in dieting behavior that was characterized as either “intense” or “at risk” for developing an eating disorder (Krahn, Kurth, Gombert, & Drewnowski, 2005). Additionally, many studies have indicated that individuals who engage in disordered eating behaviors also report high rates of alcohol use (Bulik et al., 2004; Dir, Karyadi, & Cyders, 2013; Hasking, 2006), and problematic alcohol use is a prevalent issue among college students. The American College Health Association (2010) reported that among college students who endorsed using alcohol, one-third reported experiencing negative consequences as a result of drinking. Problematic alcohol use is identified specifically in individuals who engage in binge eating and purging behaviors (Calero-Elvira et al., 2009; Krug et al., 2009; Nokleby, 2012). Furthermore, the prevalence, intensity of, and problems experienced as a result of alcohol use have been positively correlated with the severity of dieting and bingeing behaviors (Krahn et al., 2005). Based on evidence that personality traits are important to both behaviors (e.g., Anestis, Selby, & Joiner, 2007; Claes et al., 2006), this study will

focus on identifying the personality features that describe individuals who engage in both alcohol use and disordered eating behaviors.

### 1.1. Personality and eating disorders

There is evidence that negative emotionality is high in individuals with eating disorder symptoms both in clinical populations (Cassin & Von Ranson, 2005; Cervera et al., 2003; Diaz-Marsa, Carrasco, & Saiz, 2000; Podar, Hannus, & Allik, 1999) as well as in non-clinical college student populations (Fischer, Smith, & Cyders, 2008; MacLaren & Best, 2009; Miller, Schmidt, Vaillancourt, McDougall, & Laliberte, 2006). For example, Podar et al. (1999) studied female patients diagnosed with eating disorders and found that neuroticism was the largest contributor in predicting disordered eating, whereas MacLaren and Best (2009) studied female undergraduate students and found that disordered eating was positively correlated with high levels of neuroticism.

Additionally, impulsivity has been highly correlated with binge eating and purging behaviors (Anestis et al., 2007; Boisseau, Thompson-Brenner, Eddy, & Satir, 2009; Fischer, Smith, & Anderson, 2003). Specifically, researchers have identified negative urgency – acting impulsively when in a negative emotional state – as highly predictive of binge eating and purging behaviors in both men (Pearson, Combs, & Smith, 2010) and women (e.g., Combs, Pearson, & Smith, 2011; Davis & Fischer, 2013; Davis-Becker, Peterson, & Fischer, 2014). For example, Kelly, Cotter, and Mazzeo (2014) studied young adult women and found that negative urgency significantly predicted binge eating, above and beyond the role of disordered eating attitudes and

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depression. Furthermore, Fischer, Peterson, and McCarthy (2013) found that high levels of negative urgency at baseline increased the risk for binge eating at time 2 and predicted frequency of purging at time 2, supporting the idea that both binge eating and purging behaviors are significantly related to and predicted by negative urgency. Impulsive individuals who cannot effectively cope with a negative mood state or quickly changing mood states may impulsively engage in behaviors such as binge eating to try to alleviate or distract from the negative emotional state; however, binge eating may actually lead to an increase in negative mood, which then leads to purging in an attempt to improve one's affective state.

### 1.2. Personality and alcohol use

The main personality factors that seem to be related to alcohol abuse are impulsivity and negative affect. Alcoholics consistently score high on both self-report as well as lab measures of impulsivity and disinhibition (Sher, Grekin, & Williams, 2005). Specifically, Settles et al. (2012) identified negative urgency as predictive of alcohol-related problems in college students, suggesting that if individuals tend to act impulsively when they experience a negative affect, they are likely to engage in binge drinking and experience problems related to their drinking.

High levels of negative emotionality are also strongly correlated with alcohol problems both in clinical (Boschloo et al., 2013; Grekin, Sher, & Wood, 2006; Sher et al., 2005) and non-clinical college student populations (Martens et al., 2008; Ruiz, Pincus, & Dickinson, 2003). Bottlender and Soyka (2005) studied alcoholics after treatment and found that the individuals who relapsed 12 months post-treatment reported significantly higher neuroticism scores than those who did not relapse, pointing to negative affectivity as an important predictor of experiencing problems with alcohol, becoming an alcoholic, and even relapsing after treatment.

### 1.3. Eating disorders and alcohol use

The rates of eating disorder symptoms and problematic alcohol use are both high in college students (Hasking, 2006), but researchers have found that alcohol use is higher in those who engage in bulimic behaviors, such as binge eating and purging, compared to those who only restrict their food intake (Bulik et al., 2004; Nokleby, 2012). There is evidence that these behaviors are highly linked to impulsivity (Ortega, Chapelo, & Santoncini, 2012; Ram, Stein, Sofer, & Kreidler, 2008; Thompson-Brenner et al., 2008) and negative emotionality (Fischer, Smith, Annus, & Hendricks, 2007; Maclaren & Best, 2010). For example, Maclaren and Best (2010) found that individuals who reported higher rates of alcohol use and disordered eating behaviors also reported higher levels of neuroticism and impulsivity. Furthermore, Fischer, Settles, Collins, Gunn, and Smith (2012) found that girls who engaged in disordered eating, problematic alcohol use, or both behaviors, endorsed high levels of negative urgency, suggesting that the urge to act impulsively when experiencing negative affect may be the strongest predictor of both disordered eating and alcohol abuse.

### 1.4. Drinking motives

In addition to impulsivity and negative emotionality, drinking motives (enhancement, coping, social, and conformity; Cooper, 1994) are also important to understanding alcohol use problems. Researchers have identified that drinking to cope with negative emotions predicts an increase in alcohol-related problems (e.g., Patrick, Lee, & Larimer, 2011; Vernig & Orsillo, 2015), and a few researchers have also examined drinking motives in individuals with eating disorders (e.g., Anderson, Simmons, Martens, Ferrier, & Sheehy, 2006; Luce, Engler, & Crowther, 2007). Anderson et al. (2006) studied college-age women and found that drinking to cope was uniquely and significantly related to disordered eating. Furthermore, Luce et al. (2007) studied college women

and found that those who were diagnosed with bulimia or binge eating disorder were significantly more likely to report drinking to cope than those diagnosed with eating disorder not otherwise specified and controls, suggesting that individuals who engage in binge eating behavior are also likely to engage in alcohol use as a coping mechanism, possibly implicating a similar coping role for binge eating and alcohol use in these individuals. Anestis et al. (2007) explored the role of impulsivity in the relationship between drinking motives and eating disorders and found that an increase in levels of negative urgency significantly predicted an increase in bulimic symptoms over time, and higher levels of urgency significantly predicted higher coping motives. Evidence suggests that the tendency to act impulsively to avoid or distract from negative emotions leads to individuals to engage in binge eating and purging behaviors and perhaps use alcohol to cope.

### 1.5. Latent profile analysis and eating disorders

Researchers have used latent profile analysis (LPA) in an attempt to identify personality clusters within the eating disorder population. Many agree on three groups defined by personality traits – high functioning, undercontrolled/dysregulated, and overcontrolled (Claes et al., 2006; Espelage, Mazzeo, Sherman, & Thompson, 2002; Lavender et al., 2013). The high functioning subtype is characterized by low negative affect, high positive affect, and low rates of mood and anxiety disorders (Lavender et al., 2013). The overcontrolled group represents mainly those with AN-restricting symptoms, reporting higher neuroticism and lower extraversion scores than the high functioning group (Claes et al., 2006).

The final cluster is the dysregulated/undercontrolled group, which is characterized by high neuroticism, low conscientiousness and agreeableness, high hostility and impulsivity, and impulsive behaviors like bingeing/purging and substance abuse. Slane, Klump, Donnellan, McGue, and Iacono (2013) found that the dysregulated profile is the most consistent and stable cluster, represented by individuals with the highest levels of bulimic symptoms, alcohol use problems, anxiety, and depression, with these factors staying stable across time.

Researchers have identified negative urgency and negative emotionality as strongly predictive of both disordered eating and problematic alcohol use (e.g., Fischer et al., 2007). Additionally, individuals who report disordered eating behaviors also endorse using alcohol to cope (e.g., Anderson et al., 2006). Latent profile analysis has been used to study individuals with disordered eating problems, and researchers have consistently identified three personality-based profiles, with the dysregulated profile being characterized by bulimic symptoms and problematic alcohol use. However, no prior studies have attempted to identify profiles based on both disordered eating and alcohol use measures, as well as key personality factors (e.g., negative urgency, neuroticism). Additionally, studies using LPA have primarily investigated clinical samples of individuals diagnosed with eating disorders. Furthermore, to our knowledge, no prior studies have investigated eating disorder risk by examining trait and symptom variables simultaneously in the identification of profiles; rather, researchers have identified latent profiles based on either personality traits or eating disorder symptoms and then compared profiles on levels of personality traits, disordered eating, or alcohol use. One study has used latent class analysis to identify profiles among bulimic women and incorporated eating symptoms, impulsive behaviors, and number of purging methods to identify classes based on these variables (Tseng & Hu, 2012). However, other studies have not attempted to identify profiles based on the combination of variables (e.g., personality, disordered eating, and alcohol use).

### 1.6. The present study

Although the evidence is clear that negative urgency, negative emotionality, and drinking to cope are highly linked to alcohol abuse and eating disorders, researchers have not attempted to identify profiles of

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