



# Eating disorders and personality, 2004–2016: A systematic review and meta-analysis<sup>☆</sup>



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## HIGHLIGHTS

- Personality traits explain variance in ED symptomatic expression and prognosis.
- We provide a meta-analysis of personality disorder prevalence in EDs.
- Certain traits are frequent among all ED diagnoses, and more so than in controls.
- Avoidant and obsessive–compulsive PDs are the most common PDs in AN-R and BED.
- Borderline and paranoid PDs are also common in AN-BP, BN, and EDNOS.

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## ABSTRACT

Research and theory suggest that meaningful variance in the onset, clinical course, symptomatic profile, and maintenance of eating disorders (EDs) can be explained by personality traits. In this article, we provide a systematic review of literature on the link between self-reported personality and EDs, focusing on literature from the past decade and including only articles examining diagnosed EDs. A meta-analysis of the prevalence of interview-based personality disorders (PDs) in EDs is also presented. All ED diagnoses tend to be characterized by elevated perfectionism, neuroticism, and avoidance motivation; heightened sensitivity to social rewards; and lower extraversion and self-directedness than controls. Differences in personality between ED diagnoses also emerged, such as greater impulsiveness among those with bulimia nervosa (BN) than those with anorexia nervosa (AN); however, limited distinctions can be made. Meta-analytic findings revealed that avoidant and obsessive–compulsive PDs are among the most frequently diagnosed PDs in restricting AN and binge-eating disorder, whereas borderline and paranoid PDs are commonly diagnosed in binge-eating/purging AN, BN, and ED not otherwise specified. We conclude that considering personality traits in the treatment of EDs may not only help us better understand their etiology and maintenance, but also develop more effective ways of matching treatment to clients.

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## 1. Introduction

Personality is the set of psychological qualities that contribute to an individual's enduring patterns of feeling, thinking, and behavior (Cervone & Pervin, 2009). Research linking personality and eating disorders (EDs) has compared personality traits and profiles of those with EDs to controls, as well as those distinct to specific ED diagnoses, including anorexia nervosa, restricting type (AN-R); anorexia nervosa, binge-eating/purging type (AN-BP); bulimia nervosa (BN); binge-eating disorder (BED); and eating disorder not otherwise specified (EDNOS). In addition, rates of personality disorders (PDs) are also elevated among those with EDs compared to controls. Note that almost all relevant studies published in the past decade used DSM-IV diagnoses.

A previous review described associations between EDs and personality and posited theoretical linkages between personality traits in the etiology, symptomatic expression, and maintenance of EDs (Cassin & von Ranson, 2005). Several other reviews have also addressed the topic of personality and EDs (e.g. Atiye, Miettunen, & Raevuori-Helkamaa, 2015; Bardone-Cone et al., 2007; Culbert, Racine, & Klump, 2015; Sansone, Levitt, & Sansone, 2005; Vitousek & Manke, 1994). Although it may be commonly assumed that stable personality traits logically precede and contribute to ED symptoms, it is important to note that personality and EDs may interact in a variety of ways. Several conceptual models exist to describe potential causal or correlational relationships between personality and EDs, including that personality traits may serve as predisposing factors, risk factors, or complications of an ED; the possibility that personality and EDs may share common etiological factors; and that personality traits may influence ED course and treatment outcome (Lilenfeld, Wonderlich, Riso, Crosby, & Mitchell, 2006). Furthermore, acute starvation influences personality and behavior (Keys, Brozek, Henschel, Michelsen, & Taylor, 1950), including ED-like behaviors, and it is not clear how long and to what degree such personality changes persist after ED behaviors cease. Semistarvation complicates further the discrimination of trait and state characteristics (Vitousek & Stumpf, 2004). Additionally, response distortion and denial can impact the accuracy of self-reported personality among those with EDs, suggesting inferences should be made cautiously (Vitousek & Stumpf, 2004). Finally, the dimensional versus categorical structure of personality and EDs continues to be debated (Lilenfeld et al., 2006; Wildes & Marcus, 2013).

It is in this context that we present this review. We have sought to build on previous reviews by focusing where possible on broad personality constructs rather than specific personality measures in this synthesis of current knowledge on links between personality traits and EDs across diverse assessment measures. The current review had three purposes. First, we aimed to provide a comprehensive, critical, systematic review of the literature linking personality and EDs, with an emphasis on publications since 2004. Although research on BED was notably lacking when Cassin and von Ranson (2005) conducted their review, it has since expanded. We evaluated whether and how understandings of associations between diagnosed EDs and personality have changed over the past decade. Second, we aimed to conduct a meta-analysis of PD prevalence rates among individuals with specific ED diagnoses, including previously little-studied AN-BP and BED. Third, we aimed to synthesize the literature to highlight the extent of current knowledge on personality and EDs, existing gaps in understanding, and future research directions.

## 2. Methods

We conducted a comprehensive literature search of English language articles in the PsycINFO and Medline databases published between September 2004 and February 12, 2016. As our initial search identified a very large number of articles (>400), we limited our search to studies examining self-reported personality traits and interview-based PDs among adolescents and adults with ED diagnoses, and excluded studies that described disordered eating symptoms only. See Fig. 1 for a PRISMA diagram (Moher, Liberati, Tetzlaff, Altman, & The PRISMA group, 2009) depicting the selection of articles for the review. ED keywords searched included: eating disorder, anorexia, anorexia nervosa, bulimia, bulimia nervosa, binge eating, binge eating disorder, EDNOS, and eating disorder not otherwise specified. Personality keywords included: personality, temperament, personality disorder, axis II, NEO Personality Inventory, NEO-PI, Eysenck Personality Questionnaire, EPQ, Multidimensional Personality Questionnaire, MPQ, Minnesota Multiphasic Personality Inventory, MMPI, Tridimensional Personality Questionnaire, TPQ, Temperament and Character Inventory, and TCL. These search terms were the same as those used by Cassin and von Ranson (2005), except that we included

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