LOW EMOTIONAL STABILITY – NEGATIVE PARENTAL FACTOR IN ANOREXIA NERVOSA

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Abstract: A great number of theories related to the bio-psycho-social aspects of anorexia nervosa currently exist. Most of these theories have been proven by studies which showed that one of the causes of anorexia nervosa could be linked to the relationship the patient has with her parents, especially the mother. This study investigates (based on the Big Five model) the personality of two lots of mothers whose daughters suffer from anorexia nervosa (N=8), clinically diagnosed and treated, and another lot of mothers whose daughters do not present this disorder (N=8). The results obtained indicate the fact that the Emotional Stability (Neuroticism) personality dimension in the target lot is lower, reaching levels that could indicate the existence of anxiety/depressive disorders.

Keywords: anorexia nervosa, Emotional stability, personality dimension.

Introduction

The prevalence of anorexia nervosa is estimated to be 1.2% of the general population. Over a one year period, the prevalence of anorexia nervosa was 127 women in 100,000 (Smink, Hoeken, Hoe, 2012). The prevalence of anorexia nervosa in young women under 20 years of age is 0.6% of the population. The incriminated risk period is between 17 and 18, and the debut of the disorder occurs around age 20 (Stince, Marti, Shaw, Jaconis, 2009). Power et al (2013) shows that anorexia, as well as other psychological diseases, has a strong genetic basis. This process can suffer mutations in time, its trans-generational transfer being due to a mechanism still unknown (Power, Kyaga, Uher, et al, 2013).

Attachment issues during one's childhood determine the occurrence of symptoms specific to anorexia or other eating disorders. Mothers of anorexic patients perceive their own parents as being disinterested in their upbringing and education. These patients score high on scales assessing the presence/absence of anorexia nervosa (Canetti, Kanyas, Lerer, 2008). Thus, one can mention childhood attachment issues as being one of the causes of anorexia.

If one studies the etiopathogeny of anorexia through the point of view of attachment issues, one notes that some of these patients, due to the fact that they had been forced by their parents to *do everything perfectly*, were not encouraged or rewarded when they were successful, and emotionally, they learnt to censor their own emotions, as they feared that other people might treat them the same way as their caretakers. Due to this fact, anorexic patients acquire an exaggerated critical spirit, having unrealistic standards, thus copying the cognitive, emotional and behavioural model they acquired during their childhood, due to a rigid education (Ansell, Grilo, 2007). Thus, the personality of anorexic patients can be described by way of a *overcontrol* typology, associated with major depressive episode (Claes, Vandereycken, Luyten, et al, 2006, Asendorpf, Borkenau, Ostendorf, et al, 2001). *Overcontrol* is characterized by excessive self-censorship in emotional expression,

inhibitions, behavioural restrictions, rigidity and self-denial. For example, these individuals support their own point of view regardless of what others claim; their task obstinacy and persistence emerge as a dominant feature, even when they are counterproductive (Hoyle, 2010).

With regard to human personality, it becomes distinct through a combination of features such as sociability, ability to communicate, emotional balance, conscientiousness, creativity. An individual's personal charm is also included in this typology. Other features can be added to the above, depending on the complexity of human interpersonal relationships and actions. The major behaviours associated within human personality can be one of two types, positive and negative (Nireştean, Ardelean, 2001). In other words, a person needs to typologically present most of the features above; when serious distortions occur in any of these dimensions, one can talk about personality disorders. Personality disorders affect both the patient and the patient's loved ones (Lăzărescu, Nireştean, 2007).

When it comes to the dimensional approach to human personality, the *Big Five* model (FFM) is built on a system which implies the personality's functioning through dynamic operations and causality processes. The five personality factors – Openness, Extraversion, Conscientiousness, Agreeability and Neuroticism (Emotional Stability) – are the main dimensions forming the nucleus of this theory (McCrae RR, Costa PT Jr., 2008).

Studies performed according to the big five model (FFM) indicate the fact that this model encompasses personality dimensions which can be considered both with regards to normality and to pathology of human personality. This difference is given by the level at which that specific dimension is situated at compared to the interpretation of the NEO-PI personality inventory or subsequent and similar versions of this inventory (Costa, Jr., McCrae, 1990, Costa, Jr., McCrae, 1992, Coker, Samuel, Widiger, 2002, Krueger, Tackett, 2003).

Research objectives and hypotheses

This research sets off from the premise that the level of the *Emotional Stability* dimension is lower in the target group consisting of mothers of patients suffering from anorexia nervosa, compared to the control group consisting of mothers whose daughters do not suffer from anorexia.

Participants

The main characteristics of the lots included in the study are those referring to: sex, age, educational level and the diagnosis of anorexia for the target group.

Two lots were included in the study; the first consisted of mothers whose daughters had been diagnosed with anorexia nervosa, and the second lot was a control group consisting of mothers whose daughters did not suffer from anorexia nervosa. The target group contains 8 females, the general age average per group being M_{age}= 41.63 years old. The control group consists of 8 females with an average age per group of M_{age}= 38.63 years old. The results were collected in the period January 2010 – December 2012. The data comes from the Mental Health Centre of Tîrgu-Mureş, Neuro-infantile Psychiatry Clinic, Psychiatry Clinics no. I and II. During this period, 1980 patients were consulted in the Mental Health Centre of Tîrgu-

Mureş. Out of these cases, only three patients (0.8%) were diagnosed with anorexia, due to the extremely low incidence and prevalence rate of this disorder.

Inclusion criteria were related to the existence of an anorexia nervosa diagnosis for the daughter (s) of the patients included in the study in the target group.

Exclusion criteria were: the presence of psychotic symptoms, serious personality disorders.

Assessment tools The psychometric tests used in this research are calibrated, standardised and validated on the Romanian population. In this research, the SCID-II Structured Clinical Interview was used alongside the DECAS Personality Inventory.

Material and Method

The investigation of the dimensions of personality was done using the DECAS Personality Inventory, a personality assessment tool coordinated by Florin-Alin Sava (2008). The DECAS Personality Inventory is a modern psychometric tool which assesses the dimensional sphere of the personality according to the big five personality factors (The Big Five). The DECAS acronym comes from D-*Deschidere* (Openness), E-*Extraversie* (Extraversion), C-*Conştinciozitate* (Conscientiousness), A-*Agreabilitate* (Agreeability), S-*Stabilitate Emoțională* (Emotional Stability).

Results

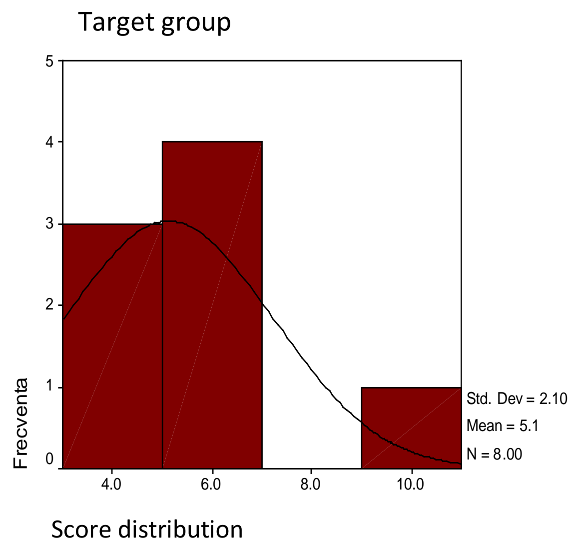

Fig. 1. Score distribution for *Emotional Stability* target group

The score distribution for the *Emotional Stability* dimension in the target group (N=8) shows M = 5.1 and SD= 2.10

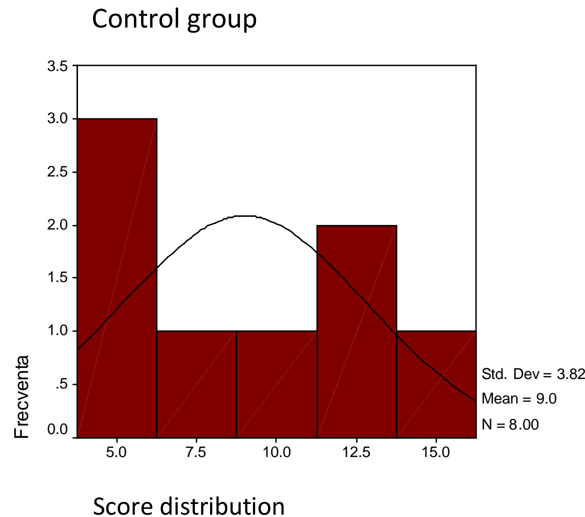

Fig. 2. Score distribution for *Emotional Stability* control group

The score distribution for the *Emotional Stability* dimension in the control group (N=8) shows M = 9.00 and SD= 3.81.

Table 1. *t* Test for independent sample

	Average	Dif. M.	Dif. M.	95% confidence quotient of the difference		t	df	Sig. (2-tailed)
				Low	High			
GC-GT	-3.87	-3.87	1,54	-7.17	-.57	2.516	14	.0024

The difference between the scores obtained for Emotional Stability by the mothers whose daughters suffer from anorexia (M = 5.1, SD= 2.10) and the mothers whose daughters do not present this disorder (M = 9.00, SD= 3.81) is -3.87. The 95% confidence interval for this difference is between -7.17 and -.57. For this interval, the difference is statistically significant at the 5% two-tailed significance level, where t= 2.51, DF=14, at the significance threshold where $p < 0.05$.

Discussion

Based on the DECAS standard, we can affirm that in the target group, the level of the personality dimension named Emotional Stability is low (S_{gross}= 5.1), and in the control group, the level of Emotional Stability is average (S_{gross}= 9.0). The low level of emotional stability which characterises the target group denotes the presence of distress, as these individuals are easily affected by existential problems. Also, these individuals show a high level of anxiety, feeling vulnerable when faced with life events. Negativity and pessimism prevail at their emotional level, all these being accompanied by unrealistic standards.

The results of our study correspond with those of Furnham and Adam-Saib (2001), who found an association between the parental connection and/or parental educational practices and eating disorders. They revealed the fact that young Asian-British females also reported excessive parental protection among the causes for their eating disorders. Proof currently exists of deficient parental care being involved as an etiopathogenic factor in individuals with chronic anorexia nervosa (Bulik, Sullivan, Fear, et al, 2000). Yager and Andersen (2005) show that parent-child interactions and the parents' personality features vary greatly. The relationships between mothers and daughters are described by some authors as rejection or contradictory (Blinder, Chaitin & Goldstein, 1988), while in the opinion of others, these relationships are ambivalent or with excessive involvement (Minuchin, Rosman, Baker, 1978). Thus, if we look at the results of our study, we see a low level of Emotional Stability, which represents in the case of these mothers a high level of worrying, low self esteem and a strong predisposition towards developing anxiety disorders and depression. This is because, out of the five factors, the factor with the highest predictability in indicating an emotional or psychological disorder is the Neuroticism / Emotional stability dimension, only when it is at a low/very low level (Zinbarg, Uliaszek, Adler, 2008). In other words, these mothers become hyperprotective or, on the contrary, indifferent, due to low Emotional Stability, which causes hypervigilance, hyperprotection or, on the contrary, indifference and deficiencies in establishing behavioural limits when it comes to the behavioural and attitudinal side of their relationship with their daughters. These maternal behaviours can cause the occurrence of maladaptive cognitive schemes in the case of anorexic patients, due to the fact that lack of autonomy in development or emotional deprivation hinder these patients in their process of acquiring adaptive behaviours and attitudes in their relationship with the environment (Young, Klosko, Weishaar, 2003), hence, the coping mechanism used by the patients become maladaptive and can take the form of unhealthy eating behaviours.

Conclusions

In conclusion, the results obtained can be useful in the therapeutic approach of mental anorexia, due to the fact that, as we have shown, low emotional stability in the mother of an anorexic patient can negatively influence to some extent the patient's personal development, and, together with other factors, can contribute to the occurrence and persistence of this disorder. Given this fact, a family psychotherapeutic approach could be useful in the first stage in order to identify and treat possible psychological disorders associated with emotional instability in the mothers of anorexic patients. In the case of anxious/depressive mothers of anorexic patients, augmenting psychotherapy with antidepressant/anxiolytic medication would only hasten the therapeutic process, and this would be for the benefit of the patient suffering from mental anorexia.

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