Obesity, Borderline Personality Symptomatology, and Body Image Among Women in a Psychiatric Outpatient Setting

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Abstract: Objective: The purpose of this study was to examine the relationships among body weight, borderline personality symptomatology, and several measures of body image among women presenting for psychiatric evaluation. Method: Forty-eight women in a university-based psychiatric outpatient clinic completed the borderline personality scale of the Personality Diagnostic Questionnaire-Revised (PDQ-R) and several measures of body image and indicated lifetime prevalence of depression histories. Results: PDQ-R scores correlated (r = .44, p < .01) with body mass index (BMI). Also, there were significant relationships between PDQ-R scores and measures of body image even after controlling for BMI. Discussion: In a psychiatric outpatient setting, borderline personality symptomatology is associated with higher body weight as well as body-image issues that are not necessarily due to larger body size. © 2000 by John Wiley & Sons, Inc. Int J Eat Disord 29: 76–79, 2001.

Key words: obesity; borderline personality symptomatology; body image

INTRODUCTION

Because of the associated deficits with self-regulation and core negative self-image, borderline personality may lead to, or at least augment, weight disorders among some individuals (Sansone, Sansone, & Wiederman, 1997). Previous research in this area has explored the prevalence of borderline personality symptomatology among individuals seeking treatment for obesity (Sansone et al., 1997). However, this relationship has not been explored in a general psychiatric outpatient setting. Additionally, we are not aware of any studies that examine the relationship between borderline personality symptomatology and body image. The following investigation was undertaken to empirically

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explore these relationships among women in a psychiatric setting who did not present for obesity treatment.

METHOD

The sample consisted of 48 adult women, ranging in age from 18 to 56 years (M = 32.98 years, SD = 9.28). Most participants were White (91.7%) and were currently married (41.7%) or divorced (33.3%). All but 7 (14.6%) women had graduated from high school; 11 (22.9%) had earned a bachelor's degree or higher.

Each participant was seen by a fourth-year psychiatric resident for evaluation in a university-based psychiatric outpatient clinic, which is located in an office building, not on the general medical campus. Of the 49 consecutive women who were approached and invited to participate, 48 completed the measures (response rate of 98.0%). After an explanation of the project, each signed a consent form.

Each participant completed a research booklet that explored demographic information (e.g., height and weight) and contained several measures. The first was the borderline personality scale of the Personality Diagnostic Questionnaire-Revised (PDQ-R; Hyler & Rieder, 1987). This was an 18-item, self-report measure that explores criteria for borderline personality disorder as outlined in the Revised 3rd ed. of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1987).

The second group of measures explored various aspects of body image and general body dissatisfaction. General body dissatisfaction was measured with the corresponding subscale of the Eating Disorders Inventory (EDI; Garner, Olmsted, & Polivy, 1983). This is a widely used, self-report measure of eating-related attitudes and traits. This subscale taps respondents' current dissatisfaction with specific body parts that are of greatest concern to women (hips, thighs, buttocks). Higher scores indicate greater body dissatisfaction. Self-rated bodily attractiveness was assessed by asking respondents to use a 7-point scale to indicate their response to the statement, "Overall, I would rate the attractiveness of my body as . . ." The response scale was anchored with 1 = well below average, 4 = average, and 7 = well above average. Self-rated facial attractiveness was assessed by presenting the same 7-point scale in response to the statement, "Overall, I would rate the attractiveness of my face as . . ." Respondents also completed the Social Activities subscale of the Body Image Avoidance Questionnaire (Rosen, Srebnik, Saltzberg, & Wendt, 1991). Higher scores indicate a greater tendency to avoid social activities in which body weight and appearance may be a focus.

Last, with regard to lifetime prevalence of depression, participants were given an extensive written description of acute versus chronic depression, including criteria for symptoms, symptom duration, and functional impairment. They were then asked, "Have you ever had any acute or chronic depressions that were severe enough to affect your functioning?"

Body mass index (BMI) was calculated for each participant using Quetelet's index (Garrow & Webster, 1985). A total of 17 (35.4%) women exceeded the BMI cutoff (>27.3) used by the American Heart Association (Bray, 1992) to determine obesity.

RESULTS

Simple correlations among scores on the PDQ-R, BMI, and the body image measures are presented in Table 1. Scores on the PDQ-R were moderately correlated with BMI as

Table 1. Simple correlations between PDQ-R scores, and BMI and body image (N = 48)

	PDQ-R Scores
Body mass index (BMI)	.44**
General body dissatisfaction (EDI)	.35*
Self-rated bodily attractiveness	-,48**
Self-rated facial attractiveness	42**
Self avoidance due to body image concerns	.32**

*p < .05, **p < .01, both two-tailed

Note: PDQ-R = borderline personality scale of the Personality Diagnostic Questionnaire-Revised²; EDI = Eating Disorders Inventory³.

well as with the four body image measures. That is, as scores on the PDQ-R increased, participants were more likely to be heavy, to report body dissatisfaction, to see themselves as unattractive, and to avoid social settings due to concerns over body image.

To further illustrate the apparent relationship between BMI and PDQ-R scores, we compared PDQ-R scores as a function of obesity status. Obese women had significantly higher scores on the PDQ-R compared with nonobese women (M=6.76, SD=1.56 vs. M=5.19, SD=1.66), F(1,46)=10.23, p<0.003. This group difference translated into a large effect size (d=0.88). We also illustrated this relationship using a conservative cutoff score of 7 (out of 8) on the PDQ-R to indicate a substantial level of self-reported borderline personality characteristics. Even so, a greater proportion of the obese women (64.7%) compared with the nonobese women (19.4%) exceeded the cutoff score, χ^2 (1, N=48) = 1.87, 1.

It is possible that the apparent relationships between PDQ-R scores and body image are due to the association between BMI and PDQ-R scores. To investigate this possibility, we computed partial correlations between PDQ-R scores and the body image measures, statistically controlling for BMI. Even after holding body size (BMI) constant, PDQ-R scores were significantly related to self-rated bodily attractiveness (partial r = -.28, p < .05), self-rated facial attractiveness (partial r = -.25, p < .05), and social avoidance due to body image concerns (partial r = .28, p < .05). However, the relationship between general body dissatisfaction and PDQ-R scores was not significant after partialling out BMI (partial r = .12, p < .22).

DISCUSSION

The current data suggest a relationship between borderline personality symptomatology and obesity among some women seeking psychiatric treatment. The nature of this relationship is unknown (i.e., causal or contributory), but the psychodynamic association may be deficits in self-regulation. This relationship remains even after controlling for self-reported depression, either major depression or dysthymia.

In addition, these data indicate that, independent of BMI, body-image issues are related to borderline personality symptomatology. This finding empirically suggests what has been clinically known, that body-image issues are disturbed in individuals with border-

line personality symptomatology—a relationship that is, to some degree, independent of weight status.

The limitations in this study include the sample characteristics (psychiatric setting, all women), the self-report nature of data collection, and the use of only one measure for assessing borderline personality symptomatology. Indeed, we have avoided a formal diagnosis of personality "disorder" to emphasize "symptoms." Further research, using interviews and additional measures, is needed to confirm a possible association between borderline personality symptomatology and obesity and body-image concerns.

REFERENCES

- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed. Revised). Washington, DC: Author.
- Bray, G. (1992). Pathophysiology of obesity. American Journal of Clinical Nutrition, 55, 488S-494S.
- Garner, D.M., Olmsted, M.P., & Polivy, J. (1983). Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. International Journal of Eating Disorders, 2, 15–34.
- Garrow, J.S., & Webster, J. (1985). Quetelet's index (W/H²) as a measure of fatness. International Journal of Obesity, 9, 147–153.
- Hyler, S.E., & Rieder, R.O. (1987). Personality Diagnostic Questionnaire-Revised (PDQ-R). New York: New York State Psychiatric Institute.
- Rosen, J.C., Srebnik, D., Saltzberg, E., & Wendt, S. (1991). Development of a Body Avoidance Questionnaire. Psychological Assessment, 3, 32–37.
- Sansone, R.A., Sansone, L.A., & Wiederman, M.W. (1997). The comorbidity, relationship, and treatment implications of borderline personality and obesity. Journal of Psychosomatic Research, 43, 541–543.

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