

How women with Anorexia Nervosa, and Healthy Controls, respond to social frustration.

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Background

- AN's have difficulties with:
 - Experiencing emotions in themselves (Schmidt *et al.*, 1993)
 - Recognising emotions in others (Oldershaw *et al.*; Harrison *et al.*, 2009)
 - Theory of Mind tasks (Tchanturia *et al.*, 2004)
 - Appropriate expression of aggression/assertiveness (Lenihan and Kirk, 1990)
 - Maintaining social networks (Tiller *et al.*, 1997)
- All necessary for social cognition

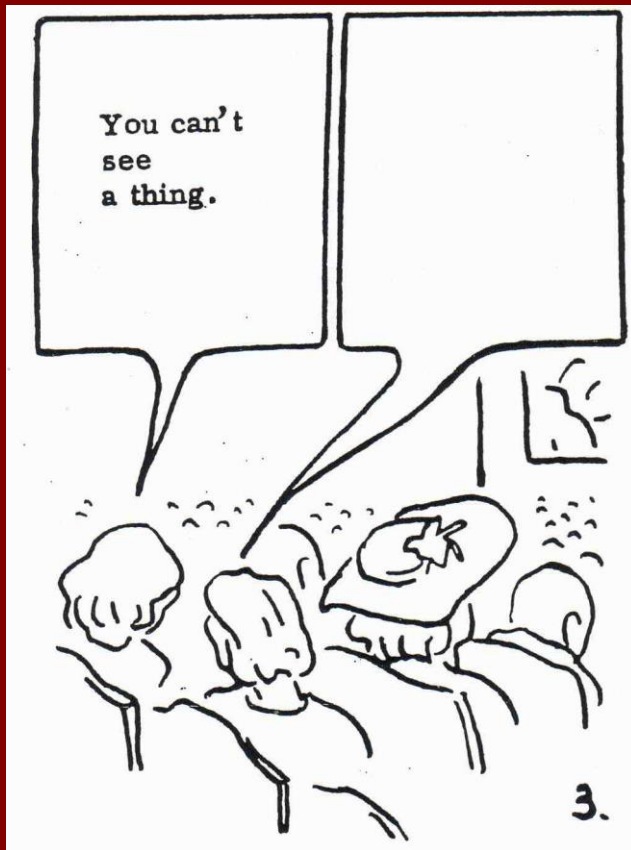
Current Study – The Rosenzweig Picture Frustration Task (RPF) (1948)

- Participants responses in everyday frustrating situations.
 - Assertiveness and problem solving in social situations
 - *Direction* and *type* of aggression
 - No published data available for an ED population.

 - More ecologically valid measure of expression of aggression and tolerance of frustration in social situations?
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Method – the RPF format

- 24 cartoon scenarios of socially frustrating situations containing two people e.g:





TYPE OF AGGRESSION

OBSTACLE DOMINANCE

The obstacle is prominent

EGO-DEFENSE

The people are prominent

NEEDS-PERSISTENCE

The solution is prominent

DIRECTION OF AGGRESSION

EXTRA-AGGRESSION

Towards others

“Stupid car!”

“Great! Now because of you I’m going to be late!”

“Well can you call me a cab then?”

INTRA-AGGRESSION

Towards themselves

“No it’s fine I didn’t want to get that train anyway”

“Oh no it was probably my fault for making you rush”

“That’s ok I’ll pay for another ticket”

IM-AGGRESSION

Neutralised/No aggression

“No problem at all”

“Hey don’t worry, it’s not your fault the car broke down!”

“Never mind, there’ll be another one soon”

Types of Aggression

- Obstacle Dominance and Ego-Defence more 'child like'
 - More destructive responses
- Needs Persistence (solution focused):
 - More mature/socially appropriate
 - More constructive

Direction of aggression

- Extraggression most 'primitive'/basic way to respond
- Imaggression more socialised form

Hypotheses

- ANs and HCs will respond differently
- ANs may respond in a less socially acceptable/developed way?

Methods – Participants & Analysis

- 66 participants:
 - 22 AN's
 - 44 HC's
 - Exclusion criteria (BMI, OCI, HADS)
- Quantitative Analysis:
 1. T-Tests:
 1. Type of aggression
 2. Direction of aggression

Results – Summary of findings:

T-Tests HC vs AN

- Direction of Aggression ($p > 0.05$)
- **Type of Aggression:**
 - AN's more ego-defensive/person focused ($p = .030$)
 - HC's sought more solutions to problems ($p = .012$)

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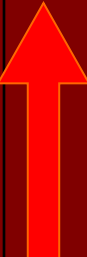
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Interpretation

- ANs more likely to focus on the people in the situation ?
- Narrower focus based on information given (detail focus? Lopez *et al*, 2008)
- Suggests smaller repertoire of skills, abstract thinking (Tokley & Kemps, 2007)
- HC's offer more solutions – more optimistic and broader way to respond – utilising more strategies

ANs (n=22)



		TYPE OF AGGRESSION		
		OBSTACLE DOMINANCE The obstacle is prominent	EGO-DEFENSE The people are prominent	NEEDS-PERSISTENCE The solution is prominent
DIRECTION OF AGGRESSION	 EXTRA-AGGRESSION Towards others	"Stupid car!"	"Great! Now because of you I'm going to be late!"	"Well can you call me a cab then?"
	 INTRA-AGGRESSION Towards themselves	"No it's fine I didn't want to get that train anyway"	"Oh no it was probably my fault for making you rush"	"That's ok I'll pay for another ticket"
	IM-AGGRESSION Neutralised/No aggression	"No problem at all"	"Hey don't worry, it's not your fault the car broke down!"	"Never mind, there'll be another one soon"

BMI and Aggression

- Lower BMI = more inward aggression ($p=.02$)
- As participant gains weight blame is shifted outwards/extragggression ($p=.02$)
- Relationship remains when depression and anxiety controlled for
- No longer sig. when OCI controlled for
- Suggests BMI and Obsessionality play a role in inwardly directed aggression

Interpretation

- Lower BMI = more blame/guilt towards themselves
- Possible related factors:
 - Low self esteem? (Daley *et al*, 2008)
 - Desire to please/higher submissive behaviour (Troop *et al*, 2003)
 - Lower social rankings/greater social comparisons (Connan *et al*, 2007)
 - Obsessionality = greater sense of responsibility? (Salkovskis *et al*, 2000) – both OCD and self blame decrease with weight gain

Conclusions

- RPF seems to be useful experimental measure of aggression in social situations
- Sensitive enough to detect group differences

Future Directions

- May want to look at more mediating factors
 - E.g. detail focus; abstraction; self esteem ...