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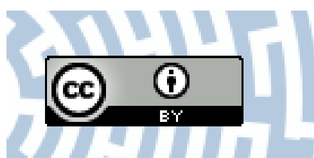

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Characteristics of aggressive behaviour in females suffering from psychogenic binge eating disorder (analysis of the author's own research)

Bernadetta Izydorczyk, Karolina Mazur

Summary

Aim. The purpose of the current research is to measure the level of aggression among females diagnosed with BED and individuals displaying no eating or mental disorders, and to make a comparative study of the aforementioned variable.

Methods. The main research variables were measured using a psychometric method - the Revised Psychological Inventory of Aggression Syndrome by Gaś (Polish: IPSA-II).The author of the measuring instrument developed a set of norms which met the requirements of the research conducted in a population of Polish females and males.

Results. Statistical analysis of the research data revealed significant differences between the females suffering from BED and the subjects displaying no mental or eating disorders, in terms of the level of aggressive and self-aggressive tendencies. It was discovered that the study participants who constituted the control group exhibited an appropriate level of aggressive behaviour, as opposed to the subjects displaying the symptoms of BED, who reported an increased (inappropriate) degree of aggression and self-aggression, which might predispose the females to psychosomatic responses, as well as push them towards subconscious emotional eating that is aimed at coping with emotional stimuli and stress.

Conclusions. Analysis of the research data revealed a high level of aggressive and self-aggressive behaviour in the sample of females suffering from psychogenic binge eating disorder. The data gathered in this study point to the fact that assessment of the level of emotional personality disturbance, which includes measuring the level of aggressive and self-aggressive tendencies, should be a crucial element of a reliable psychological diagnostic evaluation and effective therapeutic interactions in a group of patients diagnosed with BED. Insight therapy aimed at investigating psychological mechanisms underlying the subconscious process of relieving aggression by individuals suffering from BED might intensify and accelerate the treatment of the aforementioned eating disorder.

aggression / self-aggression / psychogenic binge eating (BED) / treatment

INTRODUCTION

As viewed in the psychological literature, compulsive overeating, also referred to as binge eating disorder (BED), is defined as an individual's tendency to engage in such eating behaviours which lead to weight gain higher than the average for the given population, as well as episodes of low mood and discomfort [1]. Compulsive overeating involves reaching out for food to alleviate tension and stress. Binge eaters tend to fill up their stomachs in order to gain the feeling of relief and comfort. They frequently continue the gluttonous binge until the point of physical discomfort and pain [2, 3].

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Numerous scientific studies report that disinhibited eating develops as a response to low mood and negative emotions such as frustration and anger [1]. Exploration of the recent psychological and psychiatric literature shows the correlations between the self-destructive characteristics of the cognitive and emotional structure of an individual's personality (e.g. masochism, destructive pessimism, or low self-esteem) and the person's destructive (aggressive) attitudes towards his or her own body [4, 5, 6, 7, 8, 9, 10, 11, 12].

A number of theories have been constructed to explain aggression, and much research has focused on factors that affect aggressive behaviour. The main theoretical currents include Freud's theory of instinct, Lorenz's Ethological theory, the Frustration-Aggression theory and the Social Learning theory [15, 16].

In spite of enormous literature on the topic, and the continuous effort shown by many scholars dedicated to the scientific study of aggression, there is still considerable disagreement about its precise meaning since aggressive tendencies are not homogenous. The term is used to refer to a broad spectrum of phenomena which have a variety of symptoms, and are triggered by various intra-psychic processes and mechanisms [11]. Baron and Richardson defined aggression as "any form of behaviour directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment" [17].

According to Kubacka-Jasiecka, aggression serves numerous functions allowing the aggressor to:

– express his or her emotional arousal, and to vent or to release negative emotions that have become uncontrollable (expressive function);
– intentionally inflict harm upon another person (intentional aggression);
– accomplish a desired non-aggressive goal by means of aggressive or violent acts (instrumental aggression) [11].

Gaś distinguishes between self-directed and outwardly directed aggression. Self-destructive behaviour is referred to as any voluntary act which directly or indirectly jeopardizes the emotional, social or physical health of others, and threatens human life [11]. There are direct and indirect self-destructive behaviours. The former type is understood as including all forms of suicidal behaviour and self-harm aimed at self-injury or self-annihilation. Indirect self-destructive tendencies include the behaviours which have negative physical and psychological impact (e.g. addictions, eating disorders, a tendency to be accident-prone, repeated failures, careless driving, medical treatment noncompliance, noncompliance with occupational safety regulations) [11].

The data concerning binge eating, provided by the subject literature, need constant verification. Due to specific characteristics of clinical population, and a limited number of Polish studies investigating the correlations between experienced emotions and the symptoms of compulsive overeating, it is recommended that further research be undertaken on the aforementioned topic.

Some studies have indicated that the episodes of binge eating are triggered by negative emotions such as anger [18, 19]. However, until recently, very few studies have been conducted in a Polish population on the correlations between the level of aggression and an individual's tendency to engage in binge eating in order to cope with difficulties and inner conflicts.

RESEARCH METHODS AND MATERIALS

The following research question was asked: are there any significant differences between females diagnosed with BED and individuals displaying no eating or mental disorders, in terms of a constellation of aggressive and self-aggressive behaviours?

Aggressive and self-aggressive tendencies constituted the main complex variable in the current research. As viewed in the subject literature, aggression syndrome is commonly understood to mean a set of experiences, attitudes and behaviours, whose aim or result (intended or unintended) is to inflict direct or indirect harm upon the aggressor or another person [20, 21]. The syndrome refers to conscious (intentional) as well as subconscious (unintentional) acts; it is interpreted as both overt and covert aggressive tendencies; it denotes self-directed as well as outward-directed aggression [20, 21].

Self-destructive tendencies are characterized by an inclination towards externalization of inner states, and are dominated by overt and latent (covert) feelings and thoughts revolving around self-harm [5, 6, 7, 8, 9, 11].

The variable indicators were the mean scores concerning the level of aggressive and self-aggressive tendencies, obtained by the subjects in 11 scales of the Psychological Inventory of Aggression Syndrome, adapted by Z. B. Gaś (IPSA-II) [20, 21].

A configuration of aggressive and self-aggressive characteristics in clinical and control participants of this study was made, having taken into consideration the overall score denoting a general level of aggression, as well as the scores obtained by the study subjects in the particular eleven scales of the IPSA-II, describing specific self-aggressive tendencies such as self-humiliation, suicidal attempts and self-injury, as well as aggressive inclinations (e.g. physical aggression, aggressive tendencies displaced onto an object, indirect aggression, revengefulness and instrumental aggression, which serves the function of allowing an aggressor to achieve his or her objectives).

Raw scores obtained by the study participants in the Psychological Inventory of Aggression Syndrome (IPSA-II) were converted to stens, based on a "Standard-Ten" point scale. The sten scores ranging from 7 to 10 denote a high (inappropriate and thus unhealthy) level of aggressive tendencies among the study subjects.

The major components of aggression sydrome, examined in the current study included:

- disturbed control of aggressive impulses (scale III) – the subjects' inability to control their aggressive and impulsive behaviours and attitudes;
- revengefulness (scale I) – defined as a person's tendency to engage in aggressive behaviours in response to a real or fictitious harm (seeking revenge , following an 'eye for an eye" rule);
- reactive (impulsive) aggression (scale XI) - referred to as a tendency towards excessive impulsivity;
- instrumental aggression (scale VII) – understood to mean a form of aggressive behaviour against another person in which the aggression is used as a means of securing some reward or to achieve an external goal;
- physical aggression (scale IX) – defined as a tendency to use physical violence in interpersonal relationships;
- hostility towards other people (scale X) –referred to as a person's tendency to project negative feelings onto the environment (e.g. distrust, suspiciousness);
- unintended aggression (scale V) –manifested by apparently non-aggressive activities and behaviours, which cause no conflicts and are socially approved (e.g. increased interest in horror films and literature);
- indirect aggression (scale VI) – reflects tendencies towards employing more subtle and socially sophisticated forms of attacking other individuals such as ridiculing, gossiping, revealing someone's secrets without their permission, ostracism, criticism, etc.

The major components of self-aggression, examined in the present study included:

- self-aggression (scale II) – which refers to a variety of behaviours that are aimed at inflicting pain and suffering upon oneself (e.g. suicidal attempts, self-injury);
- self-directed hostility (scale VIII) – an individual's tendency to formulate negative opinions about oneself and to make negative self-assessment which is frequently based on an exaggerated sense of self-depreciation and self-humiliation.

An additional controlled variable examined in the present study was the body mass index BMI. Its value is calculated as the individual's body weight, measured in kilograms, divided by the square of his or her height, measured in metres. It has been announced that individuals who fall into the BMI range of 19.5 to 24.5 have a healthy weight. A BMI of under 19.5 is usually referred to as underweight or emaciation. A Body Mass Index reading over 24.5 is considered overweight.

SAMPLE

60 Polish females participated in the study. A clinical population comprised 30 women. The

subjects were selected intentionally. The selection criteria included symptoms of medically diagnosed psychogenic binge eating (according to the ICD 10 F.50.4 criteria of psychiatric classification), age between 21–26 and the subjects' willingness to give informed consent to participate in the research. The criteria of exclusion in the study were as follows: productive psychotic symptoms, organic changes in the CNS, improper intellectual development, and chronic somatic conditions, eating disorders (e.g. bulimia or anorexia nervosa, psychogenic binge eating), or other mental disturbances such as neurotic disorders, personality disorders or depressive episodes. All the subjects comprising a clinical population remained under treatment. The mean duration of treatment in this group did not exceed 6 months. The data mentioned above were gathered by means of clinical interviews conducted among the examined individuals, and were also drawn from the subjects' medical records.

A control population consisted of 30 females. The selection criteria for this group of research participants included: the age between 21 and 26, the subjects' willingness to give informed consent to participate in the study, (i.e. ranging from 19.5 to 24.5), lack of age-appropriate body mass index chronic somatic conditions, eating disorders (e.g. bulimia nervosa, anorexia nervosa, psychogenic binge eating), or other mental disturbances such as neurotic disorders, personality disorders or depressive episodes, as well as no medical history of past treatment. All the individuals who exhibited symptoms of the aforementioned dysfunctions, had received recommendations concerning possible treatment, or had made attempts at undertaking therapy were excluded from the control group of research subjects (this applied predominantly to the females who had undergone hospitalization, received consultations and treatment for eating disorders in various mental healthcare centres, were treated for neurotic disorders, or those who reported the feelings of anxiety, depression, or emotional over-arousal during clinical interviews). Additional exclusion criteria for control participants were: using regular pharmacotherapy, foreign nationality, and adolescence (not yet fully developed personality structure). The data was collected using a questionnaire which consisted of the questions regarding the aforementioned issues.

The research was conducted in the years 2006-2010, in treatment centres for eating disorders and in outpatient mental health clinics (in case of the clinical population). The control sample consisted of both full and part time female students in their first or further years of study. The group comprised arts, biology, medicine and science students. Informed consent was obtained from all study participants. A certain proportion of the study subjects were recruited during the course of a graduate seminar conducted by the author of the current paper, which was attended by an M.A. student Karolina Mazur, a co-author of the present research, who was gathering data for her M.A. thesis under the guidance of the current writer. The research was approved by the Ethics Committee of Silesian University.

The main research variable – aggressive and self-aggressive tendencies – was measured using a psychometric method – the Revised Psychological Inventory of Aggression Syndrome by Gaś (IPSA-II). The Inventory meets the requirements of a psychometric test. It has well elaborated standards, and is highly reliable in terms of indexes. Stability estimates were used to measure reliability of the measuring instrument. A diagnostic validity test was performed in order to measure validity of the inventory. The test has been normalized, which allows to apply sten norms in the process of examination of the raw scores obtained by female and male study participants [20]. The inventory consists of the following eleven scales: revengefulness, self-destructive tendencies, disturbed control of aggression, displaced aggression, unintended aggressive tendencies, indirect aggression, instrumental aggression, self-directed hostility, physical aggression towards the environment, hostility towards other people, and reactive aggression.

Raw scores obtained by the study participants in the aforementioned scales, and the so called overall score concerning the subjects' general level of aggression, were converted to stens, based on a "Standard-Ten" point scale. Low sten scores (1–4) indicate a low degree of aggressive and self-aggressive behaviour. Medium sten scores of 5 and 6 denote moderate aggression and self-aggression, whereas sten scores rang-

ing from 7 to 10, point to a high level of aggressive and self-aggressive tendencies among the study subjects. In the next stage, the *Mann-Whitney* U-test of significance was used to determine whether the differences between the two sets of sample data were truly significant.

RESEARCH RESULTS

Tab. 1 displays the research data concerning the level of aggression and self-aggression in females suffering from psychogenic binge eating. Tab. 2 provides the main characteristics of the research data concerning a diagnosis of the strength of aggressive and self-aggressive tendencies among females exhibiting no eating disorders or mental disturbances.

direct aggression. The mean sten values above 7, received by the subjects in the aforementioned scales prove to be above the norm and denote an increased (inappropriate) level of aggressive tendencies examined in the study.

From the figures it is apparent that the subjects suffering from BED exhibit a tendency to react impulsively in a given situation, and to engage in indirect forms of aggressive behaviour such as ridiculing, gossiping, spreading vicious rumors, backbiting, telling tales, criticizing, etc. The scores received by the clinical subjects in the scales of revengefulness, instrumental aggression, displaced aggression, direct physical aggression, hostility towards the environment and unintended aggressive tendencies prove that the levels of the aforementioned direct forms of aggression employed by the females are within the

Table1. The main characteristics of the data gathered as a result of the Psychological Inventory of Aggression Syndrome (IPSA-II), conducted in a group of females suffering from psychogenic binge eating (N==30). Descriptive statistics for the mean values, which aimed at determining the level of aggression and self-aggression in a clinical sample.

Characteristics of aggressive and self-aggressive behaviour	N	Mean Sten Score	Median	Minimum	Maximum	Variance	Standard Deviations
Aggressive tendencies and behaviours							
Revengefulness	30	5.65	6.00	2.00	9.00	3.92	1.98
Disturbed control of aggressive impulses	30	7.06	7.00	3.00	10.00	2.84	1.68
Displaced aggression	30	5.77	5.00	4.00	9.00	2.26	1.50
Unintended aggression	30	5.73	6.00	3.00	9.00	2.84	1.69
Indirect aggression	30	7.07	6.50	4.00	9.00	1.85	1.36
Instrumental aggression	30	5.23	5.00	3.00	8.00	2.10	1.45
Physical aggression towards the environment	30	4.77	4.00	2.00	8.00	1.94	1.39
Hostility towards the environment	30	5.77	6.00	2.00	10.00	4.34	2.08
Reactive aggression	30	5.38	5.50	1.00	9.00	5.21	2.28
Self-aggressive tendencies and behaviours							
Self-directed hostility	30	6.00	5.00	3.00	10.00	5.78	2.41
Self-destructive tendencies	30	7.38	7.50	5.00	9.00	0.97	0.98
Overall score	30	6.90	7.00	3.00	9.00	1.70	1.30

Analysis of the data presented in Tab.1, obtained in a group of 30 females diagnosed with BED, reveals an inappropriate for maintaining mental health, level of aggression among the study participants, which is illustrated by a high mean sten value of 7 and above. It can be seen in the table that the highest mean values were obtained by the clinical participants in the scales of disturbed control of aggressive impulses and in-

norm. Analysis of the research data showed that the binge eaters tended to be irritable and impulsive. The females' hostility towards other people was discovered to reach the mean sten value of 6, which is considered to be the upper limit of the norm. However, it was found out that the examined clinical subjects exhibited no tendency to use direct, deliberate, purposeful (instrumental) forms of aggression (e.g. a physical or verbal

attack, the use of vulgar language, uncontrollable shouting, etc.) in order to express their hostility towards the environment.

The mean sten values for self-aggressive behaviours examined in the clinical sample denote the females' strong tendency towards suicidal thoughts and self-injury. However, the level of self-directed hostility examined in the subjects with BED, turned out to be lower. The mean score received by the females in the aforementioned scale reached the value 6, which is regarded as the upper limit of the norm. This points to the females' tendency to engage in emotional eating, and seems to indicate their inadequate self-evaluation and lack of increased masochistic inclinations.

5, which proved to be within the norm. Interestingly, the mean sten values obtained by the control subjects in the scale of indirect aggression (5.78) and in the scale of self-destructive tendencies (5.68) proved to be within the upper limit of the norm. This indicates the control participants' preference for indirect forms of expressing aggression, such as gossiping, ridiculing, criticizing, etc. Analysis of the research data concerning self-destructive tendencies among the healthy subjects showed that the examined females exhibited no inclinations towards suicidal thoughts or self-injury.

In the next stage of the study, the data gathered in the population of females exhibiting no eating or mental disorders were compared with the ones collected in the group of binge eaters.

Table 2. The main characteristics of the data gathered as a result of the Psychological Inventory of Aggression Syndrome (IPSA-II), aimed at examining the level of aggression and self-aggression in a sample of females exhibiting no mental or eating disorders (N=30)

Characteristics of aggressive and self-aggressive behaviour	N	Mean sten score	Median	Minimum	Maximum	Variance	Standard deviations
Aggressive tendencies and behaviours							
Revengefulness	30	4.08	3.50	2.00	8.00	3.35	1.83
Disturbed control of aggressive impulses	30	5.08	5.00	3.00	9.00	2.39	1.55
Displaced aggression	30	4.96	5.00	4.00	7.00	0.84	0.92
Unintended aggression	30	4.92	5.00	3.00	8.00	1.83	1.35
Indirect aggression	30	5.78	6.00	4.00	8.00	1.53	1.24
Instrumental aggression	30	4.65	4.00	3.00	9.00	1.60	1.26
Physical aggression towards the environment	30	4.88	4.00	4.00	7.00	1.23	1.11
Hostility towards the environment	30	4.00	4.00	2.00	7.00	2.88	1.70
Reactive aggression	30	3.73	3.00	1.00	7,00	3.80	1.95
Self-aggressive tendencies and behaviours							
Self-destructive tendencies	30	5.68	5.00	5.00	8.00	0.97	0.99
Self-directed hostility	30	3.65	3.00	3.00	7.00	1.36	1.16
Overall score	30	4.12	4.00	1.00	7.00	3.47	1.86

Analysis of the research data presented in Tab. 2, collected in a sample of 30 females exhibiting no mental or eating disorders, demonstrates that the healthy control participants exhibit no symptoms of increased aggression or self-aggression in their everyday life. As indicated in the table, the mean sten values for all of the variable components examined in the study ranged from 2 to

A comparative analysis of the research data was conducted using the Mann–Whitney U test. It aimed at investigating the main differences between the two groups of the study subjects, in terms of the level of their aggressive and self-aggressive tendencies.

Table 3. The main characteristics of the data gathered as a result of Mann-Whitney U Test, aimed at determining statistically significant differences between a clinical samples (N=30) and a control group (N=30), with regard to aggressive and self-aggressive tendencies exhibited by the examined females

Characteristics of aggressive and self-aggressive behaviour	Low rank sum	High rank sum	U-value	Z-value	p-value
Revengefulness (s. I)	540.00	838.00	189.000	-2.727	**0.006***
Disturbed control of aggressive impulses (s.III)	488.50	889.50	137.500	-3.669	**0.001***
Displaced aggression (s. IV)	585.00	793.00	234.000	-1.903	0.057
Unintended aggression (s. V)	597.50	780.50	246.500	-1.675	0.094
Indirect aggression (s. VI)	535.00	843.00	184.000	-2.818	**0,005***
Instrumental aggression (s. VII)	611,50	766,50	260,500	-1.418	0.156
Physical aggression towards the environment (s. IX)	710.50	667.50	316.500	0.393	0.694
Hostility towards the environment (s. X)	526.00	852.00	175.000	-2.983	**0.003***
Reactive aggression (s. XI)	548.00	830.00	197.000	-2.580	**0.010***
Self-destructive tendencies (s. II)	437.50	940.50	86.500	-4.603	**0.001***
Self-directed hostility (s. VIII)	507.50	870.50	156.500	-3.322	**0.001***
Overall Score	458.50	919.50	107.50	-4.218	**0.001***

* a significance level of 0.05

As can be seen in Tab. 3, there are statistically significant differences between the clinical and control participants of the study in terms of majority of the investigated aggressive and self-aggressive tendencies. The major difference between the two groups of subjects was revealed in regard to the syndrome of complex (general) aggression. It was discovered that, compared with the subjects from the control population, the females diagnosed with psychogenic binge eating disorder exhibited a higher tendency towards escalated aggressive behaviour. The mean scores received by binge eaters and healthy individuals reached the value of 6.90 and 4.12 respectively.

Analysis of the mean values for the level of other aggressive tendencies investigated in the current study (e.g. hostility towards the environment, revengefulness and reactive aggression) demonstrated less significant differences between the two groups of examined females. The mean sten values received in the sample of females diagnosed with BED and in the control population were interpreted as normal. This points to the fact that both clinical and control subjects exhibited no predisposition towards pathological aggression. No significant differences were observed between the two research samples in terms of unintended, physical, instrumental and displaced aggression. The mean values received by the control and clinical participants for the aforementioned tendencies were discovered to be within the norm.

DISCUSSION

Statistical analysis of the research data showed a specific configuration of aggressive and self-aggressive tendencies among the females suffering from BED. The clinical subjects were discovered to exhibit increased levels of disturbed control of aggressive impulses and indirect aggression, which is illustrated by the mean sten value of 7 obtained by the females in the aforementioned scales. This points to the fact that the females with BED are more inclined to use indirect forms of aggression, such as ridiculing, gossiping, criticizing, accusing or threatening, and they hardly ever engage in direct aggressive behaviour. An interesting finding to emerge from this study is that the females' increased inclination towards indirect aggression co-occurs with their disturbed control of aggressive impulses. The examined binge eaters were discovered to exhibit an increased level of impulsiv-

ity, and proved to have difficulties in controlling their aggressive impulses. An implication of this is the possibility that when seeking a strategy to cope with their propensity for impulsive uncontrollable outbursts, the females do not resort to direct forms of aggressive behaviour such as physical attack, or revengeful activities, but they employ indirect forms of aggressive behaviour or engage in emotional eating in order to express their negative emotions. Therefore it can be hypothesized that the individuals suffering from psychogenic binge eating disorder experience self-aggression and at the same time exhibit disturbances of mood and aggressive impulse control, and thus, owing to the subconscious defence mechanisms such as denial, restraint or somatisation, they relive their negative emotions by engaging in emotional eating or indirect aggression which seems to be socially approved. The aforementioned strategies allow an individual to relieve his or her emotional tension and the feeling of guilt which frequently follows the person's aggressiveness towards others. Disturbed control of aggressive impulses is believed to be a risk factor favouring the development of binge eating disorder. *I*n considering direct aggression as an outlet for negative emotions, an individual is likely to be discouraged by the very real possibility that such action will prompt social disapproval, which motivates the person's preference for the use of indirect forms of aggressive behaviour. Functioning as a patient diagnosed with an eating disorder, a binge eater seems to feel "justified" in experiencing negative emotions and expressing them indirectly. Upon this, a question arises as to whether it is necessary to include elements of insight therapy in the process of treatment for BED in order to improve its effectiveness. Gaining cognitive and emotional insight into the psychological factors underlying the phenomenon of emotional eating is considered to be a significant element of treatment for psychogenic binge eating disorder.

As a result of the comparative analysis of the research data aimed at investigating the main statistically significant differences between the two groups of the subjects in terms of the level of their self-aggressive tendencies, it was discovered that, compared with the subjects from the control population, the females diagnosed with BED exhibited a significantly higher tendency towards suicidal thoughts and attempts, which was illustrated by the mean sten value of above 7. However, the mean sten value for self-destructive tendencies among the control participants was slightly less than 6. A similar difference between the two samples was revealed in terms of self-directed hostility and masochistic tendencies. Admittedly, the mean value obtained by the clinical females in the aforementioned scales turned out to be within the norm, however, it still proved to be significantly higher than the mean sten value received in a control sample (3.65 – the lower limit of the norm), and was interpreted as the upper limit of the norm. This denotes that the females suffering from compulsive eating disorder are inclined towards self-destructive behaviour. They tend to display a negative and pessimistic attitude towards themselves, and exhibit suicidal tendencies. Analysis of the data drawn from medical records and collected as a result of the interviews conducted among the clinical participants demonstrated that 30% of the respondents had one suicide attempt in their lifetime (predominantly self-poisoning). This, on the one hand might be interpreted as "screaming for help", but on the other, as an attempt to relieve aggressive tension.

An increased level of self-destructive tendencies, observed in the subjects diagnosed with BED, coupled with the females' disturbed control of aggressive impulses and their preference for the use of indirect aggression, seems to explain the fact that instead of targeting the environment and the surrounding objects with aggression, the females are more inclined to re-direct it onto themselves and their bodies.

The aforementioned research results can be supported by the outcomes of the studies described in the subject literature [1, 22, 23]. It is believed that anger is a secondary emotion which generally follows stress or difficult emotional states such as dissatisfaction with one's own body image, and frequently leads to the situation in which an individual, who tends to resort to eating in response to emotional triggers, reaches for food in order to cope with his or her negative emotions. Thus overeating seems to be a strategy aimed at suppressing anger [16]. The assumption is consistent with the affect-regulation theory which posits that individuals may

binge eat because they believe that it provides distraction and comfort from painful negative emotions [22, 24, 25, 26, 27, 17, 18, 19].

Compulsive overeating is frequently accompanied by the feeling of guilt, shame, and self-directed hostility, which is subsequently followed by low self-esteem. As emphasized by Ogińska-Bulik (2004), excessive guilt, self-dissatisfaction and low self-esteem are the factors which create the need to seek solace in eating. Thus eating becomes a strategy which allows an individual to escape from negative emotions [1].

CONCLUSIONS

Analysis of the data gathered as a result of this research revealed a high level of aggressive and self-aggressive behaviour in the sample of females suffering from psychogenic binge eating disorder.

A psychological diagnosis of the level of aggression and self-aggression in individuals suffering from BED seems to be an important element of a complex process of treatment for this kind of eating disorder. An implication of the present study findings is that dietary interventions coupled with cognitive-behavioural therapy aimed at investigating the symptoms of compulsive overeating are insufficient in the process of treatment for BED. A reasonable approach to cope with the aforementioned disorder would be to include psychotherapy in the process of treatment. Individual or group psychodynamic insight therapy seems to be of considerable significance here. The therapeutic method aimed at developing the patients' insight into the psychological mechanisms underlying the subconscious process of relieving aggressive emotions proves to be the technique which provides an opportunity to facilitate the treatment for psychogenic binge eating disorder, and reduce its symptoms.

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