

The Pressure to Be Perfect:

The Relationship Between Emotional Environment and Perfectionism in Eating Disorder Patients

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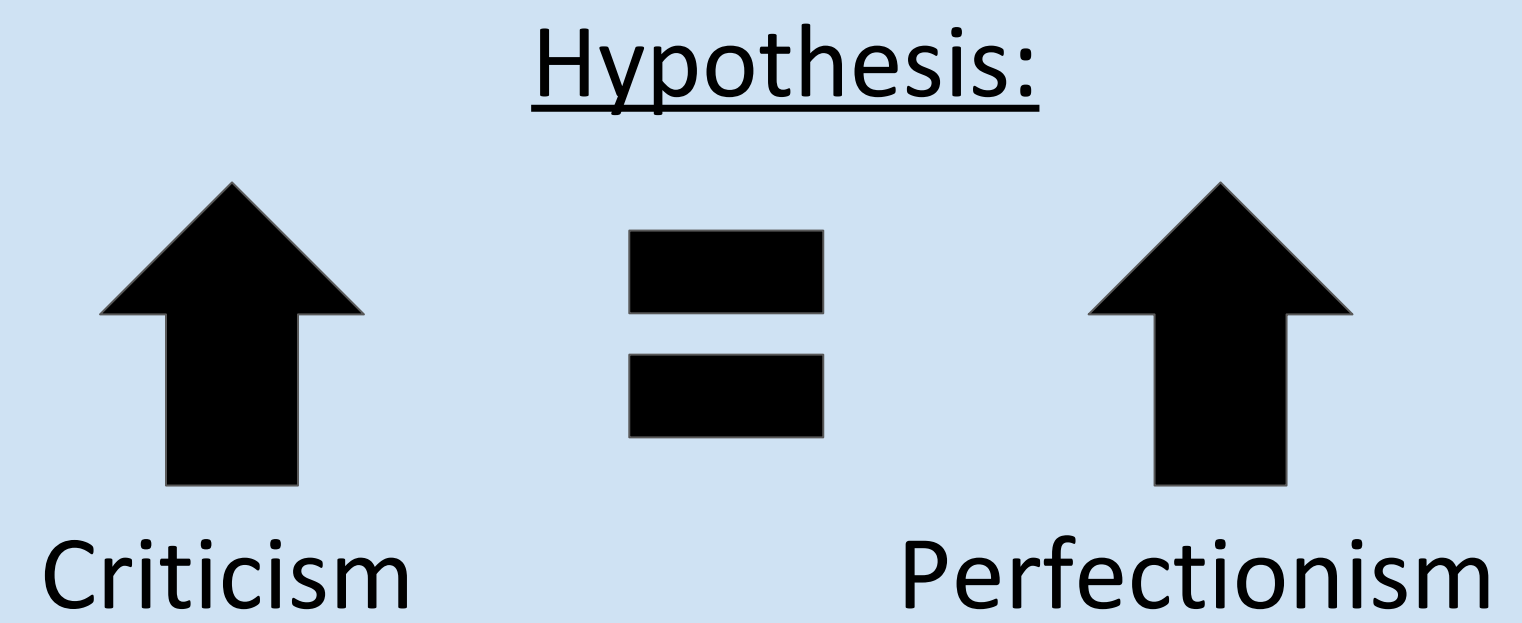
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Background

- Eating disorders are becoming an increasingly prevalent issue in today's society
- Emotional environment within the family has been shown to be one of the most important risk factors that leads to developing an eating disorder¹
- One aspect of a family's emotional environment that is particularly important is expressed emotion (EE), which refers to a family's degree of hostility, criticism, and emotional overinvolvement—the current study focuses on criticism
- High levels of perfectionism have also been associated with development of an eating disorder²
- Few studies have explored the relationship between emotional environment (measured by EE) and the child's level of perfectionism
 - One study suggests that high perceived criticism leads to perfectionism, which in turn causes the child to obsess over body image, weight, and fat³

Research Question

Is emotional environment, measured through criticism, related to perfectionism scores within eating disorder patients?



Methods

- 213 adolescents and their parents were administered a series of questionnaires upon admission to either inpatient or outpatient eating disorder treatment at the PMHI
- Questions on the surveys included:
 - The Eating Disorder Inventory, which is a valid and widely used device that evaluates and score symptoms associated with eating disorders, including perfectionism
 - Questions relating to aspects of EE
- Children, mothers, and fathers all answered questions about criticism—the parents reported how critical they were of the their children, and children reported how critical they perceived their parents to be
 - The question for the children was: **"How critical do you think your mother/ father is of you?"** (Perceived Criticism)
 - The question for the parents was: **"How critical are you of your child?"** (Reported Criticism)
 - Answers were on a 1 ("Not at all critical") to 10 ("Very critical") scale
- Data was analyzed through SPSS using a correlation model

	N (Total = 213)	Percentage
GENDER		
Male	7	3.3%
Female	203	95.8%
Other	2	0.9%
AGE		
9-12 years old	28	13.3%
13-16 years old	143	67.7%
17-20 years old	40	19%
ETHNICITY		
Caucasian	145	75.5%
African-American	2	1%
Hispanic/Latino	18	9.4%
Asian/Pacific Islander	5	2.6%
Native American	2	1%
Multiracial	9	4.7%
Other	11	5.7%
DIAGNOSIS		
Anorexia Nervosa	124	68.1%
Bulimia Nervosa	26	14.3%
Eating Disorder, Not Otherwise Specified (NOS)	32	17.6%

Table 1. Demographic Information of Study Population

References

1. Gonçalves, J., Moreira, E., Trindade, E., & Fiates, G. (n.d.). Eating disorders in childhood and adolescence. *Revista Paulista De Pediatria : Orgão Oficial Da Sociedade De Pediatria De São Paulo*, 31(1), 96-103.
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3. Sarraroli, S., et al. "Perfectionism as a Mediator between Perceived Criticism and Eating Disorders." *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, vol. 16, no. 1, 2011, pp. 37-44.
4. Cassin, Stephanie E., and Kristin M. von Ranson. "Personality and eating disorders: a decade in review." *Clinical psychology review* 25.7 (2005): 895-916.

Results

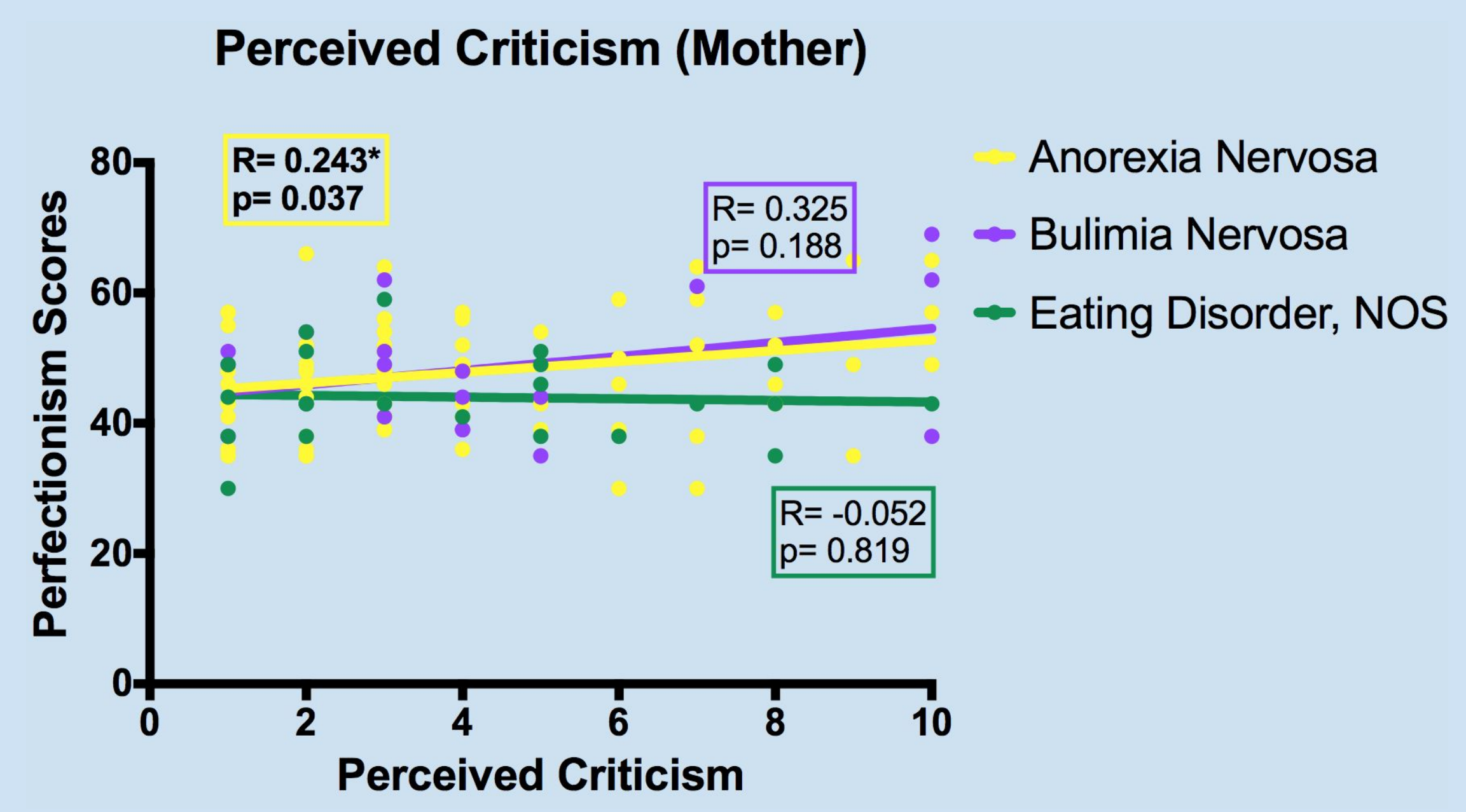


Figure 1. A significant positive correlation was found between the child's perceived criticism from the mother and perfectionism scores among those with Anorexia Nervosa (p=0.037). Other relationships were not found to be significant.

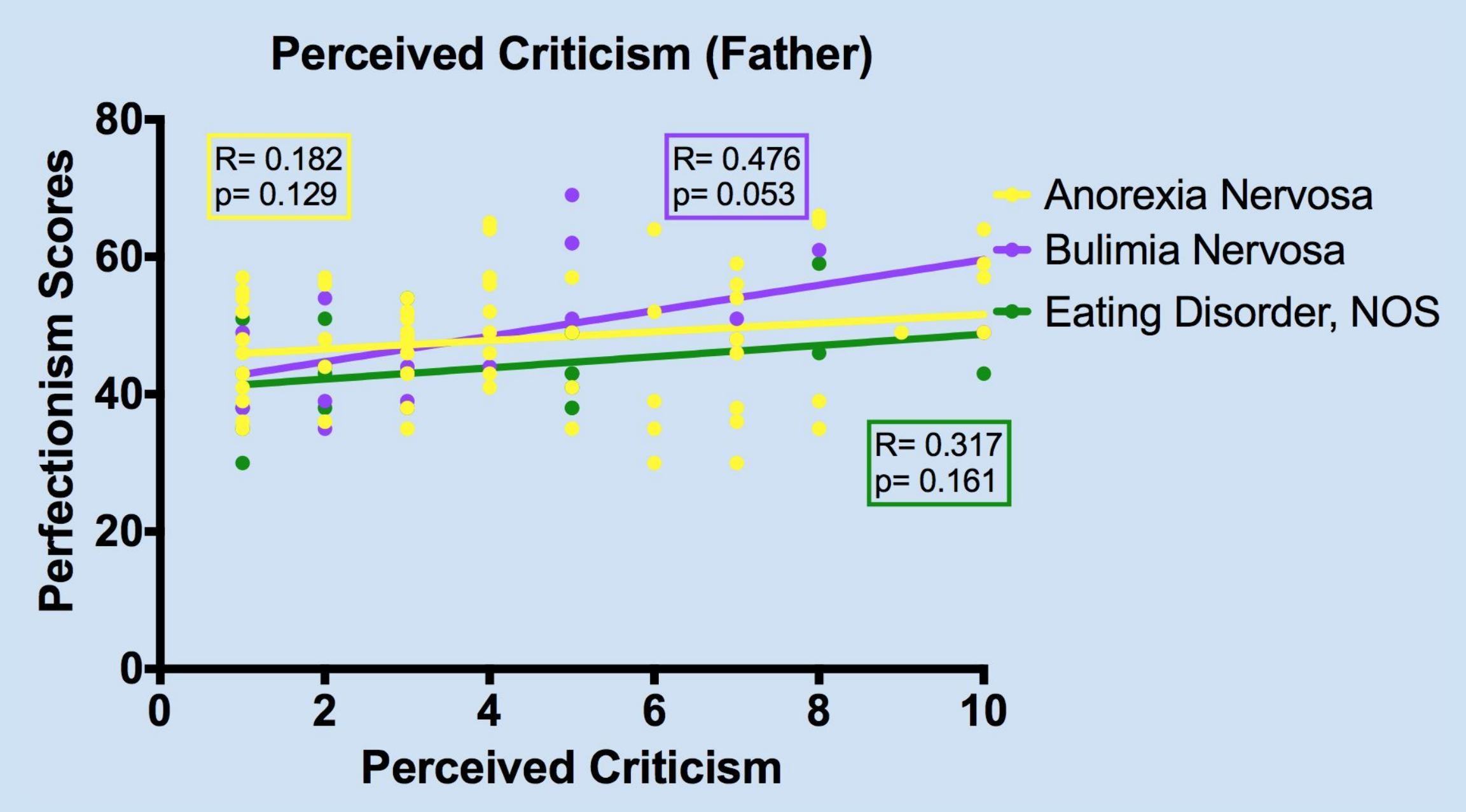


Figure 2. A positive trend near significance was found between the child's perceived criticism from the father and perfectionism scores among those with Bulimia Nervosa (p=0.053). Other relationships were not found to be significant.

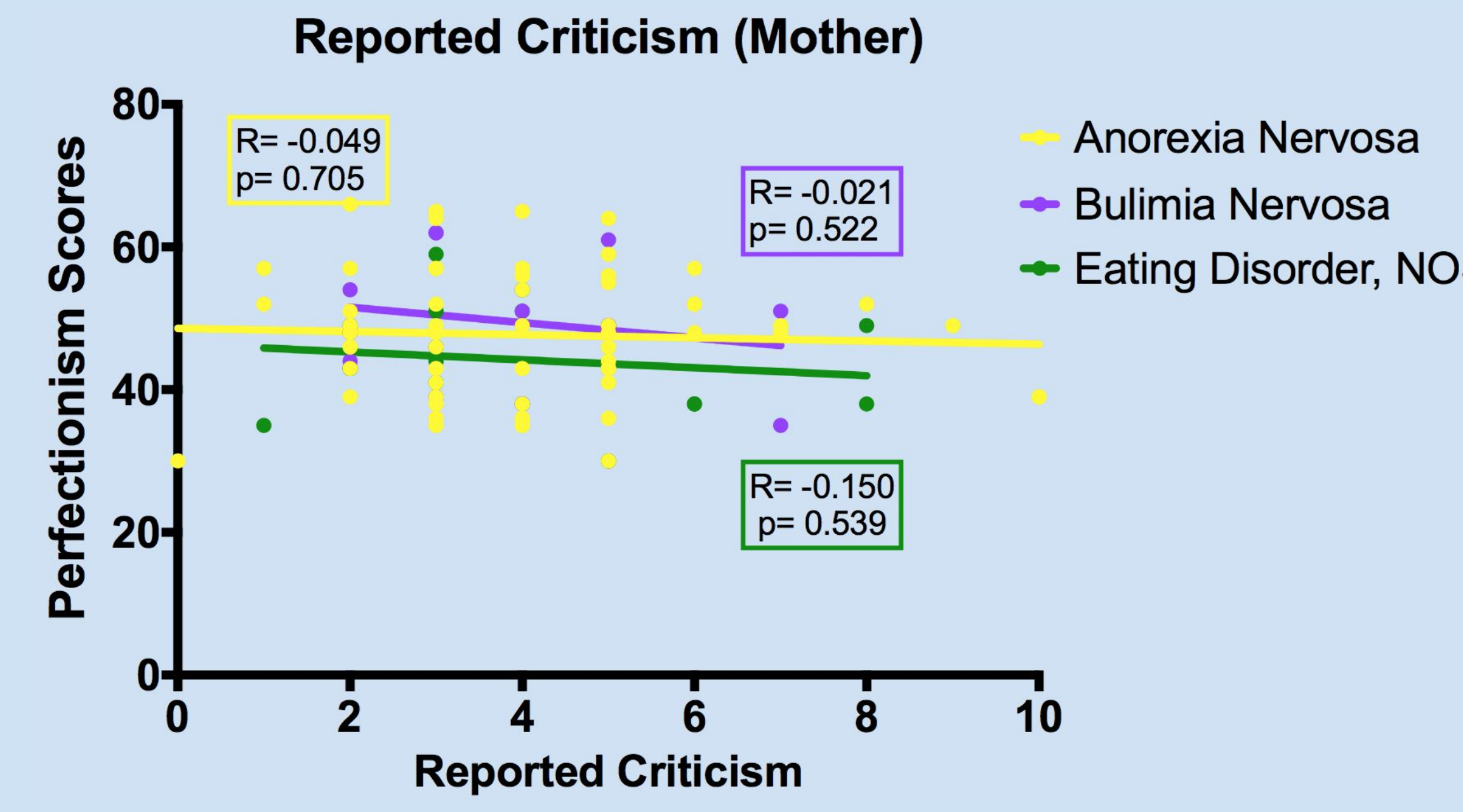


Figure 3. No relationships were found to be significant.

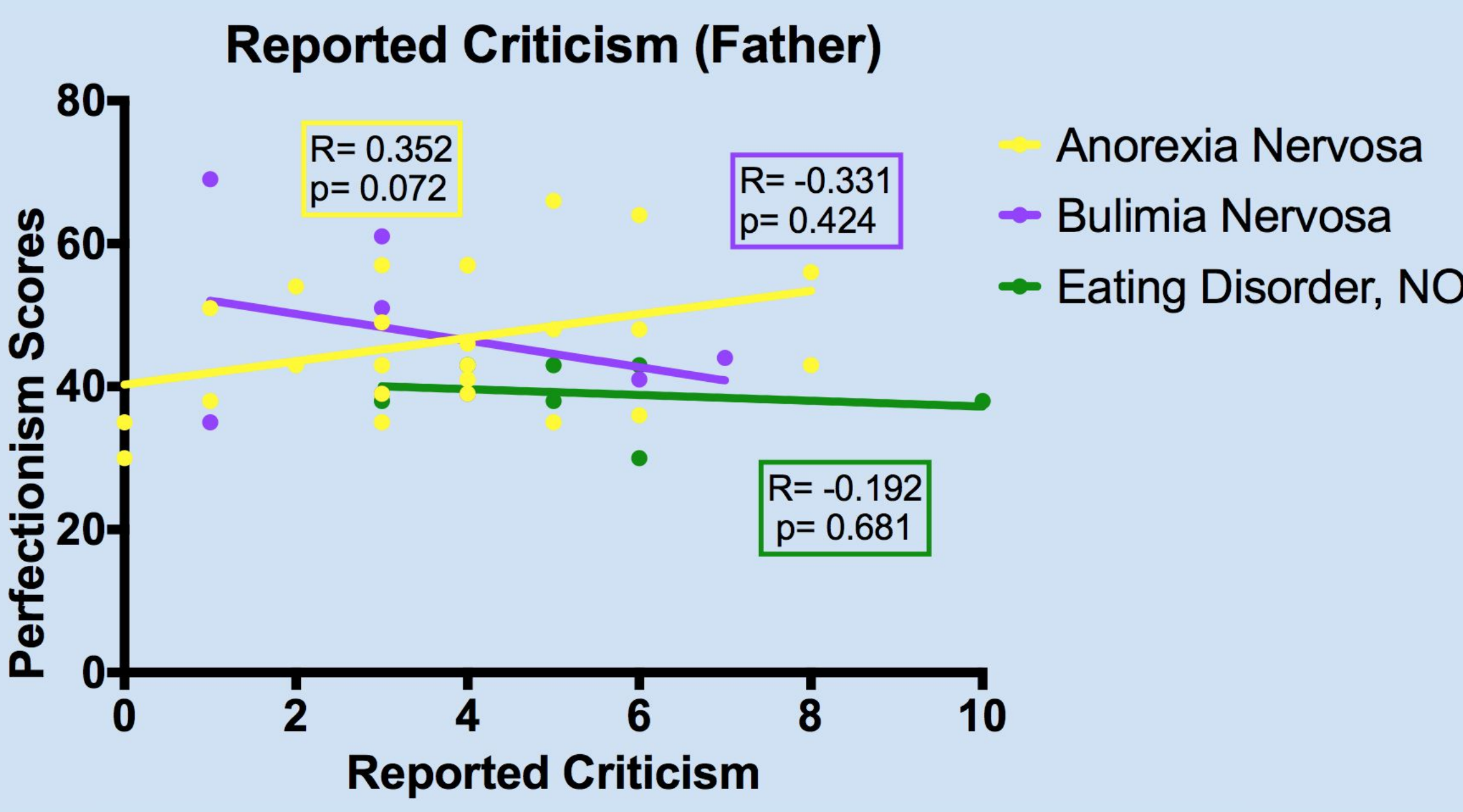


Figure 4. No relationships were found to be significant.

- An independent t-test determined that there were no significant differences between reports of different family members, meaning the criticism perceived by the child matched that reported by the parents.

Discussion

- When treating eating disorders, it is important to consider the following:
 - Understanding factors that lead to the development of eating disorders in individuals might improve personalized clinical care
 - Family environment, specifically criticism within the family, is just one of many possible risk factors
- Results above suggest children who perceive more criticism from their mothers react differently than those who perceive more criticism from their fathers
 - Children with Anorexia Nervosa tend to be more controlling, obsessive, and perfectionistic, while children with Bulimia Nervosa tend to be more impulsive and sensation seeking⁴
- It is possible that **the level of criticism from different family members contributes to the way in which eating disorder symptoms present in children who are already predisposed to having a disorder**
- Limitations of this study include: i) perfectionism and criticism were measured by self report, ii) diagnoses were made through an unstructured clinical interview with a psychiatrist, and iii) subjects were limited to families seeking treatment in higher levels of care at the PMHI in Denver, Colorado (i.e. patients with more severe symptoms)

Implications & Future Directions

- These results suggest that **family dynamics and perfectionistic tendencies may influence the development of eating disorders, and one may affect the other**
- Due to this, **family involvement in treatment may lead to a greater likelihood of success**, which is consistent with previous research
- Other risk factors related to a family's emotional environment (e.g., hostility or overinvolvement) should be further studied to see how they can be integrated into future clinical care to improve outcomes