The Pressure to Be Perfect: 
The Relationship Between Emotional Environment and Perfectionism in Eating Disorder Patients

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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 disorder
- 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 disorder
- 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 fat

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

Hypothesis: Criticism → Perfectionism

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 perceived their children to be, and children reported how critical they perceived their parents to be
- The question for the child was: “How critical are you of your child?” (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

Results

Table 1. Demographic Information of Study Population

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7</td>
<td>3.3%</td>
</tr>
<tr>
<td>Female</td>
<td>203</td>
<td>95.8%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

AGE
- 0-10 years old: 20 (10.3%)
- 11-14 years old: 143 (71.7%)
- 15-18 years old: 46 (21.9%)

ETHNICITY
- Caucasian: 145 (75.5%)
- African-American: 2 (1%)
- Hispanic/Latin: 15 (8.4%)
- Asian/Pacific Islander: 9 (2.5%)
- Native American: 2 (1%)
- Multiracial: 5 (2.4%)
- Other: 11 (5.9%)

DIAGNOSIS
- Anorexia Nervosa: 126 (74.6%)
- Bulimia Nervosa: 26 (14.3%)
- Eating Disorders Not Otherwise Specified (NOS): 32 (17.6%)

![Graph](image)

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.

![Graph](image)

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.

![Graph](image)

Figure 3. No relationships were found to be significant.

![Graph](image)

Figure 4. No relationships were found to be significant.

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 seeking
  - 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:
  - The level of criticism from different family members
  - Future research 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

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

References