



Perfectionism and disordered eating in overweight woman



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ABSTRACT

Introduction: Perfectionism constitutes a risk factor for the development of eating disorders. In overweight women, knowledge about the nature of this association is scarce.

Objectives: To investigate the relationship between perfectionism, eating behaviors and affect in overweight women.

Methods: The Portuguese versions of the Eating Disorder Examination Questionnaire/EDEQ, the Multidimensional Perfectionism Questionnaire and the Profile of Mood States were administered to an outpatient sample of 276 women (mean age = 43.85 ± 11.89 years; mean BMI = 32.82 ± 5.43 kg/m²).

Results: Correlations between Socially Prescribed Perfectionism/SPP, EDEQ total (T) and its dimensional scores (Weight and Shape Concern and Dissatisfaction/WSCD, Eating Concern/EC, Dietary Restraint/DR) were significant ($r > .30$; $p > .001$). Self-Oriented Perfectionism/SOP was significantly correlated with EDEQ-T, WSCD and DR ($r = .20$). Participants with high ($>M + SD$) vs. low ($<M - SD$) SOP and SPP had significantly higher means in EDEQ-T, WSCD, EC and DR ($p < .001$). Linear regression showed that SPP was predictor of EDEQ-T and EC ($p < .001$).

Conclusions: SPP and SOP are related to disordered eating in overweight women.

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1. Introduction

During the last decades there has been an increasing interest in the topic of perfectionism. Many studies have shown that perfectionism plays an integral role in the etiology, maintenance and course of a wide range of psychopathologic conditions such as depression, obsessive–compulsive disorder, social phobia, suicidal behavior, eating disorder (ED) (Egan, Wade, & Shafran, 2011; Shafran & Mansell, 2001) and sleep problems (Azevedo et al., 2009; Azevedo et al., 2010; Bos et al., 2013).

Perfectionism has been identified as a specific risk factor for the development of ED, defined by the Statistical Manual of Mental Disorders (APA, 2012), in large-scale community studies that examined risk factors for patients with bulimia nervosa (BN), anorexia nervosa (AN), and binge eating disorder (BED) (Fairburn, Cooper, Doll, & Welch, 1999; Fairburn et al., 1999).

Prospective studies have also shown that perfectionism constitutes a risk factor for the development of disordered eating attitudes (abnormal behaviors associated with eating disorders e.g., restraint eating;

emotional eating; night eating; weight, shape, and eating concerns (Quick, Byrd-bredbenner, & Neumark-sztainer, 2013) along a continuum at the extreme end of which we have eating disorders as AN and BN (Egan et al., 2011; Soares et al., 2009).

The early view of perfectionism focused exclusively in the intrapersonal aspects (ex. Hamachek, 1978), evolved to a multidimensional perspective encompassing the intrapersonal and interpersonal facets of this trait, and also emphasizing that some of its dimensions can have an negative impact on psychological health (Hewitt & Flett, 1991).

In the majority of the reviewed studies (Stoeber & Otto, 2006), the perfectionism dimensions found to be associated with psychopathology were *concerns over mistakes* and *doubts about actions* from the Frost-Multidimensional Perfectionism Scale (F-MPS) (Frost et al., 1990) and SPP from the Hewitt & Flett Multidimensional Perfectionism Scale (H&F-MPS) (Hewitt & Flett, 1991). However, it is important to note that the distinction between the positive and negative aspects of perfectionism is not clear-cut (Broman-Fulks, Hill, & Green, 2008).

In non-clinical sample studies, results from our group confirm that high levels of both SPP and SOP are associated with abnormal eating behaviors (Bento et al., 2010; Macedo et al., 2007; Soares et al., 2009). All these data suggests that perfectionism is a significant predictor of psychological maladjustment in the context of these clinical conditions, plays an important role in the maintenance of ED (Fairburn, Cooper, & Shafran, 2003; Macedo et al., 2007) and is a persistent trait even in periods of symptom remission (Macedo et al., 2007) that should be managed.

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To date, the majority of studies focusing in this relation have been restricted to AN and BN and to our knowledge no studies in overweight women with disordered eating behavior have been performed. Thus, our aim was to investigate the relationship between perfectionism, eating behaviors and affect in overweight women.

2. Materials and methods

This study was approved by the Medical Ethics Review Committee of Faculty of Medicine of the Coimbra University.

The sample was composed by women attending a nutritional appointment for weight loss treatment in a public hospital care setting (Figueira da Foz Hospital, Portugal), between July and December 2011. Overweight (BMI higher than 24.9 kg/m²) women between 18 and 65 years who were not pregnant were invited to participate in the study, while waiting for their appointments. The nature and objectives of the investigation were explained, data confidentially was guaranteed and the ones who agree to participate gave their written consent. After that, each subject completed a questionnaire with demographic questions and a battery of validated self-report instruments including Multi-dimensional Scale of Perfectionism (H&F-MPS) (Hewitt & Flett, 1991; Soares, Gomes, Macedo, & Azevedo, 2003), Eating Disorder Examination Questionnaire (EDEQ; (Fairburn & Beglin, 1994; Machado, Martins, Vaz, Conceição, Bastos & Gonçalves, 2014; Peixoto et al., 2013), and Profile of Mood States (POMS; McNair, Lorr, & Droppleman, 1971; Azevedo, Silva, & Dias, 1991); their weight and height were measured. 300 questionnaires were distributed, of which 270 (90%) were returned. Weight was measured using an electronic scale (TANITA® *Body Composition Analyzer* TBF-300), and registered to the nearest 0.1 kg and height was also measured with a stadiometer (SECA®) with the women in a Frankfurt plan, and the values registered to the nearest 0.1 cm. Body mass index (BMI) in kilograms per square meter was calculated from weight (kg) and height (m).

The mean age was 43.85 ± 11.89 years and the mean BMI was 32.82 ± 5.43 kg/m². The majority of the participants were married (76.3%), 16% were single and the other 8.2% had other marital status. 62.2% of the woman were employed, 20.0% were unemployed and 13.7% were retired.

2.1. Instruments

In this study the Portuguese version of the H&F-MPS (Hewitt & Flett, 1991) translated and validated in Portugal (Soares et al., 2003) was used to measure 2 dimensions of perfectionism: SOP (unrealistic self-imposed standards) and SPP (perceiving that others have unrealistically high standards are require perfection from oneself). It is a self-report questionnaire, of which we used 32-items, rated on a 7-point Likert scale, ranging from strongly disagree (score 1) to strongly agree (score 7). The psychometric properties of the Portuguese version of MPS have been described elsewhere (Macedo et al., 2007).

EDEQ (Machado et al., 2014; Peixoto et al., 2013), is a self-report measure consisting of 28 items designed to assess eating disorder symptoms. It yields a global score and subscale dimensional scores. We used a three factor structure analyzed by our team (Peixoto et al., 2013): Weight and Shape Concern and Dissatisfaction (WSCD), Eating Concern (EC) and Dietary Restraint (DR).

We used a shorter version of POMS (Azevedo et al., 1991) with 36 items (Bos et al., 2013) to assess positive affect (PA) and negative affect (NA). This instrument is a commonly used measure of psychological distress. Following each adjective the subject is required to respond how she has been feeling on a 5 point scale which varies from “not at all” (value 0) to “extremely” (value 5), considering the previous month, and not the last week as it was originally requested. This modification enabled to assess affectivity instead of transitory mood states.

2.2. Statistical analyses

SPSS 20.0 for Windows was used. Spearman correlation coefficients were used. Mean scores of continuous variables were compared using the one-way Analysis of Variance (ANOVA) (followed by the adequate post-hoc multiple comparison tests). Multiple linear (hierarchical) regressions were performed.

3. Results

3.1. Correlations

The total mean EDE-Q was 2.36 ± 1.07, with a range from 0 to 5.33. For the three dimensions the mean scores were WSCD 3.64 ± 1.70, EC 0.78 ± 0.91 and DR 2.65 ± 1.51. To investigate the relationship between each perfectionism dimension and eating behavior dimensions and total score, Pearson moment-product correlations were computed. In general, correlations between SPP and EDEQ-T and its dimensional scores (WSCD, EC, DR) were moderate ($r > .30$) and significant ($p > .001$). SOP was also significantly correlated with EDEQ-T, WSCD and DR but not with EC and affect dimensions. PA was negatively correlated and NA was positively correlated with EDEQ-T and dimensional scores ($p > .001$). SPP, but not SOP, was significantly correlated with PA ($r = -.27$) and NA ($r = .34$) (Table 1).

3.2. Mean comparisons

In order to analyze the differences in eating behavior dimensions between groups with distinct perfectionism levels, the total sample was subdivided in three groups based on the MPS dimension scores, using the cut-off criterion of one standard deviation below and above the mean. Subjects who scored in the SOP measures one standard deviation above the mean ($>M + SD$; $n = 45$; 17.3%), were considered as having high levels of perfectionism; subjects who scored in the SOP one standard deviation below the mean ($<M - SD$ $n = 44$; 16.9%) were those considered having low perfectionists; all others ($M \pm SD$ $n = 171$; 65.8%) were considered moderate perfectionists. The same distribution was performed with the SPP. Participants with high vs. medium vs. low perfectionism were compared in terms of EDEQ and affect dimensions (Tables 2). To compare eating attitudes and behaviors, by groups of perfectionism we applied the one-way ANOVA test, followed by post-hoc tests for specific group's comparisons.

Participants with high vs. low SOP and SPP had significantly higher mean scores in EDEQ-T, WSCD, EC and DR (all $p < .05$). In general, results showed that subjects with higher levels of perfectionism particularly with high levels of SPP had more disordered eating behaviors. The groups with low total perfectionism had significantly less WSCD, EC and DR when compared with the low and moderate total perfectionism groups (MPS – total score). Similar results were obtained with SPP, as the group with low SSP had less WSCD, EC and DR as well as less NA and more PA. Groups with different levels of SOP did not show significant differences in the dimensional scores.

3.3. Linear regression

To evaluate if SOP and SPP significantly explain the eating behavior variance a linear regression analysis was applied. Eating behavior variables EDEQ-T, WSCD, EC and DR were taken as dependent variables and all variables showing significant associations with the dependent variables were entered in the models as potential independent variables.

Results indicated that:

SPP, PA and NA were significant predictors of EDEQ and jointly explained 22.1% of the total variance of the total score of EDEQ; [$R^2 = .221$ /adjusted $R^2 = .209$; $F(4, 250) = 17.766$, $p < .001$].

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