



Perfectionistic self-presentation, body image, and eating disorder symptoms

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Abstract

A specific model for eating disorder symptoms involving perfectionistic self-presentation and two different moderators (i.e., body image evaluation and body image investment) was tested. Participants completed measures of perfectionistic self-presentation, body image dysfunction, and eating disorder symptoms. Findings indicated that all three dimensions of perfectionistic self-presentation were associated with eating disorder symptoms. Results also showed that perfectionistic self-presentation predicted eating disorder symptoms in women who were dissatisfied with their bodies, but that it did not predict eating problems in women who liked their bodies and felt there was little or no discrepancy between their actual and ideal appearances. Body image investment did not moderate the relationship between perfectionistic self-presentation and eating disorder symptoms, suggesting that ego-involvement alone is insufficient to promote eating disturbance in the context of perfectionism. The importance of self-presentation components of perfectionism and specific body image difficulties in predicting eating disorder symptoms are discussed.

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Introduction

Perfectionism has long been recognized as a central feature of eating disorders, and has been hypothesized to have an etiological role in eating problems. Early

work by Bruch (1978) described eating disorder patients as perfectionistic, overly submissive, and constantly fearful of not being respected or valued. Others have noted that eating disordered patients may emerge from familial environments that emphasize a public image of perfection (Humphrey, 1992), where mistakes are greeted with dismay and the patient has learned to derive self-worth from the rigid pursuit of physical perfection (Reindl, 2001). Moreover, these clinical observations fit with findings that have tied

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perfectionism to eating disturbances in cross-sectional samples (e.g., Davis, Claridge, & Fox, 2000; Hewitt, Flett, & Ediger, 1995; Pryor, Wiederman, & McGilliey, 1996), and with longitudinal evidence that perfectionism is a potent risk factor for eating disorder development (e.g., Lilenfeld et al., 2000; Tyrka, Waldron, Graber, & Brooks-Gunn, 2002; Vohs, Bardone, Joiner, & Abramson, 1999).

While there is a clearly supported link between perfectionism and eating disorders, it is meaningful to ask what type of perfectionism has been examined. As a construct, perfectionism has been variously described, ranging from unidimensional cognitive perspectives (Burns, 1983) to multidimensional trait models (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). From a multidimensional perspective, two broad components have become prevalent in the field of perfectionism: the trait component (Hewitt & Flett) and, more recently, the self-presentation component (Hewitt et al., 2003). Trait perfectionism entails a need to *be* perfect and it speaks to the source of the perfectionistic demands (i.e., self or others). Although perfectionism may be manifest within the individual, it can also be expressed interpersonally. This suggests an important distinction between an individual's need to *be* perfect and his or her need to *appear* perfect in the eyes of others. To account for these entrenched interpersonal styles, a perfectionistic self-presentation component was developed and added to the multidimensional model (Hewitt et al., 2003). Perfectionistic self-presentation, or the need to appear to be perfect, centers on how perfectionists behave in expressing their supposed perfection to others. Although a desire to actually be perfect (as in trait perfectionism) may involve a desire to appear to be perfect (as in perfectionistic self-presentation), this is not invariably true. Nor is it inevitable that a desire to appear to be perfect necessarily entails a corresponding need to actually be perfect. Analyses involving both clinical and non-clinical samples have demonstrated that trait perfectionism and perfectionistic self-presentation are distinct and separable components of personality (e.g., Hewitt et al., 1995, 2003), and are predictive of different maladaptive outcomes (Hewitt et al., 2003).

For the purposes of this study, we elected to focus on perfectionistic self-presentation. Three perfectionistic self-presentation facets have been described

(Hewitt et al., 2003): perfectionistic self-promotion (PSP), nondisclosure of imperfection (NDC), and nondisplay of imperfection (NDP). Perfectionistic self-promotion involves actively proclaiming one's successes, strengths, and achievements to others. Conversely, the latter two facets are protective or defensive orientations geared toward concealing imperfections. Each style has as its goal the maintenance of a flawless image by obscuring perceived mistakes or weaknesses, but each achieves that end in a different way. The nondisclosure of imperfection facet entails a reluctance to verbally admit personal shortcomings, whereas the nondisplay of imperfection facet involves an avoidance of behavioral displays of imperfection.

Although there is a substantial body of evidence for an association between trait perfectionism and eating disorder symptoms (e.g., Bastiani, Rao, Weltzin, & Kaye, 1995; Hewitt et al., 1995; McLaren, Gauvin, & White, 2001; Pliner & Haddock, 1996), investigators have only recently assessed the role of perfectionistic self-presentation in eating disorders. For example, Cockell et al. (2002) demonstrated that anorexic patients had higher scores on nondisclosure of imperfection than did other psychiatric patients and normal controls, suggesting that anorexic patients are concerned with presenting themselves as perfect by not admitting their imperfections. Additional work revealed that all three perfectionistic self-presentation facets were associated with anorexics' tendency to suppress negative feelings and to give priority to others' feelings (Geller, Cockell, Hewitt, Goldner, & Flett, 2000). More recently, investigators found that perfectionistic self-presentation predicted dietary restraint, and that this relationship was mediated by an individual's psychological commitment to exercise (McLaren et al.). Finally, research involving female university students demonstrated that all three self-presentational facets of perfectionism were related to eating disorder symptoms, increased body image avoidance, and decreased appearance self-esteem (Hewitt et al.). Thus, presenting a public image of perfection is associated with eating disorder symptoms and other weight and shape concerns.

Current theory conceptualizes the link between perfectionism and eating pathology in a diathesis–stress framework (e.g., Heatherton & Baumeister,

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