

## The Confluence of Perfectionism, Body Dissatisfaction, and Low Self-Esteem Predicts Bulimic Symptoms: Clinical Implications

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We present a brief overview of empirically supported risk factors of bulimic behavior. We then propose an empirically supported, interactive, three-factor model of bulimic symptom occurrence from which we derive clinical implications for assessment, treatment, and prevention. Our research finds that perfectionism, body dissatisfaction, and self-esteem interact to predict bulimic symptoms. In particular, women who consider themselves overweight and who have elevated levels of perfectionism and lower levels of self-esteem show the greatest risk for bulimic symptoms. Thus, our model identifies three theoretically related targets for intervention: perfectionism, body dissatisfaction, and low self-esteem. Assessment of these factors is recommended. The extent to which cognitive-behavioral therapy for bulimia and interpersonal therapy for bulimia address these factors is reviewed and evaluated, and theory-based recommendations are made for prevention efforts.

An empirically supported theory of the occurrence of bulimic symptoms would have great clinical value because such a theory would highlight points

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for intervention. In this article, we review some of the most promising risk factors for bulimic behavior derived from both prospective and retrospective research, and propose a three-factor interactive model of bulimic symptomatology that has received empirical support. We then derive preliminary clinical implications of our model for the psychological assessment and modification of factors contributing to bulimic symptoms.

### Overview of Risk Factors

Risk factors for bulimia nervosa include personal and environmental vulnerability factors: dieting, perfectionism, body dissatisfaction, low self-esteem, and disturbed family interactional patterns (Fairburn & Wilson, 1993). Studies of binge eaters (Garfinkel, Modofsky, & Garner, 1980; Pyle, Mitchell, & Eckert, 1981), human starvation (Keys, Brozek, Henschel, Mickelsen, & Taylor, 1950), and animals (Coscina & Dixon, 1983) all converge on the conclusion that dieting appears temporally before binge eating. Bulik, Sullivan, Carter, and Joyce (1997) add to this literature with their recent finding that dieting predated binge eating in 81% of their study participants with bulimia nervosa. According to Polivy and Herman (1985), dieting is a "cognitively mediated activity" whose success relies on effectively ignoring physiological pressures (e.g., hunger) and substituting them with cognitive controls. When the inhibitory cognitions on which the dieter depends are interfered with (for example, by negative affect), disinhibited eating may emerge.

Perfectionism is another risk factor that has long been considered important in the etiology of eating disorders. Several studies have documented an association between perfectionism and eating disturbances (Davis, 1997; Hewitt, Flett, & Ediger, 1995; Joiner, Heatherton, Rudd, & Schmidt, 1997; Kiemle, Slade, & Dewey, 1987; Timko, Striegel-Moore, Silberstein, & Rodin (1987). For example, Timko et al. (1987) found that in their sample of high school girls and college women, those who adhered to a "superwoman ideal" (i.e., global perfectionism, pursuit of excellence in multiple roles) were at greater risk for eating problems.

Body dissatisfaction also has been suggested as a risk factor for bulimia nervosa. Body dissatisfaction, and, in particular, wanting to be thinner, predicts dieting, which is a well-established risk factor for binge eating (Fairburn & Wilson, 1993). Killen et al. (1996) used a 4-year prospective design to find that teenage girls with higher scores on a measure of weight concern were more likely to develop a partial syndrome eating disorder. Striegel-Moore, Silberstein, Frensch, and Rodin (1989) found that an increase in weight dissatisfaction was associated with a worsening of disordered eating symptoms across the freshman year of their undergraduate sample.

Low self-esteem has been associated with both dieting and binge eating. While there is some debate over whether low self-esteem is a precursor to dieting and bulimic behaviors or a consequence (e.g., dieters who experience dietary failures may begin to feel worse about themselves), or both, binge

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