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## Predicting bulimic symptoms: An interactive model of self-efficacy, perfectionism, and perceived weight status

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### Abstract

An interactive model of perfectionism, perceived weight status, and self-efficacy was tested on 406 women to predict the bulimic symptoms of binge eating and inappropriate compensatory behaviors separately. This longitudinal study assessed hypothesized vulnerabilities of high perfectionism and low self-efficacy and the stressor of feeling overweight at Time 1 and then gathered weekly assessments of binge eating, vomiting, laxative use, fasting, and diet pill use for 11 weeks. As predicted, results showed that perfectionism, weight perception, and self-efficacy interacted to prospectively predict binge eating. In particular, women high in perfectionism who felt they were overweight and who had low self-efficacy reported the most number of weeks of binge eating. This interactive model did not predict inappropriate compensatory behaviors. Future directions and clinical implications are discussed.

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*Keywords:* Self-efficacy; Perfectionism; Body dissatisfaction; Bulimic behaviors

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## Introduction

Prevalence data clearly identify college women as a population exhibiting bulimic symptoms. Studies consistently report high rates of disordered eating (notably, binge eating) and both subclinical and clinical eating disorders among college women (Fairburn & Beglin, 1990; Kurth, Krahn, Nairn, & Drewnowski, 1995; Schwitzer, Rodriguez, Thomas, & Salimi, 2001; Wolff & Wittrock, 1998). However, while the college population is a sub-culture that appears to exhibit heightened bulimic behaviors, not all young college women experience disordered eating. What individual characteristics and experiences put women at risk for disordered eating? How do these individual variables operate together to produce risk, and how can that inform intervention and prevention? One model that attempts to answer these questions is a three-factor interactive model highlighting the confluence of high perfectionism, low self-esteem, and body dissatisfaction in predicting bulimic symptoms (Bardone, Vohs, Abramson, Heatherton, & Joiner, 2000). The current paper extends research on this model by testing the role of self-efficacy in place of self-esteem in the interaction. Additionally, this study is the first to test the interactive model separately for binge eating and inappropriate compensatory behaviors, that is, to go beyond predicting bulimic symptoms as an entity.

### *A three-factor interactive model of bulimic symptoms*

Perfectionism, body dissatisfaction, and self-esteem are variables that have independently been associated with bulimic symptoms. Regarding the importance of body dissatisfaction, two separate longitudinal studies (Killen et al., 1994, 1996) demonstrated a prospective link between weight/shape concerns and eating disorder symptoms. Numerous studies have found a link between low self-esteem and bulimic behavior (Fairburn, 1995; Fryer, Waller, & Kroese, 1997; Heatherton, Herman, & Polivy, 1991; Polivy, Heatherton, & Herman, 1988). The personality variable of perfectionism, however, has shown more of an inconsistent relationship with bulimia (e.g., Calam & Waller, 1998; Joiner, Heatherton, & Keel, 1997a), although recent meta-analytic work concluded that the weight of the evidence supports perfectionism as a potential risk and maintenance factor for eating pathology (Stice, 2001).

Since main effects do not adequately communicate the complexity of disorders, investigating how independent variables may combine to identify disordered behavior is an important line of research. Joiner, Heatherton, Rudd, and Schmidt (1997b) sought to understand under what circumstances perfectionism may be linked to bulimic symptoms, finding support for a vulnerability-stress model, whereby perfectionism acts as a vulnerability factor for bulimic symptoms but only for women who experience the stressor of feeling overweight. While this finding helps clarify a potential pathway, it also raises questions. Why wouldn't perfectionists who perceived themselves to be overweight re-double their efforts to lose weight and approach perfection, instead of engaging in binge eating behavior, which is self-defeating for attaining "perfection" in appearance? What additional vulnerability factor distinguishes the perfectionist who responds to an unmet body standard with bulimic symptoms from the perfectionist who, when faced with an unmet body standard, persists in attempts to achieve the standard or self-acceptance?

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