

## Perfectionism and Contingent Self-Worth in Relation to Disordered Eating and Anxiety

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Perfectionism has been proposed as a transdiagnostic risk factor linked to eating disorders and anxiety. In the current study, we examine domains of contingent self-worth as potential moderators of the relationships between maladaptive perfectionism and disordered eating and anxiety using two waves of data collection. Undergraduate females ( $N = 237$ ) completed online surveys of the study's core constructs at two points separated by about 14 months. At a bivariate level, maladaptive perfectionism was positively associated with disordered eating and anxiety. Maladaptive perfectionism and both appearance and relationship contingent self-worth interacted to predict increases in disordered eating. Neither of the interactive models predicted change in anxiety. Findings highlight maladaptive perfectionism as a transdiagnostic construct related to both disordered eating and anxiety. Interactive findings suggest that targeting maladaptive perfectionism and contingent self-worth (appearance, relationship) in prevention and treatment efforts could mitigate risk for the development or increase of disordered eating.

**Keywords:** perfectionism; contingent self-worth; disordered eating; anxiety

Results of this study were presented, in part, at the Annual Convention of the Association for Behavioral and Cognitive Therapies, November 2013, Nashville, TN. This research was funded by start-up funding received by Dr. Bardone-Cone from the University of North Carolina at Chapel Hill.

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PERFECTIONISM HAS BEEN PROPOSED as an etiological and maintenance factor relevant to multiple disorders, including eating disorders and anxiety disorders (Egan, Wade, & Shafran, 2011). Meta-analytic work identified perfectionism as both a risk factor and a maintenance factor for eating pathology (Stice, 2002), and a systematic review of perfectionism and eating disorders found support for perfectionism being elevated among individuals with anorexia nervosa and bulimia nervosa in comparison to non-eating disorder controls, as well as evidence that premorbid perfectionism (retrospectively reported) predicts eating disorders (Bardone-Cone et al., 2007). There is also evidence for a robust relation between perfectionism and anxiety (Frost & DiBartolo, 2002), with perfectionism associated with anxiety symptoms in general as well as social anxiety disorder and obsessive-compulsive disorder (OCD) in particular (e.g., Egan et al., 2011; Frost & Steketee, 1997; Scott, Yap, Francis, & Schuster, 2014). Considering perfectionism in this transdiagnostic role in relation to disordered eating and anxiety is especially relevant given the high comorbidity between eating disorders and anxiety disorders. For example, compared to the general population there is a substantially higher rate of anxiety disorders in those with eating disorders, with the highest comorbidities found between OCD, social phobia, and eating disorders (Swinbourne & Touyz, 2007). Thus, examining perfectionism in the context of both disordered eating and anxiety has implications for better understanding comorbidity and for developing more robust interventions that directly target common risk and maintenance factors. In the current study, we examine how perfectionism may interact with other risk factors, specifically,

contingencies of self-worth, to predict changes in disordered eating and anxiety.

In considering perfectionism and psychopathology, researchers generally conceptualize perfectionism multidimensionally, including a maladaptive dimension of perfectionism and an adaptive (or more benign) dimension. While different nomenclature has been used to label these two dimensions, the maladaptive dimension (also referred to as “evaluative concerns”) emphasizes self-criticism and being overly concerned with mistakes, while the adaptive dimension (also referred to as “personal standards”) emphasizes a focus on high standards for oneself (Blankstein & Dunkley, 2002; Dunkley, Blankstein, Masheb, & Grilo, 2006). There is evidence that these two dimensions of perfectionism are differentially related to various types of psychopathology, and factor analytic work (e.g., Bieling, Israeli, & Antony, 2004) has demonstrated that the subscales of the two most commonly used perfectionism measures (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991) load onto two factors reflecting these dimensions.

Maladaptive perfectionism has been associated with eating disorders and disordered eating (Bardone-Cone, 2007; Bardone-Cone et al., 2007; McGee, Hewitt, Sherry, Parkin, & Flett, 2005), as well as with anxiety and anxiety disorders (Bardone-Cone et al., 2007; Egan et al., 2011; Mackinnon, Battista, Sherry & Stewart, 2014). Interestingly, while adaptive perfectionism appears to be unrelated or only weakly related to anxiety (Antony, Purdon, Huta, & Swinson, 1998; Dunkley et al., 2006), it does appear to be related to eating disorders and disordered eating (Bardone-Cone, 2007; Bardone-Cone et al., 2007). Given the mixed findings regarding the links between adaptive perfectionism and psychopathology, it may be that maladaptive (evaluative concerns) perfectionism is more relevant when considering eating pathology and anxiety symptoms from a transdiagnostic perspective.

Perfectionism may have a particularly important role as a vulnerability factor in combination with other vulnerability factors; that is, perfectionism combined with other risk factors may especially exacerbate risk for psychopathology. Interactive models involving perfectionism in association with disordered eating have been promoted as important avenues of research (e.g., Stice, 2002). For example, perfectionism has been found to interact with moderators such as self-efficacy (Bardone-Cone et al., 2008) and body dissatisfaction (Brannan & Petrie, 2008) to predict levels of disordered eating. Perfectionism has also been found to interact with personal control to identify performance and somatic

anxiety (Mor, Day, Flett, & Hewitt, 1995), and with social support to identify symptoms of anxiety (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Zhou, Zhu, Zhang, & Cai, 2013).

One construct worthy of exploration in interaction with perfectionism is contingent self-worth. Contingent self-worth refers to a person’s judgment of their self-worth being directly tied to success or failure in specific realms (Crocker & Knight, 2005; Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Crocker & Park, 2004). This construct has a long conceptual history of being connected to outcomes of successes and failures in different domains (Crocker, Luhtanen, & Sommers, 2004) and has been linked specifically to the outcomes of eating pathology and anxiety (Lawrence & Williams, 2013; Thøgersen-Ntoumani, Ntoumanis, Cumming, & Chatzisarantis, 2011). Crocker and Park (2004) argue that individuals are motivated to “succeed” (i.e., achieve high standards/perfection) in the domains their self-worth is contingent on, as success in these domains is followed by temporary elevations in state self-esteem and positive affect. This conceptualization of contingent self-worth suggests an interesting connection with perfectionism.

Indeed, contingent self-worth has been connected to perfectionism in several conceptualizations of perfectionism, supporting their synergistic potential. According to Burns (1980), perfectionists are “those whose standards are high beyond reach or reason, people who strain compulsively and unremittingly toward impossible goals and who measure their own worth entirely in terms of productivity and accomplishment” (p. 34). Further, an element of self-worth is core to the conceptualization of clinical perfectionism, considered a maladaptive dimension of perfectionism and defined as “. . . the overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed, standards in at least one highly salient domain, despite adverse consequences” (Shafran, Cooper, & Fairburn, 2002; p. 778). Thus, highly perfectionistic individuals are likely to hold themselves to unrealistically high standards or thresholds for success in domains of contingent self-worth and to judge themselves harshly when they fail to reach those standards in domains important to their self-worth, leading to negative psychological consequences. Examining how perfectionism interacts with different contingencies of self-worth to potentially produce the negative outcomes of disordered eating and anxiety could lead to a better understanding of ways to intervene.

In the current study we focused on appearance contingent self-worth and relationship contingent

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