DOI: http://dx.doi.org/10.22122/ijbmc.v6i4.165 Published by Vesnu Publications

International Journal of Body, Mind & Culture
Cross-Cultural, Interdisciplinary Health Studies

Comparison of Perfectionism and Parental Bonding between People with Eating Disorder and Healthy Individuals

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Quantitative Study

Abstract

Background: The purpose of this study was to compare perfectionism and parental bonding between people with eating disorder and healthy people.

Methods: The study sample consisted of 60 adults (30 people with eating disorder and 30 healthy people) who were selected using available sampling method. The research tools included the Eating Attitudes Test (EAT-26), Perfectionism Inventory (PI; Hill et al.), and Parental Bonding Instrument (PBI; Parker et al.). The collected data were analyzed in SPSS software.

Results: There was no significant relationship between positive (normal) perfectionism and eating disorder, but negative (abnormal) perfectionism had a positive and significant relationship with eating disorder. The results of this study showed that people with eating disorder perceived parental indifference and there was no significant difference in the subscale of PBI between people with eating disorder and healthy subjects.

Conclusion: Negative (abnormal) perfectionism has a significant relationship with eating disorder, so paying attention to preventing the formation and treating this variable will help reduce eating disorder. Moreover, the parenting and parenting relationship style of children and the perception of children of this bond have an effect on eating disorder, so educating parents to adopt appropriate behavioral styles as a primary prevention is desirable.

Keywords: Perfectionism, Parental bonding, Eating disorder

Citation: Haji Sayed Taghiya Taghavi ZS , Meschi F, Shahidinejad T. **Comparison of Perfectionism and Parental Bonding between People with Eating Disorder and Healthy Individuals.** Int J Body Mind Culture 2019; 6(4): 231-7.

Received: 20 Aug.. 2019
Accepted: 25 Sep. 2019

Introduction

Eating disorders are one of the most important public health issues and their prevalence has increased significantly since about 1970 (Smink, van Hoeken, & Hoek, 2013). A preoccupation with body weight, food, and body shape is common among people with eating disorders, and the goal of patients in all groups is to lose weight (Sadock & Sadock, 2007). Eating disorders are serious psychological illnesses with high

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rates of morbidity and death (Kostro, Lerman & Attia, 2014). The American Psychiatric Association (APA) (2013) has replaced eating disorders with feeding and eating disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Feeding and eating disorders are characterized by persistent disturbance in eating behaviors that lead to changes in food consumption or food absorption and significant damage to physical health and psychosocial functioning. Pica, rumination syndrome, avoidant-restrictive food intake disorder (ARFID), anorexia nervosa, bulimia nervosa, and binge eating disorder (BED) are disorders of this category.

Perfectionism has long been regarded as a central psychological feature of eating disorders and has been hypothesized to have a causal role in eating disorders (McGee, Hewitt, Sherry, Parkin, & Flett, 2005). Perfectionism is a personality trait typically characterized by striving for impeccability, over-performance standard, and self-critical tendencies (Lee, 2007). Perfectionists are constantly occupied with all aspects of life by demanding a high quality of performance from themselves. Perfectionists are self-critical and are constantly dissatisfied with the quality of their work (Cook, 2012).

It has been suggested that maladaptive perfectionism is influenced by early parent/child relationships. Hemachek (1978) has noted that parents who provide their children with inconsistent and contradictory approval cause the development of abnormal perfectionism in their children (Bulik, Tozzi, Anderson, Mazzeo, Aggen, Sullivan, 2003). McKarin and Boss (1984) found controlling, punitive, and interventionist parenting styles to be the cause of maladaptive perfectionism in adulthood. Patients with anorexia nervosa describe their parents as inattentive and rejective (Sadock & Sadock, 2007). In addition, there is evidence in the literature that unhealthy patterns of attachment and parental bonding influence the occurrence and persistence of eating disorders (Tetley, Moghaddam, Dawson, & Rennoldson, 2014). Until now, no specific parenting style has been identified for patients with eating disorders, but the results of several studies have shown that attachment style is inappropriate in patients with anorexia nervosa (Shayeghian, Aguilar-Vafaie, & Rasoolzadeh Tabatabae, 2011). The results of a study by Wallers and Kendler (1995) showed that women with eating disorders did not have good relationships with their parents. This study investigated 2,000 twin women. The results of the study showed that maternal overprotection was significantly associated with anorexia nervosa, and parental rejection was significantly associated with bulimia nervosa (Tetley et al., 2014). In general, women with eating disorders were reported to have high levels of parental protection and low levels of parental care (Leung, Thomas, & Waller, 2000).

Fujimori et al. (2011) also investigated parental bonding in people with eating disorder and self-harming behavior. Results showed lower levels of parental care in the experimental group compared to the healthy group (Tetley et al., 2014).

Although there have been studies in the past on the relationship between perfectionism and eating disorders, and parental bonding and eating disorders, no study has examined the relationship of these three variables with each other. Moreover, most of the previous studies that have been performed on women and men with eating disorders have been neglected by researchers. Thus, the aim of the present study was to compare perfectionism and parental bonding between patients with eating disorders and healthy people.

Methods

The present study was a descriptive and causal-comparative study. Participants in this study included a clinical sample (patients with eating disorder) and a non-clinical sample (healthy people). The clinical sample was selected from among the clients of several

nutrition centers in Tehran and Qom, Iran, using convenience sampling method. Brochures containing information on eating disorders and the psychological basis for weight and body dissatisfaction, and information about the subject and purpose of the research were distributed among individuals. Finally, people who were willing to cooperate were interviewed by a psychologist and if they were diagnosed with one of the eating disorders and obtained the necessary score for the diagnosis of eating disorders in the Eating Attitudes Test (EAT-26).

They entered the study and answered the Parental Bonding Instrument (PBI; Parker et al.) and Perfectionism Inventory (PI; Hill et al.). Finally, 130 men and women, including 80 women and 50 men, were interviewed and responded to the EAT-26. From among them, 30 individuals (15 men and 15 women) were selected and included in the study. All participants who cooperated in this study could participate in 2 free sessions of the Eating Disorders Group Therapy. The participants of the two groups were matched in terms of demographic characteristics of age, sex, education, and marital status. After an interview with a psychologist and answering the EAT-26, and being assured that they do not have an eating disorder or other serious psychological disorders, 30 people (15 men and 15 women) were included in the nonclinical group. They also responded to the PI and PBI.

Tools Measurement

Eating Attitudes Test: This EAT-26 was developed by Garner and Garfinkel (1979). It consists of the 3 subscales of dieting, overeating and mental occupation, and oral control. The EAT-26 is scored based on a Likert scale. The reliability coefficient of EAT-26 was 0.94 for internal consistency and 0.84 for test-retest. Its concurrent validity was obtained to be between 0.64 and 0.70 by using the validated Eating Disorders Scale. In Iran, the reliability coefficient of internal consistency of the EAT-26 was 0.86 and its factorial validity was evaluated as desirable (Fujimori et al., 2011).

Perfectionism Inventory: The PI was developed by Hill, Huelsman, Furr, Kibler, Vicente, and Kennedy (2004). It consists of 59 items and 8 subscales. The PI measures the two dimensions of positive perfectionism (normal) and negative perfectionism (abnormal). In this scale, the sum of the subscales of order and organization, planfulness, striving for excellence, and high standards for others determines positive perfectionism. The sum of the subscales of need for approval, concern over mistakes, perceived parental pressure, and rumination determines negative perfectionism (Babaei, Khodapanahi, & Saleh Sedghpour, 2007). The items of the PI are scored on a Likert scale ranging from 1 to 5, and the total score of the inventory is obtained from the sum of the scores of its 8 subscales (Jamshidi, Razmia, Haghighatb, & Samani, 2008). Hill et al. reported the internal consistency and retest reliability coefficients of the scale to be between 0.71 and 0.91 (Hill et al., 2004). In Iran, the reliability of the whole scale in a pilot study (68 subjects) was estimated as 0.80 using Cronbach's alpha (internal consistency). In the original study (with 313 subjects) after factor analysis, this coefficient was estimated as 0.90 for the whole scale. The validity of this questionnaire has been reported to be desirable through correlations with general health indicators and morbidity (Babaei et al., 2007).

Parental Bonding Instrument: This tool measures parental bonding styles. The PBI is a retrospective self-report scale and it is suitable for people over 16 years of age. The PBI is a 25-question self-assessment questionnaire. This questionnaire measures the two dimensions of parental care and protection. Care and support factors are two-dimensional. On one hand, care consists of the factors of empathy, emotional warmth, and closeness and, on the other hand, it includes emotional cold, indifference, and neglect. In the protection dimension, on theone hand, there is extreme support, interference, excessive contact, prevention of

independence and autonomy of the child and, on the other hand, there is the neglecting of the child.

Results

To compare negative and positive perfectionism between people with eating disorder and healthy people, the independent samples t-test was used; the results are presented in table 1

According to the results of independent samples t-test for the positive correlation test between the two groups, there was no significant difference between the positive perfectionism scores of people with eating disorder and healthy people. The difference between the two groups in the subscales of positive perfectionism was not significant. The difference between the two groups was not significant in any of the subscales of positive perfectionism except the subscale of high standards for others.

According to the results presented in table 1, the difference between the groups in terms of the negative perfectionism variable was significant and the mean of negative perfectionism in people with eating disorder was higher than that in healthy people. The difference between the two groups was significant in all subscales of negative perfectionism except the subscale of need for approval.

According to the results presented in table 2, there was no significant difference between the two groups in terms of parental overprotection and there was no significant difference between the groups in perceptions of parental over-support. Moreover, the difference between the groups in terms of the normal protection variable was not significant. The results of independent t-test showed a significant difference between the two groups in the perception of neglected parental care. Patients with eating disorders perceived more parental neglect than healthy people. There was no significant difference between the two groups in terms of the subscale of normal parental care.

Table 1. Results of t-test

Variable	Group	Mean ± SD	T	P
Positive perfectionism	Healthy people	113.60 ± 9.99	0.55	0.59
	People with eating disorder	112.13 ± 10.78		
Striving for excellence	Healthy people	25.03 ± 3.11	0.34	0.73
	People with eating disorder	25.30 ± 2.98		
Order and organization	Healthy people	33.06 ± 4.12	0.34	0.73
	People with eating disorder	33.60± 4.12		
Planfulness	Healthy people	27.83 ± 4.84	-0.43	0.66
	People with eating disorder	26.90 ± 5.39		
High standards for others	Healthy people	18.06 ± 5.39	0.70	0.48
	People with eating disorder	28.40 ± 4.49		
Negative perfectionism	Healthy people	81.87 ± 24.19	-4.28	0.001
	People with eating disorder	114.3 ± 12.78		
Need for approval	Healthy people	27.67 ± 5.57	-6.50	0.0001
	People with eating disorder	26.33 ± 5.57		
Concern over mistakes	Healthy people	16.83 ± 11.55	5.024	0.0001
	People with eating disorder	28.43 ± 5.14		
Perceived parental pressure	Healthy people	2.30 ± 2.81	0.47	0.0001
	People with eating disorder	27.56 ± 4.50		
Rumination	Healthy people	25.67 ± 4.67	0.47	0.0001
	People with eating disorder	29.94 ± 4.67		

SD: Standard deviation

Table 2. Independent samples t-test results for the Parental Bonding Instrument subscales in healthy people and patients with eating disorders

Variable	Group	Mean ± SD	T	P
Parental overprotection	Healthy people	20.50 + 8.43	-0.96	0.33
	People with eating disorder	14.33 ± 7.74		
Normal parental protection	Healthy people	8.26 ± 5.32	-2.87	0.11
	People with eating disorder	12.33 ± 0.57		
Neglected parental care	Healthy people	27.50 ± 0.58	-3.69	0.002
	People with eating disorder	23.80 ± 12.62		
Normal parental care	Healthy people	15.53 ± 10.18	1.13	0.27
	People with eating disorder	25.33 ± 10.18		

SD: Standard deviation

Discussion

The aim of this study was to compare perfectionism and parental bonding between patients with eating disorders and healthy people. The results of this study showed that there was no significant difference between healthy people and patients with eating disorder in the total score of positive (normal) perfectionism. The subscales of positive (normal) perfectionism are striving for excellence, order and organization, planfulness, and high standards for others. These subscales did not differ significantly between the two groups. Nevertheless, there was a significant difference between healthy people and people with eating disorder in the subscale of high standards for others; the mean score of the subscale of high standards for others in patients with eating disorders was higher than that in healthy people. Moreover, the results of independent t-test indicated a significant difference between the two groups in negative perfectionism; the mean total score of negative perfectionism was higher in patients with eating disorders compared to healthy people. A significant difference was observed between the two groups in the subscales of concern about mistakes, rumination, and perceived parental pressure. The mean scores of concern about mistakes, rumination, and perceived parental pressure were higher in people with eating disorder compared to healthy people. However, no significant difference was observed between the two groups only in the negative perfectionism subscale of need for approval.

The findings of the present study are in line with a number of previous studies. For instance, Ariapooran and Shirzadi (2012) reported similar results in their study. The findings of their study showed that negative perfectionism had a significant and positive relationship with eating disorder symptoms and positive perfectionism had a significant and negative relationship with eating disorder symptoms. The results of the research by Hosseini, Dusti, and Bagheri (2016) also illustrated a significant positive relationship between negative perfectionism and eating disorder (24). Bulik, Tozzi, Anderson, Mazzeo, Aggen, and Sullivan (2003) reported a significant relationship between premorbid perfectionism and eating disorder.

In explaining this finding we can refer to the definition of perfectionism. Perfectionism is a two-dimensional construct that ranges from normal to abnormal, positive to negative, and healthy to morbid. The unhealthy and negative form of perfectionism leads to an irrational tendency to achieve, a person with negative perfectionism, regardless of physical, biological, psychological, or environmental conditions, tries to achieve a mental ideal, and it often costs a heavy price to achieve this out of reach ideal. A person with positive perfectionism is willing to maintain

fitness and health, but considers his/her environment and biological framework.

The comparison of PBI factors between healthy people and people with eating disorder showed that there is only a significant difference between people with eating disorder and healthy people in parental neglect subscale. Patients with eating disorders are more likely to perceive parental neglect compared to healthy people. There was no significant difference between the two groups in the subscales of overprotection, normal protection, and normal care. This finding is in line with a number of studies; for example, Tetley et al. (2014) stated that women with eating disorders perceive boding with their parents to be inappropriate.

Fujimori et al. (2011) found a link between low levels of care and eating disorder. Walters and Kendall (1995) have also described parents of women with anorexia nervosa as rejective. Consistent with this finding, Sadock and Sadock (2007) also stated that parents of patients with bulimia nervosa are rejective and inattentive. Parents, who do not take suitable care of their children and reject them, are every day sending them the message that they do not deserve attention. One possible explanation for this result is the formation of beliefs in these individuals that ultimately lead to one form of eating disorder. These individuals do not perceive their bond with their parents as caring and appropriate. In stages of development, they have not achieved the necessary trust, autonomy, and independence. In response to such a problem, it is possible to develop a disorder depending on the genetic status, the context, and the characteristics of the individual one of which is eating disorder. People's behavioral strategy in response to the abnormal tendency toward an ideal body ranges from complete eating prohibition to excessive overeating.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgments

None.

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