

The Thin Is In: Am I Thin Enough? Perfectionism and Self-Esteem in Anorexia

Delma S. Robles
De La Salle-College of Saint Benilde
Manila, Philippines

Abstract

The study looked into the eating habits and attitudes of female college students who are involved in dance, theater and sports. The levels of perfectionism and self-esteem were also explored in relation to their eating attitudes. Seventy-five students who are theater performers, ballet and cultural dancers, cheerleaders, and athletes were selected in an urban college. Data obtained was analyzed utilizing descriptive statistics namely, frequency count, percentage, mean and standard deviation. Pearson correlation was used to measure the relationship of eating attitudes with self-esteem and perfectionism. Results showed that perfectionism is a significant predictor of eating disorder while self-esteem is not significant. Some respondents said they engage in binge eating, vomiting behaviors, and laxative and diet pills use to control their weight. Twelve percent of them mentioned they have been treated for eating disorders. Twenty four percent of the respondents admitted having thought and attempted suicide. This study implies that the respondents are a high risk group for anorexia and other eating disorders.

Keywords: Perfectionism, Anorexia, self-esteem

Introduction

When anorexia nervosa claimed the life of the popular singer Karen Carpenter in 1983, the “starving disease” made headlines in America and the rest of the world. Information on eating disorders has been taken more seriously since Karen’s death. Other celebrities and models through the years have admitted their own struggles with eating disorders.

Eating disorders are serious emotional and physical problems that can have life-threatening consequences. Eating disorders such as anorexia, bulimia, and binge eating include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Anorexia nervosa is a self-imposed starvation in an obsessive effort to lose weight and become thin while bulimia is characterized by recurring binge eating usually followed by some method of purging such as vomiting, diuretic or laxative abuse or excessive exercise. Binge eating is defined as eating an amount of food that is definitely larger than most people would eat during a similar period of time.

Recent research evidence shows that the development of anorexia and bulimia come from media and peer influences, enmeshment and criticism from family, low self-esteem and body dissatisfaction (Herman & Polivy, 2002). Nowadays, fashion magazines, billboards and television advertise the thinnest women. Wafer thin models display designer clothes in sizes the majority of women can never wear. The distorted belief on the value of

thinness ushered the onset of extremes in diet and exercise. Eating disorders became prevalent as women struggle to break their ties with food and tie their self-esteem with a dress size.

Female adolescents are mostly influenced by this hype on thinness as they learn to use the mirror as an indispensable measure of their worth as human beings. As Hesse-Biber (1997) suggests, young women are influenced by the powerful message that only the beautiful and the thin are valued and loved. Achieving the thin body ideal thus becomes a preoccupation for many young people. However, according to Graber (2002), perfectionism and unhealthy eating habits can put female adolescent at risk of becoming anorexic later in life. Furthermore, numerous reports support the contention that low self-esteem is often present before the development of an eating disorder, and that low self-esteem is a significant risk factor for both bulimia and anorexia among young, school-age girls (Ghaderi, 2001; White, 2000).

As a college counselor, the researcher has come across thin clients who admitted being dissatisfied with their body size and that they follow strict diet and exercise regimen. The researcher also observed the prevalence of female students in the campus who seem to be underweight for their height. Since there has been no study done in the college to investigate eating disorder issues, the researcher embarked on a study that looked into the eating habits and attitudes of female college students who are involved in theater, dance and sports. The levels of their self-esteem and perfectionism in relation to their eating patterns were also explored. The study hopes to provide valuable information and insights to administrators, teachers and counselors of the college especially those who are directly in charge of the athletes, dancers and theater performers. This paper can hopefully assist them in identifying early symptoms of anorexia which may be present in the group of respondents as well as the rest of the college population.

Many studies have been written about eating disorders, media influence and unrealistic cultural demands on women to be thin. It seems that women's response to the thin phenomenon is preoccupation with diet and exercise to achieve the standards society has set for them. This is reiterated in a research conducted by Barry, Grilo, & Masheb (2002) which states that women tend to have higher drive for thinness than men and they tend to place a greater value on weight and shape and in how they feel about themselves.

As Hesse-Biber (1997) noted, our cultural mirrors have undergone a massive transition since the 1950s. The illustrated pages of *Cosmopolitan* and *Vogue* reflect these changes over the past four decades. In the late 1950s the ideal woman's body had soft curves and the tiny waistline was in. During the 1960s fashion moved away from the hourglass shape to a more stick-like figure and so the waistline disappeared. Today, a woman's body is expected to be thin and firm through diet and exercise. Varied diet and exercise programs flood the internet which has become an integral part of women's lives.

The perfect picture of today's woman as dictated by socio-cultural norms compels women to conform at all cost. Berel and Irving (1998) cited previous studies where college women reported greater pressure to be thin coming from the media than from peers and family, thereby implicating the media as the most salient carrier of the thin beauty standard. They found that individuals who read magazines for purposes of self-evaluation and self-improvement were more likely to compare themselves to models that were superior in physical attractiveness. A related study of Harrison and Cantor (1997) assessed the impact of media use on eating disorders symptomatology. Their findings indicate that media which promoted or depicted thinness, significantly predicted women's eating disorder symptomatology. These findings suggest that media may be most influential and harmful to women who use media as a tool for self-evaluation.

Another study done by Halmi, Sunday, Strober, Kaplan, Woodside, Fichter, Treasure, Wade, Bernettini and Kaye (2000) showed that perfectionism is a robust, discriminating characteristic of anorexia. Kaye (2000) further suggests that people with anorexia share traits that make them more susceptible to the disease. They tend to be perfectionist, anxious and obsessive. The kind of obsessiveness is focused on doing things right, being exact, having things symmetrical. These clusters of factors seem to be there in people before they develop anorexia.

Another area to consider is the presence of perfectionism in parent-child relationships. Parents' perfectionist expectations according to Stein (1996), may limit the child's development of autonomy, consequently creating an environment where the child is reliant on parental expectations rather than on individual needs and desires. As these children grow into adolescents, they may develop an eating disorder as a way of defining self and establishing a sense of control.

In another study, Ghaderi (2001) concluded that low self-esteem, along with other factors, not only puts women at greater risk for the development of an eating disorder but also serves to maintain an eating disorder. Furthermore, Martinez-Gonzales (2003) qualifies that low self-esteem that result from a single-parent home environment might be the onset of an eating disorder. Similar findings are confirmed by Crocker (2002). She concluded that college students who based their self-worth on external sources - including appearance, approval from others, and even their academic performance—reported more stress, anger, academic problems, relationship conflicts, inclination to drug and alcohol use, and eating disorders.

Studies indicate that specific groups in the college population seem to be more at risk for eating disorders. According to Steiner-Adair, Sjostrom, Franko, Pai, Tucker, Becker & Heizog (2002), athletes, such as dancers, gymnasts, runners and cheerleaders tend to be at higher risk for eating disorders. Many coaches and trainers encourage thinness to win. There is

also a higher risk of eating disorders in models and stage actresses who may experience social pressures to be thin. In a similar light, Kirk, Singh & Getz (2001) point out that the prevalence of eating disorders is significant among female athletes. Although both men and women do not meet the diagnostic criteria for an eating disorder as delineated in the DSM-IV-TR, there appears to be a large percentage of female athletes (Overdoff & Gill, 1994) and a growing number of males (Pope, Phillips, & Olivardia, 2000) with subclinical eating problems. According to Brown (2004), successful athletes often seek perfection, are goal oriented and driven to excel. They may also be independent, persistent, and able to tolerate pain. Unfortunately, these are the same personality traits seen in people who develop two clinical eating disorders - anorexia and bulimia.

This study focuses on two variables namely, perfectionism and self-esteem which may bring about the occurrence of eating disorders. The hypothesis that perfectionism and self-esteem are predictors of eating disorders in female college students involved in theater, dance and sports is tested.

Method

Participants

The participants of this study were 75 female college students who are involved in theater, dance and sports. Their ages range from 16 to 23 with a mean age of 18.83. Eighteen are theater performers, 25 are cheerleaders, ballet and cultural dancers and 32 are athletes. Fifty nine of them come from Metro Manila while 16 are from the province. Fifty-eight of them live with their parents and 27 stay in dorms, condominiums, apartments or with relatives.

Research Instruments

Eating Attitudes Test. The Eating Attitudes Test (EAT-26) was the screening instrument used in the 1998 National Eating Disorders Screening program. It was developed by David M. Garner & Paul E. Garfinkel (1979), David M. Garner, et al., (1982). The Eat-26 is probably the most widely used standardized measure of symptoms and concerns that characterize eating disorders. The test is scored by adding the scores for a total. For all items except #25, the responses Always, Usually and Often receive 3, 2, 1 values respectively while Sometimes, Rarely, and Never have 0 values. Item #25 is reverse-scored with the same values.

Rosenberg Self-Esteem Scale. The scale was originally developed by Dr. Morris Rosenberg (1965) to assess self-esteem among adolescents. It is a brief and unidimensional measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four-point scale ranging from strongly agree to strongly disagree. It can be completed in five minutes. The RSE is scored by a simple totaling of the individual 6-point items after reverse-scoring the negatively-worded items.

Perfectionism Test – Abridged. The Perfectionism Test measures the level of perfectionism in various areas of life, whether or not one has strong perfectionism tendencies and what affect that could have in life. The test combines Likert scale type questions and assessment of the most likely behavior in typical situations. It was developed by Jacobson, Jerabek and Tidman (2000). The test is suitable for adults and adolescents. A general score yields overall level of perfectionism.

Procedure

The dance program chairperson, artistic director, and the sports development head were contacted to get referrals for prospective respondents. A majority of the participants were then gathered in a classroom for the test administration. Some of them were asked to fill up the questionnaires while waiting for their training or rehearsals.

Pearson correlation was used to determine the relationship of self-esteem and perfectionism with eating attitudes. Descriptive statistics such as frequency, percentage, mean and standard deviation were also used in the data analysis.

Results

One objective of the study was to explore the eating habits and attitudes of the respondents. Eleven respondents have the cut-off score 20 and above in the EAT-26 test. Table 1 shows that 19 of the respondents (25.3%) answered they engage in binge eating while 9 of them (12 %) admitted they have been treated for an eating disorder. Thirteen respondents (17.3%) said they use diet pills or laxatives and 9 respondents (12%) disclosed they use vomiting to control their weight. It is not surprising to note that 18 or 24% of them have confirmed that they have thought or attempted suicide.

Table 1
Summary of Eating Behaviors

Eating Behaviors	Frequency	Percentage
Binge eating	19	25.3
Vomiting	9	12.0
Use diet pills	13	17.3
Treated for ED	9	12.0
Thought/attempted suicide	18	24.0

Taking the respondents by groups, as shown in Table 2, the theater performers ranked highest in eating attitudes and perfectionism variables, with 1.44 and 1.94 means respectively. They also got the lowest self-esteem mean (1.94). The dancers group had the highest mean (2.48) in the self-esteem variable while the athletes got the lowest means (1.16) in eating attitudes and (1.75) in perfectionism.

Table 2
Descriptive Statistics of Predictor Variables

	Factor	N	M	SD
Eating attitudes	1	18	1.44	.86
	2	25	1.32	.75
	3	32	1.16	.51
Self-esteem	1	18	1.94	.87
	2	25	2.48	.77
	3	32	2.16	.85
Perfectionism	1	18	1.94	.42
	2	25	1.80	.50
	3	32	1.75	.44

Meanwhile, the perfectionism factor yielded significant results (.390**) with eating attitudes. Self-esteem on the other hand, is not significant (-.16).

Discussion

The goal of the study was to explore the eating attitudes in relation to the perfectionism and self-esteem of the athletes, theater performers and dancers in an urban college. The researcher hopes to make recommendations to the offices concerned depending on the outcome of the study.

Athletes appeared to be somewhat more at risk for eating problems than non athletes. Dancers and elite athletes especially those in sports emphasizing thinness, were at risk (Smolak, Murnen, Ruble, 2000). Dancers and athletes are usually confronted with pressures to be thin either by standards imposed by coaches and trainers or by criticisms from peers.

The results of the study suggest that some of the respondents appear to have concerns with their eating patterns as evidenced by the high scores in the eating attitudes test. The percentage may be minimal but the levels of concern can still be alarming. The presence of binge and vomiting behaviors, diet pills and laxative use, as well as the incidence of suicide thoughts and attempts present a probable picture of eating disorder in some respondents. This is somewhat corroborated by the significant correlation of the perfectionism variable with eating attitudes. There is an implication that most of the respondents have perfectionist tendencies. It can be noted further that the theater group had the highest perfectionism mean. This may be due to the fact that they tend to maintain high standards in their physical appearance and stage performance output and they undergo rigorous rehearsals. The theater performers are more or less consistent in the three areas of concern. They ranked highest in the eating attitudes test and in perfectionism, but they have the lowest self-esteem mean. Such profile seems indicative of anorexia symptoms, as personality attributes such as perfectionism and low self-esteem are recognized as predisposing personality traits in anorexia (Hartley, 1998). The athletes group, surprisingly, seems not so inclined to perfectionism and on being preoccupied with weight concerns. The reason could be the athletes group consists mostly of basketball and volleyball players while only a few are swimmers and members of the fencing team. The ballet/cultural dancers and cheerleaders group has the highest mean in self-esteem. They seem to feel good about themselves since most of them come from Metro Manila and their dance and pep squad groups are reputed to be elite in the campus.

Conclusions and Recommendations

Based on the results, it can be concluded that perfectionism is a significant predictor of eating disorders. They may have distorted views on body size and eating behaviors which could have emanated from pressures and standards in their social milieu. The prevalence of behaviors such as vomiting and laxative use to control weight indicates a degree of adherence to the thin craze and to the mistaken beliefs about beauty and social acceptance. This makes them being a high risk group for anorexia and other eating disorders. The findings somehow project a grim picture of young people who may be potential victims of the deadliest psychological disorder.

The findings of the study can be utilized primarily by teachers, trainers, coaches, counselors and parents of the respondents. They can be enlightened with regard to being more prudent in giving comments and criticisms about weight concerns and performance output. Coaches, parents and trainers need to educate themselves on the health threats as well as the signs and symptoms for early identification of the starvation disease.

Intensive information dissemination on anorexia and bulimia and their fatal consequences can be done to educate them as well as the general student population in the campus. Meanwhile, the respondents of the study can be provided with activities that will enhance their identity formation, problem-solving ability, self-esteem, and peer support. The counselors can also provide cognitive-behavioral therapy to the theater performers and other respondents who seem to be potential anorexics and refer them to health professionals, if necessary. Support groups can also be organized to help them verbalize their fears, struggles and aspirations. Furthermore, the counseling center with the support of the school administration can implement programs that will encourage healthy eating habits, positive self-image, and peer support.

Meanwhile, a study focused on the incidence of eating disorders among the male counterpart of the respondents is recommended to investigate their eating attitudes. A follow-up study can also be done in the same set of respondents after a year to find out their progress or decline in the anorexia web. Other variables such as preoccupation with body image, insomnia, trigger events and co-morbid conditions can be considered.

References

- Barry, D. T., Grilo, C. M, & Masheb, R. M. (2002). Gender differences in patients with binge eating disorder. *International Journal of Eating Disorders, 31*, 63-70.
- Berel, S., & Irving, L. (1998). Media and disturbed eating: An analysis of media influences and implications for prevention. *The Journal of Primary Prevention, 18*, 415-430.
- Brown, J. (2004). Eating disorders in athletes: What are the risk factors? *Sports Performance Journal, 7*, 16-41.
- Crocker, J. (2002). The costs of self-esteem. *Journal of Social Issues, 58*, 597-619.
- Ghaderi, A. (2001). Review of risk factors for eating disorders: Implications for primary prevention and cognitive behavioral therapy. *Scandinavian Journal of Behavior Therapy, 30*, 57-74.
- Graber, J. (2002). Unattainable goals can be unhealthy. *International Journal of Eating Disorders, 11*, 71-120.
- Halmi, K., Sunday, S., Strober, M., Kaplan, A., Woodside, D., Fichter, M., Treasure, J., Berrettini, W., Kaye, W. (2000). Perfectionism in Anorexia Nervosa: Variation by clinical subtype, obsessionality and pathological eating behavior. *American Journal of Psychiatry, 157*, 1799-1805.

- Harrison, K., & Cantor, J. (1997). The relationship between media consumption and eating disorders. *Journal of Communication, 47*, 40-67.
- Hartley, P. (1998). Eating Disorders and health education. *Psychology, Health and Medicine, 3*,133-140.
- Herman, P., & Polivy, J. (2002).Causes of eating disorders. *Annual Review of Psychology, 53*,187-213.
- Hesse-Biber, S. (1997). Am I thin enough yet? *The cult of thinness and the commercialization of identity*. New York: Oxford University Press.
- Kirk, G., Singh, K., & Getz, H. (2001). Risk of eating disorders among female college athletes and non-athletes. *Journal of College Counseling, 4*, 120-133.
- Martinez-Gonzales, M.A., Gual, P., Lahortiga, F., Alonso, Y., Irala-Estevéz, J., Cervera, S. (2002). Parental factors, mass media influences, and the onset of eating disorders in a prospective population-based cohort. *Pediatrics, 111*, 315-320.
- Overdoff, V., & Gill, K. (1994). Body image, weight and eating concerns, and use of weight control methods among high school female athletes. *Women in Sport and Physical Activity Journal, 3*, 69-79.
- Pope, H., Phillips K. & Olivardia, R. (2000). *The Adonis complex...How to identify, treat and prevent body obsession in men and boys*. New York. Simon & Schuster.
- Smolak, L., Murnen, S., & Ruble, A. (2000). Female athletes and eating problems: A meta-analysis. *International Journal of Eating Disorders, 27*, 371-380.
- Stein, 1996. The Self-Schema Model: A Theoretical Approach to the Self-Concept in Eating Disorders. *Archives of Psychiatric Nursing, 10*(2), 96-109.
- Steiner-Adair, C., Sjostrom, L., Franco, D. L., Pai, S., Tucker, R., Becker, A. E., & Heizog, D. B. (2002). Primary prevention of risk factors for eating disorders in adolescent girls: Learning from practice. *International Journal of Eating Disorders, 32*(4), 401-411.
- White, J. (2000). The prevention of eating disorders: a review of the research on risk factors with implications for practice. *Journal of Child and Adolescent Psychiatric Nursing, 13*(2), 76-88.

About the Author

Delma Robles is a registered guidance counselor who has been a practitioner for more than 15 years. She is currently a counselor at De La Salle-College of Saint Benilde.