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Perfectionism and Depression in the Development of Anorexia in Girls



By Emily Cooper

Abstract

Many factors can play a role in the development of anorexia, including genes, social issues, extreme dieting, stressful life events, personality traits, and cultural influences. However, many studies have found perfectionism and depression to be strongly correlated with the development of eating disorders. In this literature review I critique published findings and consider the limitations of published research on anorexia. I examine certain factors that play a role in the development of anorexia, as well as the relative strength of each factor, with particular attention to the characteristics of perfectionism and depression and how they interact with each other in influencing anorexia in adolescent girls. Understanding the factors in the development of anorexia may decrease risk among adolescent girls and create better treatment options and preventive methods.

Keywords: anorexia, depression, perfectionism

In recent decade, females have struggled to achieve what they think is the “perfect body.” From corsets and fainting couches to crash diets and “skinny wraps,” it is evident that the lengths women will go to for the perfect body have few boundaries. Currently, one particularly troubling subgroup is adolescent girls with anorexia.

Research on anorexia can be challenging for many reasons. First, only 1% of adolescent girls are diagnosed with full-syndrome anorexia (ANRED, n.d.), but this does not take into account the adolescent girls who suffer from partial-syndrome anorexia. Secondly, the majority of research is conducted using questionnaires that are completed by the patient (Abascal et al., 2006; Dohm et al., 2008; Forbush, Heatherton, & Keel, 2007). Self-reports can be helpful in determining correlation, but not in determining causation.

Putting these challenges aside, the question remains: What causes some girls to develop anorexia and not others? Research has shown that girls who develop eating disorders tend to be both depressed and perfectionist (Bardone-Cone et al., 2007; Dohm et al., 2008). In one study, researchers found that perfectionism was associated with the increased awareness of how respondents’ bodies compared to those of their peers and with feelings of shame, submissiveness, and

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defeat (Bardon-Cone et al., 2007). This study also found that girls with perfectionism go to greater lengths to cover up mistakes they have made, and try harder to conceal any flaws they might have.

When depression is mixed with perfectionism, girls who are already struggling may have a harder time functioning in a healthy, normal way. Moreover, the development of anorexia in girls may cause physiological changes resembling those observed in starved individuals during World War II (Andrews, Barklage, & Swift, 1986; Jaret & Nazario, 2010). Depression may also be present before the onset of anorexia. The purpose of this literature review is to examine the interrelation of anorexia, depression, and perfectionism.

Factors in the Development of Anorexia

Research has suggested that instead of one risk factor, a combination of risk factors may lead to anorexia. For example, gender has been shown to play a role (National Eating Disorders Association, n.d.). Women are 10 times more likely than men to develop anorexia, and 90% of the people diagnosed with anorexia are women. This latter finding could be due to men being diagnosed with anorexia less often (Agras, deZwaan, Hayward, Jacobi, & Kraemer, 2004; National Eating Disorders Association, n.d.). Genes

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are another factor. Research has found a link with chromosome 1, for example (Berrettini et al., 2002). Age is another factor, as the majority of girls developing anorexia are diagnosed during adolescence or early adulthood. High parental expectations, caregivers with a history of depression, physical abuse, and sexual abuse are additional correlated factors.

Caregivers can have a profound effect on a child's well-being, and parent-child relationships that lack good communication and supportive interactions can be detrimental. Conflict, criticism, and hostility can negatively affect a child's emotional well-being and have been linked to anorexia (Ellingson et al., 2009). Interestingly, family-based therapy is one of the most effective forms of treatment for anorexic girls (Dennis et al., 1999). Couturier, Isserlin, and Lock (2010) found an average weight gain of 15 lbs for 86 girls by the end of their 6- or 12-month treatment with family-based therapy. Furthermore, 96% percent of them no longer met the criteria for diagnosis as anorexic.

Perfectionism

Perfectionism comes in two forms: self-oriented and socially-prescribed (Besser, Flett, Hewitt, McGee, & Sherry, 2004). Self-oriented perfectionism is characterized by unusually high personal standards. In socially-prescribed

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perfectionism, the individual believes that others have imposed irrationally high standards and that she or he must meet them (Bardone-Cone, 2007).

The causes of perfectionism are unknown, but research has found that childhood and adolescent peer groups are critically involved. Caregivers have also been found to play a very important role (Bear & Minke, 2006; Flett & Hewitt, 2002; Levesque, 2011). When caregivers have high expectations of their children and criticize them if they fail to meet these expectations, children may internalize the expectations. This can have an exaggerated effect during adolescence, when individuals are more self-conscious and aware of social standards. This makes them more likely to be affected by others' expectations of them (Baban, Damian, Negru, & Stoeber, 2013).

Perfectionism has been strongly linked to eating disorders, but anorexia has a much higher correlation with perfectionism than bulimia does (Forbush et al., 2007). Self-oriented perfectionism has a stronger correlation with anorexia than socially-prescribed perfectionism does (Bardone-Cone, 2007; Bardone-Cone et al., 2007; Dohm et al., 2008; Forbush et al., 2007). Self-oriented perfectionism in adolescent girls is manifested in concerns about their

weight, shape, and eating habits and in dietary restraints (Byrne, Fursland, Lampard, & McLean, 2012).

Forbush and colleagues (Forbush et al., 2007) found that perfectionism is related to a variety of unhealthy eating behaviors but is most strongly related to fast-purge behavior. Researchers have also found that the relationship between perfectionism and binge eating was mediated by fasting. Bulimia and anorexia are both characterized by fasting and by high levels of perfectionism. However, binge-eating disorder does not have perfectionism as a risk factor, and no fasting is involved.

Depression

Depression is more complicated than perfectionism. In anorexia, it is difficult to determine whether the patient had depression before the onset of the disorder or if she or he developed it as a result of the disorder (Jaret & Nazario, 2010). Perfectionism can cause girls to feel like they are failing and may lead them to become depressed. It is therefore unclear whether perfectionism leads to both depression and anorexia or if perfectionism predisposes adolescents to anorexia, which leads to the development of depression.

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Depressed Versus Non-depressed Anorexia

Andrews and colleagues (Andrews et al., 1986) studied "semi-starvation neurosis", which originally was observed in victims of World War II. When their depression levels were measured, depression was higher when their caloric intake was reduced than when their eating habits returned to normal. This would suggest that depression is affected by caloric intake. In anorexia, the reduction of caloric intake may induce depressions.

Bizeul, Brun, and Rigaud (2002) found that girls who were severely depressed had mean scores two times greater than that of girls who were less or not depressed on the inventory. Control respondents actually had a greater "slimness-wish" and body-dissatisfaction scores than restrictive-type anorexia patients but also scored higher than restrictive-type anorexia patients on the bulimia and perfectionism scores (Bizeul et al., 2002). Thus, there seemed to be a particular link between anorexia and depression.

Antidepressants and Anorexic Relapse

Deep and colleagues (Deep et al., 2001) found that when anorexic patients were released from hospitals, patients who were administered fluoxetine (an antidepressant) instead of a placebo drug showed a dramatic

rate of weight gain and a reduction of eating disorder symptoms. If patients showed any signs of their eating disorder worsening, or if they did not feel better after four weeks, they were allowed to withdraw from this study. With fluoxetine, 63% of the patients completed the 1-year study. However, only 16% of those who were given the placebo finished it, even though family and individual therapy was part of the post-release regimen.

If depression played no role in anorexia, then the rates of completion of the two groups should have been comparable. However, the fact of a dramatic difference between the rates leads to the conclusion that depression is related to anorexia and, specifically, that the pharmaceutical treatment of depression can produce a concomitant remission of the symptoms of anorexia.

Educating Caregivers

One way to prevent anorexia is to educate caregivers about the warning signs in girls, such as dieting, perfectionism, depression, and obsessive food-related behaviors. Also, educating caregivers about the role they may play in the development of anorexia may be preventive.

Conclusion

It is clear that perfectionism and depression are both substantial factors in the development of anorexia.

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Understanding these risk factors and the way they interact in the development of anorexia can lead to effective programs for prevention in adolescent girls who exhibit them.

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