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Cover Page Footnote
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Perceptions of Jesus Christ's Atonement Among Latter-day Saint Women with Eating Disorders and Perfectionism

Shawn Edgington, P. Scott Richards, Martin J. Erickson, Aaron P. Jackson, and Randy K. Hardman

A qualitative study was conducted to research the perceptions and lived experiences related to Jesus Christ's Atonement among Latter-day-Saint women who have struggled with perfectionism and eating disorders. Semi-structured interviews were conducted with 20 women suffering from eating disorders, 19 of whom were in an inpatient treatment program. Findings indicated that when participants were deeply entrenched in perfectionism they had little sincere interest in or desire to learn about the atonement, finding the atonement to be a source of emotional pain and guilt. Participants who confronted their perfectionistic beliefs and actions with openness, vulnerability, and sincerity became more accepting of themselves, more accepting of God's and others' love and support, and more accepting of God's grace offered through the atonement. Clinical implications are suggested.

Latter-day Saints are commanded to be perfect[1] but are also taught that they are flawed and inherently sinful[2]. This apparent contradiction may strongly influence their mental health issues. LDS doctrine teaches that Jesus Christ is able to bridge the gap created by these paradoxical ideas. Jesus Christ's suffering in the Garden of Gethsemane, crucifixion, and subsequent resurrection--the atonement--is the central theme of LDS doctrine. The atonement involved merciful acts designed to compensate for the sins, mistakes, pains, afflictions, temptations, sicknesses, and suffering of all people[3]. Latter-day Saints believe that it is only through the atonement of Jesus Christ that people can be reconciled to God and thus gain salvation[4]. Presumably, Latter-day Saints would find both spiritual and emotional comfort, peace, and hope in the compensating and redeeming effects of the atonement.

LDS doctrine teaches that in order to access the Savior's grace to overcome sins, people are required to perform certain works demonstrating faith in Jesus Christ, repentance, and obedience to the commandments taught within the Gospel (see LDS Bible Dictionary, p. 617). Some researchers have indicated that the requirement of human works for accessing God's grace may create emotional or spiritual difficulties for some Latter-day Saints depending on how they personally make sense of this (Barlow & Bergin, 1998; Fischer & Richards, 1998). Latter-day Saints who ascribe to perfectionism likely face unique dilemmas regarding their perceptions of God's attitude toward and judgment of them.

Concepts Common to Perfectionism

Researchers and clinicians alike have found perfectionism to significantly influence th lives of those suffering from various forms of psychopathology (Blatt, 1995). While there is not a clear consensus in the literature on one all-encompassing definition for *perfectionism*, the four themes below are the most prominent characteristics associated with perfectionism.

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Excessively high standards (Blatt, 1995; Burns, 1980; Frost, Marten, Lahart, & Rosenblate, 1990; Hamacheck, 1978; Hewitt & Flett, 1991a, 1991b; Pacht, 1984), including extreme rigidity, mercilessness, relentless striving to meet unrealistically high goals and expectations, and inability to recognize limitations and set expectations according to one's limitations.

Intense fear of failure and need for approval from others (Frost, Lahart, & Rosenblate, 1991; Hamachek, 1978; Pacht, 1984), including feelings of low self-esteem, low self- worth, and resultant attempts to be or present perfectly so as to avoid others seeing one's flaws.

Sensitivity to parental influence and need for approval (Frost, Lahart, & Rosenblate, 1991; Hamachek, 1978; Pacht, 1984; Rice, Ashby, & Preusser, 1996; Sorotzkin, 1998), including experience with non-approving or inconsistently approving parenting styles, conditional positive approval from parents, and unresolved emotional issues from family of origin that result in drive for perfectionism.

Self-critical "all or nothing"/dichotomous thinking (Burns, 1980; Pacht, 1984), including all-black or all-white thinking, seeing only the extremes of the continuum, unable to recognize that there is a middle ground, along with a tendency to interpret negatively and/or be self-critical.

Perfectionism and Mental Health Issues among Latter-day Saints

In spite of LDS doctrinal statements about the need for both God's grace and human works, Koltko (1990) observed that in practice Latter-day Saints overemphasize the role of "works" in the "grace and works" issue. He illustrated his point by stating that "in practice. . . much emphasis is placed on good works and obedience to commandments as demonstrations of faith. Indeed, Mormons may act as if 'working out one's salvation' meant earning one's place in heaven through overtime" (p. 136). Fischer and Richards (1998) interviewed leaders from six different religious denominations, including an LDS leader, to explore their varied belief systems and their possible association to sources of guilt. They observed, "Mormons may be more likely to suffer from guilt associated with perfectionism than other groups that emphasize that perfection is not possible" (p. 151). This tendency toward perfectionism among Latter-day Saints was corroborated by Barlow and Bergin (1998). In a chapter titled "Psychotherapy with Latter-day Saints," Ullrich, Richards, and Bergin (2000) devoted a section to LDS tendencies toward perfectionism. They noted the LDS emphasis on the Biblical injunction to "Be ye therefore perfect" (Matthew 5:48) and theorized that some Latter-day Saints tend to interpret that scripture to mean, "not only . . . should they become perfect, but that they should be so now" (p. 197), and rather than "accepting their inevitable imperfections, they conclude that they are bad, worthless, and eternally flawed" (p. 197). In one of the very few empirical studies examining the role of religiously oriented group interventions, Richards, Owen, and Stein (1993) observed a tendency toward perfectionism among their LDS clients.

In contrast, Williams (1999) conducted a study comparing levels of depression, intrinsic versus extrinsic religiosity, perfectionism, and traditional family role values among LDS and Protestant women. Latter-day Saint women were not found to be significantly different in levels of depression or perfectionism than the Protestant comparison group. Thus there is literature supporting a tendency toward perfectionism among Latter-day Saints and at least one study indicating no difference with regard to perfectionistic tendencies between LDS and Protestant women. The body of literature that addresses perfectionism among Latter-day Saints indicates that it is a compelling issue, both religiously and psychologically.

Perfectionism and Eating Disorders

A number of researchers and clinicians have concluded that those struggling with eating disorders are likely to exhibit perfectionistic attitudes and ways of thinking (e.g., Ashby, Kottman, & Schoen, 1998; Fairburn, Cooper, Doll, & Welch, 1999; Halmi et al., 2000; Hewitt, Flett, & Ediger, 1995; Vohs, Bardone, Joiner, Abramson, & Heatherton, 1999). Fairburn et al. (1999) compared risk factors with eating disordered patients, a group of general psychiatric patients, and a control group. They found that adherence to perfectionistic ideals and negative self-evaluation were the only risk

factors that distinguished patients with eating disorders from those with general psychiatric problems. Vohs et al. (1999) concluded, "Perfectionism long has been associated with eating disorders. Indeed, the very nature of eating disorders—relentlessly striving toward an impossible standard of thinness—is perfectionistic" (p. 695). Based on their clinical work in an eating disorders inpatient treatment center, Hardman, Berrett, and Richards (2003) concluded that women with eating disorders often struggle with issues of perfectionism.

Purpose of the Study

The primary purpose of the study was to learn more about how Latter-day Saint women with eating disorders interpret, experience, and apply Jesus Christ's atonement in their lives. Given the frequently observed link between eating disorders and perfectionism, we assumed that LDS women with eating disorders would interpret their beliefs in the atonement of Jesus Christ through the lenses of their eating disorder and their perfectionistic ideals. We decided that a qualitative interview study of LDS women receiving treatment for eating disorders could give us some insight into how LDS women's beliefs about the atonement might be related to both perfectionism and eating disorders. We hoped that such understanding might help psychotherapists more effectively assist LDS women with eating disorders and perfectionism as they heal.

Method

Procedures

The Center for Change, an inpatient treatment facility for women struggling with eating disorders, located in Orem, Utah, was selected as the primary site of the study, and the Brigham Young University counseling center in Provo, Utah, was selected as a secondary site in order to speed up data collection. As it turned out, 19 women at Center for Change and 1 woman at the BYU counseling center participated.

All 20 participants were LDS, attended church at least once a month, and had been diagnosed with an eating disorder--anorexia nervosa, bulimia nervosa, or eating disorder not specified (NOS). Interviewing 20 participants increased the likelihood of reaching the point of saturation "where further interviews yield little new knowledge" (Kvale, 1996, p. 102).

Interviews of the 19 patients at Center for Change were conducted in a private office at the treatment center. The participant at BYU was interviewed in a private office at the BYU counseling center. Audio recordings were made of all interviews. Interviews lasted an average of about 60 minutes. The following list of likely interview topics and key questions was used to guide the interviews–to minimize leading questions and maximize the range of responses.

1. What do you understand and believe about Jesus Christ's atonement?
2. Do you believe that the atonement applies to your life? If so, in what way?
3. Do you feel that Jesus Christ forgives you of your sins and imperfections?
4. What do you feel you need to do to receive God's forgiveness and love?
5. What effort, if any, do you feel you need to exert to receive God's grace?

Reflective listening skills were used to foster open communication about the issues being studied. No efforts were made to limit responses. An external auditor was employed to verify that data gathering and interpretation were as free of bias as possible. Following the transcription of the interviews, member checks were conducted wherein participants were contacted by phone and a brief summary of the information they had shared was given. Participants then had an opportunity to corroborate or refute the summary they heard.

Interpretation and Analysis

The interview process itself was a key part of the analysis, as a general sense of participants' perceptions of the atonement was gained in this way (Kvale, 1996)[5]. All interviews were transcribed and read multiple times to gain this overall sense and identify initial themes. This process was repeated later to identify additional concepts and relevant themes that might have been missed in the initial review. During this and subsequent stages of analysis, the interviewer attempted to suspend or bracket (Creswell, 1998) his presuppositions about the narrative, attempting to draw meaning exclusively from the interviewee's responses; thus assumptions were continually being challenged.

Meaning units were identified and arranged thematically, after which dominant themes could be discerned. Qualitative methods of phenomenology and hermeneutics were used to identify themes. Ten specific content themes evolved, focused on the specific content from transcripts. Themes were grouped as two major divisions: positive and negative. Interpretive analysis of the specific content themes and the entire interviews in general yielded meta-themes, focused on broader aspects of interviews and some interpretive analysis in order to consider more deeply participants' perceptions and attitudes not spoken explicitly. All themes and meta-themes are described below.

The final step was to find appropriate language to portray the themes representing participants' experiences and perceptions. Another member check was done with the themes identified. Participants who were contacted[6] reported that the themes as expressed to them were largely consistent with their feelings and perceptions of the atonement at that time, with some minor modifications.

Results

The specific content themes categorized as "negative" included participants' perceptions and attitudes that were consistent with traditional views of perfectionism as outlined above. Those considered to be "positive" were inconsistent with the traditional outlooks and behaviors associated with perfectionism.

Negative Themes

Self-loathing/inherent badness. Self-condemnation and criticism were some of the most frequently reported attitudes among participants. They seemed to have a general sense of being unworthy and undeserving. These attitudes were often held in spite of participants' level of accomplishments or the strength of their support network. They reported feeling unworthy of God's mercy as offered in the atonement. Participants also reported feeling undeserving of almost anything good, such as love from others, forgiveness, or self-confidence. The following is an example from the interviews:

> Participant: I just thought I had an inherent badness and that I was just flawed. Something was wrong with me. I was sent to earth bad (laughs). I felt I had done so many things wrong and so many things bad, despite knowing what was right, that I was done. I felt like I had used up all of my repentance processes, so I was not worthy of the atonement.

Unidentified needs/unclear boundaries. Participants reported having little or no ability to ask for their needs/wants or to say no to others. They also seemed to feel a strong obligation to meet the needs of those around them and to protect others from any potential harm. The very idea of having needs was viewed by some as evidence of some shortcoming and was therefore seen as inappropriate. The following participant statement illustrates this perception:

> Participant: I think mostly it is that we are told to be perfect. I think especially women take that [commandment to be perfect] too literally because it does not mean now. (Laughs) I think that we do, we feel we have to be everything. We have to do everything and be everything. Granted, people who are not members of the Church can think the same thing, but I think that [members of the Church] get that messed up. … I feel I need to be that perfect person and be strong . . . I think a lot of times especially women and mothers feel "I have to be perfect and I have to be the one here to help everyone." They lose themselves and don't deal with their issues and their emotions.

Negative views of God. Participants reported feeling fearful of God's feelings toward them. Some reported feeling that God would be critical and harsh toward them, particularly when they made mistakes. Others feared God would be distant and uninterested in their lives. One participant expressed it somewhat humorously:

> Participant: Every once in a while [God] will glance over His shoulder and see that "Oh, she's fallen again. Well, she'll have to get back up on her own." That's the way it was before [beginning her recovery]; no help offered. . . . [Later in interview] If you did something and repented, you weren't supposed to do it again. If you did it again, in my mind that was really bad, even worse than the time before. Heavenly Father would be even more mad at you then and ya know, smack you in the back of the head.

Extreme self-reliance. Perhaps the theme that best represented perfectionistic ideals was a seemingly exaggerated desire for self-reliance. Participants reported an unrelenting drive to do everything they did exceptionally well and to rely solely on themselves and their own efforts in doing so. There was a consistent push to do things better or to do more than they had before. One of the interviewees expressed the following:

> Participant: I knew what I was supposed to be doing, and if I know it, then why am I not doing it? If I'm sitting here right now and I have the choice between watching TV and reading the scriptures and I choose watching TV, then I'm not doing all I can. I remember thinking that always, even as a little girl. I remember hearing that in a talk, "Are we doing all we can?". . . I remember that heavily impacting me and thinking, "Whoa! I'm really not doing everything I can." . . . So it was too overwhelming. It was just too hard. There were too many things. . . . It seemed like everything was monumental and how can I do it all?! It seems impossible."

Avoidance/numbing out. A theme mentioned by participants was to avoid emotions, their own weaknesses, and painful realities through emotionally escaping or "numbing out." The difficulties they faced led them to avoid their real concerns through a variety of escape strategies. Participants mentioned faking happiness to themselves and to others; some became involved in various addictions and destructive behaviors in addition to the eating disorder. A participant responded to the interviewer's probe as follows:

> Interviewer: Let's suppose for a minute that you do mess up. Aside from the primary answer, what role would Jesus Christ's atonement play in your screwing up yet again?
>
> Participant: I think I'd be numb to it right now. I wouldn't allow myself to feel it. I have desensitized myself to it right now.
>
> Interviewer: Why is that?
>
> Participant: Because I'm just not wanting to acknowledge anything right now. I don't know. … I'm tired of feeling so drained and so--on a yo-yo.

Burn out/hitting rock bottom. Participants reported feeling deep discouragement and feeling "burned out" with their frequent failures in trying to perform perfectly. Many reported "hitting rock bottom" when they did not have energy to keep trying the same old approach, knowing it would fail. However, they also did not know how to proceed. Some reported that only after they had hit rock bottom were they genuinely open to alternative approaches. An interviewee expressed this discouragement:

> Participant: At first I was able to improve myself, as I thought, so things were going great. Then it just became too much, and I couldn't handle it anymore. I was so tired and run down. I was running on three to four hours of sleep a night and exercising like a mad woman. I just couldn't do it any more. I was the relief society president twice during that time and had some pretty tough stuff. I thought I was going crazy (laughs). I'm like, I can't take this anymore!

Positive Themes

Positive themes were identified representing participants' genuine perceptions of Jesus' atonement as they made progress in their recovery from the eating disorder. It was clear during the course of the initial and follow-up interviews that participants continued to struggle with perfectionism even as they reported these positive themes. Experiencing these positive feelings was for most participants quite contrary to what they had felt for so long and continued to feel much of the time.

Personal openness/sincerity. A willingness to be open, vulnerable, courageous and genuine accompanied clinical progress for many participants. It was clear that women who were willing to sincerely and openly face their difficulties and make efforts to improve made significant progress. One participant explained her progress in this way:

> Participant: I'm open with my parents and with my family. I try really hard to tell people how I'm feeling, to let them know how I really feel or how I really am doing, so that I can point that out and change it if it's not what should be going on. . . .
> When I'm not keeping secrets, I feel like I can grow or I can move forward, and so I feel like it has brought me closer to God, being honest, being willing to search for help and stuff.

Acceptance of self and mistakes. Participants who were tolerant of their mistakes reported and demonstrated more feelings of peace and happiness in their lives. They showed an ability to take a step back and see mistakes from a balanced perspective rather than blowing them out of proportion. An interviewee affirmed her personal journey toward self-acceptance:

> Participant: I think a huge part of it was realizing that I am not a terrible person. Figuring out that those [mistakes] were separate [from her core] and really figuring out that the core was not the mistake, helped me a lot. Just realizing that I'm not, really internally, I'm not a bad person. Tolerance. . . . having tolerance for [others] and empathy for them, you realize maybe I'm not so terrible and I'm doing it for the right reasons.

God is Loving/Caring/Merciful. Participants spoke of feeling that God was behind them and cheering them on, whether they made mistakes or not. They reported feeling that God was patient and loving rather than harsh and critical. Several participants reported experiences of feeling their prayers answered and perceiving God's love and understanding of them in their struggles. Although only peripherally mentioned in the data, participants reported an increase in feelings of support, not just from God, but from family and friends as well. A participant shared the joy of these feelings:

> Participant: Heavenly Father and Christ are more of a friend to me now. I can talk to them like I can talk to anybody else because they do care about me and they do love me. I like to be able to just talk to them, even about what I did during the day, letting them know how I felt about things, even if I made mistakes. I can say, "Oh! I did this and I wish I wouldn't have done it this way."

Surrender/acceptance of grace. Participants' responses represented in this theme showed that they were willing to admit their shortcomings and acknowledge their inability to overcome them alone. This surrender required humility, which opened participants to accept help from God rather than leaving them alone in their efforts to change. This experience seemed to have been quite important in their ability to change. A participant expressed the struggle and the progression:

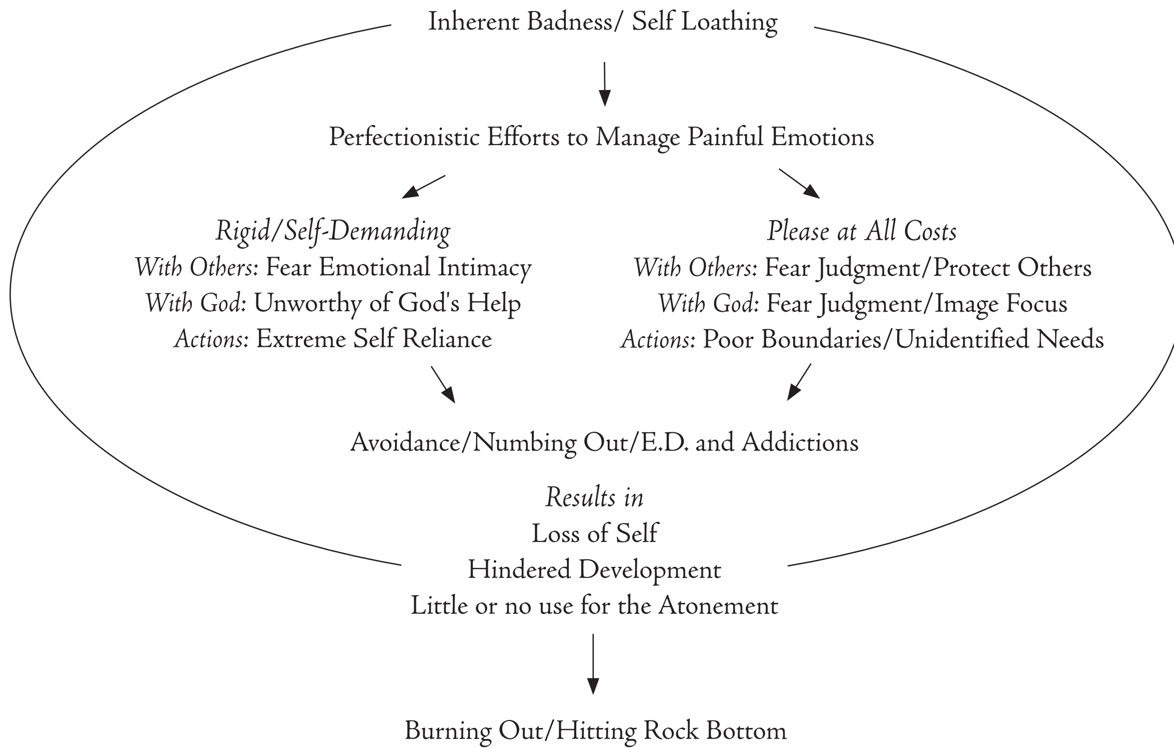
> Participant: I decided it was His will and I really believed it. Before, I would hit rock bottom and I would say, "OK, I really do need Your help." Then for a little while I would try to focus on that and really seek His help. Then two weeks later I was back trying to do it my way again. So the difference was that I said, "OK, it's Your will" and I meant it. I was serious about it. You can fall back again, but you have to get right back on track. I would have a bad day, and then I would pray to Him and say, "OK, I'm not doing this again. I'm not going back to my way so help me get back to yours," and I really meant it. I really wasn't looking for other solutions at all. I wasn't looking for other people's way of healing or getting better. … I couldn't do it until I really turned it over.

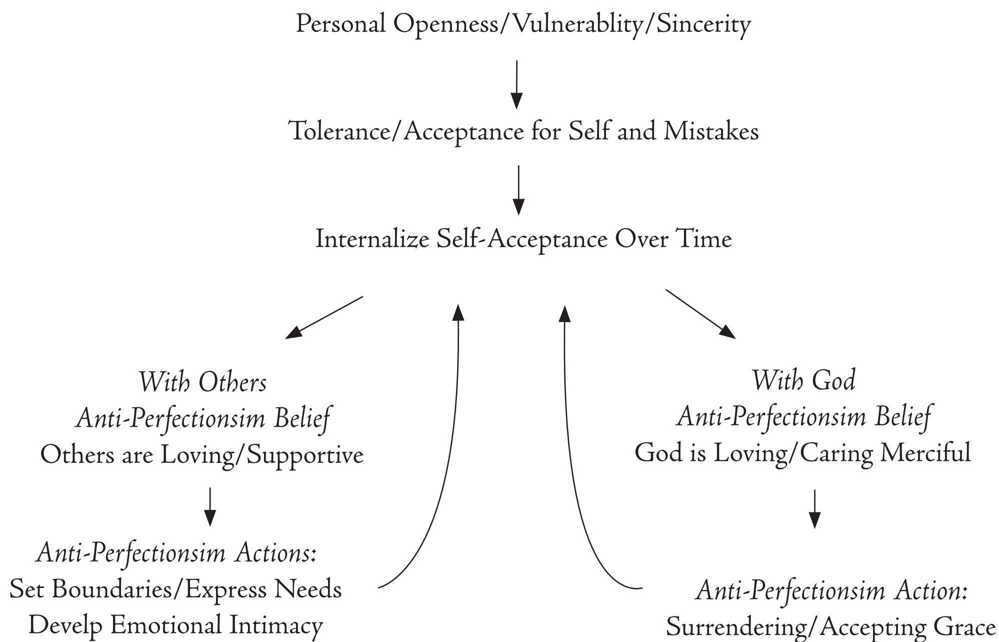
Discussion

The flowchart model presented in Figure 1 was created by interpretive analysis considering the specific themes and content described above. It is also based on the perceptions and attitudes that the participants shared about the process of change. During the interviews participants tended to speak in "before/after" language. When asked questions, many responded, "Do you mean how I feel now or how I used to feel?" Participants spoke of their life before they started their recovery in contrast with their life after they began their recovery. These contrasting perspectives, shared throughout the interviews, gave the researchers considerable insight into the participants' perceptions of the process of healing and recovery. Although it is not identified above as one of the themes to be discussed, the researchers regard the before versus after pattern as a major meta-theme of the interviews.

The flowchart in Figure 1 should not necessarily be interpreted as a linear model that flows cleanly from a starting point to an ending point. For example, many participants cycled through some stages of this process numerous times before moving on to later stages. This model was not necessarily represented in every participant's responses; rather, the model is an overview of a pattern of responses that represents participants' common perceptions and beliefs about perfectionism, the atonement, and themselves as they struggled with their eating disorders and worked through the process of recovery.

Figure. 1: Cycle of Perfectionism and Recovery from Perfectionism Cycle Models





The Cycle of Perfectionism

Inherent badness/self-loathing. There was no theme more consistently reported or more meaningful to the participants' current feelings than self-criticism, self-doubt and intolerance for failings. The present study lends strength to the notion that those ascribing to perfectionistic ideals have strong tendencies toward self-deprecation that often foster deep feelings of inadequacy and unacceptability. The findings from this study indicate that this tendency was much more than a peripheral issue to these women as it influenced their self-perceptions. It was one of the core components of their perceptions of themselves and their role in the world.

It seemed that no effort was ever sufficient to compensate for their feelings of failure. This feeling caused participants to have difficulty accepting the atonement in their lives and to feel uncomfortable being benefited by something they did not believe they deserved. Ulrich et al. (2000) spoke of such beliefs among perfectionists. These authors reported that "perfectionistic tendencies in most clients, LDS or not, often mask deep seated feelings of shame, low self-esteem, worthlessness, and deficiency originating in shaming and abusive experiences in childhood" (p. 197).

Relative to self-deprecation, Frost et al. (1990) reported that "the psychological problems associated with perfectionism are probably more closely associated with these critical evaluation tendencies than with the setting of excessively high standards" (p. 450). The practice of holding to high standards and striving to meet them was not necessarily as problematic as the self-perceptions participants held. Having such negative feelings about themselves was understandably painful and often left participants believing they were doing something wrong to foster the emotional pain they were feeling.

Perfectionistic efforts to manage painful emotions. Participants all believed perfectionism was the answer to their feelings of inherent badness, a belief common to any who endorse perfectionism. But participants responded in various ways as they attempted to alleviate their pain and to take control of what many believed they were doing wrong that was causing that pain. Some became very rigid and demanding of themselves, while others turned to pleasing God, family, and peers as a means of feeling personal value. Many participants combined both approaches. These two reactions to perfectionism are somewhat similar in that they both focus on accomplishments and excellence, either as evaluated by themselves or as seen by others, as a means of managing their painful emotions and fostering a greater sense of control. These approaches are also similar in that both are exhausting and offer no long-term hope for change, often leaving participants feeling greater discouragement.

Rigidity/self-demanding emotions and behavior. Rigidity was perhaps the most common behavior participants used to manage painful emotions. This rigidity seemed to be an attempt to prove to themselves and possibly to others that they could effectively manage their lives, temporarily reducing feelings of self-deprecation.

In this rigidity, relationships with others seemed burdensome. Participants tended to close themselves off from others, fearing more demands would be placed on them if they were open to others. Some participants felt a certain pride in being isolated and alone in their perfectionism efforts. Inevitably, this would result in fears of emotional intimacy—fears of being genuine, open, and vulnerable with others, increased emotional isolation from others. In their relationships with God, the extreme rigidity and self-demands seemed to be centered on their strong feelings of being unworthy of God's love, help, and grace. They needed to prove their worth through being perfect. This resulted in distance from God--feeling that he was disapproving of them at a core level increasing their feelings that they were inherently bad.

Having extreme expectations also requires extreme vigilance; these women never allowed themselves to let their guard down. They never allowed themselves any real peace. It seemed this approach only kept feelings of self-deprecation at bay for as long as they were succeeding or felt energy to continue striving toward the standard. Since each new situation held potential for failing, participants felt compelled to reach unrealistically high standards yet again so they could avoid painful feelings of shame and inadequacy.

Interviewees often reported feeling they could and should do more than they were doing. This perspective placed them in a no-win situation. If they continued to work at an impossible goal, they would clearly fail; if they quit, they would fail. As participants inevitably fell short of their expectations of themselves, they felt more defeated, seeing that even their extreme efforts were insufficient. This left many of them struggling

between impulses to heighten efforts even more or to simply give up and accept the painful notion that they were inadequate and undeserving of happiness and contentment. Ulrich et al. (2000) made note of this tendency when they wrote, "More conservative Saints in particular are apt to presume that all problems can be solved by increasing one's devotion to the minutia of the moral code, and that their problems must therefore reflect some moral failure or inherent spiritual deficit" (p. 197). Striving to reach impossibly high standards was a salient theme in this study, which adds more support to the body of research indicating this pattern among women struggling with eating disorders.

Drive to please at all costs. The second approach participants took in their efforts to manage their painful feelings was to gain a sense of self vicariously, through others' opinions of them. In this way, negative feelings about themselves could be challenged by others' praise. The underlying belief seemed to be "I need to be certain I please others at all cost so they will like me, and then I will feel worthwhile and be happier." Participants reported going to great lengths to make sure those they associated with had only positive experiences with them, thereby increasing the chance they would receive positive feedback and reducing the chance they would be received negatively. Of course, given the intent of the pleasing behaviors, the instinct to take care of others was somewhat selfish, although few would have been aware of this. With such a need for validation, participants would almost never turn down an opportunity to help someone, no matter what was asked of them.

Participants' inability to set limits and say "no" was closely associated with their desires to please and protect others at all costs. Some reported feeling a need to rescue or protect those they cared about, such as their parents. Extreme awareness of parental expectations, fears of disappointing parents, and desire to protect parents from painful realities were deep concerns to most participants. This theme in the findings is consistent with findings of numerous researchers (Frost et al., 1990; Frost et al., 1991; Hamachek, 1978; Pacht, 1984; Rice et al., 1996; Sorotzkin, 1998), who reported a similar need among perfectionistic clients to have validation and approval from their significant others, particularly their parents.

This dynamic extended in the same way to participants feeling a strong impulse to please God at all costs. Just as they feared judgment from others, they feared judgment from God. Since the perfectionistic pleasing at all costs has much to do with image, one way that participants attempted to please God was to try to reach unrealistic standards they felt were imposed by fellow Church members. Participants often spoke of feeling pressure to be the ideal Latter-day Saint by being exceptional in their church callings, in their roles as wife and mother, as well as in their physical appearance. Having no genuine connection with God, they seemed to believe that by meeting the ideal Latter-day Saint image they would please God. Participants were quick to mention that it was not Church doctrine that created this pressure; rather it was a pressure they felt socially and culturally from members of the Church.

There was so much focus on pleasing and being approved by others that even neutral interaction with fellow church members could be interpreted as disapproving. Wanting to avoid potential disapproval, these women felt pressure to change. Lost in these efforts to please others and to meet culturally prescribed expectations was a sense of themselves and their own needs. They had created such sensitivity to others' feelings and needs that they gave almost no attention to their own, expecting any needs they might have to be met vicariously through pleasing others. To focus on themselves was to risk displeasing others. Thus the only sense of self and connection with God was obtained through others' perceptions of them. Feeling social or cultural pressure to excel is consistent with Hewitt and Flett's (1991a) report that "socially prescribed perfectionism entails people's belief or perception that significant others have unrealistic standards for them, evaluate them stringently, and exert pressure on them to be perfect" (p. 457).

Avoidance/numbing out/eating disorder and addictions. These two approaches to managing painful emotions are somewhat similar in that both are motivated out of a desire to compensate for negative feelings participants have about themselves and to maintain at least some sense of competency and control. However, both fail to honestly address the primary concern of emotional pain and feelings of inadequacy, leading participants to even greater discouragement and exhaustion. Interviewees did not want to slip back into old patterns but also feared the emotional pain associated with addressing their concerns openly. It was at this stage that, they reported, they were inclined to become somewhat numb or detached from

the pain associated with seeing no rewarding options.

Hafen (1989) wrote of these tendencies among young Latter-day Saints attending Brigham Young University campuses in both Utah and Idaho. He reported that students were inclined to set for themselves either unrealistically high standards, very low standards, or no standards at all. By denying the existence of high standards, participants were protected from the painful guilt associated with not reaching the standard. Of course, as they worked to shut off the possibility of pain, they also shut off the potential for joy, leaving them emotionally detached and numb. Hafen continued:

> Our culture has become as skillful in the art of neutralizing emotional and spiritual pain as in sedating physical pain. . . . Some people have developed an instinctive inclination to chart their course by choosing alternatives that will minimize their exposure to the uncomfortable consequences of taking life as it comes. Avoiding or escaping discomfort becomes a guiding purpose of life, as if getting around such pitfalls were the essence of a happy life. (p. 82)

In many ways an eating disorder, similar to most addictions, serves the function of numbing and/or avoiding emotional pain (Apostolides, 1998; Siegel, Brisman, & Weinshel, 1997). Thus perfectionism may be an important causal influence or at least a significant risk factor in the development of eating disorders. It must be clearly noted that eating disorders are complex bio-psycho-social syndromes that are not unilaterally caused by any one risk factor such as perfectionism. For those who participated in this study, the role of perfectionism in the etiology of their eating disorders was beyond the scope of this study. But it is consistent with their responses to conclude that their eating disorder behaviors represented, at least in part, various ways to both strive for perfectionism and to numb emotional pain.

In continued efforts to avoid emotional pain, participants sometimes slipped into additional, sometimes more destructive, forms of avoidance through other addictions such as alcohol/substance abuse, self-harm, and sexual promiscuity. They seemed to seek out some form of short-term gratification to escape their emotional pains, with little consideration for damaging consequences. In extreme cases, they attempted to escape through suicide attempts.

While the two perfectionism approaches and the avoidance/numbing out process may appear to be opposites at first glance, they serve similar purposes. Each allows the individual to avoid painful emotions regarding self-worth. Perfectionism and pleasing others avoid by proving, through efforts, accomplishments, and perceptions of others, that the person is adequate and worthwhile. Becoming emotionally numb avoids increasing feelings of guilt and inadequacy. simply by shutting off the possibility of feeling them. Neither perfectionism, pleasing, nor numbing really allows for an honest consideration of the potentially paradoxical issue of self-worth in the face of failings and short-comings. For the participants interviewed, these strategies seemed to provide a distraction to help them avoid facing the problems.

Burn-out/hitting rock bottom. Participants reported that when they could no longer avoid the painful realities of their lives, they felt burned out and exhausted, that they had "hit rock bottom" and saw no way out of their current situation. After numerous cycles of greater efforts followed by failure, they would reach a point where they would give up trying–at least temporarily. But among the participants in this study, the period of burn-out and defeat was only temporary and proceeded either heightened efforts to approach things the old way, or efforts to begin moving toward more openness and vulnerability in recovery.

Blatt (1995) observed the tendency to feel exhausted and discouraged in the face of inadequacies among those who are highly perfectionistic. Burns (1980) also observed that given their exceptionally high standards, perfectionists are likely to fall short and feel "plagued by a sense of helplessness to achieve desired goals" (p. 41). He described these feelings of helplessness as "motivational paralysis," comparing them to the learned helplessness observed in dogs exposed to shocks they were unable to control (p. 41).

This tendency toward burn-out may have implications for perceptions of the atonement as well. Hafen (1989) reported:

> The person most in need of understanding of the Savior's mercy is probably one who has worked himself to exhaustion in a sincere effort to repent, but who still believes his estrangement from God is permanent and hopeless. Some may simply drop out of the race, worn

> out and beaten down with the harsh and untrue belief that they are just not celestial material. (p. 5-6)

Interviewees indicated that placing so much importance on flawlessness placed them in a very difficult situation. When they made mistakes, they had no tolerance for those mistakes or expectations of God's grace and mercy in correcting them. They had no path of recourse to have their failings corrected and forgiven, thus having to face the painful reality of their failings alone, with only their heightened efforts as a means of recovery—which generally led to burn out and/or hitting rock bottom. In spite of their LDS beliefs in the atonement, at this stage few participants looked for or expected to receive help from God in any real or meaningful way, even though it was their most desperate time of need. Many participants reported feeling unworthy to ask God for help.

Hesitating to seek God's help kept some of the participants emotionally safe from the risks involved with trusting and relying on God and others. Some spoke openly about their fears of really trusting that the Lord would help them. They felt that if they did not rely on Him, they would not be disappointed if He did not help them. Also they feared that by relying on Him they would be required to do more than they might be able to handle, which was very painful for those who desperately wanted to do all that was asked of them. There seemed to have been such a fear of things getting worse that avoidance was generalized, even to those things that held potential for growth and progress, such as the atonement.

Recovery from Perfectionism Cycle

Personal openness, vulnerability, and sincerity. The first stage for participants who began making real progress was to become more open, vulnerable, and sincere in their efforts to face past difficulties and genuinely work to make changes in their lives rather than remaining avoidant. Some of them spoke of coming to therapy to appease parents or peers but not really being invested in making changes they needed to make. When they developed genuine willingness to face their fears, to consider new ideas, and to make meaningful changes, they entered a distinct stage of recovery. They reported making real and meaningful progress only after they began to be sincere and earnest in their efforts to address problems. Thus the change from avoidant to vulnerable may have been the most significant change of all.

Latter-day Saints' scriptures contain numerous references to the importance of doing things in earnest rather than just going through the motions. For example, the Book of Mormon teaches that disciples of Jesus Christ should follow "with full purpose of heart, acting no hypocrisy and no deception before God, but with real intent" (2 Nephi 31:13)[7]. LDS scriptures further indicate the importance Church doctrine places on being genuine and open specifically in the repentance and change process. When participants did not act with sincerity or willingness, they found little real hope in the atonement. However, when they were open and genuine, they tended to view the atonement as a real and meaningful resource they could use to help them face their challenges.

Tolerance/acceptance for self and mistakes. One of the first things participants had worked to change was how they viewed themselves. In the destructive cycle, many saw mistakes as a natural by-product of being a bad person. As they progressed they began to understand that a worthwhile and good person sometimes makes mistakes. Mistakes no longer seemed to be devastating setbacks,, but to be normal happenings in life-learning tools necessary for progress. Some participants even reported learning to see personal characteristics that had caused them shame in the past (e.g. sensitivity) as strengths. These new, more positive and tolerant views of themselves were dramatically different than views they had held most of their lives. Thus internalizing those ideas was a process that took time. [8]

God as loving/caring/merciful. As study participants were able to see themselves differently, they were also able to understand God and His views of them differently. While they had once feared God would be harsh and critical of them, they reported an increased trust in God's love and support of them, even when they made mistakes. This view of God provided a powerful nurturing and strengthening antidote to destructive perfectionism.

Others as loving/supportive. Participants reported increased feelings of support, not from God alone, but from family and friends as well, although this was only peripherally mentioned in the data. They indicated being increasingly able to accept the anti-perfectionism position that significant others in their lives can be and often are genuinely loving and supportive regardless of failings and weaknesses.

These findings are consistent with Kirkpatrick's (1999) work, which affirms:

> Beliefs about what God is like (e.g., loving and caring vs. controlling and wrathful) appear to correlate with mental models of the self, suggesting that people who see themselves as worthy of being loved and cared for are likely to view God as loving and caring. (p. 811)

Like the authors of this study, Kirkpatrick explained that relationship attitudes and styles with God are influenced by and similar to individuals' relationships with their significant others:

> Beliefs about whether God is "someone" with whom one has, or possibly could have, a personal relationship are related . . . to one's model of others–that is, the degree to which attachment figures are perceived to be trustworthy and reliable relationship partners, and the degree to which close relationships are highly valued and desired. (p. 811)

Anti-perfectionism actions with others: Setting boundaries. As participants were increasingly able to trust their own judgment rather than basing their sense of worth on others' views of them, they also seemed to have an increased ability to set appropriate boundaries. For example, where they may have once felt obligated to cater to everyone around them, they were better able to set reasonable limits and say "no" when appropriate. As they did so, they reported occasional lingering feelings of guilt, but significantly less than they had in the past. Having their sense of self based in themselves rather than others seemed to give them permission to take care of their emotional needs in more healthy ways.

Anti-perfectionism actions with others: Expressing own needs. Reaching out to family, peers, and God and expressing the need for support were new and often uncomfortable experiences for participants. But as they became more accepting of themselves, they seemed to feel permission and even entitlement for expressing their struggles and needs to others.

It may be that relationship dynamics could function similarly in the reverse direction. The fact that participants began fostering loving and accepting views of themselves might have enabled them to genuinely accept that family, friends, and God could also love them and be tolerant and accepting of them. As they began to experience those positive and accepting feelings from themselves, family, peers, and God, they began feeling real happiness in their lives. LDS scriptures teach that the love of God "is the most desirable above all things" and that it is "the most joyous to the soul" (1 Nephi 11:22, 23). Most participants reported feeling supported by God in ways they had not felt before.

It seemed that the atonement, the greatest demonstration of God's love for His children, became much more real and meaningful in participants' lives when they allowed themselves to accept the love that had been offered by God all along. The greater openness to receive God's love came not by doing more or being more perfect. It seemed to come when participants gave up the notion of being perfect and began accepting themselves in spite of their flaws, rather than waiting until after the flaws were corrected. As they let go of their pride and need for control and accepted themselves in the midst of their failings, they seemed to feel more peace, happiness, and hope. Many reported having had meaningful experiences in which they felt truly loved and supported by God.

Anti-perfectionism action with God: Surrendering/accepting grace. Feeling an increase in tolerance for themselves and their mistakes as well as an increase in love from God and others seemed to provide participants with a framework for taking risks such as trusting God and accepting His help. As they were increasingly able to open up emotionally and take risks of trust, they also felt increased peace and happiness.

One benefit was that participants were not required to make all of their desired changes alone. They could actually allow themselves the freedom to let their guard down and rely on God, family, friends, and therapists to get the help they needed. Of course, they had to be willing to give up some of their independence/self-reliance efforts, which are fundamental components of perfectionism. Many reported real difficulty turning issues over to God rather than falling back into old patterns of avoidance and trying to fix problems through perfectionism. Participants spoke openly about fearing they were unnecessarily troubling God and others, feeling that they should not lean on others to help them through their concerns.

The ability to overcome perfectionistic instincts from the past and accept God's grace and help was a very meaningful change for participants. One reason

it seemed difficult was that it inferred entitlement to that help, independent of their ability to earn it or deserve it, a belief quite contrary to perfectionism. Participants were required to adopt what was for many a completely new view of themselves, including that they were of great worth, just as they were, independent of accomplishments or failures. An LDS church leader spoke of this philosophy, asserting, "Our individual worth is already divinely established as great; it does not fluctuate like the stock market" (Maxwell, 2002).

As they surrendered their own will and began to accept grace from God, participants reported that their burdens were lightened and they were able to make meaningful progress in their efforts to overcome their difficulties. They experienced powerful and strengthening emotions when they were able to feel the love of God and others in the midst of their vulnerability and trials. This deep self-acceptance was internalized over time through their recovery. As these changes occurred, participants were able to feel more trusting of God's role in their lives and His ability to help them in real ways. This heightened their feelings of support from God, allowing them more freedom to continue to turn their troubles over to God in the future. It seemed they were experiencing something wonderful they had not experienced for years or possibly ever.

Limitations of the Study

The participants were all females, and almost all of them (95%) were in inpatient therapy at a facility that treats women with eating disorders. They were spending most of their waking hours in various types of therapy. During the research interviews, participants often spoke of things they had learned in the course of therapy that had made an impact on their religious views. Thus some of their responses during interviews may have been primed from their extensive therapy experiences. Consistent with their perfectionistic symptoms, the notion of offering the "correct" response, even though it may not have been fully internalized, was not uncommon among them. Thus their responses may to some extent reflect views of those involved in their therapy more than the broader population of women with eating disorders.

Additionally, some of the issues identified by women in this study, such as "hitting rock bottom," may have been more representative of the severity of their eating disorders than of women with a broader range of eating disorder contexts. Before entering inpatient care, participants had usually been suffering significantly, and they had lost many freedoms in their lives by entering the facility. They may thus have been closer to hitting rock bottom due to the eating disorder disrupting their lives than to its perfectionism alone.

The length of participants' stay at the treatment facility at the time of the interviews was not examined when analyzing the results. Participants who had been there for a short time may have responded differently than those who had been there longer.

It should also be noted that this treatment facility uses a non-denominational spiritual approach to treatment. This spiritual focus may have influenced participants' responses to some degree.

It should be noted that the 95 percent of the participants who were enrolled in tightly controlled inpatient therapy were not able to engage in their destructive and avoidant behaviors (i.e. eating disorders, substance abuse, and self harm). Also they were being presented with healthy options in more powerful ways than they would in almost any other situation. This unique setting may have altered the process of change from what persons in less intensive situations would likely experience.

Several participants reported a history of physical and/or sexual abuse, which is common for thos e diagnosed with eating disorders, but not necessarily as common with those who endorse perfectionism. Participants who had been abused may have felt more self-critical than those who were not; thus the feeling of inherent badness/self-loathing may have been influenced more by their abusive history than by perfectionism. Finally, all of the interviews were conducted by a male, and all of the participants were female. The participants might have responded somewhat differently to a female interviewer.

Clinical Implications

Despite the limitations of this study, its findings have a number of important implications for practice. As noted previously, several theorists have suggested that Latter-day Saints can have inclinations toward perfectionism (Barlow & Bergin, 1998; Fischer & Richards, 1998; Koltko, 1990; Ulrich et al., 2000). Previously no studies have been conducted to assess attitudes and beliefs about the atonement and grace of Jesus Christ among Latter-

day Saints inclined toward perfectionism. This study offers additional insight into how perfectionism and recovery from perfectionism may play out in Latter-day Saints' attitudes toward the atonement—particularly among women struggling with eating disorders.

Clinicians observing perfectionistic tendencies among their LDS clients might first consider that perfectionism and pleasing others may be used to avoid core feelings of inadequacy and/or actual shortcomings. Clinicians may find it helpful to draw out aspects or even provide a copy of Figure 1 to clients to help them explore and better understand their own cycle of perfectionism. In addition, clinicians may find it useful to help clients take risks toward becoming more vulnerable, genuine, and sincere in their efforts to change.

The pattern of participants genuinely valuing the atonement only after they began facing their concerns was a meaningful clinical finding. Prior to genuinely facing concerns, participants seemed either to give little thought to the atonement or to consider it with such strong feelings of guilt and shame that it was an unappealing option. Before facing issues openly, participants felt almost no benefit from the atonement, and, depending on the level of guilt and shame in their relationship with God, may have even felt hindered by reminders of the help offered to God's children that they did not feel worthy to receive.

Many of the participants believed that God's help was to be earned. When they were already feeling overwhelmed, they had little interest in or ability to work harder to earn God's help. Their understanding that they must do all that they could do before receiving God's grace kept them from accessing the promised grace because they never felt like they had done all they could do. Thus clinicians may find it necessary to help perfectionistic LDS clients understand that Jesus Christ's atonement can help them change and heal even when they are imperfect. Helping such clients fully face their fears and their dysfunctional perfectionistic beliefs may be crucial to their recovery and growth.

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Endnotes

1 "I would that ye should be perfect even as I, or your Father who is in Heaven is perfect" (3 Nephi 12:48). "I the Lord cannot look upon sin with the least degree of allowance" (Doctrine and Covenants 1:31). See also: 1 Nephi 10:21, 1 Nephi 15:34, Alma 7:21, Alma 11:37, & Helaman 8:25.

2 "The natural man is an enemy to God, and has been from the fall of Adam" (Mosiah 3:19). "We know that thou [God] art holy and dwellest in the heavens, and that we [mankind] are unworthy before thee; because of the fall our natures have become evil continually" (Ether 3:2). See also 1 Corinthians 2:11-14, 2 Peter 2:12, Mosiah 16:13.

3 See Alma 7:11-13.

4 See Acts 4:12, 2 Nephi 9:41, 2 Nephi 25:20, 2 Nephi 31:21, Mosiah 3:17, Alma 34:9-10.

5 Some of the impressions from the interviews were written down by the researcher shortly afterward to help with recall about specific aspects of participants' responses.

6 Due to disconnected or different phone numbers, only 7 participants were actually contacted to receive feedback.

7 Other scriptures in Moroni within the Book of Mormon use the terms "real intent" and "sincere heart" to describe the way people should pray when asking for God's help. The Doctrine and Covenants also teaches that "the Lord requireth the heart and a willing mind" (D&C 64:34).

8 It should be noted that some of these altered self-perceptions were the focus of their therapy and may have been coached or primed responses rather than being representative of their genuine feelings. It was impossible to accurately assess the role therapy may have played in participants' responses, and therefore, their responses were assumed indicate their personal feelings.