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The Role of Perfectionism in the Relationship Between Thin-Ideal Internalization and Body Dissatisfaction

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Introduction

- Eating disorder (ED) symptomology is strongly associated with thin-ideal internalization, body dissatisfaction, and perfectionism
- Perfectionism has been shown to be an antecedent to thin-ideal internalization and research suggests there is an association between thin-ideal internalization and body dissatisfaction (Boone, 2011)

• Perfectionism subtypes

- Research suggests Maladaptive Evaluative Concerns (MEC) is related to eating disorder symptoms both directly and indirectly (Rivière, 2017)
- Personal Standards (PS) perfectionism is often said to not be associated with ED symptoms, and even potentially adaptive (Bardone-Cone, 2007)
- MEC and PPS are correlated with thin-ideal internalization and body dissatisfaction^{(Boone,} 2010)
- Current study examined 1) whether MEC moderates the relationship between thin-ideal internalization and body dissatisfaction and 2) whether PPS moderates the relationship between thin-ideal internalization and body dissatisfaction

Methodology

Participants

- *N* = 331 high school females participating in the Body Project
- $M_{age} = 15$ (range 14 17)
- Majority were white (*n* = 259; 78.2%)

Measures

- Thin-Ideal Questionnaire (TIQ) (Stice, 1994)
 - The revised TIQ, also known as the Ideal Body Stereotype Scale, has 8 items to measure individuals' thin-ideal.

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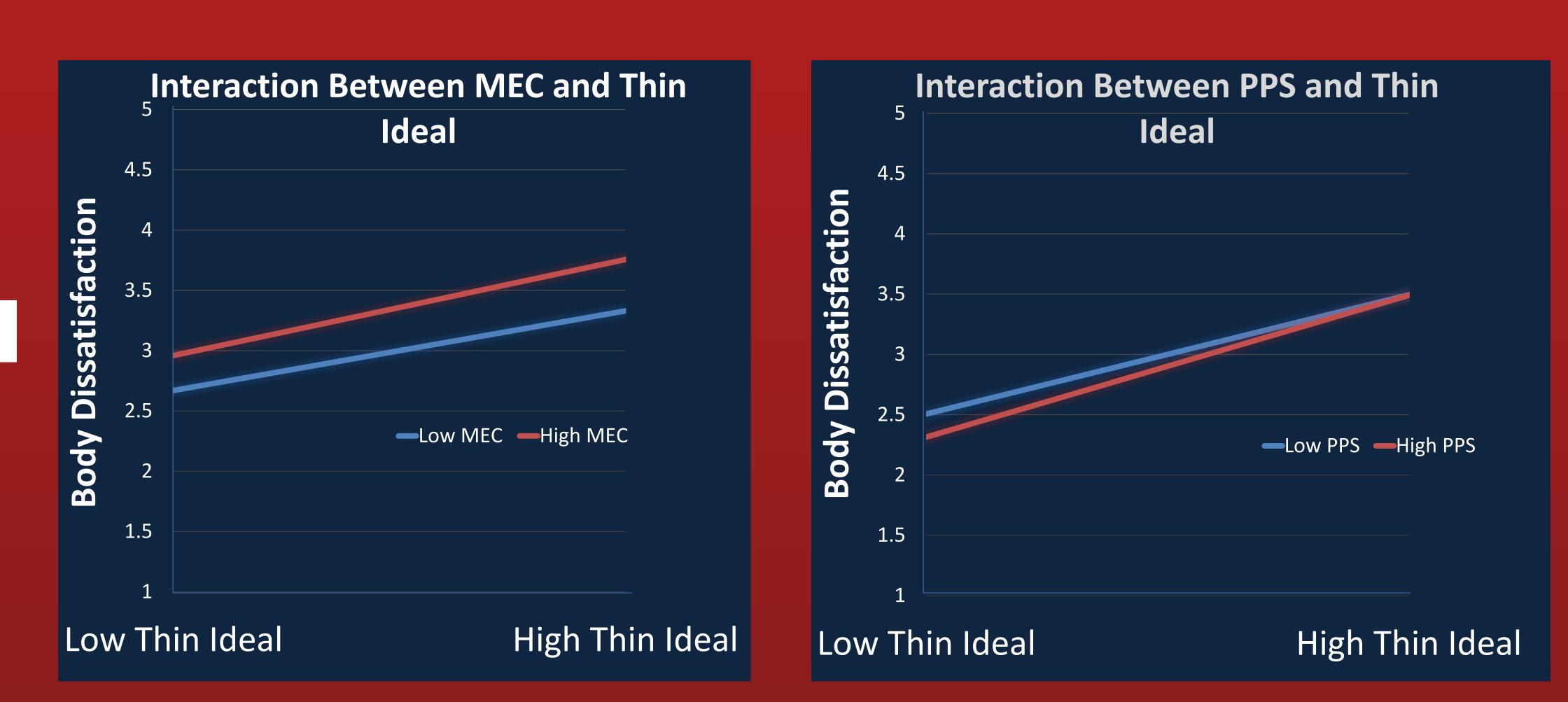
Methodology

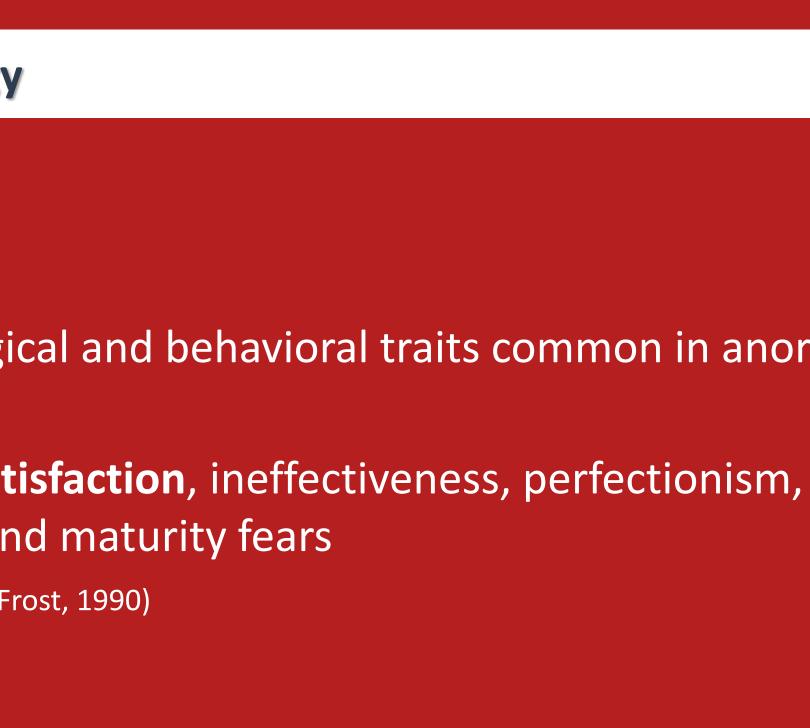
Measures continued

- Eating Disorder Inventory (EDI) (Garner, 1983)
- The EDI is a 64-item measure to assess psychological and behavioral traits common in anorexia nervosa and bulimia
- Subscales: drive for thinness, bulimia, **body dissatisfaction**, ineffectiveness, perfectionism, interpersonal distrust, interoceptive awareness and maturity fears
- Frost Multidimensional Perfectionism Scale (FMPS) (Frost, 1990)
 - The FMPS is a 35-item measure of perfectionism
 - Subscales: concern over mistakes, doubts about actions, parental criticisms, parental expectations, organization, personal Standards, maladaptive evaluative concerns, and pure personal standards

Analyses

 Moderation analyses conducted to examine whether MEC or PPS moderated the relationship between thin ideal and body dissatisfaction







Results

• Thin ideal and MEC were significantly associated with body dissatisfaction (t(288) = 6.080, p < .001;*t*(292) = 6.414, *p* < .001, respectively)

• MEC did not moderate the relationship between thin ideal and and body dissatisfaction (p = .142)

• PPS was not associated with body dissatisfaction (p = .089)

• PPS did not moderate the relationship between thin ideal and body dissatisfaction (p = .082)

Conclusion

• Thin ideal internalization and MEC were strongly associated with body dissatisfaction

• Neither MEC or PPS moderated the relationship between thin ideal internalization and body dissatisfaction

• The sample population was limited because it only included females and the majority of participants where white

• Future research should examine these relationships in more diverse populations

• The association between PPS and body dissatisfaction trended toward significance

suggesting further research should be conducted to examine this relationship in other populations

The associations between perfectionism subtypes and eating disorder symptoms is still unknown and should continue to be examined

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