

The Association Between The Idea Of Perfectionism And Seven Psychotic Disorders

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The world is developing at a rapid pace, but the idolization of how one should look has become more of an issue. With the societal acceptance of certain aspects of the human body, more and more women are becoming conscious about their bodies and how they look. In order to achieve that standard, they often have thoughts and behaviors that do not benefit their health. Anorexia or bulimia nervosa is one of the food disorders that are initiated as a result of consciousness about body imaging. Women develop these disorders in order to achieve to lose weight and be thin. These women usually have the idea of perfectionism in their minds, and it leads to food disorders when women have low self-esteem or are dissatisfied with their bodies.

The primary of the study was to explore the association between the idea of perfectionism and seven psychotic disorders. Another aim of the study was to determine the extent to which the aspects of perfectionism are associated with anorexia nervosa and bulimia nervosa (Bulik et al., 2003). The study was carried out nationwide on a female twin who was born between the years 1934 and 1974. The data on the twin females were taken from a population-based twin registry in Virginia. There were four interview rounds for the selected twin between the years 1988 to 1997. In the year 1999, a set of questionnaires was mailed to approximately 3050 female twins, and 49.5 percent of 1510 female twins returned the filled questionnaire. A total of 1010 female twins were the participants in the study, and these were the females who had the diagnostics characteristics from the interview rounds and returned the filled questionnaire. All the participants were of Caucasian origin, and the mean age of the participants was 42.5 years, with a standard deviation of 8.2 (Bulik et al., 2003).

The questionnaire was the primary tool for the study, and it included the 12 items from the multimedia dimension perfection scale. The multimedia perfection scale has a total of six sections, which are concerns about mistakes, doubt about the actions, personal standards of the individuals, organization, parental criticism, and parental expectations (Bulik et al., 2003). However, for the case of this study, only four sections which were focusing on individual characteristics were included. Data from the interviews were used for diagnostic purposes, and other psychiatrists, as well as substance abuse disorders, were measured using the standardized, which is the Structured Clinical Interview for DSMIII-R, with exceptions of definitions and other criteria.

Participants' rights were taken into account, such as before face-to-face interview rounds, written informed consent was taken from the participant, and before telephonic interviews, verbal informed consent was taken from the participants. The data was taken from the studies that were ethically approved by the Virginia Commonwealth University Institutional Review Board and the Western Institutional Review Board. The data were analyzed using logistic regression. Dependent variables

were the psychotic disorders, which were part of the study, and the perfectionism scale was considered as the independent variable of the study. The data was controlled for the other variables that can impact the result of [anorexia](#) and [bulimia](#) nervosa.

Part B – Findings And Conclusion:

The result shows that among all the psychiatric disorders, depression, any kind of phobia, and generalized anxiety disorder have the highest prevalence, with 30.3 percent for depression, 29.2 percent for phobia, and 22.9 percent for anxiety disorders (Bulik et al., 2003). Anorexia nervosa and bulimia nervosa prevalence was the lowest among all groups because they account for only 3 and 9 percent, respectively, of the participants included in the study. The study also showed that concerns over the mistake were associated with significantly high odds of anorexia nervosa and bulimia nervosa. Similarly, doubts about actions were associated with food disorders, panic disorders, generalized anxiety disorders, and phobias. A regression model was run to predict anorexia nervosa and bulimia nervosa, and the result which was observed was that concern over mistake was the only significant predicted variable for bulimia nervosa with a beta estimate of 0.41 and p-value of 0.01 (Bulik et al., 2003).

Overall, the study concluded that there was a significant association between the perfectionism scale and the occurrence of anorexia nervosa and bulimia nervosa. Concerns over mistakes, which was a subscale in the perfectionism scale, has a significant association with both food disorders as it measures the negative reaction of the individuals about their mistakes, and in this way, the individual considers their mistakes as failures. The results were also reconfirmed by the multivariate regression model that this subscale has a strong association with eating disorders. The study has some limitations, such as the data collection was not prospective, and other disorders that can impact eating disorders, such as obsessive-compulsive orders, were not considered in the study. Also, the response rate for the study was less than 50 percent (Bulik et al., 2003).

Part C – Critique:

Overall, the study has provided some significant association and insight into eating disorders, but the study has not been describe comprehensively. From the start, the study has a great introduction, but the method section is not robust. The introduction section meets the standardized criteria for the quantitative study, but the methods section has some aspects or sections missing. For example, the study design, how the participants were selected, and the exclusion and inclusion criteria were not mentioned in the method section of the study. The section on the operational definitions is also missing. For example, at the start of the result section, it is mentioned that the education of the participants was considered, but there is no information on the level of education and other aspects. In the middle, the reader was not aware of the design of the study, and later, it was mentioned that data had been taken from other studies.

The result section of the study also has no structure, such as the demographic characteristics of the study, initial results, and other aspects. The information provided in almost all the sections of the study is confusing and is just there with no coherence. Readers who have no sound knowledge of other studies, logistic regression, or even disorders cannot comprehend the results or information provided in the study. The information provided on the scales which were used to measure the variables was not present in the study. Also, the discussion section does not have the strengths of the study, and only the limitations are defined. In short, the study has provided insight into the relationship between perfectionism and two eating disorders, and even though it is mentioned that it is a brief report, it lacks proper structure and explanation in some sections to understand the results.

References

Bulik, C. M., Tozzi, F., Anderson, C., Mazzeo, S. E., Aggen, S., & Sullivan, P. F. (2003). The relation between eating disorders and components of perfectionism. *American Journal of Psychiatry*, 160(2), 366–368. doi:<https://doi.org/10.1176/appi.ajp.160.2.366>