

## **Predicting Disordered Eating Behaviors Based on Perfectionism and Childhood Trauma: Presenting an Explanatory Model with Mediated Role of Internalized Shame**

*Hamidinejad, N. et al.*

### **Extended Abstract**

#### **Aim**

Disordered eating behaviors encompass a range of aberrant actions associated with eating disorders. These behaviors may take the form of calorie restriction diets, unhealthy diets characterized by meal missing, binge eating, compensatory behaviors for weight control, and more. A diverse array of disordered dietary behaviors that endanger the mental health of university students exists. Identifying the contributing factors to these behaviors aids in their prevention. With internalized shame serving as a mediator, the purpose of the present study was to predict disordered eating behaviors in relation to childhood trauma and perfectionism.

#### **Methodology**

The present study employed a descriptive-analytical approach and utilized a cross-sectional design. Path analysis and correlation were utilized in its execution. The statistical population for this investigation comprised all enrolled students during the 2018-2019 academic year. A total of 400 students were chosen as sample members from the statistical population, which comprised all students enrolled in Islamic Azad Universities in Tehran during the academic year 2018-2019. Out of this population, five universities (Azad North, Center, South, Science and Research, and Medical Sciences) were chosen. Accessing the complete list of universities and conducting a random selection made it exceedingly challenging. Consequently, a non-random and readily available sampling method was employed to gather data. Furthermore, as a consequence of the Covid-19 pandemic and restricted university access, the questionnaire links were made accessible online to student organizations affiliated with Tehran Azad Universities. Eating Disordered Behavior Scale (EAT-26), and Hill Perfectionism Scale (HPI) were completed voluntarily by 400 students selected using available sampling method. In the end, 324 questionnaires that met the entrance and exit criteria were incorporated into the analysis.

#### **Findings**

Analysis of the data was performed with SPSS-24 and Amos. The findings revealed that shame predicted eating disorders and mediated the relationship between childhood trauma, perfectionism, and eating disorders. Shame was identified as the mediating factor in this relationship. Individuals who experienced childhood traumatization appear to resort to compensatory behaviors, such as disordered eating, to regain a positive self-image and alleviate feelings of shame. An undesirable body image and feelings of shame can further exacerbate perfectionism, which may manifest as extreme behaviors like eating disorders as an attempt to attain an idealized appearance.

#### **Conclusion**

When a child is exposed to traumatic events that surpass their capacity and defense mechanisms, it appears that he experiences self-harm and humiliation. As a result, they take action in order to alleviate these negative and regretful emotions and regain a sense of control and a positive self-image. The self has multiple options for self-protection, according to the dual motivation model of shame: withdrawing, hiding, and avoiding action to prevent further damage or opportunities for another chance. It appears that the incentive to restore one's self is more powerful than the incentive to defend oneself. This is likely due to the fact that shame serves primarily as an impetus to regain the lost positive self-image. People who experienced childhood trauma and injury may resort to compensatory behaviors, such as disordered eating, in an attempt to regain the self-respect that was lost due to the injury, as they seek to rid themselves of shame and restore a positive self-image. Conversely, shame incites an individual to engage in perfectionism as a means of stifling the emotion it evokes; this is achieved through the stimulus of a desire to revert to an initial state of self-image and construct a favorable self-perception. However, it is important to consider the limitations of this investigation. This study is limited, among other things, by its non-random sampling technique and failure to control for certain demographic variables. In conclusion, it is recommended that clinical clinicians incorporate an assessment of emotional concerns, including clients' shame, into their clinical evaluation of individuals with eating disorders and take this into account when developing treatment plans.

**Keywords:** Childhood Trauma, Disordered Eating Behaviors, Internalized Shame, Perfectionism.