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Perfectionistic Self-Presentation and Body Dissatisfaction: The Role of Anxiety and Depression

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This purpose of the study was to investigate the role of perfectionistic self-presentation aspect of perfectionism with the desire to present a *perfect self*, which may have a significant impact on emotional and social well-being. The present research assessed the experience of anxiety, depression and body dissatisfaction among university students (N =1000) including males (n = 500) and females (n = 500) enrolled in a four-year undergraduate program. Perfectionistic Self-presentation Scale (Hewitt et al., 2003), Body Dissatisfaction Scale (Tariq & Ijaz, 2015), Beck Depression Inventory (Beck et al., 1996) and Beck Anxiety Inventory (Beck et al., 1988) were used to assess the study variables. Results indicated that perfectionistic self-presentation was significantly correlated with anxiety, depression and body dissatisfaction in female participants whereas, there was significant correlation between perfectionistic self-presentation and anxiety in male participants. Moreover, two mediation models were tested to see the relationship between perfectionistic self-presentation and body dissatisfaction using anxiety and depression as mediators. Using regression analysis, results suggested that there was a significant change in the relationship between perfectionistic self-presentation and body dissatisfaction after adding the mediators i.e., anxiety and depression. The study provided evidence that individuals who display high perfectionistic-self presentation are particularly vulnerable to anxiety, depression and body dissatisfaction. The results have been discussed in the light of previous findings.

Keywords. Perfectionistic self-presentation, anxiety, depression, body dissatisfaction, psychological distress

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Perfectionism is a multidimensional concept that has been studied extensively for the past three decades. During the last decade, a new dimension of perfectionism, i.e., perfectionistic self-presentation (PSP) was introduced (Hewitt et al., 2003). Perfectionistic self-presentation differs from trait perfectionism because of a focus on the need to appear perfect, rather than the need to be perfect (Hewitt et al., 2003). Perfectionistic self-presentation is a highly defensive personality style that has three inter-correlated facets. It involves perfectionistic self-promotion (focuses on the display of perfection), non-display of imperfection (concealing and avoiding demonstration of imperfection), and nondisclosure of imperfection (abstain from verbal admission of imperfections. Elevated levels of both social aspects of perfectionism have been associated with depression, social anxiety, and interpersonal problems (Cox & Enns, 2003; Flett et al., 2003; Hewitt et al., 2003).

The need to present perfect self in front of others and to hide ones' imperfection negatively affects a person's health and well-being (Ferreira et al., 2018). An important assertion regarding PSP has been that different individuals may choose different domains to express the need to convey a perfect self to others (e.g., through sports or academic performance or through their physical appearance). In the context of the impact of PSP, Mackinnon et al. (2013) found that PSP predicted social anxiety, even when variables like socially prescribed perfectionism, depressed mood and perfectionism cognitions were controlled.

Similarly, in another study by Besser et al. (2010) the link among depression, trait perfectionism and PSP was explored. Results revealed symptoms of depression to be positively associated with socially prescribed perfectionism and PSP. In Pakistan, Rise and Butt (2010) explored the impact of adaptive and maladaptive aspects of perfectionism on psychological health. Three hundred twenty-three university students participated. Results revealed that perfectionism correlated with psychological distress while perfectionism had no relationship with psychological well-being. Individuals having higher concerns over mistakes had greater psychological distress. They also experienced more anxiety, depression, and stress. Among other domains, research shows that perfectionistic self-presentation is particularly associated with body image dissatisfaction, pathological dieting and bulimic symptoms (Cockell et al., 2002; Hewitt et al., 1995; McGee et al., 2005).

Body dissatisfaction has been defined as a negative, subjective evaluation of an individual's own physical body (Stice & Shaw, 2002), and can vary from generalized displeasure of the whole body to

irritation over a specific part of the body (Phelps et al., 1999). The dissatisfaction with one's own body surfaces when a person believes to be far from his/her thin ideal.

There has been a growing emphasis on the need to achieve a thin and/or a muscular body shape (Buote et al., 2011). Moreover, thinness and physical attractiveness are often regarded as synonymous of health, success and happiness (Strahan et al., 2006). This is pointed out to be a source of widespread body image dissatisfaction and attempts to control body image (for instance by dieting), are regarded as key risk factors for many emotional and behavioral problems including eating disorders (Pinto-Gouveia et al., 2014; Stice et al., 2011). In fact, the display of an attractive and socially valued body image is a central self-evaluative dimension, and a particularly used domain to attain positive social attention (Ferreira et al., 2013). Thus, someone who perceives that it is necessary to appear perfect to others in order to be accepted and valued may select physical appearance as the preferred domain to invest in. Such investment may, however, translate into extreme forms of control of one's body shape, weight and eating behavior (Ferreira et al., 2018).

Bardone-Cone et al. (2000) proposed that high levels of maladaptive perfectionism cause discrepancies between actual and ideal body image, which in turn leads to body dissatisfaction. There is experimental evidence that negative affect promotes body image disturbance in young women (Taylor & Cooper, 1992). The elevated levels of body dissatisfaction have been shown to be significantly and positively correlated with high levels of anxiety symptoms (Kostanski & Gullone, 1998; Schutz & Paxton, 2007), and negative affect (i.e., negative emotional experiences including anxiety; Presnell et al., 2004).

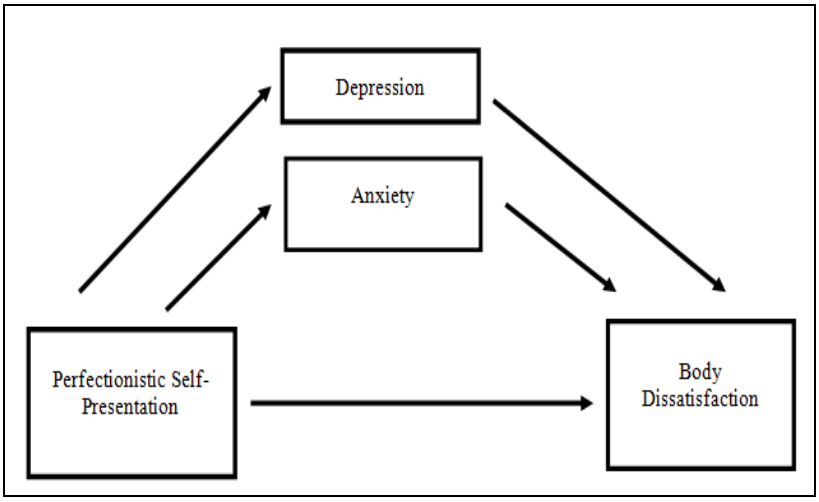
Kostanski and Gullone (1998) found that higher level of chronic anxiety was associated with increased perceived body image dissatisfaction in adolescent boys and girls. Furthermore, elevated levels of negative affect have been shown to predict increase in body dissatisfaction in adolescents without eating disorders (Presnell et al., 2004; Ricciardelli & McCabe, 2001). In a community sample, lifetime history of depression and current depressive symptoms were found to be unique predictors of disordered eating (Marcus et al., 2007). Similarly, in a recent study, it was found that generalized anxiety and social physique anxiety significantly predicted body dissatisfaction among collegiate men and women (Pritcharda et al., 2021). In a longitudinal study (Bufferd et al., 2022), it was found that childhood psychopathology (anxiety, oppositional defiant, attention deficit/

hyperactivity, and depressive disorders), predicted body dissatisfaction in adolescence.

The above empirical data shows that there is a link between PSP, body dissatisfaction, anxiety and depression but largely missing from the literature is specification of any explanatory mechanism leading from perfectionism to body dissatisfaction, anxiety or depression. Researchers have found that PSP leads to depression and anxiety and some empirical data is available that shows anxiety and depression predict body dissatisfaction. In this paper, it is proposes that depression and anxiety mediate the relationship between PSP and body dissatisfaction.

Figure 1

Theoretical Model Proposed by the Research.



Objectives

1. To examine the relationship among anxiety, depression, body dissatisfaction with perfectionistic self-presentation.
2. To explore whether depression and anxiety have a mediating relationship between perfectionistic self-presentation and body dissatisfaction.
3. To investigate gender differences in experiences and presence of anxiety, depression, body dissatisfaction and perfectionistic self-presentation.

Method

Sample

Cross-sectional study research design was used for investigating the interaction between PSP, anxiety, depression and body dissatisfaction. The sample comprised of 1000 students in which 500 male and 500 female students enrolled in an undergraduate program at various government universities; Lahore College for Women University, Government College University, University of Science and Technology, and The University of the Punjab, Lahore, Pakistan participated. The age range of participants was 16 - 25 years (M = 1.42, SD = .49). Stratified sampling was used and the sample was subdivided into four years (year 1, year 2, year 3 and year 4); the sample of 250 participants from each year was further divided into 125 males (25%) and 125 females (25%), randomly taken from any department.

Measures

Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003)

A 7-point Likert-type scale with 27 items assesses the three forms of perfectionistic self-presentation: Perfectionistic self-promotion, non-display of imperfection, and nondisclosure of imperfection. Inter-correlations of the three subscales ranged between .50 and .67. An alpha value of subscales ranges from .76 and .86. Perfectionistic self-promotion and non-display of imperfection each had 10 items and nondisclosure of imperfection had 7 items. Higher scores indicate higher levels of perfectionistic self-presentation. Various researches comprising clinical and university samples have supported the multidimensionality, internal reliability, test-retest reliability and validity of the PSPS (Hewitt et al., 1995; Hewitt et al., 2003; Rudiger et al., 2007).

Beck Anxiety Inventory (BAI; Beck et al., 1988)

Beck Anxiety Inventory is a 21-item scale measuring the severity of anxiety symptoms. Many studies have exhibited the reliability and validity of the BAI. Participants are asked to rate the severity of experienced anxiety symptoms on a 4-point Likert-type scale during the past week. The BAI has been found to have high internal consistency and reliability (Creamer et al., 1995; Pang et al., 2019).

Beck Depression Inventory (BDI; Beck et al., 1996)

A 4-point Likert-type scale (ranging from 0 to 3), with 21 items measures the severity of depressive symptoms. The cutoff scores

normal = 0-9; Mild to moderate = 10-18; moderate to severe = 19-29; and extremely severe = 30-63. Higher total scores indicate more severe depressive symptoms. Several studies have established the reliability and validity of the BDI (Basker et al., 2007; Beck et al., 1988; Lightfoot & Oliver, 1985).

Body Dissatisfaction Scale (BDS; Tariq & Ijaz, 2015)

It is a 26-items scale consisting of two forms (males and females). The BDS-M for males consists of four factors: *Body shape and weight, muscularity, facial hair, hair*. Body Shape and Weight consists of 11-items and the maximum score on this factor is 44 with a reliability coefficient of .86. Muscularity factor consists of 5 items with a maximum score of 20 and Cronbach alpha of .78. Facial hair factor contains 6 items and is related to visible bodily features. The fourth factor is Hair and it has 4 items with a maximum score of 16 with Cronbach alpha of .62.

The BDS-W for females consists of three factors: *Body shape and weight, skeletal structure, and facial features*. Body Shape and Weight has 8-items related to overall body appearance, maximum score of 32 and alpha coefficient of .90. The second factor Skeletal Structure contains 11 items, is related to the size and shape of observable body areas like height, maximum score of 44 and Cronbach alpha of .78. The third factor is Facial Features, which has 7 items, contains items related to the face that are easily visible to others for example complexion, maximum score of 28 and alpha coefficient of .71.

Procedure

This study was approved from the Departmental board of studies. Government universities in Lahore were approached and permission for data collection from government universities was obtained from the university authorities. Before commencing the data collection, the participants were briefed about the nature of the study and its usefulness to society and only those students were selected who consented to be part of the study. The questionnaire included Perfectionistic self-presentation Scale (PSPS), Beck Anxiety Inventory, Beck Depression Inventory and Body Dissatisfaction Scale. The time taken to fill the questionnaires was 10-20 minutes. Participants were assured that their results would remain anonymous, that their participation was voluntary, and that they could withdraw from the study at any point, if they wanted to.

Participants were instructed to complete the questionnaire at their own pace. After the data was collected, analyses were run on the SPSS software to find out the results.

Results

Table 1

Cronbach Alpha of Beck Anxiety Inventory, Beck Depression Inventory, Body Dissatisfaction Scale, Perfectionistic Self-Presentation Scale (N=1000)

Scale					Range	
	k	*a*	*M*	*SD*	min	max
Beck Anxiety Inventory	21	.893	21.7	12.1	0	62
Beck Depression Inventory	21	.804	19.4	8.9	0	57
Body Dissatisfaction Scale	26	.887	28.9	17.8	0	95
Body Shape and Weight	11	.858	12.56	9.82	0	43
Muscularity	5	.731	4.48	4.38	0	20
Facial Features	6	.615	6.47	4.52	0	24
Hair	4	.604	5.58	3.81	0	16
Body Shape and Weight	8	.884	8.47	8.27	0	32
Skeletal Structure	11	.760	10.48	7.63	0	44
Facial Features	7	.710	9.99	5.84	0	28
Perfectionistic Self-presentation Scale	27	.848	115.6	23.2	39	179
Perfectionistic Self- promotion	10	.757	42.0	10.63	14	58
Non-display of Imperfection	10	.754	44.36	10.5	7	64
Non-disclosure of Imperfection	7	.482	29.15	6.67	10	49

Note. *N* = Items in the scale; α = Alpha; *M* = Mean; *SD* = Standard Deviation.

Table 1 indicates that all four scales had satisfactory reliability. Beck Anxiety Inventory had alpha value of .89. Beck Depression Inventory had the alpha of .80. Body Dissatisfaction scale had reliability of .88 and Perfectionistic Self Presentation had reliability of .84.

Table 2 shows that in females depression has a significant positive relationship with anxiety (r = .50, p < .05) and has a highly significant relationship with body dissatisfaction (r = .40, p < .05). Depression also has a significant relationship with perfectionistic self-presentation (r = .23, p < .05) whereas anxiety is also positively correlated with body dissatisfaction and perfectionist self-presentation (r = .23, p < .05, and r =.38, p < .05) respectively.

Table 2

Correlation among Perfectionistic Self-Presentation Anxiety, Depression and Body Dissatisfaction and Subscales in Females (N= 500)

	1	2	3	4	5	6	7	8	9	10
1. Beck Depression Inventory	-	.50**	.40**	.27**	.38**	.35**	.23**	.17**	.23**	.15**
2. Beck Anxiety Inventory		-	.38**	.22**	.35**	.37**	.23**	.18**	.24**	.09*
3. Body Dissatisfaction			-	.85**	.84**	.72**	.38**	.36**	.36**	.13**
4. Body Shape and Weight				-	.55**	.39**	.30**	.27**	.27**	.13**
5. Skeletal Structure					-	.47**	.31**	.31**	.28**	.09*
6. Facial Features						-	.31**	.29**	.32**	.06
7. Perfectionistic Self Presentation							-	.86**	.89**	.62**
8. Perfectionistic Self-promotion								-	.59**	.35**
9. Non-display of Imperfection									-	.32**
10. Non-disclosure of Imperfection										-
M	19.86	23.45	30.43	9.53	9.99	10.90	116.93	42.19	45.00	29.75
SD	8.79	12.27	17.77	8.77	7.33	5.86	21.72	10.48	10.07	6.65

Note. *M* = Mean; *SD* = Standard Deviation.

**$p < .01$. *$p < .05$.

Table 3

Correlation among Perfectionistic Self-Presentation, Anxiety, Depression and Body Dissatisfaction in Males (N=500)

	1	2	3	4	5	6	7	8	9	10	11
1. Beck Depression Inventory	-	.44**	.36**	.34**	.19**	.33**	.26**	.06	.02	.08	.04
2. Beck Anxiety Inventory		-	.53**	.47**	.45**	.37**	.35**	.24**	.22**	.24**	.13**
3. Body Dissatisfaction Scale			-	.91**	.75**	.74**	.69**	.23**	.22**	.23**	.09**
4. Body Shape and Weight				-	.57**	.52**	.50**	.19**	.17**	.19**	.14**
5. Muscularity					-	.42**	.38**	.27**	.26**	.27**	.14**
6. Facial Features						-	.49**	.03	.05	.06	-.09
7. Hair							-	.22**	.24**	.23**	.05
8. Perfectionistic Self-presentation								-	.91**	.91**	.75**
9. Perfectionistic Self Promotion									-	.72**	.55**
10. Non-display of Imperfection										-	.53**
11. Nondisclosure of Imperfection											-
M	18.86	19.98	27.43	11.06	5.04	6.47	4.87	117.09	44.81	43.74	28.54
SD	9.07	11.64	17.79	9.41	4.69	4.39	3.65	24.49	10.70	10.90	6.66

Note. *M*= Mean; *SD*= Standard Deviation.

**$p < .01$, *$p < .05$.

Table 3 shows that in males depression has a significant positive relationship with anxiety (r = .44, p < .05) and body dissatisfaction (r = .36, p < .05). While depression has a non-significant relationship with perfectionistic self-presentation and its sub scales whereas anxiety has a positive relationship with body dissatisfaction (r = .530, p < .05) and perfectionist self-presentation (r = .24, p < .05).

Table 4

Regression analysis for Mediation between Depression, Perfectionistic Self-Presentation, and Body Dissatisfaction (N=1000)

Variables	*B*	95% CI		SE	*β*	R^2	ΔR^2
		LL	UL				
Step 1							
Constant	2.4	-308	7.835	2.78	-		
Perfectionistic Self - presentation	.23	.181	.273	.023	.29***	.087	.087***
Step 2							
Constant	-6.88**	-12.169	-1.591	2.69	-		
Perfectionistic Self - presentation	.19***	.147	.233	.022	.24***	.21	.12***
Depression	.71***	.592	.815	.057	.35***		

Note. CI = confidence interval; SE = Standard Error; *β* = Beta.
*p < .05; *p < .01; ***p < .001.

Table 4 shows the impact of perfectionistic self- presentation and depression on body dissatisfaction among students. In step 1, the R^2 value of .087 revealed that the perfectionistic self-presentation explained the 8.7% variance in students experiencing body dissatisfaction with F (1, 988) = 94.72, p < .001.The findings revealed that perfectionistic self-presentation positively predicted body dissatisfaction (β= .29, p < .001). In step 2, the R^2 value of .21 revealed that perfectionistic self-presentation and depression explained 21%variance in the body dissatisfaction with F (2, 997) = 131.5, p < .001. The findings revealed that perfectionistic self-presentation (β = .25, p < .001) and depression positively predicted body dissatisfaction (β = .35, p < .001). The ΔR^2 value of .12 revealed 12% change in variance of model 1 and model 2 with ΔF (1, 997) = 153.9, p < .001. The regression weights for perfectionistic self-presentation reduced from Model 1 to Model 2 (.29 to .24) but remained significant which confirmed the partial mediation. More specifically, perfectionistic self-presentation has a direct as well as indirect effect on body dissatisfaction.

Figure 2

The Standardized Regression Coefficient for Perfectionistic Self-Presentation and Body Dissatisfaction that is Mediated by Depression.

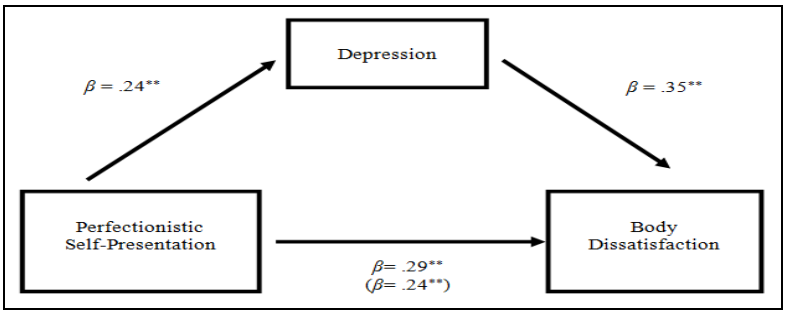


Figure 2 shows that the total effect of perfectionistic self-presentation on body dissatisfaction was .24, which was significant and predicted body dissatisfaction when depression was held constant. However, when depression has added the effect of perfectionistic self-presentation on body dissatisfaction became .35 which indicated more significance and thus predicted that depression does play a mediating role in the relationship between perfectionistic self-presentation and body dissatisfaction.

Table 5

Mediating Effect of Anxiety on Perfectionistic Self-Presentation and Body Dissatisfaction (N=1000)

Variable	*B*	95% CI		SE	*β*	R^2	ΔR^2
		LL	UL				
Step 1							
Constant	2.4	-3081	7.835	2.78	-		
Perfectionistic Self-Presentation	.23***	.181	.273	.023	.29***	.087	.087***
Step 2							
Constant	-2.1	-7.283	2.713	2.69	-		
Perfectionistic Self-Presentation	.154***	.111	.197	.022	.200***	.25	.16***
Anxiety	.61***	.525	.689	.057	.411***		

Note. CI = Confidence Interval; SE = Standard Error; *β*= Beta.
*$p < .05$; **$p < .01$; ***$p < .001$.

Table 5 shows the impact of perfectionistic self- presentation and anxiety on body dissatisfaction among students. In step 1, the R^2 value of .087 revealed that the perfectionistic self-presentation explained the

8.7% variance in students experiencing body dissatisfaction with F (1, 988) = 94.72, p <. 001. The findings revealed that perfectionistic self-presentation positively predicted body dissatisfaction (β = .29, p < .001). In step 2, the R^2 value of .25 revealed that perfectionistic self-presentation and anxiety explained 25%variance in the body dissatisfaction with F (2, 997) = 163.4, p < .001. The findings revealed that perfectionistic self- presentation (β = .20, p < .001) and depression positively predicted body dissatisfaction (β = .41, p <.001). The ΔR^2 value of .16 revealed 16% change in variance of model 1 and model 2 with ΔF (1, 997) = 212.1 p < .001. The regression weights for perfectionistic self-presentation reduced from Model 1 to Model 2 (.29 to .20) but remained significant which confirmed the partial mediation. More specifically, perfectionistic self-presentation has a direct as well as indirect effect on body dissatisfaction.

Figure 3

Standardized Regression Coefficient for Perfectionistic Self-Presentation and Body Dissatisfaction that is Mediated by Anxiety

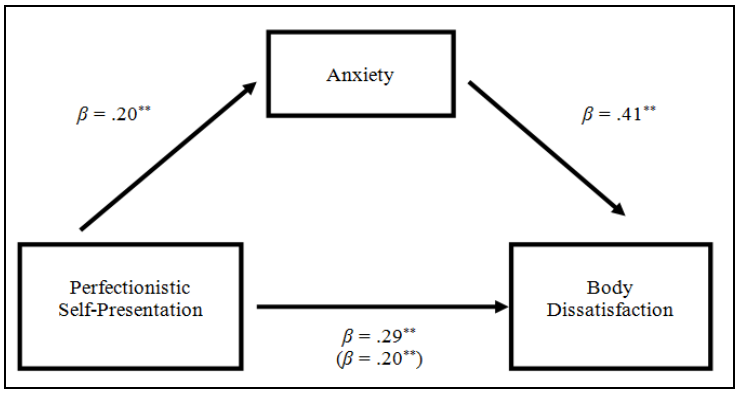


Figure 3 showed that the total effect of perfectionistic self-presentation on body dissatisfaction was .20, which was significant and predicted body dissatisfaction when anxiety was held constant. However, when anxiety was added the effect of perfectionistic self-presentation on body dissatisfaction became .41 which was indicated much more significance and thus predicted that anxiety does play a mediating role in the relationship between perfectionistic self-presentation and body dissatisfaction.

Discussion

This study explored the role of PSP in body dissatisfaction in particular while taking anxiety and depression as mediating variables.

Results showed that in the female population perfectionistic self-presentation has a significant positive relationship with anxiety and body dissatisfaction. This can be because individuals with high perfectionism experience stress and anxiety. Nevertheless, they are striving to present a perfect self to their audience (Mackinnon et al., 2013). Depression also has a significant relationship with perfectionistic self-presentation in females. The empirical literature on the relationship between perfectionism and depression suggests the connection between these two (Crăciun & Holdevici, 2013). Crăciun and Holdevici found that the three-dimensional models of perfectionism were closely associated with depression and anxiety.

In males, the current study showed that perfectionistic self-presentation has a significant positive relationship with anxiety, and body dissatisfaction but non-significant relationship with depression. A study revealed that socially prescribed perfectionism predicted increases in both depressed and anxious symptoms (Joiner & Schmidt, 1995). Czeglédi et al. (2015) emphasize that trait anxiety might be a background variable in the relationship between males' body dissatisfaction and self-esteem.

We also found that depression has a significant positive relationship with anxiety and has a highly significant relationship with body dissatisfaction. These findings are concurrent with the previous researches. Body dissatisfaction has been repeatedly found to have a significant relationship with depression and anxiety especially in the student population (Wood et al., 1996).

We also explored the mediating relationship between perfectionistic self-presentation and body dissatisfaction. The results indicate that depression mediated the relationship of perfectionistic self-presentation with body dissatisfaction. No previous published research, could be found that has explored this meditational relationship. Although, researchers have found previously that depression is positively related with PSP (Besser et al., 2010) and body dissatisfaction (Bufferd et al., 2022). However, previous researchers have also found a relationship between perfectionistic self-presentation and body dissatisfaction (Rudiger et al., 2007; Sherry et al., 2009) they have not studied the impact of depression on this relationship.

From the current research study on the mediating role of depression, it is indicated that depression does play a mediating role in the relationship between perfectionistic self-presentation and body dissatisfaction. This may be because students, in general, feel a lot of peer pressure to appear as appealing to others as possible; they tend to display the best of themselves while trying not to disclose their weaknesses to the audience. By failing to do so they may experience depression, which may further contribute in negative impression about their appearance, thus, triggering feelings of body dissatisfaction.

We also found that anxiety also mediated the relationship between perfectionistic self-presentation and body dissatisfaction. Anxiety had been previously studied as a mediator between perfectionism and eating disorders (Egan et al., 2013). McGee et al. (2005) presented a stress model that had an association with perfectionistic self-presentation and body image and predicted eating disorder symptoms in women who were dissatisfied with their bodies. Cafri et al. (2006) also suggested that individuals are more likely to be dissatisfied with their bodies, if they feel pressurized by the society to achieve an ideal body than those individuals who do not feel pressurized.

Limitations and Future Directions

As with any applied research, several limitations were inherent in the design. The sample was taken only from universities situated in Lahore; hence the research cannot be generalized. Future researches can also be designed to see the interaction between PSP and body dissatisfaction while controlling for variables like gender, socioeconomic status etc. The major practical contribution of the present research is that it provides much needed empirical data on perfectionistic self-presentation as a maladaptive personality style that aggravates or gives birth to symptoms of anxiety, depression and body dissatisfaction. This information is important given that there is no other comparable study that gives a different perspective to how the latter has been observed in treatment.

Conclusion

The results of the current study research highlight the importance of not only identifying but also continuing research on perfectionistic self-presentation within the context of psychological distress. Unfortunately, depression and anxiety in the country are much higher than the world average while its incidence is alarmingly greater in

urban centers than in rural districts (Pakistan Medical Association, 2017). In this era of competition and comparison, Pakistan has long been a culturally strict country based on rigid morals and codes especially, when it comes to upbringing children. Perfectionism is expected of everyone to succeed in life specifically, from students which make it very obvious that perfectionistic self-presentation is found prevalent in university students. It cannot be emphasized enough that psychological distress experienced by an individual is often camouflaged, future research and clinical work to identify and treat such individuals should be given preference.

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