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Are perfectionism dimensions risk factors for bulimic symptoms? A meta-analysis of longitudinal studies

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ABSTRACT

Background: Case histories, theoretical accounts, and empirical studies suggest an important relationship between perfectionism and bulimic symptoms. However, whether perfectionism confers vulnerability for bulimic symptoms is unclear.
Objective: To address this, we conducted a meta-analysis testing if socially prescribed perfectionism, concern over mistakes, doubts about actions, personal standards, self-oriented perfectionism and EDI-perfectionism predict increases in bulimic symptoms over time.
Method: Our literature search yielded 12 longitudinal studies for inclusion. Samples were composed of adolescents, undergraduates, and community adults.
Results: Meta-analysis using random effects models showed perfectionistic concerns and EDI-perfectionism, but not perfectionistic strivings, had positive relationships with follow-up bulimic symptoms, after controlling for baseline bulimic symptoms.
Conclusion: Results lend credence to theoretical accounts implicating perfectionism in the development of bulimic symptoms. Our review of this literature also underscored the need for additional longitudinal studies that use multisource designs and that assess perfectionism as a multidimensional construct.

1. Introduction

Bulimia nervosa is associated with widespread financial, medical and social burden (Crow et al., 2009; Mitchell & Crow, 2006). Affected individuals experience recurrent episodes of binge eating (i.e., uncontrollably eating a large amount of food in a short period) followed by compensatory methods (e.g., vomiting, misusing laxatives, restricting food intake, or excessive exercise) to prevent weight gain (American Psychiatric Association, 2013). Bulimic symptoms are also associated with physical (e.g., dental problems) and mental (e.g., depression) problems, as well as healthcare costs (e.g., hospital visits; Ágh et al., 2016; Agras, 2001). Individuals who do not meet diagnostic criteria for bulimia also suffer. Fairburn et al. (2007) reported both people suffering from subclinical bulimic symptoms and people suffering from diagnosable bulimic symptoms have comparable eating pathology and psychiatric comorbidity. Given bulimic symptoms' adverse consequences, researchers and clinicians are increasingly interested in advancing understanding of the etiology of bulimia. One area of etiological importance is the personality traits associated with bulimic symptoms (Loxton & Dawe, 2009). We focused on one such trait—perfectionism.

2. Theoretical background and hypotheses

2.1. Perfectionism dimensions and bulimic symptoms

Two-higher order factors underlie several perfectionism dimensions: perfectionistic concerns and perfectionistic strivings (e.g., Stoeber & Otto, 2006). Perfectionistic concerns encompass socially prescribed perfectionism (i.e., perceiving others demand perfection; Hewitt & Flett, 1991), concern over mistakes (i.e., negative reactions to perceived failures; Frost, Marten, Lahart, & Rosenblate, 1990), doubts about actions (i.e., doubting one's performance abilities; Frost et al., 1990), self-criticism (i.e., the tendency to feel self-critical and to assume blame;

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Blatt, D'Afflitti, & Quinlan, 1976), and evaluative concerns perfectionism (i.e., a composite of concern over mistakes and doubts about actions). Perfectionistic strivings consists of self-oriented perfectionism (i.e., demanding perfection from the self; Hewitt & Flett, 1991) and personal standards (i.e., setting unrealistically lofty goals; Frost et al., 1990). Relative to controls groups, people with bulimic symptoms have elevated perfectionistic concerns (Boisseau, Thompson-Brenner, Pratt, Farchione, & Barlow, 2013; Farstad, McGeown, & von Ranson, 2016). Hewitt, Flett, and Ediger (1995) reported socially prescribed perfectionism correlated positively with bulimic symptoms. Likewise, Lilenfeld et al. (2000) found patients suffering from bulimia reported higher concern over mistakes and doubts about actions relative to healthy controls. Steiger, Goldstein, Mongrain, and Van der Feen (1990) found elevated levels of self-criticism in both anorexic and bulimic patients compared to psychiatric and normal controls. Further, Boone, Soenens, and Braet (2011) and Levinson and Rodebaugh (2016) reported evaluative concerns perfectionism predicted increased bulimic symptoms over a two-year and a six-month period, respectively. Taken together, these findings suggest perfectionistic concerns correlates positively with bulimic symptoms, that perfectionistic concerns are elevated in individuals with bulimic symptoms, and that perfectionistic concerns are a risk factor for bulimic symptoms.

In contrast, the relationship between perfectionistic strivings and bulimic symptoms is unclear. On the one hand, Lilenfeld et al. (2000) reported bulimic patients reported higher personal standards relative to healthy controls. Likewise, Bardone-Cone (2007) reported self-oriented and socially prescribed perfectionism were associated with bulimic symptoms in female undergraduates. Moreover, Bardone-Cone (2007) found self-oriented perfectionism, but not socially prescribed perfectionism, predicted unique variance in bulimic symptoms, after controlling for negative affect. Additionally, Pratt, Telch, Labouvie, Wilson, and Agras (2001) reported people with bulimic symptoms had higher scores on self-oriented perfectionism, relative to an overweight control group. Boone et al. (2011) and Mackinnon et al. (2011) reported perfectionistic strivings predicted longitudinal increases in bulimic symptoms. However, on the other hand, Pearson and Gleaves (2006) reported personal standards relationship with bulimic symptoms was non-significant. And Gustafsson, Edlund, Kjellin, and Norring (2009), as well as Levinson and Rodebaugh (2016), reported perfectionistic strivings were not significantly associated with longitudinal change in bulimic symptoms. Overall, findings regarding perfectionistic strivings relationship with bulimic symptoms are inconsistent and unclear.

Several theories have been put forward to explain the perfectionism-bulimic symptom link (e.g., Bardone, Vohs, Abramson, Heatherton, & Joiner, 2000; Sherry & Hall, 2009). Heatherton and Baumeister (1991) proposed self-awareness becomes aversive when people perceive they have fallen short of their lofty goals, which in turn erodes inhibitions around food and leads to binge eating (a key symptom of bulimia). Joiner, Heatherton, Rudd, and Schmidt's (1997) model posits perfectionistic women experience bulimic symptoms when they perceive they have fallen short of their standards (e.g., seeing themselves as overweight). Similarly, Bardone et al.'s (2000) three-factor interactive model posits that people high in perfectionism and low in self-esteem are prone to bulimic symptoms when they see themselves as overweight. Alternatively, Woodside et al. (2002) theorized perfectionism is a genetically-transmitted personality trait that places people at risk for eating disorder symptoms. Quinton and Wagner (2005) suggest alexithymia (i.e., a personality construct characterized by the inability to recognize and to identify emotions in the self) predicts bulimic symptoms as both involve difficulties with modulating unpleasant emotional states. Marsero, Ruggiero, Scarone, Bertelli, and Sassaroli (2011) further suggest alexithymia is a predisposing factor for perfectionism, which may in turn lead to eating pathology. Lastly, Sherry and Hall (2009) assert perceived external pressures to be perfect (Hewitt & Flett, 1991) confer risk for binge eating via four triggers: interpersonal discrepancies, low interpersonal esteem, depressive affect, and dietary restraint.

Consistent with these theories, perfectionism correlates positively with bulimic symptoms (Bardone-Cone et al., 2007; Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004; Lilenfeld et al., 2000; Stice, 2002). But our understanding of whether perfectionism predicts increases in bulimic symptoms is limited. In his meta-analytic review, Stice (2002) reported perfectionism predicted increases in bulimic symptoms over an average of 21.2 months ($SD = 15.8$; month range = 1.0–36.0). However, Stice (2002) used a unidimensional measure of perfectionism (i.e., EDI-perfectionism), despite ample evidence suggesting perfectionism is best understood as a multidimensional construct (Hewitt & Flett, 1991; Hewitt, Flett, Besser, Sherry, & McGee, 2003). Thus, Stice's (2002) findings require updating given he did not investigate multidimensional perfectionism and published his findings over a decade ago. Finally, studies investigating perfectionism and bulimic symptoms are underpowered (Bardone-Cone et al., 2007) and are limited in their ability to draw strong conclusions. We addressed these challenges by conducting a rigorous meta-analytic review testing the extent to which perfectionism dimensions confer risk for bulimic symptoms.

2.2. Advancing research on perfectionism and bulimic symptoms using meta-analysis

In the eating disorder literature, perfectionism is often assessed using the Eating Disorder Inventory perfectionism subscale (EDI-perfectionism; Garner, Olmsted, & Polivy, 1983). EDI-perfectionism was developed to assess general perfectionism, yielding one unidimensional score. People with bulimic symptoms have significantly higher EDI-perfectionism scores relative to healthy controls (Lilenfeld et al., 2000; Moor, Vartanian, Touyz, & Beumont, 2004; Tachikawa et al., 2004). However, some researchers challenge EDI-perfectionism's unidimensionality. Sherry, Hewitt, Besser, McGee, and Flett (2004) presented evidence that EDI-perfectionism contains a self-oriented perfectionism factor and a socially prescribed perfectionism factor (see also Joiner & Schmidt, 1995). Moreover, Sherry et al. (2004) argued EDI-perfectionism provides a partial, incomplete representation of self-oriented and socially prescribed perfectionism. Thus, there is a need to summarize research on bulimic symptoms and multidimensional perfectionism. Moreover, meta-analysis could help resolve inconsistencies regarding perfectionistic strivings relationship with bulimic symptoms and may allow for an overall conclusion to be reached.

2.3. Objectives and hypotheses

We tested which perfectionism dimensions, if any, are part of a premorbid personality that confers risk for bulimic symptoms by comprehensively meta-analyzing longitudinal research on this topic. Guided by theory and research, we hypothesized perfectionistic concerns (socially prescribed perfectionism, concern over mistakes, doubts about actions) would predict increased bulimic symptoms. Likewise, we hypothesized EDI-perfectionism would predict increased bulimic symptoms. However, given inconsistent findings, we considered our examination of the extent to which perfectionistic strivings predict change in bulimic symptoms to be exploratory.

3. Method

3.1. Selection of studies

We conducted a rigorous literature search using PsycINFO, PubMed, Educational Resource Information Center (ERIC), and ProQuest Dissertations and Theses to locate longitudinal studies on perfectionism and bulimic symptoms. The following keywords and Boolean search terms were utilized in all searches: ((self-critic*) OR (perfect*)) AND ((longitudinal*) OR (prospective*) OR (panel*) OR (over time) OR (repeated)) NOT (perfect). This search yielded 965 studies. After

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