



Are perfectionistic concerns an antecedent of or a consequence of binge eating, or both? A short-term four-wave longitudinal study of undergraduate women



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ABSTRACT

The perfectionism model of binge eating (PMOBE) posits perfectionistic concerns are a vulnerability factor for binge eating. And evidence indicates perfectionistic concerns and binge eating correlate positively. However, the direction of this relationship is seldom studied. Accordingly, it is unclear whether perfectionistic concerns represent an antecedent of binge eating (a vulnerability effect with perfectionistic concerns predicting increases in binge eating), a consequence of binge eating (a complication effect with binge eating predicting increases in perfectionistic concerns), or both (reciprocal relations with perfectionistic concerns predicting increases in binge eating and vice versa). To address these questions, we studied 200 undergraduate women using a 4-week, 4-wave cross-lagged longitudinal design. Consistent with the PMOBE, perfectionistic concerns predicted increased binge eating (vulnerability effect). But, binge eating did not predict increased perfectionistic concerns (complication effect). Findings support the long-held theory that perfectionistic concerns are part of the premorbid personality of women vulnerable to binge eating.

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1. Introduction

Binge eating—rapidly and uncontrollably eating large amounts of food in a short period of time—negatively impacts well-being, health, and functioning (Keel, Baxter, Heatherton, & Joiner, 2007; Rush, Becker, & Curry, 2009). Indeed, binge eating can lead to weight gain, obesity, and related medical conditions such as type 2 diabetes (Bulik, Sullivan, & Kendler, 2002). Binge eating is also associated with smoking and hazardous drinking (Keel et al., 2007; Rush et al., 2009). Moreover, binge eating typically peaks for women during university, with evidence suggesting nearly 32% of undergraduate women binge eat (Keel et al., 2007). Accordingly, researchers and clinicians are increasingly interested in testing explanatory models of binge eating to inform prevention and intervention efforts.

Though there are numerous reasons why undergraduate women binge eat, perfectionism is long theorized to play an important role. For instance, Sherry and Hall's (2009) perfectionism model of binge eating (PMOBE) asserts socially-based pressures to be perfect (perfectionistic concerns) confer vulnerability for binge eating. And

several cross-sectional studies indicate perfectionistic concerns and binge eating correlate positively (e.g., Mushquash & Sherry, 2013). However, whether perfectionistic concerns are an antecedent of binge eating, a consequence of binge eating, or both is unclear.

1.1. Perfectionism

Perfectionism refers to a dispositional tendency to strive rigidly for flawlessness, set excessively high personal standards, and experience overly negative reactions to perceived setbacks and failures (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Evidence suggests the majority of common variance among lower-order perfectionism dimensions are accounted for by two higher-order factors: perfectionistic strivings and perfectionistic concerns (Stoeber & Otto, 2006). Perfectionistic strivings comprise a family of traits involving the tendency to demand perfection of oneself (self-oriented perfectionism; Hewitt & Flett, 1991) and the tendency to hold unrealistically high personal expectations (personal standards; Frost et al., 1990). Perfectionistic concerns comprise a family of traits involving the tendency to perceive others as demanding perfection (socially prescribed perfectionism; Hewitt & Flett, 1991), have overly negative reactions to perceived failures (concerns over mistakes; Frost et al., 1990), and

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doubts about performance abilities (doubts about actions; Frost et al., 1990). Given evidence suggesting perfectionistic concerns are uniquely important to binge eating (e.g., Sherry & Hall, 2009), we focused solely on perfectionistic concerns.

1.2. Clarifying perfectionistic concerns' relationship with binge eating

Sherry and Hall's (2009) perfectionism model of binge eating (PMOBE) views people with high perfectionistic concerns as actively creating conditions in their daily lives that are conducive to binge eating (e.g., restricting caloric intake). Put differently, in the PMOBE, perfectionistic concerns are seen as conferring vulnerability for binge eating. Consistent with this model, Boone, Soenens, Vansteenkiste, and Braet (2012) found experimentally inducing perfectionistic concerns caused undergraduates to have higher levels of binge eating. Likewise, in a daily diary study, Short, Mushquash, and Sherry (2013) found doubts about actions, a core component of perfectionistic concerns, predicted increased binge eating in undergraduates. Thus, findings are generally consistent with the PMOBE. Even so, longitudinal investigations directly testing whether perfectionistic concerns confer vulnerability for binge eating are scarce.

Heatherton and Baumeister's (1991) escape theory also implicates perfectionism in binge eating. According to this model, binge eating provides temporary relief from aversive self-awareness by shifting attention away from higher level abstract thinking to the immediate environment. Following a binge, upon return of self-awareness, emotional distress and intense self-criticism increases. It is thus plausible that, contrary to the PMOBE, binge eating may increase perfectionistic concerns. In other words, perfectionistic concerns may represent a complication of binge eating. Consider also that binge eating is tied to weight gain (Bulik et al., 2002), which could augment a subjective sense of falling short of others' body image ideals, thereby amplifying perfectionistic concerns. Alternatively, undergraduate women prone to binge eating typically resist future binges and experience intense guilt and self-rebuke following a binge, which may also foster perfectionistic concerns. However, such complication effects, with binge eating predicting perfectionistic concerns (but not the reverse) have not been tested.

Focusing exclusively on unidirectional relationships also negates the possibility that perfectionistic concerns and binge eating may involve a vicious, bidirectional cycle. And no study has explored possible reciprocal relations between perfectionistic concerns and binge eating. As such, it is currently unclear if perfectionistic concerns are an antecedent of binge eating (perfectionistic concerns predicting increases in binge eating), a consequence of binge eating (binge eating predicting increases in

perfectionistic concerns), or both (perfectionistic concerns predicting increases in binge eating and vice versa).

1.3. The present study

Understanding the directionality of perfectionistic concerns' relationship with binge eating is vital to assessing, treating, and preventing binge eating. And yet, the direction of this relationship is unclear. Our study addressed this gap by testing the model shown in Fig. 1. We tested this model in 200 undergraduate women using a 4-week, 4-wave cross-lagged longitudinal design. We measured perfectionistic concerns and binge eating as latent variables given that latent variables provide more accurate estimates that are less influenced by the idiosyncratic properties of individual scales (Little, 2013). Additionally, in line with Sherry and Hall (2009), we operationalized binge eating as distinct from negative affect. This is important as perfectionistic concerns and negative affect overlap moderately (Stoeber & Otto, 2006).

Based on past work (Mushquash & Sherry, 2013), we expected auto-regressive (adjacent) paths for perfectionistic concerns, capturing inter-individual stability, to show the highest temporal stability. And we expected auto-regressive paths for binge eating to show relatively lower temporal stability compared to perfectionistic concerns. Building on theory (Sherry & Hall, 2009) and evidence (Boone et al., 2012), we also hypothesized perfectionistic concerns would predict increased binge eating over time. And we tested if binge eating predicted increased perfectionistic concerns over time; we considered this test exploratory as our study is the first to investigate this potential complication effect.

2. Method

2.1. Participants

A sample of 200 undergraduate women was recruited from Dalhousie University's Department of Psychology participant pool. Participants averaged 19.9 years of age ($SD = 3.0$) and were primarily of European descent (88%).

2.2. Measures

2.2.1. Perfectionistic concerns

Perfectionistic concerns were measured as a latent variable using the following indicators: the 5-item short form of Hewitt and Flett's (1991) Multidimensional Perfectionism Scale's socially prescribed perfectionism subscale (HFMPSS-SPP; e.g., "My family expects me to be perfect"),

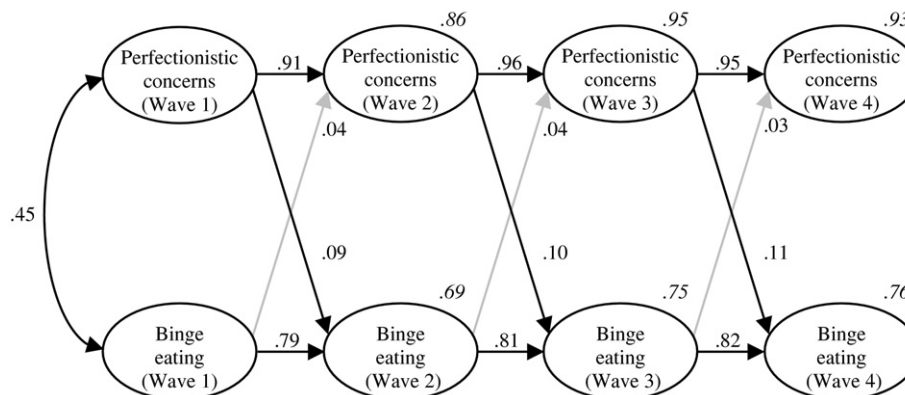


Fig. 1. Hypothesized model showing cross-lagged structural analyses with paths constrained to equality across waves. Ovals represent latent variables. Horizontal arrows represent autoregressive paths; diagonal arrows represent cross-lagged paths. Double-headed black arrows represent significant correlations ($p < .05$); single-headed black arrows represent significant paths ($p < .05$); single-headed gray arrows represent non-significant paths ($p > .05$). Path coefficients are standardized. Italicized numbers in the upper right corner of ovals represent the amount of variance explained by associated exogenous variables. Unstandardized path coefficients were constrained to equality; however, standardized path coefficients may still vary slightly. Cross-wave correlated errors were specified a priori. Error terms are not displayed.

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