



Physical appearance perfectionism explains variance in eating disorder symptoms above general perfectionism



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ABSTRACT

Physical appearance perfectionism is a domain-specific form of perfectionism comprising two components: hope for perfection and worry about imperfection (Yang & Stoeber, 2012). Previous studies found that physical appearance perfectionism is related to eating disorder symptoms, particularly the worry about imperfection component, but did not address the question of whether physical appearance perfectionism explains variance in eating disorder symptoms above general perfectionism. The present study investigated the question examining 559 female university students. Physical appearance perfectionism explained an additional 9–17% of variance in eating disorder symptoms above the 11–20% variance explained by general perfectionism. The findings suggest that physical appearance perfectionism plays an important role in disordered eating beyond general perfectionism.

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1. Introduction

1.1. Perfectionism and eating disorder symptoms

Perfectionism is a personality disposition characterized by striving for flawlessness and setting exceedingly high standards of performance accompanied by concern over mistakes and fear of negative evaluations (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Over the past 30 years, research has produced converging evidence that perfectionism is closely related to eating disorders. In particular, women high in perfectionism show elevated levels of eating disorder symptoms—such as restrained eating, bulimia, food preoccupation, and dissatisfaction with body shape and weight—compared to women low in perfectionism (Bardone-Cone et al., 2007).

1.2. Perfectionism dimensions

Perfectionism, however, is not a unitary construct but best conceptualized as a multidimensional characteristic (Frost et al., 1990; Hewitt & Flett, 1991; see also Enns & Cox, 2002). Factor analyses comparing measures of multidimensional perfectionism found two superordinate factors of perfectionism that are referred to as perfectionistic strivings and perfectionistic concerns (Stoeber & Otto, 2006). Perfectionistic strivings capture perfectionists' exceedingly high standards of performance and striving for perfection. In contrast, perfectionistic concerns

capture perfectionists' concern over mistakes and fear of negative evaluations. The differentiation of the two dimensions is important because only perfectionistic concerns consistently show positive correlations with processes and outcomes associated with psychological maladjustment (e.g., avoidant coping, negative affect), whereas perfectionistic strivings sometimes show positive correlations with processes and outcomes associated with psychological adjustment (e.g., active coping, positive affect)—particularly when the overlap between perfectionistic strivings and perfectionistic concerns is statistically controlled for and the unique relationships of perfectionistic strivings are examined (Hill, Huelmsman, & Araujo, 2010; Stoeber & Otto, 2006).

Accordingly, in research on perfectionism and disordered eating, it is mostly the aspects of perfectionistic concerns that are associated with eating disorder symptoms. Frost et al.'s (1990) multidimensional model of perfectionism, for example, differentiates personal standards and concern over mistakes with the former being an indicator of perfectionistic strivings and the latter an indicator of perfectionistic concerns (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Stoeber & Otto, 2006). Studies investigating personal standards, concerns over mistakes, and disordered eating typically find concern over mistakes to show larger and more consistently positive correlations with eating disorder symptoms than personal standards (e.g., Chang, Ivezaj, Downey, Kashima, & Morady, 2008; Landa & Bybee, 2007; Minarik & Ahrens, 1996). Hewitt and Flett's (1991) multidimensional model differentiates self-oriented perfectionism and socially prescribed perfectionism with the former an indicator of perfectionistic strivings and the latter an indicator of perfectionistic concerns (Frost et al., 1993; Stoeber & Otto, 2006). Studies investigating self-oriented perfectionism, socially prescribed perfectionism, and disordered eating typically find

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socially prescribed perfectionism to show larger and more consistently positive correlations with eating disorder symptoms than self-oriented perfectionism (e.g., Peixoto-Plácido, Soares, Pereira, & Macedo, 2015; Soares et al., 2009; Welch, Miller, Ghaderi, & Vaillancourt, 2009).

Further studies using the Positive and Negative Perfectionism Scale (PANPS; Terry-Short, Owens, Slade, & Dewey, 1995) to capture perfectionistic strivings (positive perfectionism) versus perfectionistic concerns (negative perfectionism) often find negative perfectionism to show larger and more consistently positive relationships with eating disorder symptoms than positive perfectionism (e.g., Haase, Prapavessis, & Owens, 1999, 2002) with some studies finding positive perfectionism to show negative relationships with eating disorder symptoms when the overlap with negative perfectionism is statistically controlled for (e.g., Chan & Owens, 2006; Choo & Chan, 2013). Whether the findings can be interpreted as evidence for perfectionistic strivings and perfectionistic concerns showing different relationships with eating disorder symptoms is unclear, however. The reason is that the PANPS has shown problems with content validity and factorial validity. As regards content validity, the PANPS was designed to capture positive and negative consequences of perfectionism (Terry-Short et al., 1995) following Slade and Owens (1998) dual process model of perfectionism based on reinforcement theory. Consequently, most PANPS items do not capture perfectionism, but alleged *consequences* of perfectionism which is particularly problematic for the items designed to capture positive perfectionism (e.g., “I enjoy the glory gained by my successes,” “I gain deep satisfaction when I have perfected something,” “I gain great approval from others by the quality of my accomplishments”) (see also Flett & Hewitt, 2006). As regards factorial validity, Haase and Prapavessis (2004) conducted a series of factor analyses on the PANPS items and had to discard over 50% of the items before the expected two-factor structure differentiating positive versus negative perfectionism emerged. Similar problems with factorial validity were reported by Egan, Piek, Dyck, and Kane (2011) who found that a two-factor solution explained only 29% of variance in the PANPS items (see also Chan & Owens, 2006). Moreover, positive perfectionism showed an unexpected positive correlation with depression in their clinical sample. Hence, Egan et al. concluded that the PANPS is not an adequate measure of positive and negative perfectionism.

1.3. Physical appearance perfectionism

Another important finding in research on perfectionism is that perfectionism is often domain-specific (Dunn, Gotwals, & Causgrove Dunn, 2005; McArdle, 2010; Stoeber & Stoeber, 2009) and that domain-specific measures of perfectionism may be better predictors of domain-specific processes and outcomes than general measures of perfectionism (e.g., Dunn, Craft, Causgrove Dunn, & Gotwals, 2011). Consequently, researchers have begun to use domain-specific measures of multidimensional perfectionism when examining how perfectionism relates to specific domains of peoples' lives such as sport, parenting, sexuality, and morality (Dunn et al., 2006; Snell, Overbey, & Brewer, 2005; Stoeber, Harvey, Almeida, & Lyons, 2013; Yang, Stoeber, & Wang, 2015).

One domain in which many people have perfectionistic tendencies is their physical appearance (Stoeber & Stoeber, 2009). To capture individual differences in perfectionism related to physical appearance, Yang and Stoeber (2012) introduced the concept of physical appearance perfectionism. According to their model, physical appearance perfectionism comprises two components: hope for perfection and worry about imperfection. Following the two-factor model of perfectionism (Stoeber & Otto, 2006), hope for perfection relates to the perfectionistic strivings aspects of physical appearance perfectionism whereas worry about imperfection relates to the perfectionistic concerns aspects. Furthermore, the two components can be understood from the perspective of Slade and Owens's (1998) dual model of perfectionism as approach-oriented (hope for perfection) versus avoidance-oriented (worry about imperfection).

In a series of studies examining Chinese and British students, Yang and Stoeber (2012) found preliminary support for the viability of the construct. First, physical appearance perfectionism showed significant correlations with general perfectionism. Furthermore, the two components showed differential relationships with perfectionistic strivings and perfectionistic concerns such that worry about imperfection showed stronger associations with perfectionistic concerns and hope for perfection stronger associations with perfectionistic strivings. Second, physical appearance perfectionism showed significant correlations with a range of symptoms associated with eating disorders: positive correlations with body image disturbance, body weight control behaviors, and body image concerns and negative correlations with physical appearance self-esteem and body areas satisfaction. Moreover, when the overlap between the two components was controlled for, only worry about imperfection continued to show significant correlations with all symptoms whereas most of the correlations of hope for perfection became nonsignificant.

1.4. The present study

Yang and Stoeber's (2012) findings provide preliminary evidence of the importance of physical appearance perfectionism for disordered eating. Their study, however, did not address the question of whether physical appearance perfectionism—as a domain-specific form of perfectionism closely related to disordered eating—explains variance in eating disorder symptoms above variance explained by general perfectionism. To answer this question was the aim of the present study. In this, the study followed Frost et al.'s (1990) and Hewitt and Flett's (1991) models of perfectionism and examined four aspects of general perfectionism: personal standards, concern over mistakes, self-oriented perfectionism, and socially prescribed perfectionism. Because most research on perfectionism and disordered eating focuses on women (Bardone-Cone et al., 2007), the study investigated women only, but included women from two different cultures (China, United Kingdom) to examine if western and non-western samples would show comparable patterns of relationships.

2. Method

2.1. Participants

Two samples of participants were recruited. Sample 1 comprised 171 female students attending a large university in the eastern coastal region of China. Mean age of participants was 20.5 years ($SD = 1.4$). Participation was voluntary, and participants received no compensation in exchange for participation. Sample 2 comprised 393 female students attending a large university in the south-east of the United Kingdom. Mean age of participants was 19.6 years ($SD = 3.5$). Participation was voluntary, and participants received extra course credit or a £50 raffle in exchange for participation.

2.2. Measures

2.2.1. Sample 1

To measure general perfectionism in Sample 1, we used the College Student Perfectionism Scale (Yang, Zhang, & Zhao, 2007) capturing concern over mistakes (7 items; e.g., “I would look down on myself if I make a mistake”) and personal standards (7 items; “I try to be the best when I compete with others”). In addition, we used the Perfectionism subscale of the Eating Disorders Inventory (EDI; Garner, Olmstead, & Polivy, 1983; Chinese version: Chen, Leung, & Wang, 2005) capturing socially prescribed perfectionism (3 items; “Only outstanding performance is good enough in my family”) and self-oriented perfectionism (3 items; “I feel that I must do things perfectly or not do them at all”) (cf. Sherry, Hewitt, Besser, McGee, & Flett, 2004). To measure physical appearance perfectionism, we used the Physical Appearance Perfectionism

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