



Perfectionistic cognitions and eating disturbance: Distinct mediational models for males and females



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ABSTRACT

Objective: Perfectionism has long been known to correlate with eating disturbance (ED). One mechanism through which this personality tendency may lead to ED is through increasing one's daily perfectionistic thoughts. This study examined the mediating role of perfectionistic thinking in the personality perfectionism–ED relationship among both male and female college students, and included measures assessing both typically-male and typically-female ED symptoms.

Method: A majority-White sample of 140 males and 329 females completed online versions of the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991), Perfectionism Cognitions Inventory (Flett, Hewitt, Blankstein, & Gray, 1998), Drive for Muscularity Scale (McCreary, Sasse, Saucier, & Dorsch, 2004), items from the Eating Disorder Examination Questionnaire (Fairburn, 2008), and other measures. Regression tests examined the hypothesized role of perfectionistic cognitions as a mediator, including participant age, BMI, and positive and negative affect as covariates.

Results: Among women, relationships between both self-oriented (Sobel's statistic = -4.63 , $p < .001$) and socially prescribed perfectionism (Sobel's statistic = -5.77 , $p < .001$) and dieting behavior were fully mediated by increased perfectionistic thinking. Among men, however, the relationship between only self-oriented perfectionism and bulimic (but not dieting) behavior, was fully mediated by increased perfectionistic thinking (Sobel's statistic = -2.53 , $p = .01$).

Conclusions: Perfectionistic cognitions play an important linking role between personality perfectionism and ED, and can illuminate important differences by gender in eating disturbance. Such findings can improve validity of ED assessment in both genders, and provide a clear pathway to interventions to decrease ED in both genders.

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1. Introduction

Perfectionism, the personality-based tendency to hold oneself to high standards, has been measured as both a unidimensional (e.g., Garner, Olmstead, & Polivy, 1983) and as a multidimensional individual-difference construct (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Researchers and clinicians have long noted increased levels of perfectionism among individuals showing cognitive and behavioral symptoms of eating disorders (Bardone-Cone, Sturm, Lawson,

Robinson, & Smith, 2010; Bardone-Cone et al., 2007; Franco-Paredes, Mancilla-Díaz, Vázquez-Arévalo, López-Aguilar, & Álvarez-Rayón, 2005; Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004), and some research has indicated that people high in personality perfectionism are at increased risk for developing eating disorders over time (Stice, 2002). Perfectionism has also been thought to manifest cognitively in the form of daily automatic thoughts. Accordingly, measures of frequency of experiencing specific perfectionistic cognitions have been developed, and have also been found to relate to cognitive and behavioral eating disorder symptoms (Flett, Newby, Hewitt, & Persaud, 2011).

Logically, a connection would seem to exist between personality perfectionism and perfectionistic cognitions in driving cognitive and behavioral symptoms of eating disorders (e.g., having a negative body image, dieting, binge eating, or purging, what we are calling *eating disturbance*). Specifically, high levels of personality perfectionism seem likely to increase one's experience of daily perfectionistic thoughts,

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which in turn might increase one's likelihood of suffering eating disturbance. However, no empirical examination of this possibility has yet been conducted. If such a relationship were found to exist, then clinicians may gain a greater understanding of whether daily perfectionistic thoughts can be targeted for specific intervention among those at risk for, or already evidencing, eating disturbance.

At the present time it remains true that most examinations of perfectionism and eating disturbance (and disorder) have been conducted on all-female samples. However, personality perfectionism and daily perfectionistic thoughts may have negative effects on not only female body image and eating behavior, but also that of males (though perhaps in ways different from among women). The lack of research on male eating disturbance has even led some authors to worry about impacts on eating disorder diagnosis among males (Strother, Lemberg, Stanford, & Turberville, 2012). Therefore, the present study tested specific mediational models of personality perfectionism, perfectionistic cognitions, and eating disturbance among both men and women of college age.

2. Defining perfectionism

Since the late 1970s, theoretical and empirical interest in perfectionism and its potentially harmful consequences has grown (e.g., Blatt, 1995; Hollender, 1978; Pacht, 1984; Rice, Ashby, & Slaney, 1998; Shafran & Mansell, 2001). Perfectionism, which can be broadly defined as the tendency to hold oneself to high standards, has been operationally defined in various ways. Researchers who have defined perfectionism as a unitary construct have assumed and measured a personality-based, general, and negative tendency to hold high standards. Tools such as the Eating Disorder Inventory-Perfectionism Scale (EDI-P; Garner et al., 1983) have taken such an approach to this construct, but the limitations of this conceptualization soon contributed to the development of multidimensional models and scales of perfectionism (Bardone-Cone et al., 2007). One of the most popular of the multidimensional approaches to personality perfectionism was developed by Hewitt and Flett (1991), which considers perfectionism in terms of one's behavioral tendencies related to the source and target of one's high standards. In this framework, so-called *self-oriented perfectionism* involves generally expecting perfection in oneself, and is measured by items such as "I strive to be as perfect as I can be." *Other-oriented perfectionism*, in contrast, involves generally expecting others to be perfect, measured by items such as "I do not have very high standards for those around me" (reverse scored item). Finally, *socially prescribed perfectionism* involves generally perceiving others as expecting perfection of the self, measured by items such as "I find it difficult to meet others' expectations of me." Various studies have supported the usefulness of this framework in understanding aspects of psychological adjustment among adults (Chang 2000; Chang & Rand, 2000; Downey & Chang, 2007; Hewitt & Flett, 1993; Hewitt, Flett, & Ediger, 1995; Hewitt, Flett, & Endler, 1995; Hewitt, Flett, & Turnbull-Donovan, 1992; Hewitt, Flett, & Weber, 1994).

As the knowledge base on perfectionism grew, interest in its precise cognitive manifestation resulted in the development of a separate measure of perfectionism-related thoughts. The Perfectionism Cognitions Inventory (PCI) was developed to measure the frequency with which individuals experience specific automatic perfectionistic thoughts (Flett, Hewitt, Blankstein, & Gray, 1998). Some of the assessed thoughts are self-focused, such as "I've got to keep working on my goals," while others involve perceptions of social pressure, such as "People expect me to be perfect." Accordingly, greater personality tendencies towards self-oriented and socially prescribed perfectionism would be assumed to lead to more frequent perfectionistic thinking (and also towards problems with psychological adjustment associated with perfectionism). The PCI, however, does not divide such cognitions into self-oriented or socially prescribed perfectionistic thoughts. Rather, greater overall frequency of thinking like a perfectionist is theorized to be threatening to psychological well-being, over and above one's level of personality perfectionism. Research on the PCI has indicated that perfectionistic

thinking is indeed uniquely associated with greater tendencies towards rumination (Flett, Madorsky, Hewitt, & Heisel, 2002), obsessive-compulsive thoughts and behaviors (Ferrari, 1995), and greater anxiety and depressive symptoms among adults (Flett, Hewitt, Whelan, & Martin, 2007; Flett et al., 1998, 2002) as well as higher depressive symptoms among adolescents (Flett, Hewitt, Demerjian, Sturman, & Sherry, 2012). Given the value in considering the relations between specific perfectionistic cognitions and psychological adjustment, a potential exists for extending such investigations into other types of maladjustment with known connections to personality perfectionism.

3. Perfectionism, perfectionistic cognitions, and eating disturbance

Personality perfectionism has been shown in multiple studies and reviews to be an important correlate and predictor of the major symptoms of eating disorders, including dieting, binge eating, purging, and negative body image. This extensive knowledge base indicates that individuals high in personality perfectionism are consistently more prone to suffering from such symptoms (Bardone-Cone, Weishuhn, & Boyd, 2009; Bardone-Cone et al., 2007; Franco-Paredes et al., 2005; Jacobi et al., 2004) than those low in personality perfectionism are. Personality perfectionism may also worsen the course of full-blown eating disorders through intensifying such symptoms, or inhibiting treatment response. For example, Nilsson, Sundbom, and Hägglöf (2008) studied patients receiving treatment for anorexia nervosa (AN) longitudinally, and showed that higher perfectionism levels at 8- and even 16-year follow-ups after admission into AN treatment were correlated with lowered recovery rates. Similarly, one study compared perfectionism among active eating disorder patients, partially-recovered eating disorder patients, fully-recovered eating disorder patients, and healthy, never-diagnosed controls. This study found that fully-recovered eating disorder patients had comparably-low perfectionism scores to the healthy controls. Meanwhile, active and partially-recovered eating disorder patients both evidenced similar, elevated levels of perfectionism (Bardone-Cone et al., 2010).

When considering the particular dimensions of personality perfectionism proposed by Hewitt and Flett (1991) in relation to eating disturbance, self-oriented and socially prescribed perfectionism have been most consistently linked to such psychopathology (Downey & Chang, 2007; García-Villamisar, Dattilo, & Del Pozo, 2012; Hewitt et al., 1995; Sherry, Hewitt, Besser, McGee, & Flett, 2004). For example, self-oriented perfectionism contributes to vulnerable individuals holding themselves to unrealistic personal standards for weight, shape, and appearance (Bardone-Cone, 2007; Castro-Fornieles et al., 2007) as well as to greater feelings of negative affect if they decide they fall short of these standards (Downey & Chang, 2007). Self-oriented perfectionism has been shown to be related to the drive not only for thinness among females (who comprise the majority of sufferers of eating disturbances and disorders), but also for greater muscularity among men (Davis, Karvinen, & McCreary, 2005). Self-oriented perfectionism may also contribute to overvaluation of shape and weight as indicators of personal worth (Joyce, Watson, Egan, & Kane, 2012; Watson, Raykos, Street, Fursland, & Nathan, 2011) and to greater problems with body esteem, leading to disordered eating (Ferrand, Magnan, Rouveix, & Filaire, 2007). Socially prescribed perfectionism, by contrast, may relate to perceptions that others wish one's shape, weight, or appearance to be perfect, creating a feeling of social pressure to conform to others' expectations. While some authors have found that elevated socially prescribed perfectionism is more likely than self-oriented perfectionism to correlate with eating disturbance (Hewitt et al., 1995), other authors have found otherwise (McLaren, Gauvin, & White, 2001; Pratt, Telch, Labouvie, Wilson, & Agras, 2001) or have concluded that socially prescribed perfectionism may actually fail to account for eating disturbance when negative affect is controlled (Bardone-Cone, 2007). Such findings beg the question of how much can be revealed about eating disturbance through assessment of only personality-based perfectionism.

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