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# Too strict or too loose? Perfectionism and impulsivity: The relation with eating disorder symptoms using a person-centered approach

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ABSTRACT

Although both perfectionism (i.e. personal standards perfectionism and evaluative concerns perfectionism) and impulsivity have been shown to be implicated in eating disorders, no previous studies have examined the interplay between both personality dimensions in their association with eating disorder symptoms. This is the first study to investigate the relationship between empirically derived personality subtypes based on perfectionism and impulsivity and eating disorder symptoms (i.e., dietary restraint, and concerns over eating, weight and shape). Cluster analysis was used to establish naturally occurring combinations of perfectionism and impulsivity in adolescent boys and girls ($N = 460$; $M$ age $= 14.2$ years, $SD = .90$). Evidence was obtained for four personality profiles: (1) a resilient subtype (low on perfectionism and impulsivity), (2) pure impulsivity subtype (high on impulsivity only), (3) pure perfectionism subtype (high on perfectionism only), and (4) combined perfectionism/impulsivity subtype (high on both perfectionism and impulsivity). Participants in these four clusters showed differences in terms of eating disorder symptoms in that participants with a combination of high perfectionism and high impulsivity (rather than the presence of one of these two characteristics alone) had the highest levels of ED symptoms. These findings shed new light on extant theories concerning ED.

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## 1. Introduction

Research suggests, paradoxically, that both overcontrolled personality features, such as perfectionism, and undercontrolled personality characteristics, such as impulsivity, are implicated in eating disorder symptomatology (e.g., Bardone-Cone et al., 2007; Dawe & Loxton, 2004). To gain more insight into this rather counterintuitive finding, this study aimed to examine the interplay between perfectionism and impulsivity in relation to eating disorder symptoms (i.e., dietary restraint, and concerns over eating, weight and shape) from a person-centered approach. Specifically, we aimed to investigate the relationship between naturally occurring combinations of perfectionism and impulsivity within persons.

Perfectionism has been conceptualized as a multidimensional personality feature. Many studies have found that perfectionism consists of two components, that is personal standards (PS) perfectionism (i.e., the setting of and striving for high personal standards and goals), and evaluative concerns (EC) perfectionism (i.e., negative reactions to failures, concerns over others' criticism and expectations, and doubts about performance abilities) (Bieling, Israeli, & Antony, 2004; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993). Several case control studies found that both PS and EC perfectionism are elevated in patients with anorexia nervosa and bulimia nervosa compared to healthy controls or other psychiatric groups (e.g., Bastiani, Rao, Weltzin, & Kaye, 1995; Soenens et al., 2008). Furthermore, research on perfectionism has consistently found that levels of EC perfectionism, and to a lesser extent PS perfectionism, are strongly related to body image concerns in a clinical sample (Boone, Braet, Vandereycken, & Claes, 2013) and to the severity (Sherry, Hewitt, Besser, McGee, & Flett, 2004) and the presence (DiBartolo, Li, & Frost, 2008) of a wide range of eating disorder symptoms (e.g., dieting, bulimic symptoms, and preoccupation with food, weight and shape) in non-clinical samples (see Bardone-Cone et al. (2007) for an overview). More recently, longitudinal (Boone, Soenens, & Braet, 2011; Mackinnon et al., 2011) and experimental research (Boone, Soenens, Vansteenkiste, & Braet, 2012; Shafran, Lee, Payne, & Fairburn, 2006) found evidence for the role of PS and EC perfectionism in the onset and course of ED symptoms, such as restraint eating, binge eating, and weight and shape concerns. Importantly, in a recent study — using a person-centered approach — it was found that a combination of high PS perfectionism and high EC perfectionism is associated with the highest level of ED symptoms, such as dietary restraint, and concerns over eating, weight and shape in a sample of

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healthy adolescents (e.g., Boone, Soenens, Braet, & Goossens, 2010). In sum, these studies show that not only EC perfectionism, but also PS perfectionism is implicated in the development of a diverse range of ED symptoms. Therefore, in this study both PS and EC perfectionism will be used as indicators of perfectionism.

Yet, as noted, eating disorders have also been related to impulsivity. Impulsivity has been conceptualized in many different ways (Whiteside & Lynam, 2001). Eysenck, for instance, has proposed a three dimensional model defining impulsiveness as an inability to think and reflect on the consequences of actions before engaging in these actions (Eysenck, Pearson, Easting, & Allsopp, 1985). Others have conceptualized impulsivity based on Gray's Reinforcement Sensitivity Theory (RST; Gray, 1970), which focuses on motivational factors underlying impulsive behavior. Gray's impulsivity dimension reflects individual variation in sensitivity to rewarding (conditioned or unconditioned) environmental stimuli, which is regulated by the Behavioral Approach System (BAS).

Impulsiveness, which might thus also be conceptualized as high BAS reactivity, has been positively related to various psychological symptoms, including eating disorder symptoms such as dysfunctional eating patterns (e.g., bingeing and purging), and preoccupation with weight and dieting (see Bijttebier, Beck, Claes, & Vandereycken, 2009 for an overview; Dawe & Loxton, 2004). In an experimental study (Guerrieri, Nederkoorn, Schrooten, Martijn, & Jansen, 2009), for instance, it was found that participants who were primed with the concept of “impulsivity” (i.e., participant were asked to read and imagine a story in which impulsivity traits were central) showed a higher caloric intake compared to participants who were primed with the concept of “inhibition” (i.e., a story in which more restrictive and controlling aspects were mentioned). In clinical samples, it has been found that impulsivity is elevated in patients with bulimia nervosa (BN) and binge/purging AN (AN-P), whereas patients with restrictive AN (AN-R) have been shown to exhibit less severe impulsivity levels (Beck, Smits, Claes, Vandereycken, & Bijttebier, 2009; Claes, Vandereyeken, & Vertommen, 2002). However, a study by Claes and colleagues (Claes, Robinson, Muehlenkamp, Vandereycken, & Bijttebier, 2010) found that BAS reactivity did not discriminate between BN, AN-P, and AN-R, suggesting that all patients with an ED presented some impulsivity traits. Further, these authors found that effortful control, i.e. the ability to inhibit an automatic response, played an important role in the differentiation between restrictive and binge/purging ED subtypes. Hence, it seems that high levels of impulsivity in ED may interact with other features in predicting ED symptoms. A focus on impulsivity alone is therefore insufficient to fully understand the dynamics involved in ED symptoms. Therefore, in this study, we investigated the interplay between impulsivity and perfectionism in relation to ED symptoms.

### 1.1. Interplay between perfectionism and impulsivity

Perfectionism and impulsivity can be expected to interact with each other for at least two reasons. First, clinical observations and empirical studies have reported that a substantial proportion of patients with an ED are characterized by a combination of strong perfectionistic attitudes as well as high impulsivity (e.g., Claes et al., 2002). This suggests that perfectionism and impulsivity are different constructs that should not be considered as opposites on a single continuum. Second, research has shown that crossover from the AN-R subtype to the AN-P subtype or from AN to BN is substantial, with percentages ranging from 64% to 17%, and 54% to 20% respectively (see Peat, Mitchell, Hoek, & Wonderlich, 2009 for an overview), suggesting that both personality features might be simultaneously elevated in patients with eating disorders, but that at any given point in time, perfectionistic or impulsive traits might dominate the clinical presentation of ED patients.

In this study, we therefore aim to investigate the interplay between perfectionism and impulsivity in explaining eating disorder symptoms using a person-centered approach (i.e., cluster-analysis). Such an approach allows examining naturally existing combinations of perfectionism and impulsivity within persons. Unlike variable-centered approaches that focus on the relationships among variables (e.g., using correlations or regression analyses), person-centered approaches aim to identify clusters of individuals with the same features or trajectories (von Eye & Bogat, 2006). Moreover, it has often been argued that a person-centered approach, because of its focus on individual profiles, is clinically more relevant as clinicians are primarily concerned with individuals rather than variables, and thus can more easily translate these findings to their own clinical practice (Bergman & Trost, 2006).

Although no study to date has investigated the interplay between perfectionism and impulsivity specifically in predicting eating disorder symptoms, many studies have addressed naturally occurring personality types more generally using cluster analysis or Q-analysis (e.g., Claes et al., 2006, 2012; Thompson-Brenner, Eddy, Satir, Boisseau, & Westen, 2008; Thompson-Brenner, Eddy, Franko, et al., 2008; Westen & Harnden-Fischer, 2001). The majority of these studies have identified three personality subtypes in patients with EDs, whereas others have identified three to five subtypes, each of which may include individuals with any of the ED diagnoses. Most studies in this area have identified the three subtypes of individuals (1) a *resilient/high functioning cluster* (low scores on all clinical big five traits), (2) an *undercontrolled/emotionally dysregulated cluster* (high scores on neuroticism and low on conscientiousness and agreeableness), and (3) an *overcontrolled/constricted cluster* (high scores on neuroticism and conscientiousness, and low scores on openness). In addition, some studies found evidence for two additional clusters: (4) an *avoidant-insecure type* (with anxious, depressed, and socially avoidant tendencies), and (5) a *behaviorally dysregulated* type (with stimulus-seeking, antisocial, and impulsive dysregulated behaviors) (e.g., Thompson-Brenner, Eddy, Franko, et al., 2008; Thompson-Brenner, Weingeroff, & Westen, 2009; Wonderlich et al., 2005).

Studies in this area have consistently found that individuals in the resilient cluster typically reported less severe ED symptoms compared to individuals in the other clusters. Furthermore, individuals classified in the emotionally and behaviorally dysregulated cluster generally report more bulimic symptoms and impulsive behaviors, whereas those classified in the overcontrolled and avoidant-insecure cluster tend to exhibit more restrictive symptoms (Thompson-Brenner, Eddy, Satir, et al., 2008). In addition, although findings have not always been consistent in patients with bulimia nervosa (Claes et al., 2006), patients in the overcontrolled cluster tend to report the highest level of weight and shape concerns (e.g., Wonderlich et al., 2005).

### 1.2. The present study

Although research has shown that both perfectionism and impulsivity are implicated in eating disorder pathology, no study to date has simultaneously investigated their interplay in relation to eating disorder symptoms. This is the first study to examine naturally occurring combinations of PS and EC perfectionism and impulsiveness in a community sample of 460 adolescent boys and girls using cluster analysis.

In line with previous studies on personality subtypes that found evidence for three personality clusters, we expected to replicate these clusters based on scores on impulsivity and perfectionism. Specifically, we expected to find a resilient cluster (low on perfectionism and impulsivity), a pure impulsive cluster (high on impulsivity and low on perfectionism), a pure perfectionistic cluster (high on perfectionism, and low on impulsivity), and a combined cluster (high perfectionism and high impulsivity). Second, we aimed to examine differences in ED symptoms (i.e., dietary restraint, and concerns over eating, weight and shape) between clusters. It was expected that adolescents in the resilient cluster would show the least ED symptoms, whereas the overcontrolled cluster would report similar (Claes et al., 2006) or more ED symptoms (Wonderlich et al., 2005) compared to the undercontrolled cluster.

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