

Shorter communication

Perfectionism in depression, obsessive-compulsive disorder and eating disorders

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Received 12 November 2007; received in revised form 22 February 2008; accepted 25 February 2008

Abstract

High levels of perfectionism have been observed in major depression, anxiety disorders and eating disorders. Though few studies have compared levels of perfectionism across these disorders, there is reason to believe that different dimensions of perfectionism may be involved in eating disorders than in depression or anxiety [Bardone-Cone, A. M. et al. (2007). Perfectionism and eating disorders: Current status and future directions. *Clinical Psychology Review*, 27, 84–405]. The present study compared patients with major depression, obsessive-compulsive disorder, and eating disorders on dimensions of perfectionism. Concern over Mistakes was elevated in each of the patient groups while Pure Personal Standards was only elevated in the eating disorder sample. Doubts about Actions was elevated in both patients with obsessive-compulsive disorder and eating disorders, but not in depressed patients. Analyses of covariance indicated that Concern over Mistakes accounted for most of the variance in the relationship of perfectionism to these forms of psychopathology.

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Keywords: Perfectionism; Depression; Eating disorders; Obsessive-compulsive disorder

Introduction

Dimensions of perfectionism

Perfectionism has emerged as an important construct with respect to the etiology and maintenance of various types of psychopathology (Flett & Hewitt, 2002). Research on perfectionism has supported two basic

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dimensions corresponding to maladaptive evaluative concerns (MEC) and achievement striving (AS), though the titles for these dimensions vary somewhat depending in part on the measure being used (Bieling, Israeli, & Antony, 2004; Blankstein & Dunkley, 2002; Cox, Enns, & Clara, 2002; Dunkley, Blankstein, Masheb, & Grilo, 2006; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993). On the Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990) the Concern over Mistakes subscale appears to be the central feature of MEC (Dunkley, Zuroff, & Blankstein, 2006; Frost & DiBartolo, 2002), though this dimension also reflects to a lesser degree Doubts about Actions, Parental Expectations, and Parental Criticism. The Personal Standards subscale of the FMPS most closely corresponds to the AS dimension of perfectionism. However, DiBartolo, Frost, Chang, La Sota, and Grills (2004) identified several items on this subscale that measured not only high personal standards, but also evaluative self-worth. Reanalysis of datasets and additional data confirmed that removing these items from the scale provided a purer measure of personal standards.

Concern over Mistakes has been found to correlate with measures of psychopathology among nonclinical populations (see Frost & DiBartolo, 2002 for a review) and to be significantly higher among clinical populations including most anxiety disorders, depression, and eating disorders (see Bardone-Cone et al., 2007; Frost & DiBartolo, 2002 for reviews).

Though it is clear that Concern over Mistakes is associated with psychopathology and maladaptive characteristics, debate has ensued as to whether the achievement striving perfectionism might be considered “positive” or “adaptive” (Bieling et al., 2004; Flett & Hewitt, 2006; Greenspon, 2000; Slade & Owens, 1998; Stöber & Otto, 2006). The Personal Standards scale of the FMPS has been found to correlate with positive mood, conscientiousness, and other “adaptive” qualities (Bieling et al., 2004; Frost et al., 1990; Stöber, 1998), and some have argued this may be a form of “healthy” perfectionism (Parker, 1997). In a comprehensive review of this area, Stöber and Otto (2006) concluded that perfectionistic strivings, as measured by scales like the Personal Standards scale, are associated with adaptive behaviors rather than pathology. However, other studies have found small but significant correlations between Personal Standards and indices of anxiety and depression in nonclinical samples (Brown et al., 1999; Cheng, Chong, & Wong, 1999; Frost et al., 1990; Lynd-Stevenson & Hearne, 1999; Stöber, 1998). DiBartolo et al. (2004) have suggested that these correlations may be due to some items on the Personal Standards subscale that pair meeting high standards with self-worth. When these items were removed from the scale, the more pure personal standards scale correlated with measures of adaptive outcome and not with measures of distress. On the other hand, DiBartolo, Li, and Frost (in press) still found a significant positive correlation between this Pure Personal Standards measure and social anxiety, though it was no longer significant when the association with Concern over Mistakes was partialled out.

Enns, Cox, and Borger (2001) have suggested that associations between Personal Standards and depression may be specific to analogue populations and therefore less relevant for clinical disorders. Among clinical samples no studies have found anxiety disordered or depressed patients to have higher Personal Standards scores than nonclinical controls (Bardone-Cone et al., 2007). For eating disorders, however, the evidence reveals a different pattern. In reviewing the literature, Bardone-Cone et al. (2007) concluded that patients with anorexia nervosa scored higher than nonclinical controls on Personal Standards as well as Concern over Mistakes from the FMPS. Some evidence using the Hewitt and Flett Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) is consistent with these findings. Cockell et al. (2002) found higher levels of both Self-Oriented and Socially Prescribed Perfectionism among anorexia patients compared to a mixed group of mood disorder patients and nonclinical controls. In addition, among studies of anorexia nervosa patients, scores on the Personal Standards subscale appeared to be higher than Personal Standards scores reported in investigations involving anxious and depressed patients (Bardone-Cone et al., 2007). Only one study has directly compared depressed, anxious, and eating disorder patients on these dimensions of perfectionism (Bulik et al., 2003). In a large twin study, Concern over Mistakes was associated with a higher odds ratio for eating disorders but not for major depression and anxiety disorders; Doubts about Actions was associated with a higher odds ratio for both eating disorders and anxiety disorders but not for major depression; Personal Standards was not associated with an elevated odds ratio for any of the disorders. However, it is difficult to interpret these findings in light of the numerous studies that have found higher levels of Concern over Mistakes and Doubts about Actions in anxiety disorders and depression (Antony, Purdon, Huta, & Swinson,

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