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Perfectionism, acne and appearance concerns

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Abstract

This study investigated the relationship between perfectionism and two aspects of appearance worry: acne-related concerns and dysmorphic concerns. One-hundred and sixty five female university students completed measures of three facets of perfectionism: self-oriented, other-oriented and socially prescribed [Hewitt, P. L., & Flett, G. L. (1991a). Perfectionism in the self and social contexts: conceptualization, assessment and association with psychopathology. *Journal of Personality and Social Psychology, 60*, 456–470], general psychopathology (GHQ-28), acne health related quality of life [Girman, C. J., Hartmaier, S., Thiboutot, D., Johnson, J., Barter, B., DeMunro-Mercon, & Waldstreicher, J. (1996). Evaluating health-related quality of life in patients with facial acne: development of a self-administered questionnaire for clinical trials. *Quality of Life Research, 5*, 481–490] and dysmorphic concerns [Oostuizen, P., Lambert, T., & Castle, D.J. (1998). Dysmorphic concern: prevalence and associations with clinical variables. *Australian and New Zealand Journal of Psychiatry, 32,* 129–132]. Multiple regression analyses showed that, after controlling for general psychopathology, a high level of socially prescribed perfectionism was associated with a greater tendency to be concerned about acne in particular and appearance in general.

Keywords: Perfectionism; Acne; Self-perception; Dysmorphic concerns

1. Introduction

Virtually all individuals experience acne vulgaris (commonly known as acne) at least once during their life (Brown & Shalita, 1998). At any time, approximately 70% of the adolescent population have a recognisable degree of acne (Marks, 1984) with prevalence peaking around 18 years of age (Brown & Shalita, 1998). The problem is increasing, especially among women, with 40–50% of all adult women affected to various degrees (Lowe & Forster, 1997).

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The appearance of the skin can profoundly affect overall body image. Improvement in acne severity can reduce dysphoria and lead to greater satisfaction with unrelated body aspects, such as shape and weight (Gupta, Gupta, Schork, Ellis, & Voorheess, 1990).

Why some acne sufferers are more concerned about their condition than others is not quite clear. Objective severity of the condition is one possibility. Australian high school students were more likely to report symptoms of depression and anxiety with moderate acne severity compared to those with mild acne (Kilkenny et al., 1997). Severity of acne has also been associated with increased embarrassment and inability to enjoy and participate in social activities (Pearl, Arroll, Lello, & Birchall, 1998). However, Niemeier et al. (1998) found patients' impairment was actually negatively correlated with objective acne severity. Even though Lasek and Chrens' (1998) subjects with acne experienced fewer objective skin problems than subjects with psoriasis, they had more functional and emotional difficulties attributable to their skin condition. The inconsistency in the reported relationship between skin condition severity and amount of concern suggests that other factors may interact with condition severity to produce excessive concern. One likely factor is general psychopathology. It would not be unreasonable to suggest that persons with a certain level of skin imperfection who also had high levels of psychopathology might become more concerned than peers with the same skin condition but with lower levels of psychopathology. Kellett and Gawkrodger (1999) believe that acne sufferers become used to thinking about their looks in a critical, negative and self-conscious manner and, when their acne subsides, these thoughts often remain.

In its most severe form, the tendency to be concerned about physical appearance, when there is no obvious disfigurement is referred to as Body Dysmorphic Disorder (BDD). The Diagnostic and Statistical Manual-IV (APA, 1994) defines BDD as excessive preoccupation with an imagined or minor physical defect with consequent impairment in important areas of functioning. BDD is found in approximately 2% of the population, with an onset usually in adolescence.

The term "dysmorphic concern" has been suggested to describe conditions at the milder end of the BDD continuum (Oosthuizen & Castle, 1998). At this level, concern about physical appearance is quite common. In one US survey, 70% of students were dissatisfied with their looks and 48% were preoccupied with some aspect of their physical appearance (Fitts, Gibson, Redding, & Deiter, 1989). Physical attractiveness appears to be more important for female than male adolescents. Females are more socially oriented in their personal development and rely on social experiences and appraisal to define their self-concept to a greater extent than males (Hsu, 1990). BDD appears to affect both sexes equally (Phillips, 1991). However, with milder forms of bodily concerns, females appear to predominate (Phillips & Diaz, 1997).

Skin appearance and condition are the most common concerns for BDD sufferers, with around 65% focusing on it and worrying about acne and scarring (Phillips, 1996). It has been suggested that acne predisposes a sufferer to BDD development. As the onset of dysmorphophobia generally occurs in adolescence, Andreasen and Bardach (1977) believe it is a response to the numerous physical and psychological changes that occur during this period, acne being prominent among these.

Clinicians have suggested connections between perfectionistic attitudes and appearance concerns (Andreasen & Bardach, 1977). Hewitt and Flett (1991a) postulated a tripartite model of perfectionism. The dimensions are firstly, self-oriented perfectionism, which involves elevated self-standards and motivation to achieve perfection for oneself. Secondly, other-oriented perfectionism,