



## Daily fluctuations in perfectionism dimensions and their relation to eating disorder symptoms

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### ABSTRACT

Multidimensional perfectionism has been shown to play an important role in eating disorders (EDs). However, research examining this relation has primarily focused on relatively stable inter-individual differences between persons, thereby failing to examine how these variables are associated within individuals on a daily basis. This study examines how daily fluctuations in Personal Standards (PS) perfectionism and Evaluative Concerns (EC) perfectionism relate to each other and to fluctuations in ED symptoms. Adolescents ( $N = 275$ ) completed questionnaires each evening during seven consecutive days. Multilevel modeling showed significant day-to-day fluctuations in PS and EC perfectionism, and showed that both dimensions are intertwined in the day. Among females, fluctuations in EC perfectionism co-varied with fluctuations in ED symptoms.

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### 1. Introduction

“On some days, when I wake up I tell myself that I must get the best out of that day and I make a to-do list of tasks that should be completed by the end of the day at work. On these days, I start with a lot of positive energy and motivation, but as the day unfolds I realize that my standards were too high. As a result, by the end of the day I often criticize myself for not living up to my expectations. To cope with my negative thoughts, I tend to eat foods that are high in sugar and fat.”

In this stereotypical response of an eating disorder patient, it is illustrated how perfectionism can have an impact on a person's functioning in the course of 1 day. Research increasingly shows that perfectionism indeed has important repercussions for individuals' behavior mental health (Stoeber & Otto). However, the majority of studies on perfectionism addressed the question whether individuals with high, relative to low, levels of trait perfectionism differ from each other on a variety of outcomes (e.g., Stoeber & Otto, 2006). In contrast to such an approach, and as illustrated in the anecdotal example, in this study we examined

the possibility that perfectionism does not only differ between individuals, but also differs within individuals on a day-to-day basis, with resulting implications for individuals' day-to-day proneness for eating disorder symptoms. To accomplish this goal, both trait and state measures of perfectionism were assessed in a diary study. In doing so, we adopted a multidimensional approach to perfectionism, in which Personal Standards (PS) perfectionism (i.e. the setting and pursuit of high standards) is discerned from Evaluative Concerns (EC) perfectionism (i.e. the tendency to engage in critical self-evaluations when high standards are not met) (Dunkley, Zuroff, & Blankstein, 2006).

Previous diary studies on perfectionism typically examined the relation between trait PS and EC perfectionism and daily measures of maladjustment, stress, affect, coping, and bulimic symptoms (e.g. Dunkley, Berg, & Zuroff, 2012; Dunkley, Zuroff, & Blankstein, 2003; Dunkley et al., 2006; Sherry & Hall, 2009; Stoeber & Janssens, 2011). Although these studies provide insight in the effect of dispositional perfectionism on daily functioning, these studies did not measure daily fluctuations in perfectionism itself. As a consequence, several issues related to perfectionism and its covariation with ED symptoms have remained unanswered.

In this study, the following four questions were addressed in a sample of adolescents. First, we examined whether PS and EC perfectionism fluctuate from day to day; is there significant within-person fluctuation in both perfectionism dimensions? In other words, are there days where one sets high standards for oneself, while on other days one's standards are lower? Second, we examined whether day-to-day fluctuations in PS perfectionism would be

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related to fluctuations in EC perfectionism to address the dynamic interplay between both perfectionism dimensions on a daily basis. Is it the case that, on days when one sets high standards for oneself, one also tends to evaluate oneself more critically, much like both types of perfectionism have been found to be positively associated at the between-person level? Third, we examined whether daily fluctuations in PS and EC perfectionism relate to daily fluctuations in ED symptoms. Specifically, we address the question whether only daily EC perfectionism is related to daily ED symptoms or whether both the setting of high standards and a self-critical attitude in the day have an independent relation to ED symptoms? Fourth, we examined whether trait perfectionism would moderate the day-level relations. It might be the case, for instance, that daily covariations between perfectionism and ED symptoms would be more pronounced for those high on trait perfectionism.

### 1.1. Perfectionism as a multidimensional personality construct

The conceptualization of perfectionism has evolved from a unidimensional perspective (Hollender, 1965) to a more differentiated, multidimensional perspective (Hamachek, 1978). According to the multidimensional approach, perfectionism has both maladaptive and relatively more adaptive features (Bieling, Israeli, & Antony, 2004; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost, Marten, Lahart, & Rosenblate, 1990). Herein, we refer to these dimensions as “Personal Standards (PS) perfectionism” and “Evaluative Concerns (EC) perfectionism”. PS perfectionism includes the setting of high standards for oneself and the striving to attain perfection. It has been shown to be largely unrelated to maladjustment or even positively related to psychological well-being (e.g., Bieling et al., 2004; Stoeber & Otto, 2006). EC perfectionism refers to a self-critical orientation including doubts about one’s competencies and negative self-evaluations. EC perfectionism has been found to yield a strong and consistent relation with a variety of indicators of ill-being, including anxiety, depression, negative affect, and eating disorder symptoms (Stoeber & Otto, 2006).

Within the current perfectionism literature, perfectionism is typically conceived of as a relatively stable personality feature characterized by rather substantial and enduring inter-individual differences (Cox & Enns, 2003; Rice & Aldea, 2006). Consistent with this assumption, longitudinal studies have shown that both perfectionism dimensions are characterized by rather high rank-order stability coefficients (Cox & Enns, 2003; Hewitt & Flett, 1991). Still, it has been argued and found that perfectionism is susceptible to change, open to contextual influences, and shaped to some extent by interpersonal experiences (Blatt, 1995; Flett, Hewitt, Oliver, & MacDonald, 2002; Hamachek, 1978). For instance, developmental research showed that conditional, intrusive and pressuring forms of parenting were predictive of changes in perfectionism (Soenens, Luyckx, et al., 2008).

On the basis of such and other findings, perfectionism has been conceptualized as a cognitive–affective structure, that is, a mental representation established through interpersonal interactions in childhood and adolescence that dynamically interacts with life events throughout the lifespan (Zuroff, Mongrain, & Santor, 2004). This conceptualization implies that perfectionism is, to some extent, a latent personality feature that can be triggered by situational cues, suggesting that perfectionism has the potential to change in the short run. Two types of indirect evidence support this claim. First, intervention studies showed that guided self-help for perfectionism or cognitive behavioral therapy addressing perfectionism significantly decreased perfectionism levels in non-clinical individuals (Pleva & Wade, 2007), depressive patients (Egan & Hine, 2008), eating disorder patients (Glover, Brown, Fairburn, & Shafran, 2007; Steele & Wade, 2008), and individuals

with clinical levels of perfectionism (Riley, Lee, Cooper, Fairburn, & Shafran, 2007). Second, experimental studies have shown that perfectionism can be experimentally induced in healthy adults in the course of one day (Boone, Soenens, Vansteenkiste, & Braet, 2012; Shafran, Lee, Payne, & Fairburn, 2006).

Although these studies provide some evidence for the claim that perfectionism can be triggered on the short-term or even at the day-level, it remains unclear whether there are indeed naturally occurring fluctuations in perfectionism from day to day. Using a diary study, a first aim of this study was therefore to investigate the degree to which perfectionism is susceptible to daily fluctuations. Formulated more technically, we addressed the question whether, in addition to between-person variability, there also exists significant within-person variability in perfectionism.

### 1.2. Perfectionism and eating disorder symptoms

Clinical and empirical accounts suggest strong and consistent associations between perfectionism and eating disorders (Shafran, Cooper, & Fairburn, 2002). For instance, in a clinical account of eating disorder patients Vitousek and Manke (1994) described female patients with anorexia nervosa as “perfectionistic, compliant, and isolated girls” (p. 139). Empirical research has shown that patients with anorexia nervosa (Bastiani, Rao, Weltzin, & Kaye, 1995) and bulimia nervosa (Lilenfeld et al., 2000) display elevated levels of both PS and EC perfectionism compared to healthy controls and other psychiatric groups. Further, perfectionism has been shown to relate to eating disorder symptoms in non-clinical samples (see e.g., Bardone-Cone et al., 2007 for an overview). The finding that PS perfectionism is, much like EC perfectionism, elevated among individuals with an ED diagnosis is rather surprising because PS perfectionism has been portrayed as a rather adaptive dimension of perfectionism (Stoeber & Otto, 2006). However, in studies in which the shared variance between both perfectionism components was taken into account, only EC perfectionism was found to be significantly related to ED symptoms (Bulik et al., 2003; Soenens, Vansteenkiste, et al., 2008). Together then, previous work suggests that trait EC perfectionism has a consistent positive association with eating disorder pathology, whereas the associations of trait PS perfectionism are less consistent. Herein, we argue that a diary approach may shed new light on the question whether PS perfectionism is a relatively adaptive feature or whether, instead, it represents a risk factor for ED symptoms, much like EC perfectionism. First, a diary approach allows one to investigate whether PS and EC perfectionism are related to each other on a day-to-day basis. Research using trait measures of perfectionism found both dimensions of perfectionism to be highly correlated (e.g., Bardone-Cone, 2007; Boone, Soenens, Braet, & Goossens, 2010; DiBartolo, Li, & Frost, 2008). Extending this body of work, we investigated whether PS and EC perfectionism are associated within the day. If this turns out to be the case, this finding would suggest that the dynamics of both perfectionism dimensions are strongly intertwined, not only at the between-person level, but also at the within-person level. Specifically, on days one sets high standards for oneself, one may also experience anxiety to not achieve one’s high standards and be critical of one’s failure to do so.

Second, our diary approach allows for an examination of the covariation between daily variation in both perfectionism dimensions and daily variation in ED symptoms, an issue that has, to the best of our knowledge, not been addressed yet within the perfectionism literature. A number of studies examined the relation between trait perfectionism and daily measures of binge eating (Rudiger, Cash, Roehrig, & Thompson, 2007; Sherry & Hall, 2009). For instance, Sherry and Hall (2009) found that socially prescribed perfectionism (which is considered an indicator of EC perfectionism; Frost et al., 1993) related to daily measures of binge eating.

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