



# Clinical perfectionism and eating psychopathology in athletes: The role of gender



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## ARTICLE INFO

### Article history:

Received 9 June 2014

Received in revised form 5 September 2014

Accepted 30 September 2014

Available online 25 October 2014

### Keywords:

Clinical perfectionism

Eating psychopathology

Athletes

Moderation analysis

## ABSTRACT

Clinical perfectionism is considered to be a core psychopathological mechanism involved in the aetiology and maintenance of eating disorders. Recent clinical evidence suggests pathological self-criticism, which underlines clinical perfectionism, exerts a greater influence on eating disordered symptoms than high standards perfectionism. However, little attention has been paid to this line of research within the athletic population. The current study examined the association between various advocated measures of clinical perfectionism and eating psychopathology among athletes, and the moderating effect of gender in such association. A total of 192 competitive level athletes completed self-report measures assessing perfectionism and eating psychopathology. Results revealed self-critical perfectionism as the only independent predictor of athletes' eating psychopathology. Such relationship was found to be moderated by gender, with increases in self-critical perfectionism resulting in increases in eating psychopathology for female athletes only. The present findings further reinforce self-critical perfectionism as a robust contributor of eating psychopathology.

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## 1. Introduction

There is evidence to suggest that the prevalence of clinical eating disorders is higher in athletes than the general population (e.g., Sundgot-Borgen & Torstveit, 2004). Clinical eating disorders not only compromise athletes' performance but also pose fatal consequences including long-term psychological, physical and behavioral problems (Sundgot-Borgen, 1999). Therefore, it is crucial to detect potential factors that are likely to contribute to the development of the disorder in athletes (Shanmugam, Jowett, & Meyer, 2011). One factor that has been theoretically and empirically linked to eating disorders in the general population is perfectionism (e.g., Fairburn, Cooper, & Shafran, 2003). In particular, perfectionism is considered to be more prevalent in eating disordered individuals than healthy individuals (e.g., Moor, Vartanian, Touyz, & Beumont, 2004), to precede the onset of eating disorders (e.g., Bardone-Cone, Weishuhn, & Boyd, 2009), linked to the severity of the disorder (e.g., Sutandar-Pinnock, Woodside, Carter, Olmsted, & Kaplan, 2003), implicated in the maintenance of the disorder (e.g., Cassin & Von Ranson, 2005), and considered as a perceived

hindrance to treatment and recovery (e.g., Bardone-Cone, Sturm, Lawson, Robinson, & Smith, 2010).

### 1.1. Multidimensional perfectionism and eating disorders in the general population

Although, perfectionism has been conceptualised, defined and measured from a number of competing theoretical perspectives (Steele, O'Shea, Murdock, & Wade, 2011) perfectionism is commonly referred to as the striving for and the setting of exceedingly high personal standards related to performance which is underlined by overly critical evaluations of ones' behavior (Frost, Marten, Lahart, & Rosenblate, 1990). Derived from this definition, a number of psychometric measures have been developed and utilized in research such as Frost et al.'s (1990) Multidimensional Perfectionism Scale (FMPS) and Hewitt and Flett's (1991) Multidimensional Perfectionism Scale (HFMPS). Accordingly, perfectionism is frequently depicted as a multi-faceted personality disposition, delineated by the two higher order dimensions of personal standards perfectionism and evaluative concerns/self-critical perfectionism (e.g., Dickie, Surgenor, Wilson, & McDowall, 2012; Stoeber & Damian, 2014). Research examining the link between these two higher order dimensions and eating psychopathology is plentiful within clinical and community settings (e.g., Bento et al., 2010; Shafran, Lee, Payne, & Fairburn, 2006), with a growing

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body of research highlighting self-evaluative/self-critical perfectionism as a stronger and more robust predictor of eating disordered symptoms (e.g., Dunkley, Blankstein, Masheb, & Grilo, 2006; Fenning et al., 2008).

### 1.2. Clinical perfectionism and eating disorders in the general population

Critical of the multidimensional nature and measurement of perfectionism along with its relevance for theory and practice within psychopathology, Shafran and colleagues proposed an alternative construct of perfectionism, termed clinical perfectionism (Fairburn et al., 2003; Shafran, Cooper, & Fairburn, 2002). Clinical perfectionism is conceptualised as a one dimensional construct, composed of self-orientated and self-imposed perfectionism (Glover, Brown, Fairburn, & Shafran, 2007; Shafran et al., 2002). Clinical perfectionism is considered to reflect 'the overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed, standards in at least one highly salient domain, despite adverse consequences' (Shafran et al., 2002, p. 778). At the heart of clinical perfectionism lies a dysfunctional system for self-evaluation, whereby individuals' self-worth is evaluated in terms of achievement, specifically their ability to accomplish challenging goals and objectives in an area that is valuable to them (Fairburn et al., 2003). Consequently, if these goals and objectives are not achieved, it results in self-criticism and negative self-evaluation. Thus, it is this strict over-dependence on the self-evaluation of performance, and the ability to tolerate adverse consequences that is considered to discriminate eating disordered individuals from non-eating disordered individuals (Egan, Wade, & Shafran, 2011).

Initially, the subscales of self-orientated perfectionism from Hewitt and Flett's (1991) HFMPs and personal standards from Frost et al.'s (1990) FMPS were reported to closely resemble the clinical concept of perfectionism (Shafran et al., 2002). However, Shafran and colleagues have since developed a 12 item measure of clinical perfectionism; Clinical Perfectionism Questionnaire (CPQ) which taps into the core manifestations of clinical perfectionism as derived from Shafran et al.'s cognitive behavioral model (see Riley, Lee, Cooper, Fairburn, & Shafran, 2007). While the CPQ has been readily employed in clinical studies since its development, it is only recently that studies have assessed its validity and reliability, producing equivocal findings (Dickie et al., 2012; Stoeber & Damian, 2014). For example, using male and female undergraduate students, a number of studies have highlighted the CPQ to demonstrate good reliability and convergent validity (e.g., Chang & Sanna, 2012; Stoeber & Damian, 2014), while studies employing female clinical samples have noted it to be only satisfactory in terms of its reliability, meeting the minimum threshold (e.g., Steele, Waite, Egan, Finnigan & Handley et al., 2013).

Although the concept and measurement of clinical perfectionism has been extensively questioned (see Dunkley et al., 2006; Hewitt, Flett, Besser, Sherry, & McGee, 2003), there appears to be a growing body of evidence linking clinical perfectionism and eating disordered symptoms among clinical (e.g., Castro-Fornieles, Gual, Lahortiga, Gila & Casulá et al., 2007; Glover et al., 2007) and community populations (e.g., Bardone-Cone, 2007; Shafran, Lee, & Fairburn, 2004). For example, Castro-Fornieles et al. found that eating disordered patients reported greater self-orientated perfectionism than patients with other internalising psychiatric disorders (e.g., depressive, affective, and anxiety disorders) and healthy controls. Likewise, employing a community population, Shafran et al. (2006) reported that those who actively attempted to set high personal standards and stringently adhered to them, showed more dysfunctional eating attitudes and behavior than those who did not. Specifically, females who were assigned to high

standard conditions at work (e.g., get in early, make a "to-do" list and make sure everything was 'ticked off', take minimal breaks, answer emails and calls promptly, stay later than normal) ate fewer high calorie foods, made significantly more attempts to restrict the overall amount of food eaten, and had significantly more regret after eating than those who were assigned to the low personal standards condition.

In a more comprehensive study, Steele et al. (2011) examined the association between various measures of clinical perfectionism including the Personal Standards and Concerns over mistakes subscales of the FMPS (Frost et al., 1990), the Depressive Experiences Questionnaire (Blatt, D'Affitti, & Quinlan, 1976), the CPQ (Riley et al., 2007) and over evaluation of weight and shape in a sample of 39 eating disordered females. Although no significant associations between these abovementioned measures and over-evaluation of weight and shape were reported, the authors did find a moderate effect size between self-critical perfectionism and over evaluation of weight and shape ( $ES = .57$ ) and clinical perfectionism and over evaluation of weight and shape ( $ES = .42$ ), suggesting that this study lacked the power to detect significant associations. Moreover, given that the study was conducted using clinical female samples, it is not clear whether such patterns would extend to male or other population samples.

### 1.3. Perfectionism and eating disorders in the athletic population

Generally, within the sporting literature, perfectionism is noted as a critical personality disposition which serves an adaptive function in defining athletes' affective, cognitive and behavioral outcomes (Gotwals, Stoeber, Dunn, & Stoll, 2012). However, in line with the clinical literature, a series of community sample studies have demonstrated increased perfectionistic tendencies to be associated with eating disordered symptoms among athletes (e.g., Brannan, Petrie, Greenleaf, Reel, & Carter, 2009; Ferrand, Magnan, Rouveix, & Filaire, 2007; Haase, Prapavessis, & Owens, 2002). Moreover, Davis and Strachan (2001) found no significant difference between athletes and non-athletes clinically diagnosed with an eating disorder in their levels of perfectionism scores, with both clinical groups reporting high levels of neurotic and self-critical perfectionism. These findings suggest that the contributors of eating disorders do not differ for athletes and non-athletes, but also illustrates self-critical perfectionism as an integral component underlining eating disordered symptoms in both populations.

The study of perfectionism and eating disordered symptoms in sport has been largely guided by the multi-dimensional framework of Frost and colleagues, however, lately, researchers have adopted Shafran et al.'s (2002) conceptualisation of clinical perfectionism in an attempt to better understand the impact of perfectionism on eating psychopathology (e.g., Goodwin, Arcelus, Geach, & Meyer, 2014; Shanmugam, Jowett, & Meyer, 2013; Shanmugam et al., 2011). For example, self-critical perfectionism was found to be a stronger correlate of eating psychopathology than personal standards perfectionism in a series of studies by Shanmugam and associates. Correspondingly, self-critical perfectionism was reported to exert a stronger influence on female dancers' eating pathology than personal standards perfectionism (Goodwin et al., 2014). Collectively, these findings further reinforce the idea that similar to non-athletes, athletes' perfectionistic striving is not detrimental to their eating behaviors, rather it's the self-critical evaluation which accompanies it when such standards are not met, that is precarious.

However, there are a number of limitations with these studies, which should be considered when interpreting the results. For example, Goodwin et al. (2014) only used female dancers, thus it is not clear whether such observed patterns will extend to (a) male dancers and (b) male and female athletes as the demands of both

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