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Personality and Individual Differences 40 (2006) 1473–1483

PERSONALITY AND  
INDIVIDUAL DIFFERENCES

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## Are patients with chronic fatigue syndrome perfectionistic—or were they? A case-control study

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Received 17 November 2004; accepted 31 October 2005

Available online 7 February 2006

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### Abstract

This study investigated the relationship between premorbid and postmorbid perfectionism, fatigue, and severity of depression in 43 CFS patients and 80 university students. Perfectionism in CFS patients and students was measured by the Multidimensional Perfectionism Scale (MPS-F; Frost, R. O., Marten, P., Lahart, C. M., & Rosenblate, R., 1990). CFS patients also retrospectively reported premorbid levels of perfectionism using a modified MPS-F. Results showed that CFS patients reported higher premorbid and postmorbid levels of both adaptive and maladaptive perfectionism compared to normal controls, although CFS attenuated certain aspects of perfectionism. Perfectionism was associated with severity of depression in CFS patients, even after controlling for demographic variables and concurrent levels of fatigue. Perfectionism was also associated with severity of fatigue in students, but not in CFS patients. Overall, results suggest that there may be no simple dichotomous distinction between adaptive and maladaptive perfectionism. Theoretical and clinical implications of these findings are discussed.

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*Keywords:* Perfectionism; Chronic fatigue syndrome; Depression; Personality

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<sup>1</sup> Postdoctoral Fellow of the K.U. Leuven Research Fund.

## 1. Introduction

Clinicians often describe patients with chronic fatigue as hard-working, ‘overactive’ and perfectionistic individuals (Van Houdenhove, Neerinckx, Onghena, & Hellin, 1995; Van Houdenhove, Neerinckx, Onghena, Lysens, & Vertommen, 2001). Yet, empirical studies on the relationship between perfectionism and fatigue have yielded remarkably inconsistent results (Blenkiron, Edwards, & Lynch, 1999; Magnusson, Nias, & White, 1996; Mitchelson & Burns, 1998; Saboonchi & Lundh, 2003; White & Schweitzer, 2000; Wood & Wessely, 1999). There are a number of explanations for these contradictory findings. First, studies are difficult to compare because of differences in both the population studied and the measures of perfectionism and fatigue used. Some studies employed a measure of the severity of fatigue (Magnusson et al., 1996; Mitchelson & Burns, 1998; Saboonchi & Lundh, 2003), while others used a clinical diagnosis of chronic fatigue syndrome (CFS) (Blenkiron et al., 1999; White & Schweitzer, 2000; Wood & Wessely, 1999). In addition, some studies employed a nonclinical sample (Magnusson et al., 1996), other studies compared CFS patients either with normal controls (Blenkiron et al., 1999) or another patient group (Wood & Wessely, 1999). Furthermore, different measures of perfectionism have been used, including the Multidimensional Perfectionism Scale (MPS) developed by Frost, Marten, Lahart, and Rosenblate (1990) (MPS-F) and the Multidimensional Perfectionism scale developed by Hewitt and Flett (MPS-H; 1991). The MPS-F focuses mainly on the intrapsychic content and developmental origin of perfectionism and consists of 6 subscales: Personal Standards (PS), Concern over Mistakes (CO), Doubts about Actions (DA), Parental Expectations (PE), Parental Criticism (PC), and Organisation (O). The MPS-H focuses more on the direction of perfectionism and includes three subscales: Self-Oriented Perfectionism (SOP), Other-Oriented Perfectionism (OOP), and Socially Prescribed Perfectionism (SPP). Factor analytic studies suggest that two dimensions underlie these two instruments, that have been interpreted in terms of adaptive and maladaptive perfectionism (e.g., Bieling, Israeli, & Antony, 2004; Cox, Enns, & Clara, 2002). Adaptive perfectionism consists of MPS-F PS and O, and MPS-H SOP and OOP. Maladaptive perfectionism is characterized by MPS-F DA, CO, PE, and PC, and MPS-H SPP (e.g., Enns, Cox, & Clara, 2002). The role of maladaptive perfectionism has now been established in a wide variety of disorders, particularly in depression, anxiety disorders, and eating disorders (Shafran & Mansell, 2001). However, although adaptive perfectionism dimensions have been related to positive consequences (Bieling et al., 2004; Shafran & Mansell, 2001), there has been some concern as to whether “adaptive” perfectionism is always adaptive. Several studies have found that “adaptive” perfectionism scales are related to measures of distress (e.g., Bieling et al., 2004; Shafran & Mansell, 2001) and somatic complaints including fatigue (Saboonchi & Lundh, 2003), suggesting that the more descriptive labels of “achievement striving” versus “evaluative concerns” (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993) might be more appropriate.

Second, all studies on perfectionism and fatigue measured levels of perfectionism after illness onset. As Blenkiron et al. (1999) suggested, faced with the limitations this disabling disorder imposes, CFS patients might lower their perfectionism after illness onset. Yet, alternatively, one could argue that because perfectionism is a relatively stable personality dimension (Cox & Enns, 2003; Zuroff, Blatt, Sanislow, Bondi, & Pilkonis, 1999), one might still expect higher levels of perfectionism in CFS patients compared to normal controls.

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