



Trait perfectionism, self-determination, and self-presentation processes in relation to exercise behavior

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ABSTRACT

Objectives: Motivational and self-presentational processes pervade all aspects of our lives including exercise behaviors. Furthermore, trait perfectionism has been shown to heighten self-presentational tendencies and energize achievement striving (Flett & Hewitt, 2002; Hewitt et al., 2003). How maladaptive and adaptive perfectionism traits relate to these cognitive and behavioral processes specific to the exercise context remains to be determined. This study employed structural equation modeling to examine the associations between maladaptive and adaptive perfectionism, self-determination of exercise behavior, self-presentation in exercise, and exercise behavior.

Method: Two hundred and fifty-four undergraduate students completed items assessing frequency, intensity, and duration of aerobic exercise behavior, along with measures of Multidimensional Perfectionism (Cox, Enns, & Clara, 2002), Self-Presentation in Exercise (Conroy, Motl, & Hall, 2000; Gammage, Hall, Prapavessis, et al., 2004), and self-determination of exercise behavior utilizing the Behavioral Regulation in Exercise Questionnaire (BREQ-2; Markland & Tobin, 2004).

Results: Results supported a structural model in which the associations between perfectionism dimensions and aerobic exercise behavior were mediated by opposing relationships with relative autonomy (RAI; Markland & Tobin, 2004) and self-presentation processes. Distinctively, maladaptive perfectionism demonstrated an inverse direct effect on the RAI and positive direct effects on self-presentation processes. In contrast, adaptive perfectionism exerted a positive direct effect on the RAI and inverse direct effects on self-presentation processes.

Conclusions: These findings highlight the importance of both maladaptive and adaptive dimensions of perfectionism in the study of exercise outcomes and within the broader social context linking perfectionism and motivation.

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Introduction

Perfectionism has been conceptualized as a predisposing personality trait (Hewitt & Flett, 1991a) characterized by a tendency to set extremely high standards for performance and evaluate the self in a critical manner (Cox et al., 2002; Flett & Hewitt, 2006). Traditionally, perfectionism has been studied from a clinical standpoint and viewed as a trait that is problematic and in need of adjustment (Bieling, Israeli, & Antony, 2004). This perspective has placed an emphasis on studying the negative correlates of perfectionism, including psychosocial adjustment problems and a vulnerability to distress (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate,

1990; Hewitt & Flett, 1991b). The examination of perfectionism in the exercise context has further emphasized the role of this construct in maladjustment. For example, previous research has indicated that perfectionism may be a critical antecedent of exercise dependence and other forms of compulsive and excessive exercise behavior (Coen & Ogles, 1993; Hagan & Hausenblas, 2003; Hall, Kerr, Kozub, & Finnie, 2007; McLaren, Gauvin, & White, 2001). However, recent conceptual advances have highlighted that perfectionism may comprise both maladaptive and adaptive dimensions (Bieling et al., 2004; Cox et al., 2002; Slade & Owens, 1998; Stoeber & Otto, 2006). Despite the growing body of research acknowledging the maladaptive/adaptive dichotomy of perfectionism (Flett & Hewitt, 2006), little empirical effort has been devoted to the examination of the two broad dimensions in the exercise setting.

The two higher-order constructs of maladaptive and adaptive perfectionism are derived out of the individual conceptualizations of Hewitt and Flett (1991a) and Frost and his colleagues (Frost et al.,

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1990). Maladaptive perfectionism which has also been labeled maladaptive evaluative concerns perfectionism (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993) entails a socially prescribed tendency to evaluate oneself harshly, and to perceive that others require perfection from oneself (Hewitt & Flett, 1991a). Maladaptive perfectionism comprises the facets of socially prescribed perfectionism (SPP) from Hewitt and Flett's (1991b) Multidimensional Perfectionism Scale (HF-MPS) as well as the subscales of concern over mistakes (COM), doubts about actions (DA), and parental perceptions (PP) from Frost et al. (1990) Multidimensional Perfectionism Scale (F-MPS). Maladaptive perfectionism has consistently shown a link with negative outcomes such as depression (Cox et al., 2002) psychological distress (Bieling et al., 2004; Enns, Cox, Sareen, & Freeman, 2001), and burnout (Zhang, Gan, & Cham, 2007).

The concept of adaptive perfectionism, which has also been labeled positive strivings perfectionism (Frost et al., 1993), entails a self-oriented tendency to set high personal standards and achievement striving. Adaptive perfectionism incorporates the facets of self-oriented perfectionism (SOP) from the HF-MPS, high personal standards (HPS), and a need for organization and precision (O) from Frost et al. (1990) model. Research has shown positive relationships of adaptive perfectionism with positive affect related to performance (Bieling, Israeli, Smith, & Antony, 2003), life satisfaction (Bergman, Nyland, & Burns, 2007), and academic performance (Cox et al., 2002). However, some researchers hold strong doubts that perfectionism can be positive or adaptive (e.g., Flett & Hewitt, 2006). For instance, certain studies have failed to demonstrate significant associations between indicators of adaptive perfectionism and positive outcomes (Miquelon, Vallarand, Grouzet, & Cardinal, 2005; Mitchelson & Burns, 1998).

Despite the body of research showing a consistent link between perfectionism and exercise behavior, few studies have sought to examine the psychological processes that underpin this relationship. A recent study examining adaptive and maladaptive dimensions of perfectionism in relation to University students' exercise related cognitions and behaviors (Longbottom, Grove, & Dimmock, 2010), found that adaptive perfectionism was positively associated with a motivational profile that reflected self-efficacy, planning, and persistence in physical activity. In contrast, maladaptive perfectionism was associated with impeding and maladaptive motivation dimensions that reflected uncertainty about the conduct of exercise, fear or failure, and avoidance of physical activity (Longbottom et al., 2010). As such, the authors highlighted the need to examine how motivational orientations influence the relationship between perfectionism and exercise.

The link between multidimensional perfectionism and motivation from a self-determination theory perspective

Self-determination theory (SDT; Deci & Ryan, 2000) is one theoretical approach to human motivation that has received increasing attention in the exercise domain and has been successfully used in previous studies on perfectionism (Miquelon et al., 2005; Van Yperen, 2006). SDT proposes that motivation varies in the extent to which it is autonomous (self-determined) or controlling (Deci & Ryan, 1985, 2000; Ryan & Deci, 2000). SDT proposes that three distinct forms of motivation exist, namely, intrinsic motivation, extrinsic motivation and amotivation,¹ which represent different degrees of

internalization of external values and goals – and thus differ in the degree to which they are self-determined or autonomous (Deci & Ryan, 1985). Extrinsic motivation is comprised of at least three main types of behavioral regulation: external, introjected, and identified² (Deci & Ryan, 1985). External regulation reflects the least autonomy whereby the individual engages in a behavior to obtain external rewards or to avoid punishment (Deci & Ryan, 1985). In the exercise context, an example of external regulation would be exercising to obtain external recognition. When guided by introjected regulation, behaviors are only partially internalized. With introjection, action is undertaken in an attempt to avoid negative emotions or support conditional self-worth (e.g., exercising because of guilt or shame about not exercising, or to improve appearance on which self-worth is reliant). Identified regulation is a more autonomous form of extrinsic motivation whereby behavior is undertaken because certain outcomes of the activity are highly valued by the individual, although they may not enjoy the activity itself (e.g., exercising because one values the benefits associated with exercise such as improved health). Only when an individual engages in exercise for the inherent pleasure in the activity, is the behavior said to be fully self-determined or intrinsically motivated. In summary, these regulations lie on a continuum from lower to higher self-determination and reflect the extent of the internalization process (Deci & Ryan, 1985). The continuum conceptualization allows for the computation of the relative autonomy index (RAI; Ryan & Connell, 1989) that gauges the degree of self-determination in an individual's behavioral regulation.

Research investigating the applicability of the basic tenants of SDT within the exercise domain has shown that self-determined exercise motivation is a significant predictor of exercise adherence over time (Chatzisarantis, Hagger, Biddle, Smith, & Wang, 2003), psychological well-being (Wilson & Rodgers, 2007), and exercise behavior (Edmunds, Ntoumanis, & Duda, 2006b). In addition, Wilson and collaborators (Wilson, Rodgers, Blanchard, & Gessell, 2003) revealed that more self-determined forms of motivation were the strongest predictors of exercise behaviors, exercise attitudes, and physical fitness among participants in a 12-week exercise intervention. These findings provide support for the argument that self-determined motivation engenders the most positive behavioral and psychological consequences (Ryan & Deci, 2000) and is not associated with problematic exercise behaviors and cognitions (Robbins & Joseph, 1985). More controlling forms of motivation have been shown to correlate positively with strenuous exercise behavior (Edmunds, Ntoumanis, & Duda, 2006a; Edmunds et al., 2006b) and weekly exercise behavior in individuals reporting symptoms of exercise dependence (Edmunds et al., 2006b).

In addition to determining direct effects, the SDT approach has provided a comprehensive explanatory system that has chartered the antecedents and more importantly the processes that lead to exercise behavior (Hagger & Chatzisarantis, 2008). For instance, utilizing the SDT framework, Ingledew, Markland, and Sheppard (2004) expanded previous research linking the NEO-Five Factor model of personality (NEO-FFI; Costa & McCrae, 1992) and exercise participation. The study demonstrated that neuroticism was related to less self-determined exercise motivation, whereas a higher degree of self-determined motivation for exercise was related to openness and extraversion (Ingledew et al., 2004). The SDT framework may therefore prove useful in advancing our understanding of the role of perfectionism as an antecedent to exercise perceptions and behavior.

¹ Amotivation reflects a state lacking in any intention to engage in exercise behavior and therefore the absence of both intrinsic and extrinsic motivation (Markland & Tobin, 2004). Given that all participants in the current study engaged in at least some form of exercise behavior, amotivation is not discussed in the present study.

² Deci and Ryan (1985) also included integrated regulation as the most self-determined form of extrinsic motivation on the continuum. However, integrated was not examined in the current study, as the measure employed in this investigation to assess the different forms of motivation proposed by SDT does not include a scale assessing this regulation.

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