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Perfectionism, social physique anxiety and disordered eating: a comparison of male and female elite athletes

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Abstract

Objective: To examine the relationship between Positive and Negative Perfectionism and Social Physique Anxiety (SPA) and the extent to which these two variables predict disturbed eating attitudes in male and female elite athletes.

Design: Cross-sectional survey.

Method: Athletes (n=316) completed measures of Positive and Negative Perfectionism, SPA, disordered eating and social desirability. Zero- and first-order (partial) correlations were examined to determine the relationship between Positive and Negative Perfectionism and SPA. Hierarchical regression analyses were used to examine how two individual difference variables, perfectionism and SPA, relate and contribute to disordered eating.

Results: For both male and female athletes, Negative Perfectionism was significantly related to SPA. For males, Positive Perfectionism made a small, yet significant, contribution (i.e. 6%) in predicting disturbed eating attitudes. For females, Negative Perfectionism and SPA uniquely and in combination significantly contributed 41% of the variance in the prediction of disturbed eating attitudes.

Discussion: These findings suggest that Negative Perfectionism is strongly linked with SPA and that, in females, SPA is an additional psychosocial variable to consider in the relationship between Negative Perfectionism and disordered eating. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Perfectionism; Social physique anxiety; Disordered eating; Elite athletes; Personality; Gender

Introduction

Several studies have examined various different aspects of perfectionism, although not as frequently in athletic populations (Frost & Henderson, 1991; Gould, Udry, Tuffey, & Loehr, 1996;

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Hewitt & Flett, 1991a). In general, perfectionism has been defined as the setting of unrealistic, excessively high standards in relation to one's goals and expectations (Burns, 1983). The maladaptive effects of perfectionism have been linked with various psychopathologies, such as eating disorders, depression, neuroticism, obsessive-compulsive disorder, and a variety of different anxiety disorders (Davis, 1997; Flett, Hewitt, & Dyck, 1989; Pacht, 1984).

Over the years, a convergence of descriptive studies on perfectionism has emerged, suggesting both a 'normal' form along with a 'neurotic' form. For instance, Hamachek (1978) distinguished between normal and neurotic perfectionists, where normal perfectionists experience high satisfaction and increased self-esteem from their achievements. Neurotic perfectionists, on the other hand, "…are unable to feel satisfaction because in their own eyes they never seem to do things good enough…" (p. 27), focusing on the perceived inadequacy and failure of their efforts. This distinction parallels that which was made by Slade and Dewey (1986) between 'Satisfied' and 'Dissatisfied' perfectionists and that by Frost, Heimberg, Holt, Mattia, and Neubauer (1993) between 'Positive Achievement Striving' and 'Maladaptive Evaluative Concerns'.

Terry-Short, Owens, Slade and Dewey (1995) recently proposed a theoretically-based distinction between normal healthy perfectionism and unhealthy neurotic perfectionism. Positive (normal) Perfectionism can be defined as the motivation to achieve a certain goal in order to obtain a favourable outcome. Negative (neurotic) Perfectionism can be defined as the motivation to achieve a certain goal in order to avoid adverse consequences (Terry-Short et al., 1995). This distinction is grounded in behavioural theory (Skinner, 1968). Skinner noted that similar behaviour might be associated with different emotional responses depending on whether it is a function of positive or negative reinforcement. For instance, performing a behaviour for positive reinforcement is perceived to be a free choice whereas performing the same behaviour for negative reinforcement is perceived as coerced (Skinner, 1968).

These two types of perfectionism vary across individuals and can be assessed with the Positive and Negative Perfectionism Scale (PANPS) (Terry-Short et al., 1995). Terry-Short et al. (1995) provided initial construct validation for the PANPS and its underlying theory by examining Positive and Negative Perfectionism scores among four groups: athletes, eating disorder patients, depressed patients and controls. The results showed that athletes scored the highest on Positive Perfectionism whereas eating disorder patients scored the highest on Negative Perfectionism. With respect to the ratios of Positive to Negative Perfectionism, they found significant differences between the clinical and non-clinical groups. Specifically, athletes and controls showed higher levels of Positive Perfectionism than Negative Perfectionism, while in contrast, eating disordered and depressed groups showed lower levels of Positive Perfectionism than Negative Perfectionism. Further construct validation for the PANPS has been provided by Haase, Prapavessis and Owens (1999). They showed that relations between Negative Perfectionism and disturbed eating attitudes were strongest for female lightweight rowers with higher body mass index scores. Positive Perfectionism was unrelated to disturbed eating.

As mentioned earlier, research has demonstrated a relationship between perfectionism and many different forms of anxiety. For instance, Hewitt and Flett (1991a,b) found socially-prescribed perfectionism (i.e. maladaptive perfectionism) correlated strongly with social anxiety in both student and clinical samples. Saboonchi and Lundh (1997) reported similar findings between dimensions associated with maladaptive perfectionism (i.e. concern over mistakes, doubts about action, socially-prescribed perfectionism) and measures of social anxiety and agoraphobia. Lundh and Ost (1996)

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