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The multiple dimensions of perfectionism and their relation with eating disorder features ☆

Crystal A. Pearson [a], David H. Gleaves [b,*]

[a] *Texas A&M University, College Station, Texas 77843-4235, United States*
[b] *Department of Psychology, University of Canterbury, Private Bag 4800, Christchurch, New Zealand*

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Abstract

We explored the nature of perfectionism, to gain a better understanding of the construct and how it may relate to other psychological constructs, particularly disordered eating. Using data from 286 female participants, we conducted a confirmatory factor analysis of perfectionism using Frost's Multidimensional Perfectionism Scale, the Burns Perfectionism Scale, the Neurotic Perfectionism Scale, and the Almost Perfect Scale-Revised to determine if perfectionism was a unidimensional or multidimensional construct. Perfectionism was best explained as a construct consisting of three factors—normal perfectionism, neurotic perfectionism, and orderliness. Neurotic perfectionism was more highly related to bulimic symptomatology, body dissatisfaction, and self-esteem than was either normal perfectionism or order. In fact, the correlation between self-esteem and neurotic perfection was high enough to raise concerns about their discriminant validity. Findings suggest that utilizing the dimensions of perfectionism in evaluation and research may improve the ability to study meaningful relationships between aspects of perfectionism and other constructs and raise questions about the differences between neurotic perfectionism and self-esteem.

Keywords: Perfectionism; Bulimia nervosa; Body dissatisfaction; Self-esteem

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* Corresponding author. Tel.: +64 3 364 2169; fax: +64 3 364 2181.
E-mail address: david.gleaves@canterbury.ac.nz (D.H. Gleaves).

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1. Introduction

Perhaps the central feature of perfectionism is the setting of high standards, but the setting of high standards is not necessarily, by itself, pathological. Many researchers argue that perfectionism must be thought of as a multidimensional, rather than unidimensional, construct. A distinction must be made between normal or adaptive perfectionism, which allows one to pursue one's goals, and neurotic or maladaptive perfectionism which may encompass the more detrimental aspects of perfectionism (Frost, Marten, Lahart, & Rosenblate, 1990; Hamachek, 1978; Mitzman, Slade, & Dewey, 1994). Hamachek described normal perfectionists as those who set high standards but are able to re-evaluate those standards when needed. The normal aspect of perfectionism allows for the setting of realistic goals and feelings of satisfaction when these goals are achieved. Neurotic perfectionism, on the other hand, typically involves the setting of unrealistically high standards and the inability to accept mistakes. The neurotic aspect of perfectionism may be driven by the fear of failure, rather than the desire to achieve, and may lead to negative feelings about oneself due to the inability to achieve true perfection (Mitzman et al., 1994).

Perfectionism has theoretically been linked to many types of psychopathology, including depression, compulsive experiences, and alcoholism, as well as attitudes and behaviors associated with eating disorders (Frost et al., 1990; Pacht, 1984). For some types of psychopathology, such as eating disorders, the association between the disorder and perfectionism has shown inconsistent findings in the literature. One possible reason for inconsistent findings is that perfectionism may be a multidimensional construct, but it is frequently researched in a unidimensional fashion. In creating the Multidimensional Perfectionism Scale (MPS), Frost and colleagues reported that the dimensions of the construct as measured by the MPS had different relationships with measures of depression, obsessiveness, and procrastination and that future research should take into account the multidimensional nature of perfectionism.

In studies examining factors of perfectionism, normal and neurotic perfectionism have been found to relate differentially to other psychological constructs. Frost, Heimberg, Holt, Mattia, and Neubauer (1993) conducted a factor analysis using two measures of perfectionism, the MPS of Frost et al. (1990) and the Multidimensional Perfectionism Scale of Hewitt and Flett (1991, p. 124), and found a two-factor solution with factors of "maladaptive evaluation concerns" and "positive striving", similar to the concepts of neurotic and normal perfectionism. The first factor correlated with negative affect and depression but not positive affect, and the second factor was more closely related to positive affect but not to negative affect or depression. In a structural equation analysis, Rice, Ashby, and Slaney (1998) examined the relationship between adaptive and maladaptive factors of perfectionism and self-esteem and depression. Whereas adaptive perfectionism was not related to depression either directly or indirectly, maladaptive perfectionism related negatively with self-esteem and positively with depression. Self-esteem also mediated the role between maladaptive perfectionism and depression.

Further evidence of the importance of assessing the dimensions of perfectionism was found by Suddarth and Slaney (2001) in an exploratory factor analysis. Using three perfectionism scales—Frost et al.'s (1990) MPS, Hewitt and Flett's (1991) MPS, and the Almost Perfect Scale-Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001a, 2001b), the authors found three factors they labeled "Unhealthy Perfectionism" (i.e., neurotic perfectionism), "Healthy Perfectionism" (i.e., normal perfectionism), and "Orderliness". This finding provides additional support for