

What Components of Perfectionism Could Drive People for Thinness

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ABSTRACT. *Perfectionism and drive for thinness have both been described as predictors of eating disorders, but the relationship between these two constructs over time requires further investigation, as does the an understanding of what components of perfectionism are important in this relationship. 84 people in the US has attended our experiment to help us indicate a relationship between evaluative concerns and drive for thinness. In table one, results from an exploratory factor analysis indicated DV was found to be significantly correlated with Concern Over Mistakes, Personal Standards, Doubts about Actions and Organization. In contrast, drive for thinness dose not have a significant relationship with Personal Expectations and Personal Criticism. In table two, we can predict that only CM was found to emerge as significant predictor of drive for thinness. This finding has potential implications for understanding the psychological symptoms of eating disorders before symptoms and may contribute to the establishment of prevention and treatment models. Although there is strong evidence to show the few dimensions of perfectionism are likely the causes of driving people for thinness, the experiment need to be done in a more general way such as change the sex ratio, extent age boundary and include the clinical group to make the results more acceptable.*

KEYWORDS: *Perfectionism, Driving for thinness, Psychological symptoms*

1. Introduction

In M. D. Marc H. Hollender's passage Perfectionism, [1] for discussion purposes, perfectionism is defined as "demanding of oneself or others a higher quality of performance than is required by the situation." Determined by the patient and others of what forms higher quality than required work. This will be in line with the views of most psychiatrists. In the passage it gives the example of one of the most common case of perfectionism, which is an child grows up in insecure situation who needs to be recognized, accepted, and loved by hard-to-please parents. In our daily life, Perfectionists are commonly considered as strange people because of their excessive self-expectations compared to others. For example, some women care too much about their appearance so that they eat little food.

Perfectionism has both positive and negative outcomes. In L. A. Terry-Short's passage,[2] positive and negative perfectionism, the author focused on a point which was not examined in the past experiments -investigating the possibility of differentiating aspects of perfectionism based on perceived consequences, reflecting the behavioral difference between positive and negative reinforcement Different. Forty questionnaires were issued to 281 women to measure perfectionism as defined by positive and negative outcomes. Comparison group (N = 225), eating disorder group (N = 21), depression group (N = 15) and successful athletes (N = 20). The author then limits the number of factors to two: positive and negative perfectionism. For athletes, high positive perfectionism is associated with low negative perfectionism scores. For the eating disorder group, a high perfect performance positive score was associated with a high negative score. When analyzing from personal and social programs, the differentiating factors are divided into negative and positive factors. As a result, when we are doing the researches, we will also divide the variables into different outcomes. For example, we can determine that will drive people for thinness and what will prevent people from being thin. In this case, when we are analyzing our datas and finding solutions, we can make treatment specifically on different variables.

When we are doing experiment, we must categorize the result into different dimensions. For example, in the paper, [3] *Dimensions of Perfectionism, Unconditional Self-Acceptance, and Depression*, written by Gordon L. Flett, we can know that the author's study investigated the links between three dimensions: perfectionism, unconditional self-acceptance, and self-reported depression. There were 94 students accomplished the Multidimensional Perfectionism Scale, the Unconditional Self-Acceptance Questionnaire, and the Self-Reported Depression Scale. All of the

scales have a negative relationship with unconditional self-acceptance. If we apply the different dimensions to the eating disturbances of adults, for example, we can simply divide the results into three dimensions: obsessive-compulsive disorder, social anxiety/trait anxiety/worry, and posttraumatic stress disorder (PTSD) symptoms. In our research, we divided the perfectionism into 6 dimensions: Concern Over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts about Actions and Organization. Categorizing does matter for our experiment and it can help us to plan for the different kinds of therapy. However, every experiment has different situations and there will be many dimensions. For the clinical group, we may be able to have more than six dimensions that could drive for thinness, in this case, we need to only focus on what dimensions we want and do some further analysis instead of studying all of the dimensions including some unnecessary ones.

2. Purpose of the Study

The study aimed to investigate the correlations between 1) Perfectionism and 2) Drive for Thinness. We summarize a few variables to determine whether the perfectionism will influence the drive for thinness. Since recently many of people have perfectionism are driven for thinness. In this case, when we find some factors that influence the results, we can make a plan to solve the problem.

We expect that firstly the perfectionism can actually drive people for thinness. And secondly, it may have a positive relationship between them. In the following tables, After several rounds of editing and further item refinement, a total of 8 items were identified, which made up the new measure.

3. Method

3.1 Participants

Eighty-four participants were included in the present study. Twenty-six were males and fifty-eight were females. Age between 18 and 23 years of age, with a mean of 19.7.

3.2 Measures

Perfectionism. We used the Frost Multidimensional Perfectionism Scale. It is made up of six scales, namely, Concern over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts about Actions, and Organization. Higher scores on these scales indicate greater perfectionism on each dimension.

Drive for Thinness. Drive for Thinness Scale is used. Higher scores on the scale indicate greater drive for thinness.

3.3 Procedures

All participants were found in a psychology class in a university in North America.

4. Results

Table 1 Correlations Between Perfectionism And Drive For Thinness

	Drive for Thinness	M	SD
Concern Over Mistakes	.40***	24.94	7.15
Personal Standards	.36***	25.19	4.80
Parental Expectations	-.04	16.38	3.81
Parental Criticism	.02	9.01	3.38
Doubts about Actions	.26*	11.21	3.57
Organization	.26*	23.21	5.37

M: 21.06

SD: 8.70

Note. *N* = 84.

p* < .05. *p* < .01. ****p* < .001.

Results of Hierarchical Regression Analyses Showing Amount of Variance in Drive for Thinness Accounted for by Perfectionism in College Students, Controlling for Demographic Variables

Table 2

	β	R^2	ΔR^2	F	p
Step 1: Demographic Variables		.02	<i>n.s.</i>	.70	<i>n.s.</i>
Age	-.10				
Sex	.07				
Step 2: Perfectionism		.27	.25	4.12	.001
Concern Over Mistakes	.27*				
Personal Standards	.21				
Parental Expectations	-.19				
Parental Criticism	-.07				
Doubts about Actions	.11				
Organization	.10				

Note. *N* = 84 **p* < .05. ***p* < .01. ****p* < .001.

Correlations, means, and standard deviations for study measures are presented in Table 1.

As the table shows, drive for thinness was significantly positively with CM ($r = .40, p < .001$), PS ($r = .40, p < .001$). However, DOA ($r = .26, p < .05$), OR ($r = .26, p < .05$) were weakly positively correlated with driving for thinness. Finally, PE ($r = -.4, n.s.$), PC ($r = -.01, n.s.$) hardly have any relations to driving for thinness.

To determine if perfectionism is an important predictor drive for thinness, we conducted a regression analysis in which we put all six dimensions of perfectionism in the prediction equation. Results of this analysis are presented in Table 2. The set of demographic variables in Step 1 was not found to account for a significant amount of variance in drive for thinness, $F(2, 80) = .70, n.s.$

When perfectionism was entered in Step 2, it was found to account for a 25% additional unique variance in DV, $F(6, 74) = 4.12, p < .001$. Among six dimensions of perfectionism, only CM was found to emerge as a significant predictor of drive for thinness ($\beta = .027, p < .05$)

5. Discussion

We conducted the present set of studies to evaluate what is the relationship between Perfectionism and eating disorders. We predicted that many young people nowadays will have the problems of eating disorders just because they care too much about their own appearances. As table one shows that , there are few factors that significantly contributes to the thinness just like CM and PS. Not surprisingly, there are a few factors that is not related to the people's thinness.

As in table two, we were able to provide additional important evidence for factors that can drive people for thinness. In step one, we entered two basic factors which are ages and sex. Since we want to find if the age or the sex can contribute to the extent that Perfectionism drives people for thinness.

In step two, we entered the six dimensions that perfectionism has, which are similar to table one, and we wanted to find the unique variance in drive for thinness. First, we found that age and sex do not really influence why people are driven for thinness. Moreover, when we are looking at the further information about the four factors, we can simply conclude that CM is one of the most important factors that have the closeted positive relationship between perfectionism and driving for thinness.

Moreover, we can predict that those factors like Parental Expectations and Parental Criticism have little relationship between why people are becoming thinner. Because the negative scores of the two factors in table two with the figures shown in table one shows that they are least correlated with the thinness people got. Overall, however, the pattern of these correlational findings supports our general contention that the some factors of perfectionism are leading to the thinness people are getting recently.

Finally, consistent with the view: perfectionism and pressure may cause a significant loss of contact between the actual desire or plan to lose weight, we can conclude that: pressure conditions can cause an individual diet abnormal eating disorders and even has a perfect personality.

5.1 Some Important Implications of the Present Findings

Given these findings, a number of important implications can be considered. Firstly, since we have listed that the six dimensions belongs to the perfectionism, we can easily categorize eating disorders by some specific variables that are positively closely related. Thus, we can find further treatment for each kind of eating disorders. Clinicians can use the results to heal patients by discovering what is the real cause of eating disorders first and hence find treatment to reduce the effect of the factors.

However, if there are some other reasons that can cause people to have eating disorders, it may be hard for clinicians to categorize into those 6 dimensions. Evidently, more researches are needed to address this interesting question.

5.2 Some Limitations of the Present Study

Despite these promising findings strongly indicate some factors that can influence ED problems, some limitations are still need us to pay attention. Firstly, as the current samples consisted of young adults (i.e., college students), it would be important to determine if the positive associations found between the some dimensions of Perfectionism and ED problems will be stronger if the average age is larger.

Secondly and relatedly, the present study focused on a non-clinical population. Given patients with EDs have been found to display more interpersonal problems compared to nonclinical samples (e.g.,[5] Connan, Troop, Landau, Campbell, & Treasure, 2007), we may need more dimensions to consider the causes of ED problems to clinical group comprehensively.

Last but not the least, the ratio between man and woman may also have an impact on our results. It is hard to determine if the increase of ratio male group will make another dimension be more positively correlated to the ED problem.

Thus, future study need to change the sex ratio, extent age boundary and include the clinical group in order to make the results more acceptable to general situation.

References

- [1] M.D.Marc H.Hollender (Prof.) (1965). Perfectionism. *Comprehensive Psychiatry*, vol.6, no.2, pp.94-03.
- [2] L. A. Terry Short, R. Glynn Owens, P. D. Slade (1995). Positive and negative perfectionism. *Personality and Individual Differences*, vol.18, no.5, pp.663-668.
- [3] Frost, R. O., Marten, P., Lahart, C (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, no.14, pp.449-468.
- [4] Flett, G.L., Besser, A., Davis, R.A. et al (2003). Dimensions of Perfectionism, Unconditional Self-Acceptance, and Depression. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, no.21, pp.119-138.
- [5] Connan, F., Troop, N., Landau, S., Campbell, I. C (2007). Poor social comparison and the tendency to submissive behavior in anorexia nervosa. *International Journal of Eating Disorders*, no.40, pp.733-739.