WCPCG-2010

Perfectionism and physical ill-health

Zahra Ofoghi\textsuperscript{a} *, Mohammad Ali Besharat\textsuperscript{b}

\textsuperscript{a}Department of Psychology, University of Tehran, P. O. Box 14155-6456, Tehran, Iran

Received January 9, 2010; revised February 16, 2010; accepted March 11, 2010

Abstract

This study examined the relationship between perfectionism and medical ill-health in a sample of general population. 274 volunteers (154 women, 120 men) completed the Tehran Multidimensional Perfectionism Scale (TMPS) and the Physical Health Inventory (PHI). Self-oriented and socially prescribed perfectionism were associated with health indices in opposite direction. Other-oriented perfectionism showed negative association only with number of medical visits. It was concluded that self-oriented perfectionism would improve physical health indices through reinforcement of personal motivation, and provocation of mental and physical abilities. Socially prescribed perfectionism would negatively influence physical health indices through imposing high expectations by others.

Keywords: Perfectionism, physical health, physical illness.

1. Introduction

In recent decades, there has been a growing interest in studying perfectionism which is characterized by striving for flawlessness and setting of excessively high standards for performance accompanied by tendencies for overly critical evaluations of one’s behavior (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). Originally, perfectionism was first studied as a unidimensional construct (Burns, 1980), Recently, Shafran, Cooper, and Fairburn (2002) developed a competing model of “clinical perfectionism.” According to their model, perfectionism is a unidimensional construct which increases risk for psychopathology, especially eating disorders. Belanger et al (2009) explained that the risk of death was approximately 51% greater in those individuals with a high perfectionism (self-expectations) score compared with those with a low perfectionism score relative to the baseline score.

In another point of view is Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990) which taps six perfectionism dimensions: concern over mistakes, personal standards, parental expectations, parental criticism, doubts about actions, and organization. The other important scale is Hewitt and Flett’s (1991) Multidimensional Perfectionism Scale (MPS-H) which examines the relationship between perfectionism and physical health. The MPS-H assesses three dimensions of perfectionism centered on interpersonal source and direction: self-oriented perfectionism, setting excessively high personal standards, accompanied by a
strong motivation to attain perfection; other-oriented perfectionism, a tendency to hold exceedingly high standards for other people; and socially prescribed perfectionism, the perception that significant others place exceptionally high standards on them and evaluate them stringently (Flett & Hewitt, 2002). People want to be perfect in different domains; work and studies were the domains that most participants reported being perfectionistic in and self-oriented perfectionism, rather than socially prescribed perfectionism, were responsible for these correlations (Stoeber and Stoeber, 2009).

Frost, Heimberg, Holt, Mattia, and Neubauer (1993) have suggested that scales tapping some dimensions of perfectionism are adaptive (viz., personal standards, organization, and self-oriented perfectionism), whereas others are maladaptive (viz., concern over mistakes, parental expectations, parental criticism, doubts about actions, other-oriented and socially prescribed perfectionism). For example, Pacht (1984) postulated that perfectionism can only result in maladjustment and psychological problems because perfectionists are either disappointed when they do not meet their excessively high standards, or fail to experience satisfaction when they are able to accomplish their goals. To address this contradiction, recent research has taken a multidimensional approach to the study of perfectionism.

A large body of research has emerged suggesting a link between perfectionism and mental health. Indeed, perfectionism has been associated with depression, anxiety, suicidal ideation, negative affects, personality disorders, obsessive–compulsive disorder, and eating disorders (review by Molnar, Reker, Culp, Sadava, & DeCourville, 2006). Huprich et al (2008) explained that depressive symptoms were correlated with three dimensions of perfectionism—Concern over Mistakes, Doubts about Actions, and Parental Criticism.

Despite advances in our understanding of how perfectionism is related to mental health, relatively little is known about how perfectionism is related to physical health. For example Pacht (1984) found that perfectionism was significantly related to various disorders, such as irritable bowel syndrome, erectile dysfunction, abdominal pain in children, and ulcerative colitis. But there are few studies which view perfectionism as multi dimensional construct; for example Martin, Flett, Hewitt, Krames, and Szanto (1996) utilized the MPS-H and found that only socially prescribed perfectionism was negatively associated with physical health. White and Schweitzer (2000) who utilized Frost et al.’s (1990b) Multidimensional Perfectionism Scale (MPS-F) show that chronic fatigue syndrome is related to concern over mistakes and doubts over action. Saboonchi and Lundh (2003) also employed a multidimensional approach to examine the link between perfectionism and somatic health in a general population sample. Utilizing the MPS-H, they found that self-oriented and socially prescribed perfectionism were positively correlated with somatic complaints such as daytime sleepiness, headaches, tension, and insomnia. However, the relationship between socially prescribed perfectionism and somatic complaints was significant only for women. Molnar et al (2006) postulated that socially prescribed perfectionism was associated with poorer physical health and self-prescribed perfectionism is related to better physical health.

In another research Chang et al. (2007) found that self-oriented and socially prescribed perfectionism (from the MPS) were consistently found to be the most important predictors of both eating disturbances and health behaviors. Therefore, the purpose of the present study were to test whether specific dimensions of perfectionism, those of self-oriented, socially prescribed, and other-oriented perfectionism are differentially related to physical health.

Given the present concerns, we had three objectives in conducting the present study:

1) There is positive relationship between self-oriented perfectionism and health indices.
2) There is negative relationship between socially prescribed perfectionism an health indices.
3) Whether is there any relationship between other-oriented perfectionism and health indices or not?

3. method

3.1. participants

296 persons from general population, between the ages of 20 and 50 living in Tehran volunteered to participate. Of the original sample, 22 participants were eliminated due to their providing incomplete measures. The final sample
consisted of 274 adults include 154 female, 120 male (M=33 years, SD=7.73 years). They didn’t have any psychiatric or medical disorder which needs to use medicine.

3.2. Measures

Tehran Multidimensional Perfectionism Scale (TMPS)- The TMPS (Besharat, 2004) was used to assess perfectionism. This 30-item self-report scale is comprised of three subscales, which measure different sources and foci of perfectionistic standards. The self-oriented, other-oriented, and socially prescribed perfectionism were assessed using a Likert scale ranging from 1 to 7. Scores in each of the subscales change from 10 to 50 and they have good internal consistency. It’s test-retest reliability for self-oriented, other-oriented and socially prescribed perfectionism were statistically significant.(r=0.82 ,r=0.79 ,r=0.84 ;P<0.001 )

Physical Health Inventory (PHI)- Four indicators were used to create a latent variable for physical health: perceived health, symptoms, and two items that assess medical illness. Perceived health was a single item in which participants rated their overall physical health as compared to others of their age on a Likert scale ranging from 1 (poor) to 4 (excellent). Symptoms (Molnar et al., 2006) were assessed by computing a composite variable of 21 items pertaining to sleep problems, shortness of breath, upset stomach, pains and ailments, fatigue, and the extent to which ill health affected their daily functioning. Two items were used as indicators to assess medical illness: number of visits to a physician, and number of days sick in bed over the past 2 years. Each of these items was measured on a Likert scale ranging from 1 (0) to 7 (more than 15).

2.3. Procedure

Participants were recruited for the study as described above, and were consent for their participation. Participants were reassured that their responses would be kept confidential, and were encouraged to complete all measures honestly. In 50% of them first they answered TMPS (Besharat, 2004) and then completed the PHI (Molnar et al., 2006) measures and vice versa.

4. Results

As expected results of pearson correlation shows that there is significant relationship between self-oriented and socially prescribed perfectionism and ill-health indices including physical symptoms, perceived health, number of medical visits, and number of days sick in bed positively and negatively sequentially.

<table>
<thead>
<tr>
<th>variable</th>
<th>self-oriented perfectionism</th>
<th>other-oriented perfectionism</th>
<th>Socially prescribed perfectionism</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical symptoms</td>
<td>0.147*</td>
<td>0.062</td>
<td>-0.401**</td>
</tr>
<tr>
<td>perceived health</td>
<td>0.123*</td>
<td>0.081</td>
<td>-0.304**</td>
</tr>
<tr>
<td>number of medical visits</td>
<td>0.503**</td>
<td>-0.301**</td>
<td>-0.185**</td>
</tr>
<tr>
<td>number of days sick in bed</td>
<td>0.322</td>
<td>-0.131*</td>
<td>-0.135*</td>
</tr>
</tbody>
</table>

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

Other-oriented perfectionism only has significant positive relationship with number of medical visits, and number of days sick in bed. These findings answer the research questions partially. For clarifying proportion of each of the variables better, we use dimensions of perfectionism as predictor variable and health indices as criterion variable in regression equetion.

Results are shown in table 2. About self-oriented perfectionism and socially prescribed perfectionism observed F was significant(P<0.001),so scores on these two subscales account for 33%of the variance in medical symptoms and regression coefficient shows the self-oriented perfectionism(β=0.563,t=6.694)and socially prescribed perfectionism...
\( \beta = -0.650, t = -11.209 \) can predict variance in symptoms significantly. According to above explanation we can predict health indices according the dimensions of perfectionism that is demonstrated in table 2 completely.

Table 2. Regression model, variation analyses and statistical indices of ill-health indices regression on dimensions of perfectionism

<table>
<thead>
<tr>
<th>index</th>
<th>t</th>
<th>( \beta )</th>
<th>SE</th>
<th>( R^2 )</th>
<th>R</th>
<th>( F^* )</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical symptoms/Regression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-oriented perfectionism</td>
<td>6.694</td>
<td>0.563</td>
<td>0.337</td>
<td>0.581</td>
<td>45.78</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>other-oriented perfectionism</td>
<td>1.288</td>
<td>0.102</td>
<td></td>
<td></td>
<td></td>
<td>0.199</td>
<td></td>
</tr>
<tr>
<td>Socially prescribed perfectionism</td>
<td>-11.209</td>
<td>-0.650</td>
<td></td>
<td></td>
<td></td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>perceived health model/Regression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-oriented perfectionism</td>
<td>4.245</td>
<td>0.393</td>
<td>0.200</td>
<td>0.447</td>
<td>22.45</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>other-oriented perfectionism</td>
<td>-0.151</td>
<td>-0.013</td>
<td></td>
<td></td>
<td></td>
<td>0.005</td>
<td></td>
</tr>
<tr>
<td>Socially prescribed perfectionism</td>
<td>-7.881</td>
<td>-0.502</td>
<td></td>
<td></td>
<td></td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>number of medical visits/Regression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-oriented perfectionism</td>
<td>9.574</td>
<td>0.814</td>
<td>0.325</td>
<td>0.570</td>
<td>43.24</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>other-oriented perfectionism</td>
<td>-2.799</td>
<td>-0.225</td>
<td></td>
<td></td>
<td></td>
<td>0.005</td>
<td></td>
</tr>
<tr>
<td>Socially prescribed perfectionism</td>
<td>-4.457</td>
<td>-0.261</td>
<td></td>
<td></td>
<td></td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>number of days sick in bed/Regression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-oriented perfectionism</td>
<td>7.189</td>
<td>0.650</td>
<td>0.236</td>
<td>0.486</td>
<td>27.84</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>other-oriented perfectionism</td>
<td>-1.750</td>
<td>-0.149</td>
<td></td>
<td></td>
<td></td>
<td>0.081</td>
<td></td>
</tr>
<tr>
<td>Socially prescribed perfectionism</td>
<td>-6.554</td>
<td>-0.408</td>
<td></td>
<td></td>
<td></td>
<td>0.001</td>
<td></td>
</tr>
</tbody>
</table>

5. Discussion

This study is one of the first to specifically investigate the relationship between dimensions of perfectionism and physical ill-health done in Iran. Consistent with Molnar et al. (2006), we found positive relationship between self-oriented perfectionism and health indices. Self-oriented perfectionism empowers person’s motives dynamically and consistently for reaching the best situation so this powerful motivation source counteract with physical ill symptoms. This question is raised “whether this matter cause psychological or physical exhaustion or not?” In future research this question should be answered but it is possible that positive relationship between psychological indices such as challenge for success, self-esteem and self actualization (Stoeber, et al., 2006) and perfectionism play an important role for mediating. Socially prescribed perfectionism is negatively related to physical health because perfectionism imposed by others is stressful and even detrimental to health and related to poorer health. This imposing source of motivation puts pressure on a person and deteriorates physical abilities.

Our research findings show that other-oriented perfectionism have a negative correlation only with number of medical visits and number of days sick in bed. Statistical analyses show that other-oriented perfectionism can explain changes in the number of medical visits. As we saw in other research this dimension of perfectionism is not consistent (Saboonchi & Lundh, 2003; Molnar et al., 2006) and it is incomplete answer to the question of our research.

In the other-oriented perfectionism central point of pressure is shifted from the person to others and the intensive force of striving flawlessness and setting of excessively high standards for performance is decreased. Maybe because of this reason the negative or positive correlation isn’t so powerful. There is a doubt for using other-oriented perfectionism and more research is needed to prove beneficial effects of this construct.

Additional studies are necessary to verify the present findings but theoretically the results suggest clinical usage of self-oriented and socially-prescribed perfectionism to predict physical health; but the other-oriented perfectionism is a construct that should be explained more and its application is under doubt. Propagation of such interdisciplinary
fields (psychology and medicine) made new links between health and psychology. Investigating perfectionism pathology is another advantage of this research.

From empirical point of view by signalize salutary and deleterious role of perfectionism, we can prevent physical ill or mediate features of it. Studies about determinant variables of perfectionism such as personal, parental and social factors are important. Perfectionism evolution and aetiology and the mechanisms of its consistency highlights the need for codify a comprehensive schedule which modifies perfectionistic features.

References


