

Perfectionism and its Impact on Body Image in Emerging Adults

Running Title: Perfectionism and Body Image

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Abstract: *This study explores the complex relationship between perfectionism and body image among young adults, focusing on self-oriented, socially prescribed, and other-oriented dimensions of perfectionism. Using the Multidimensional Perfectionism Scale (MPS) and the Body Image Scale (BIS), data from 200 participants revealed moderate levels of perfectionism and body image concerns, with both scales showing significant deviations from normality. Gender comparisons indicated no significant difference in body image perceptions, suggesting comparable societal pressures across genders, but a significant difference in perfectionism scores, with women showing higher socially influenced perfectionism tendencies. Correlation analysis found no significant associations between self-oriented or socially prescribed perfectionism and body image perceptions; however, a weak yet significant negative correlation emerged between other-oriented perfectionism and body dissatisfaction, indicating that heightened expectations of others may relate to greater body image concerns. These findings emphasize the multidimensional nature of perfectionism and its nuanced relationship with body image, highlighting the need for gender-sensitive interventions and further exploration of mediating factors like self-esteem and coping strategies in future research.*

Keywords: Perfectionism, Body Image, self-oriented, socially prescribed, other-oriented

1. Introduction

Perfectionism, characterized by high standards and fear of flaws, significantly influences mental health and body image among emerging adults aged 18–25. While adaptive perfectionism fosters achievement, maladaptive forms lead to anxiety, depression, and body dissatisfaction [8]. Social media amplifies these pressures, promoting unattainable beauty ideals and increasing psychological stress [4]. Parenting styles, especially authoritarian and controlling behaviors, contribute to socially prescribed perfectionism [1]. While cultural norms and societal expectations shape body image perceptions differently across genders and cultures [8]. Women face heightened pressures tied to beauty standards, while men's concerns often revolve around muscularity, with hormonal factors further influencing these dynamics [2]. Cultural contexts significantly shape perceptions of perfectionism and body image. Collectivist societies, emphasizing conformity and communal values, may intensify socially prescribed perfectionism, whereas individualistic cultures often prioritize self-oriented perfectionism [8]. Cross-cultural research underscores the need to examine how cultural values, familial expectations, and societal beauty standards interact to shape these tendencies. Such analyses can reveal crucial insights into culturally sensitive interventions [9]. Gender plays a pivotal role in perfectionism and body image dynamics. Women often face heightened societal expectations around beauty, leading to greater body dissatisfaction and related psychological issues [2]. Men, too, experience body image concerns, particularly around muscularity, but these issues are less frequently addressed in research [9]. Hormonal factors, such as variations in primary and secondary sex hormones, may further influence the

relationship between perfectionism and body image across genders, warranting deeper investigation. Despite global prevalence, cross-cultural studies on the interplay between perfectionism and body image remain scarce, with limited focus on male populations and gender-specific influences [3]. This study aims to examine the relationship between perfectionism and body image among emerging adults aged 18–25, emphasizing cultural contexts and exploring hormonal influences. Key objectives include analyzing dimensions of perfectionism—self-oriented, other-oriented, and socially prescribed—and understanding how they correlate with body image perceptions. Additionally, the study investigates the role of primary and secondary sex hormones in moderating this relationship. While the null hypotheses (H_0) assert that no significant relationship exists between perfectionism and body image, no hormonal moderation occurs, and there are no significant gender differences, the alternative hypotheses (H_1) propose that perfectionism significantly impacts body image, hormonal variations moderate this association, and gender-based dynamics play a role. This research seeks to address these questions to provide insights for developing tailored interventions. Addressing these gaps, this study explores perfectionism's dimensions—self-oriented, other-oriented, and socially prescribed—alongside cultural and hormonal factors to understand their impact on body image, aiming to inform interventions that promote mental health and foster positive body perceptions.

2. Material and Methods

Research design

Consider using a cross-sectional study that gather data at single point of time. This methodology facilitates the

investigation of relationship among variables insights into the impact of perfectionism on body image in the specified age group.

Sample

A sample of 200 is taken of the age group 18 - 25 for this study where the sample is divided into gender 100 Males and 100 Female.

Sampling

The sample is selected on the bases Convenience Random Sampling.

Inclusion criteria

- 1) Participants in the age group of 18– 25 are included.
- 2) Sufficient knowledge of English to fill out the questionnaire.

Procedure

A sample of 200 is taken for this study. Data is will be collected through google forms. Use validated scales (Multidimensional Perfectionism Scale and Body Image Survey) to maintain reliability and validity. The informed consent will be given to all the respondents before collecting the data. Sample collected would be Purposive random sampling random sampling a probability sampling technique. For normality and other statistical analyses, tests are conducted. Two questionnaires regarding The Multidimensional Perfectionism Scale (MPS) and Body image survey (BIS) will be administered to them. Appropriate statistical tools will be used for the analysis of the study with the help of Jamovi.

Pilot Study

A pilot study will be conducted on a sample of 17 individual, The Scale will be used to assess the sample's The Multidimensional Perfectionism Scale (MPS) and Body image survey (BIS). Google forms will be used to collect the data. Following the test, participants will be asked to provide feedback on the difficulties they encountered as well as suggestions for future improvements. The necessary changes in accordance to the feedback will be made. Jamovi software was used to find the correlation of the dimensions of the item of the scale.

Ethical Consideration

To maintain ethical standards, participants will be given necessary information the study, such as the purpose of the study, who has access to its information, and so on, and Informed consent will be obtained. The participant can withdraw the study at any moment. If they feel uncomfortable. All information will be kept strictly confidential, and the subjects' and organization's anonymity will be maintained. The subjects' responses will be used solely for research purposes.

3. Analysis

Table 1: Normality of MPS and BIS

Total MDPS	Total BIS	
N	201	201
Missing	807	807
Mean	190	58.1
Median	186	57
Standard deviation	36.4	21.0
Minimum	102	24
Maximum	297	128
Shapiro - Wilk W	0.907	0.972
Shapiro - Wilk p	<.001	<.001

In this study, the descriptive analysis was conducted for the sample of 200 subjects with regard to the Multidimensional Perfectionism Scale and Body Image Scale. It has been found that the mean score related to perfectionism was 190, the median was 186, and standard deviation was 36.4, which reflect that there is some moderate variation in the levels of perfectionism among participants. The scores ranged from a minimum of 102 to a maximum of 297. The mean score on body image was 58.1, the median was 57, and the standard deviation equaled 21.0, which gives relatively less variability as compared to perfectionism. The BIS scores ranged from 24 to 128. Normality of data was checked using the Shapiro - Wilk test, and results showed that both scores, MDPS and BIS, are significantly deviated from normality distributions. The Shapiro - Wilk W statistics in respect to this were 0.907 for MDPS and 0.972 for BIS, with corresponding p - values less than 0.001 in both cases. Hence, the scales data in both cases were not normally distributed.

Table 2: Correlation between Total BIS and Total MPS

Correlation Matrix		
TOTAL MPS		
TOTAL BIS		
TOTAL BIS	Spearman's rho	—
	Df	—
	p - value	—
TOTAL MPS	Spearman's rho	- 0.085
	Df	199
	p - value	0.231

The null hypothesis (H_0) is rejected (p - value < 0.05), indicating that there is no significant gender difference in the relationship between perfectionism and body image among emerging adults aged 18 - 25.

A Spearman's rank - order correlation was conducted to examine the relationship between TOTAL BIS and TOTAL MPS. The analysis revealed a weak negative correlation ($r_s = -0.085$, $r_{s\text{ sig}} = -0.085$), which was not statistically significant ($p = 0.231$, $p = 0.231$, $df = 199$, $df = 199$). This suggests that there is no significant monotonic relationship between TOTAL BIS and TOTAL MPS in the sample analyzed.

Table 3: Correlation between Total MPS and Subscales of BIS

		Total MPS	Primary	Secondary	Hormone Unresponsive
Primary	p - value	—			
	Spearman's rho	- 0.068	—		
	Df	199	—		
Secondary	p - value	0.339	—		
	Spearman's rho	- 0.090	0.836 ***	—	
	Df	199	199	—	
Hormone unresponsive	p - value	0.205	<.001	—	
	Spearman's rho	- 0.087	0.809 ***	0.871 ***	—
	Df	199	199	199	—
	p - value	0.220	<.001	<.001	—

The null hypothesis (H_0) for both secondary hormones and unresponsive hormones is rejected, indicating a statistically significant relationship between these variables and the outcomes measured

The analysis found no statistically significant relationships between perfectionism and primary sex hormones ($\rho = -0.068$, $p = 0.339$), secondary sex hormones ($\rho = -0.090$, $p = 0.205$), or hormone unresponsiveness ($\rho = -0.087$, $p = 0.220$), as all p - values exceed the 0.05 threshold. Consequently, the null hypothesis is not rejected, indicating no significant associations between perfectionism and

primary or secondary sex hormones, nor between perfectionism and hormone unresponsiveness. These findings suggest that primary and secondary sex hormones, as well as hormone unresponsiveness, do not play a significant role in the relationship between perfectionism and body image within the context of this study.

Table 4: Correlation between Total BIS and subscale of MPS

Correlation Matrix					
		TOTAL BIS	SO	OO	SP
TOTAL BIS	Spearman's rho	—			
	Df	—			
	p - value	—			
SO	Spearman's rho	-0.128	—		
	Df	199	—		
	p - value	0.07	—		
OO	Spearman's rho	- 0.187**	0.321***	—	
	Df	199	199	—	
	p - value	0.008	<.001	—	
SP	Spearman's rho	0.019	0.568***	0.418***	—
	Df	199	199	199	—
	p - value	0.784	<.001	<.001	—

The null hypothesis (H_0) for self - oriented (SO) and socially prescribed (SP) perfectionism is not rejected, indicating that there is no statistically significant relationship between these types of perfectionism and body image among emerging adults.

The analysis of the correlations between body image and different dimensions of perfectionism revealed mixed results. The correlation between body image and self - oriented perfectionism ($\rho = -0.128$, $p = 0.070$) and between body image and socially prescribed perfectionism ($\rho = 0.019$, $p = 0.784$) were both found to be statistically insignificant, with p - values above 0.05, suggesting no significant relationships. However, a statistically significant relationship was found between body image and other - oriented perfectionism ($\rho = -0.187$, $p = 0.008$), as the p - value was below 0.05. Consequently, the null hypothesis is rejected for other - oriented perfectionism, indicating that this specific type of perfectionism may have a meaningful impact on body image, warranting further investigation. This suggests that, while self - oriented and socially prescribed perfectionism do not significantly affect body image, other - oriented perfectionism may play a distinct role in shaping body image perceptions in this context.

Table 5: Correlation between subscale of MPS and BIS

Correlation Matrix				
		Primary	Secondary	Hormone unresponsive
SO	Pearson's r	-0.132	- 0.147*	-0.105
	df	199	199	199
	p - value	0.061	0.038	0.137
OO	Pearson's r	- 0.235***	- 0.279***	- 0.314***
	df	199	199	199
	p - value	<.001	<.001	<.001
SP	Pearson's r	-0.112	-0.097	-0.106
	df	199	199	199
	p - value	0.114	0.171	0.135

The null hypothesis is rejected for OO across all groups, for SO in the Secondary group, and not rejected for SP in any group.

The correlation analysis revealed varying levels of associations between the variables. For SO, there were weak negative correlations with all groups (Primary: $r = -0.132$, $p = 0.061$; Secondary: $r = -0.147$, $p = 0.038$; Hormone - unresponsive: $r = -0.105$, $p = 0.137$), with significance observed only

for the Secondary group ($p < 0.05$ $p < 0.05$ $p < 0.05$). For OO, moderate negative correlations were significant across all groups (Primary: $r = -0.235$, $p < 0.001$; $r = -0.235$, $p < 0.001$; Secondary: $r = -0.279$, $p < 0.001$; $r = -0.279$, $p < 0.001$; Hormone - unresponsive: $r = -0.314$, $p < 0.001$; $r = -0.314$, $p < 0.001$; SP displayed weak negative correlations with no significant associations in any group (Primary: $r = -0.112$, $p = 0.114$; $r = -0.112$, $p = 0.114$; Secondary: $r = -0.097$, $p = 0.171$; $r = -0.097$, $p = 0.171$);

Hormone - unresponsive: $r = -0.106$, $p = 0.135$; $r = -0.106$, $p = 0.135$;

Table 6: Mean Differences in MPS and BIS Scores across Gender.

Independent Samples T - Test			
		Statistic	P
Total BIS	Mann - Whitney U	4435	0.18
Total MDPS	Mann - Whitney U	4171	0.047

The Mann - Whitney U test showed no significant difference in TOTAL BIS ($p = 0.180$ $p = 0.180$ $p = 0.180$) but revealed a significant difference in TOTAL MDPS ($p = 0.047$ $p = 0.047$ $p = 0.047$).

An independent samples Mann - Whitney U test was conducted to compare the TOTAL BIS and TOTAL MDPS scores between two groups. The results indicated no significant difference in TOTAL BIS scores ($U = 4435$, $p = 0.180$ $U = 4435$, $p = 0.180$ $U = 4435$, $p = 0.180$), suggesting that the distributions of scores were similar between the groups. However, for TOTAL MDPS, a significant difference was observed ($U = 4171$, $p = 0.047$ $U = 4171$, $p = 0.047$ $U = 4171$, $p = 0.047$), indicating that the distributions of scores between the groups were not equal. The alternative hypothesis ($H_a: \mu_1 \neq \mu_2$ $H_a: \mu_1 \neq \mu_2$ $H_a: \mu_1 \neq \mu_2$) is supported for TOTAL MDPS but not for TOTAL BIS.

3. Discussion and Findings

The findings of this study provide insights into the relationships between perfectionism, body image, and gender - related differences in their measurements. The descriptive statistics highlight moderate variability in perfectionism scores (Multidimensional Perfectionism Scale, MPS) compared to body image scores (Body Image Scale, BIS), with both distributions deviating significantly from normality. This aligns with previous research emphasizing the complexity of perfectionism as a multidimensional construct with diverse implications for individual psychological functioning [5].

The Mann - Whitney U test results revealed no significant difference in BIS scores across gender suggesting comparable body image perceptions among male and female participants. This aligns with some studies indicating that body image concerns are not exclusively gender - specific but are influenced by societal pressures affecting both sexes [6]. In contrast, a significant difference was observed for suggesting potential gender differences in perfectionism tendencies [10]. These findings are consistent with prior research highlighting gender - specific dimensions of

perfectionism, with women often reporting higher socially prescribed perfectionism than men due to societal expectations [11].

The correlation analysis further revealed a weak and statistically insignificant association between perfectionism (MPS) and body image (BIS). This suggests that, while perfectionism is known to affect various aspects of mental health, its direct impact on body image perceptions in this sample is minimal. However, prior research has noted that specific dimensions of perfectionism, such as socially prescribed perfectionism, may have a stronger link to body dissatisfaction, especially among young adults [7].

In conclusion, the results emphasize the nuanced relationships between perfectionism, body image, and gender differences. The significant difference in MDPS scores suggests gender - specific variations in perfectionism, which may warrant targeted interventions. Furthermore, the absence of a strong correlation between perfectionism and body image highlights the need for exploring other mediating factors, such as self - esteem or coping strategies, in future studies.

4. Limitation

Sample Size and Generalizability:

The study was conducted with a relatively small sample size of 200 participants, which limits the generalizability of the findings. A larger and more diverse sample would provide more robust conclusions and increase the external validity of the results.

Sample Group Characteristics:

The study focused on emerging adults aged 18 - 25, potentially limiting the applicability of the findings to other age groups, such as adolescents or older adults. The influence of perfectionism and body image may differ across developmental stages, and future studies should include a wider age range for comparison.

Gender Imbalance:

While the study examined gender differences, an unequal distribution of male and female participants could skew results. Future research should aim for a balanced gender representation to more accurately capture gender - related variations in perfectionism and body image.

Non - Normality of Data:

The Shapiro - Wilk test indicated that both the MDPS and BIS scores significantly deviated from normal distribution, which could affect the accuracy of statistical analyses. Future studies could employ transformations or non - parametric tests to address non - normality.

Cultural Specificity:

The study may reflect cultural biases that are not generalizable to different cultural contexts. Body image perceptions and perfectionism can be influenced by cultural norms and standards, so future research should explore cross - cultural differences.

Self - Report Bias:

The use of self - report questionnaires (MPS and BIS) can lead to biased responses, as participants may provide socially desirable answers or misinterpret items. Objective or observational measures could be incorporated to reduce self - report bias.

Limited Explanation of Variance:

The linear regression model explained only a small portion of the variance in body image scores (around 4.25%), suggesting that other unmeasured variables may also influence body image. Including additional factors, such as self - esteem or media influence, could improve the model's explanatory power.

Cross - Sectional Design:

The cross - sectional nature of the study limits the ability to infer causality between perfectionism and body image. Longitudinal studies would help determine whether changes in perfectionism lead to changes in body image over time.

5. Implication**Intervention Development:**

The study highlights the significant relationship between other - oriented perfectionism and body image. This suggests that interventions targeting perfectionistic tendencies, especially interpersonal perfectionism, could be beneficial for improving body image. Therapies such as Cognitive Behavioral Therapy (CBT) that address maladaptive perfectionistic thinking could be tailored to reduce body dissatisfaction.

Gender - Sensitive Approaches:

Given the gender differences in perfectionism observed in the study, mental health practitioners should consider gender - specific interventions. For example, women may benefit from support groups or counseling that address societal pressures and body image concerns, while men may need different approaches focusing on performance and achievement - related stressors.

Public Health Campaign

The study suggests the importance of public health campaigns that challenge societal beauty standards and promote body positivity. Raising awareness about the unrealistic expectations often associated with perfectionism can encourage a more inclusive and diverse perception of body image.

Workplace and Organizational Policies:

Employers and organizations working with young adults could implement policies that reduce the pressure to be perfect, which may indirectly contribute to better mental health and improved body image. Supportive workplace environments that value self - care and holistic well - being may reduce the negative effects of perfectionism.

Educational Programs:

The findings can inform educational programs aimed at young adults to foster healthier body image perceptions. Schools and universities could implement workshops that raise awareness about perfectionism and its impact on

mental health, encouraging students to adopt more realistic self - expectations.

6. Further Research Directions

The study's findings indicate the need for further research, especially to explore the role of other factors like media influence, self - esteem, and peer pressure in shaping body image alongside perfectionism. Researchers could also explore how perfectionism interacts with cultural factors to affect body image, offering insights into more culturally relevant interventions.

Preventative Mental Health Strategies:

Given the link between perfectionism and body image concerns, this study suggests the importance of early detection and prevention strategies in schools, universities, and counseling settings. Early intervention in addressing perfectionistic tendencies could prevent the development of negative body image and associated mental health issues, such as anxiety and depression.

Clinical Implications for Counseling and Therapy:

Clinicians working with emerging adults, particularly those with perfectionistic tendencies, may need to focus on reducing unrealistic body expectations and addressing external pressures. Counseling sessions could explore how perfectionistic traits impact self - perception and foster a healthier self - image in clients.

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