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UNIVERSITY OF ALBERTA

AN EXAMINATION OF PERFECTIONISM AND ITS RELATIONSHIP TO SELF-ESTEEM, SOCIAL ANXIETY, AND CONFLICT MODE

BY

NOGA LIRON

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF:

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IN

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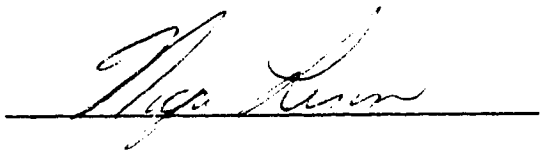

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled AN EXAMINATION OF PERFECTIONISM AND ITS RELATIONSHIP TO SELF-ESTEEM, SOCIAL ANXIETY, AND CONFLICT MODE submitted by NOGA LIRON in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in COUNSELLING PSYCHOLOGY.

Leonard L. Stewin, PhD

George W. Fitzsimmons, PhD

Kenneth L. Ward, PhD

DATE: April 5/93

DEDICATION

With love and appreciation, this thesis is dedicated to my family: Ruth, Abe, Suff (and his wife, Fiona), Bo, and Guy... and to Colin.

ABSTRACT

Perfectionism has many intrapersonal and interpersonal difficulties thought to be associated with it, yet very few studies have been conducted to examine the construct. This may be due, in part, to society's adorning view of perfectionism which is upheld by religious beliefs, language patterns and teachings, and the media.

The purpose of this study was to examine the relationship of perfectionism (three dimensions) to self-esteem, social anxiety, and conflict mode as a contribution to the understanding of perfectionism. It was hypothesized that a negative relationship would be found between all three dimensions of perfectionism and self-esteem, and that a positive relationship would be found between two of the dimensions and social anxiety. Additionally, two of the dimensions were expected to associate with the competing mode of conflict and the third with the accomodating conflict mode. In order to study these relationships, four self-report measures were administered to 98 students (77 females and 21 males). Data analyses confirmed most of the hypotheses and revealed a few unexpected findings.

The limitations of the study are discussed. It is suggested that this study will lead to a better understanding of perfectionism and will have implications for treatment and further research.

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CHAPTER I

INTRODUCTION

Perfectionism..... On the surface, this construct appears to be an admirable trait or a standard to strive for. In fact, "it probably wouldn't bother any of us to know that our surgeon or lawyer or plumber or tv repairman or our children's teachers were somewhat perfectionistic" (Hamachek, 1978, p. 27). In a recent newspaper article, this esteemed outlook on perfectionism was illustrated when a young musician's success was described. The article read: "...the Edmonton-born, Montreal-based pianist mentioned his biggest problem was being too much of a perfectionist. If that's what it takes to lead a jazz album like this then so be it. Rarely does such a young talent... make such an accomplished debut" ("Perfectionist Makes Debut", 1992, p.D4). The focus in this article, as in our society, is on the musician's accomplishments; the end-product. The perfectionism is viewed as a necessary and meritorious quality which lead the musician to his success. Perfectionism is valued by our goal-oriented society because there is an "implied promise that perfectionism brings rewards" (Burns, 1980b, p.34). Adderholdt-Elliot (1990) points out that almost every aspect of our society stresses perfectionism, including academia, business, industry, motion pictures, the theatre, religions, and social circles.

This adorning view of perfectionism is a cultural phenomenon which is upheld by language patterns, religious beliefs, and the media in our society (Burns, 1980b). Language patterns and teachings reinforce the idea that perfection is something to strive for and attain. Take, for example, these expressions: "practice makes perfect", "reach for the top", "picture perfect", "strive for success", "far from perfect", "a perfect 10", and "reach for the stars". Clearly, the message reflected from these popular sayings is that perfection is the standard to strive for. In addition, more recognition is given to individuals who approach perfectionistic standards than to those who have put forth their best efforts or have derived a great sense of satisfaction from their endeavours. This is evident in the educational system. For example, "in most schools, children compete for grades which symbolize how close to perfect their behavior and work has been" (White, 1985, p. 5) and assignments are marked for errors out of a possible 'perfect' score. The language patterns and teachings in our culture explicitly demonstrate society's endorsement of perfection.

Religions also play a role in reinforcing perfectionistic beliefs. An example of this lies in the scriptures of the Christian bible: "You, therefore, must be as perfect as your heavenly Father is Perfect" (Matthew 5:48). This quotation may be interpreted as an advocation of perfectionism in one's life. In addition to written scriptures, perfectionism may be implied and reinforced in the structure and interactions within religious organizations. For example, Mebane and Ridley

(1988) discuss role-sending [transmission of expectations to elicit certain behaviors] in the church, especially from pastor to congregation They mention that clergy often send faulty role messages that denote perfectionism regarding a Christian life . "The potent message sent is 'you need to be a perfect Christian'... A notorious social face in the church is the need to appear perfect" (p.35). The result is that members of the church often equate perfectionism with spirituality: being imperfect means being unspiritual. This can have negative spiritual and psychological consequences because perfectionism is virtually unattainable. Mebane and Ridley (1988) also state that clergy may experience a pressure to be perfect by their congregation.

The media is also very responsible for endorsing and strongly perpetuating perfectionistic beliefs and standards. In almost every domain of advertising, from makeup to clothes, to sporting equipment, to cars, the message is: perfection. Here are some examples: a mattress company labels its mattress the "perfect sleeper"; a luxury car company boasts the motto: "The Relentless Pursuit of Perfection"; a makeup ad asks the question: "How come some women have a perfect skin day? Not a flaw. Not a circle" and then suggests that their creme can make your skin look perfect; a photography store gives the promise: "picture perfect or your money back"; and a cosmetic company names its moisturizer "Skin Perfecting Lotion" and claims it makes the skin "measurably firmer, smoother... Perfect". Often, the statement of perfection in the media is non-verbal: the perfect camera

angle to capture things in a "better than life" form, flawless porcelain skin on a model, a perfectly slim body, etc... Women especially feel a cultural demand to be "slim" and "feminine" and some even experience eating disorders in attempting "to make their bodies conform to the ideal types presented in magazines, in the movies, and on the television set" (Katzman, Weiss, & Wolchik, 1985). The media undoubtedly promotes illusions of perfection in many different aspects of life.

While striving for perfection has some benefits to the seeker: respect, recognition, high grades, praise, awards, etc... the price may be high. The problem is that "Perfectionism is an internalized fantasy... In true life not only is perfection impossible, but the cost of those who seek it is inordinately high" (Stanley Brodsky in Pacht, 1984, p.390). The endeavour for the "elusive" perfection can cause much inner turmoil, physical/health problems, and interpersonal difficulties.

Definition of Perfectionism

Webster's New World Dictionary defines perfectionism as "extreme or obsessive striving for perfection [extreme degree of excellence according to a given standard], as in one's work" (Guralnik, 1984, p.1055). Perfectionism, as a personality construct, is more complex than this. In fact, "a precise definition of perfectionism has been elusive", however "the literature has emphasized a small number of important features" (Frost, Marten, Lahart, & Rosenblate, 1990, p. 450).

The most salient of these features has been the setting of unrealistically high self standards. Perfectionists place themselves in a "no-win situation" (Pacht, 1984) by setting their goals so high (and rigid) that they are virtually unattainable. "Even when perfectionists do something successfully, they are seldom able to savour the fruits of their accomplishments" (Pacht, 1984, p. 387) because they minimize their achievements. In addition, they are so goal-oriented and "future-focused" (Barrow & Moore, 1983) that little attention is given to "hurdles" already cleared. Perfectionists measure their self worth and esteem by goals and achievements. In this way, the striving for perfection does not "represent a good goal but rather an unhealthy motive" (Pacht, 1984, p.386). Perfectionists set their goals and standards extremely high, not for betterment, but rather to avoid failure (Sorotzkin, 1985; Hamachek, 1978). From this perspective, perfectionists see situations as opportunities for failure, rather than success.

Being overly critical in evaluating oneself or "self-depreciating" (Hamachek, 1978) is another feature common to perfectionists. In fact, "the psychological problems associated with perfectionism are probably more closely associated with these critical evaluation tendencies than with the setting of excessively high standards" (Frost et al., 1990, p. 450). Perfectionists constantly criticize themselves and focus on what is deficient or flawed... on the `empty half of the cup'. "As they dwell on their short-comings, they tend to feel inferior and underewarded, robbing themselves of satisfaction" (Burns, 1980, p.41).

Perfectionists create a narrower margin of errors than non-perfectionists because of their fear of failure. They, therefore, become overly concerned with even minor mistakes. In this way, one small detail `not quite right' can rob the perfectionists of the satisfaction of a job well-done (Burns, 1980). It becomes very energy-consuming for the perfectionistic person to play the roles of both the performer and the critic (White, 1985).

Another feature of perfectionism is dichotomous thinking, also called all-or-none thinking (Burns, 1980), the saint or sinner polarity" (Barrow and Moore, 1983), and the "god/scum phenomenon" (Pacht, 1984). Perfectionists "evaluate their experiences in a dichotomous manner, seeing things as either all-black or all-white; intermediate shades of grey do not seem to exist" (Burns, 1980, p.38). In other words, reaching 95% of the goal is still viewed as inadequate. There is no "happy medium" for perfectionists; being average or mediocre in something valued is unacceptable, and is often synonymous with failure for them. The perfectionist's dichotomous thinking creates a polarity with failure and perfection at the two ends; the latter is rarely achieved. Because of the undesirable emotional response to `failure', the perfectionist resolves to try harder to achieve perfection next time (Barrow & Moore, 1983) but often overgeneralizes negative events (Burns, 1980b).

The adoption of a system of self-commands, in the form of "should" statements, is another characteristic of perfectionists. Karen Horney (1942) called

this thought pattern "the tyranny of the shoulds". Similarly, David Burns termed such thinking a "shouldy approach to life" (1980a). The flooding of shoulds results when the perfectionist's "desires are transformed into demands where `I would like' becomes `I should-must-ought' " (Barrow and Moore, 1983, p.612). Some believe that the "shouldy" thinking is the result of "you should" messages through early communications with significant people that get converted into "I should" feelings (Hamachek, 1978). Some common statements that perfectionists impose on themselves include: I should be a better person, I should not get angry, I should be doing better, I should have done it differently, I should have known better, and I should have worked harder (Pacht, 1984). These `should' statements create feelings of frustration and guilt for perfectionists as they constantly feel under pressure to fulfil the self-imposed demands.

While there are many features and correlates associated with perfectionism, setting unrealistically high standards, being overly self-critical, thinking in dichotomies, and imposing self-commands in the form of `should' statements can be considered the defining characteristics of perfectionism.

Healthy versus Unhealthy Perfectionism

The issue of healthy versus unhealthy perfectionism has been addressed by several theorists (e.g. Adler, 1956; Horney, 1942; Mallinger & DeWyze, 1991).

Hamachek (1978) and Stoop (1987) provide the most comprehensive comparisons of healthy and unhealthy perfectionism.

Hamachek (1978) describes normal (healthy) perfectionists as "skilled artists or careful workers or masters of their craft". These people derive a healthy sense of pleasure and satisfaction from their efforts and achievements. They "tend to enhance their self-esteem, rejoice in their skills, and appreciate a job well-done" (p. 27). On the other hand, neurotic (unhealthy) perfectionists are "the sort of people whose efforts- even their best ones- never seem quite good enough, at least in their own eyes" (p.27). Consequently, they are deprived of satisfaction and self-esteem that accompany good efforts and results.

Normal perfectionists also set their standards at more reasonable levels than do neurotics. They take both their strengths and limitations into consideration. For these people, success is more likely because their self-expectations are realistic and attainable. "You might say that where the neurotics worry about their deficiencies and concentrate on how to avoid doing things wrong, the normals focus on their strengths and concentrate on how to do things right" (p. 28). In other words, where the normal perfectionists are motivated by a desire for improvement, the neurotic perfectionists are motivated by fear of failure. The result is an attitude which is "tense and deliberate" for the neurotics, in comparison to one that is "relaxed and Careful".

Stoop (1987) illustrates the differences between the pursuit of excellence (healthy perfectionism) and the drive for perfection (unhealthy perfectionism). The pursuit of excellence is realistic and involves a genuine striving for personal best. On the other hand, the drive for perfectionism is idealistic and involves reaching for ideals; for the perfect. While the seekers of excellence request or desire of themselves in self-statements such as "I want, I wish, I would like", the perfectionist demands from him/herself with self-talk that sounds like "I must, I should, I ought to". The pursuit of excellence focuses on the process and the striving is for a positive desire of success. On the other hand, perfectionism is focused on the product with the motivation being a negative fear of failure. While the seeker of excellence views life as a welcomed challenge and expects only the best of him/herself, the perfectionist views life as a dreaded curse and expects the best compared to others. The results of a genuine striving for excellence results in accomplishments, acceptance, fulfilment, and success. Perfectionism usually results in disappointment, condemnation, frustration, and failure.

For the purpose of contrasting healthy and unhealthy perfectionism, a dichotomy serves well. However, perfectionism, like other constructs, is more accurately described as falling along a spectrum, with various degrees or `shades'. For example, extreme unhealthy (neurotic) perfectionism might be found at one end of the continuum, healthy (normal) perfectionism might be found somewhere near the middle, and perhaps something such as apathy might be found at the other

end. The use of the term `perfectionism' in this thesis will refer to perfectionism that approaches the unhealthy (neurotic) end of the continuum.

Statement of the Problem

"Despite the presumed seriousness of perfectionism and the maladies thought to be associated with it, few studies of this phenomenon exist" (Frost, et al., 1990, p. 450). Even though perfectionism is beginning to receive some attention, there is still very little mention of the construct in text books, popular literature, or in the professional and research literature. King (1986) suggests that "perhaps the paucity of attention to perfectionism has occurred because there is some degree of difficulty in taking it seriously as a problem" (p. 1). Our adoring view of perfectionism may be blinding us to its potentially debilitating nature and therefore obscuring the need for further research. The lack of a consistent definition of perfectionism may also be a contributing factor.

Purpose of the Study

The purpose of this thesis is to examine the relationship between perfectionism and self-esteem, social anxiety, and conflict mode, as a way of adding another `link' in the chain of understanding of perfectionism. This study will represent a contribution to the `shallow' pool of research literature on

perfectionism and will hopefully have implications for further research and treatment.

Overview of the Thesis

Following this introductory chapter, Chapter II consists of a literature review which provides background information on perfectionism, and on its association with self-esteem, social anxiety, and conflict mode. Chapter III contains a description of the procedures and methodology of the study. The research findings and results are presented in Chapter IV, and will be discussed in Chapter V, along with the implications and limitations of the study.

CHAPTER II

LITERATURE REVIEW

The literature review consists of sections on: what perfectionism is, typologies, the multidimensional nature of perfectionism, the etiology of perfectionism, treatment for perfectionists, and related literature. Furthermore, there are three sections which contain brief descriptions of the variables in this study (social anxiety, self-esteem, and conflict mode) and their connection to the three dimensions of perfectionism (Hewitt & Flett, 1991b). In the final section, the working hypotheses for this study are presented.

What is Perfectionism?

There is some discrepancy over the categorization/labelling of perfectionism in the clinical and research literature.

King (1986) suggests that perfectionism, in its more severe form, is a personality disorder and most closely associates with the compulsive personality disorder proposed by Millon (1983). Hollender (1965; 1978) reported distinct differences between perfectionism and compulsiveness. In a study conducted to examine the relationships between three dimensions of perfectionism and several personality measures, Hewitt and Flett (1991b) found no significant relationships between two dimensions of perfectionism (self and other-oriented) and Millon's

compulsive personality pattern. In addition, these researchers found a negative association between compulsiveness and a third dimension of perfectionism (socially-prescribed). Broday (1988) found that two measures of perfectionism were negatively related to Millon's compulsive personality pattern. These findings do not lend support to the idea that perfectionism resembles the compulsive personality pattern.

Some describe perfectionism as an obsessive personality type (Mallinger & DeWyze, 1991). The American Psychiatric Association recognizes perfectionism as one of the diagnostic criteria for the obsessive-compulsive personality disorder in the DSM-IIIR manual (1987). Frost, Marten, Lahart, and Rosenblate (1990) found perfectionism to be positively related to an obsessive-compulsive inventory. Similarly, Hewitt and Flett (1991b) found perfectionism to be positively correlated with a measure of obsessive-compulsiveness. These findings suggest that perfectionism and obsessive-compulsiveness are positively associated, however the nature of this relationship needs to be examined.

Perfectionism has been addressed as an adjunct of other issues, such as overachievement, eating disorders, fear of failure, and procrastination (White, 1985). Others have yet described perfectionism as a "cognitive style or characteristic way of thinking" (Burns, 1980b, p. 41), and as a "personality style" (Hewitt & Flett, 1991b). Perfectionism has also been categorized as a set of

irrational beliefs (Ellis, 1962). In fact, most scales designed to measure irrational beliefs have a `perfectionism' scale (Slade, Newton, Butler, & Murphy, 1991).

Due to the lack of consistency in the labelling/ categorizing of perfectionism, using a functional description of perfectionism could prove to be more useful than attaching a label or category heading to it. A functional description provides more information than either a label or heading and can be the basis for more consistency in conceptualization. The following description captures the essential components of perfectionism:

> The dynamic of perfectionism includes cognitive, emotional, and behavioral counterparts. Cognitively, the individual is beset by an internal voice that is critical of everything; self-talk is highly judgemental, fault-finding, and self-derogating. Emotionally, the person feels angry at him or herself, overwhelmed in the face of constant pressure to improve, and hopeless to do anything about it. Behaviorally, he or she vacillates between performing compulsively and procrastinating; in either case, results are often not gained, or if they are, they are discounted by the inner judgemental voice. (White, 1985, p.4).

Typologies of Perfectionism

Recently, Burns (1983) identified five categories of perfectionism based on clinical experience. The first category is called the "Career Perfectionist". This type of perfectionist feels that he/she must be successful in all areas and undertakings, and that their self-worth is dependent on outstanding achievements. Career Perfectionists "see any setback as the same as total failure" (p.221). The second type is called the Marital (or Interpersonal) Perfectionist. This type of perfectionist believes that spouses should always be loving and disputes should never arise. In their eyes, conflicts or expressions of anger reflect poorly on relationships. Such perfectionists may get overly controlling as they "may see loved ones as extensions of their own egos, and find it threatening when others are not perfect" (p.221). The third type is the Emotional Perfectionist. These perfectionists hold the view that they must always be happy and never experience any negative feelings. "They may catastrophize normal feelings of sadness or nervousness so that they mushroom into full-blown depressions or panic attacks" (p. 222). The fourth type of perfectionist proposed by Burns is the Moral Perfectionist. Moral Perfectionists "punish themselves relentlessly whenever they fail to meet any moral standards. They don't know how to forgive themselves" (p.222). The last type of perfectionist is called the Sexual Perfectionist. Female Sexual Perfectionists may see themselves as defective if they experience problems with orgasms. "They may feel that their worth depends on their face, and worry

endlessly about trivial blemishes or having heavy thighs" (p.222). Male Sexual Perfectionists may experience performance anxiety from self-talk that includes beliefs about how awful it would be if they were unable to get an erection. This may "lead to erection difficulties, premature ejaculation or a self-centered, mechanical approach to lovemaking" (p.222).

King (1986) has also taken a typological approach to perfectionism. He reports that approximately 80% of the perfectionists are "Type I". Type I perfectionists are the ones typically referred to when discussing perfectionism. They have the characteristics of reaching for unattainable goals, rigidity, and compulsivity. "Type II" Perfectionists, on the other hand, are superficially different. They account for about 20% of Perfectionists. They are very easy-going on the surface and seem to take life casually. For these type of perfectionists, "the perfectionism does not become evident until one explores beneath the surface and finds the same extraordinary aspirations and rigidity about rules and regulations" (p. 4). The difference is that the type II perfectionist has sensed the frustration and anxiety in pursuing a goal and has chosen to deal with the stress by eliminating the goal (e.g. dropping a class). These individuals can be described as `perfectionists in hiding'.

The issue of typologies in perfectionism is interesting, and may prove to be valuable in understanding perfectionism. The problem is that the typologies have

consisted of only very brief descriptions. In addition, they are theoretically or clinically derived; none have been put to the empirical test (Broday, 1988).

The Multidimensional Nature of Perfectionism

Most of the existing literature has described perfectionism as a unidimensional construct (Hewitt & Flett, 1991b). Recently, Hewitt and Flett (1991b) and Frost, Marten, Lahart, and Rosenblate (1990) have presented and supported perfectionism as a multidimensional construct.

Frost et al. present five dimensions of perfectionism: Concern Over Mistakes (the tendency of an individual to react negatively to mistakes and interpret them as failure, along with the belief that he/she will lose the respect of others for such failures); Personal Standards (the setting of excessively high standards and the importance placed on them for self-evaluation), Parental Expectations (the perceptions an individual has that his/her parents hold high expectations are overly critical), Doubts About Action (the feeling of doubt or uncertainty regarding the quality of one's performance; a sense of dissatisfaction); and Organization (the emphasis an individual places on organization and order). Frost et al. suggest that Concern Over Mistakes "is the most central component of perfectionism" (p.454).

The three dimensions described by Hewitt and Flett are: self-oriented, other-oriented, and socially-prescribed perfectionism. Self-oriented perfectionism

is similar to the unidimensional perfectionism described in the research and popular literature. It includes characteristics such as "setting exacting standards for oneself and stringently evaluating and censoring one's own behavior" (p.457). Hewitt and Flett also include an additional motivational component in describing self-oriented perfectionism. Whereas previous writers and researchers have focused only on the avoidance of failure as motivation for perfectionists, Hewitt and Flett also stress the importance of the *striving* to achieve perfection.

The other-oriented dimension of perfectionism involves "beliefs and expectations about the capabilities of others" (p.457). Other-oriented perfectionism is the same as self-oriented perfectionism; the difference is that the criticalness and setting of unrealistic standards is directed at significant others. Hewitt and Flett suggest that "other-oriented perfectionism is a relevant dimension of human behavior and is an important aspect of maladjustment" (p.457). They suggest that it should be related to other-directed blame, lack of trust, feelings of hostility towards others, and interpersonal problems (cynicism, loneliness, marital/family difficulties). They also propose that other-oriented perfectionism may relate to desirable traits such as leadership ability or facilitating others' motivation.

Socially-prescribed perfectionism involves the perception that significant others have high expectations that must be met. "Socially-prescribed perfectionism entails people's belief or perception that significant others have unrealistic standards for them, evaluate them stringently, and exert pressure on them to be

perfect" (p. 457). Hewitt and Flett report that there has been no research conducted on this dimension of perfectionism, however, intuitively, it should lead to a host of negative consequences, such as anger, anxiety, and depression arising from the feeling of having imposed expectations. Also, fear of negative evaluation and a need for approval seems to be associated with socially-prescribed perfectionism.

With respect to the multidimensional nature of perfectionism, it is possible that perfectionists have varying degrees of each of the dimensions. From this point of view, it is likely that each perfectionist displays a unique "perfection profile" that differs in magnitude, combination of dimensions, and focus, from other perfectionists. This is an area for further research.

Development of Perfectionism

Sorotzkin (1985) briefly outlines the application of classical Psychoanalytic theory to the development of perfectionism. From this perspective, perfectionism is described as one of the symptoms common to "obsessional neurosis". It results from the repression of unacceptable aggressive impulses. What happens is that:

> the threatened return of repressed oedipal impulses and conflicts results in a defensive regression to anal fixation of the ego (resulting in an archaic

mode of cognition) and superego (reviving sadistic superego forerunners), while the id threatens to erupt with sadistic impulses" (p.565).

Perfectionism and other symptoms of the obsessional neurosis become compromises "masking aggressive impulses in the form of punitive and exhaustive self-corrective tendencies which testify to the individual's need to counteract and set right his or her aggressive tendencies" (p.565). The superego, consequently, plays a central role in obsessional neurosis by being harsh in criticism, morality, and imposition of ideals. The ego, obliging to the superego, creates reaction-formation responses which are typical obsessive-compulsive symptoms, such as cleanliness, orderliness and, perfectionism.

While Psychoanalytic theory is intricate and comprehensive, there is a problem with its validation. "There has been little, if any, convincing experimental data to support this theory" (Burns, 1980b, p.41). In addition, treatments that have been consistent with Psychoanalytic theory, ones "that urge the patient to `get the anger out' by expressing aggressive feelings" (Burns, 1980, p.41) have not been proven to be effective.

Alfred Adler's Individual psychology (which has psychoanalytic origins) is centered around the concept of inferiority. Adler viewed the individual as harboring a perceived inferiority in some aspect. The individual is, therefore, driven to compensate for their inferiority by striving for superiority. Adler's

concept of inferiority compensation underwent several modifications throughout his writings. He finally settled on the striving for perfection as man's innate motivation:

> The origin of humanity and the ever-repeated beginning of infant life impresses with every psychological act: "Achieve! Arise! Conquer!" This feeling, this longing for the abrogations of every imperfection, is never absent...The unreluctant search for truth, the ever-unsatisfied seeking for solution of the problems of life, belongs to this longing for perfection of some sort (Ansbacher & Ansbacher, 1956, p.103).

Adler suggested that each individual has their own "fictional final goal" which is unconscious, subjective and personally meaningful, and is created by the individual to master the obstacles of life. The striving for perfection is guided by this final goal.

Adler differentiated between normal and neurotic striving for perfection by suggesting that the neurotic's goal is self-centered, self-serving, and egotistic. The normal personality strives for the goal with a sense of social interest, or "Gemeinschaftsgefuhl" as Adler called it. When an individual has social interest, he/she is interested in the welfare and being of others and have the ability "to see

with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Ansbacher & Ansbacher, 1973, p. 42).

Karen Horney's theory involves psychodynamic and psychosocial perspectives. For Horney, the emotions of anger and hostility in childhood are central to the development of neurosis. From this social-psychoanalytic perspective, childhood is a period of anxious helplessness and repressed anger. Indifference, inconsistency, and interference by the parents create hostility in the child. This hostility is then repressed in order to survive and feel somewhat secure; after all, the child is dependent on the parents for survival. The repression, however, doesn't work well and the result is anxiety which influences the child's interaction with people and the world. The anxiety experienced by the child "may be roughly described as a feeling of being small, insignificant, helpless, deserted, endangered, in a world that is out to abuse, cheat, attack, humiliate, betray, envy" (Horney, 1937, p. 92).

Horney (1942) suggested that 'neurotic trends' are developed in the child's personality for interpersonal control and coping: "in the center of psychic disturbances are unconscious strivings developed in order to cope with life despite fears, helplessness, and isolation" (Horney, 1942, p.38). Horney formulated a list of such 'trends' or 'needs'. Several of these neurotic trends may contribute to the development of perfectionism, however "the neurotic need for perfection and unassailability" is most influential. Some of the characteristics of this neurotic

trend include: "relentless driving for perfection, ruminations and self-recriminations regarding possible flaws, feelings of superiority over others because of being perfect, dread of finding flaws within self or of making mistakes, and dread of criticism or reproaches" (Horney, 1942, p. 55).

Horney discriminated between the normal and the neurotic striving for perfectionism. She suggested that the trends themselves are not abnormal, in fact they superficially mimic normal or healthy values. They are considered neurotic when "they lack freedom, spontaneity, and meaning. All too often they involve illusory elements. Their value is only subjective, and lies in the fact that they hold the more or less desperate promise of safety and of a solution for all problems" (Horney, 1942, p. 58). Neurotic trends differ from healthy or normal in that they are disproportionate in intensity, indiscriminate in application to all other people, evidence an extreme disregard for reality, and have the tendency to rouse intense anxiety if not satisfied (Monte, 1987).

Albert Ellis, through his Rational-Emotive perspective, addresses perfectionism as a set of irrational beliefs. He defines irrational beliefs as "those cognitions, ideas, and philosophies that sabotage and block people's fulfilling their basic, or most important goals" (Ellis, 1984, p.20). Ellis suggests that illogical and irrational ideas, which are bounteous in Western civilization, lead to neurosis:

> Neurosis...seems to originate in and be perpetuated by somefundamentally unsound, irrational ideas. The individual comes to believe in unrealistic, impossible, often perfectionistic goals- especially the goals that he should be approved by everyone who is important to him, should do many things perfectly, and should never be frustrated in any of his major desires. Then, in spite of considerable contradictory evidence, he refuses to surrender his original illogical beliefs. (p. 93).

These irrational ideas are "indoctrinated" to us by family and other institutions in our society. Ellis suggested that as the individual believes these irrational beliefs "he will inevitably tend to become inhibited, hostile, defensive, guilty, anxious, ineffective, inert, uncontrolled, or unhappy" (1962, p. 89).

Ellis (1962) originally postulated twelve irrational ideas. One irrational belief was described as "the idea that there is invariably a right, precise, and perfect solution to human problems and that it is catastrophic if this perfect solution is not found" (1962, p. 87). While this irrational belief does have perfectionistic aspects, it deals more with a world-view perfection as opposed to perfectionism for the individual. Another one of Ellis's proposed irrational ideas more closely compares to the perfectionism construct: "The idea that one should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself as worthwhile" (1962, p. 63).

Ellis suggested that his theory is co-existable with other theories because other theorists focused on "secondary causes or results of emotional disturbances rather than on truly prime causes" (1962, p. 89). However, it can also be argued that other theorists focus on the primary causes of perfectionism and Ellis's theory addresses the secondary causes. From this perspective, it is possible that other factors, proposed by other theorists, produced the distorted cognitions (i.e. perfectionistic beliefs) that Ellis addresses.

Hamachek (1978), using a social-learning perspective, describes two types of "emotional environments" which are conducive to the development of neurotic perfectionism. One is an environment where there is "non-approval or, at best, inconsistent approval" (p.28). In this type of environment, the child receives either no approving feedback or inconsistent feedback of approval from the parents. Consequently, growing up in such an "impoverished" environment, "a person lacks the necessary feedback for comparing actual performance with external standards. This leads to doubt and uncertainty because one never quite knows how good `good' is" (p.29). Growing up with inconsistent approval or without any, a person develops excessively high standards for themselves to compensate for their lack of external standards. Perfectionists therefore hold the logic that by being perfect (attaining such high standards) they will be able to please anyone. "Being perfect, then, is not only a way of avoiding disapproval, but it is an active striving

for self-other acceptance through super human effort and grandiose achievements" (p.29).

The second type of emotional environment described by Hamachek is one of "conditional positive approval". In this type of environment, a child learns that there are "certain conditions that must be met before external approval is granted" (p.29). While conditional positive approval is not damaging, a real problem arises when the conditional out-numbers the unconditional positive approval. In contrasting unconditional and conditional positive approval, Hamachek suggests that unconditional positive approval gives a child the message that "I love you or I approve of you because you're you". On the other hand, conditional positive approval lets the child feel that "I love you (I approve of you, recognize you, value you) when you finish your work or do a good job)". As a result of over-exposure to conditional messages, a person learns to "over-value performance and undervalue the self. He learns that it is only through performance that he has a self" (p.29). In this way, the perfectionist's self-esteem is defined by goals and achievements.

While they do not provide a comprehensive theory, Barrow and Moore (1983) present four early family conditions that can lead to perfectionism. The first condition is one in which the child receives excessive and perhaps inappropriate criticism from the parents. The second condition consists of criticism which is implied by the parents in the form of ideals, standards, and expectations. The child

may presume that anything short of perfect is beneath the expected family standard. The third possible condition is similar to that proposed by Hamachek (1978): when there are no clear standards expressed by the parents, the child may fill the void with the standard of perfection. The final condition consists of the child learning perfectionistic thinking and behavior through modelling of the parents or other models. Barrow and Moore suggest that once the perfectionistic tendencies have developed, they may be maintained by several factors. These sustaining factors include:

> cognitive distortions and selective perception that lead to misattribution of potentially corrective feedback, the variable ratio schedule of payoff for perfectionistic diligence, the emphasis on achievement and perfection within the educational system, and the predominance of unrealistic models in the popular culture, such as advertisements and movies (p.613).

While the aforementioned theories have their origins in different psychological disciplines and provide dissimilar arguments for the development of perfectionism, there is a common theme that runs through them. Each of the theories addresses childhood experiences, in some way, as influences in the development of perfectionism. Caution should be taken, however, in assuming that early life experiences are the only factors to consider. Genetics are thought to play

some role, although yet unknown, in the development of perfectionism (Mallinger & DeWyze, 1992). Societal factors, such as the media, unrealistic popular culture models, the emphasis of excellence in the educational system, and religion have also been mentioned as contributors to the development of perfectionism (Halgin & Leahy, 1989; White, 1985).

"Most of the literature on the dynamics involved in perfectionistic thinking have conceptualized it as a learned behavior from the child's interaction with parents" (Pacht, 1984, p.388). In addition, clinical observations of perfectionistic clients have generally been consistent with the cognitive behavioristic/social learning perspective (e.g. Burns, 1980; Hollender, 1965; 1978; Mallinger & DeWyze 1992; Pacht, 1984; and White, 1985).

Treatment of Perfectionism

Most of the literature describing the treatment of perfectionistic clients has focused on the cognitive-behavioral approach in both individual therapy (e.g. Burns, 1980a; and Burns, 1980b) or group settings (e.g. Barrow & Moore, 1983; Broday, 1989; King, 1986; and Miller, 1986). King (1986) describes a comprehensive group treatment approach to overcoming perfectionism. Many of its aspects and goals have overlapping characteristics to individual and other group treatment plans described in the professional literature. The following are the essential components of King's group sessions: defining perfectionism;

distinguishing between the 'drive for perfection' and the 'healthy pursuit of excellence'; listing the advantages and disadvantages of perfectionism; identifying the areas in lives in which perfectionism occurs; discussing the development and reinforcement of the perfectionism; presenting the cognitive model for understanding perfectionism; learning and practising to identify cognitive distortions that are related to the perfectionism; developing and incorporating more rational and realistic thinking patterns; identifying basic assumptions or schemas underlying perfectionism; developing more realistic assumptions and goals; and learning to pursue excellence in a healthy manner and increasing self-esteem. Most Cognitive-behavioral treatment plans have reported favorable outcomes.

Related Literature and Research

In addition to the characteristics which define perfectionism (setting unrealistically high standards, having overly self-critical thoughts, dichotomous thinking, and experiencing self-demands in the form of "should" statements), many adjustment problems have been associated with perfectionism. Perfectionists have been described as experiencing guilt (Burns, 1980b; Hamachek, 1978; Sorotzkin, 1985), fear of disapproval and criticism (Burns, 1980b; Burns, 1983;and White, 1985), fear of self-compassion (White, 1985), fear of failure and taking risks (Adderholdt-Elliot, 1990; Burns, 1980b; and White, 1985) and, procrastination and writer's block (Burns, 1980b; Burns, 1983; Frost et al., 1990; King, 1986;

Pacht, 1984; Sorotzkin, 1985; and White, 1985). Perfectionism also has been associated with loneliness (Burns, 1980b; Burns, 1983; Halgin & Leahy, 1983; and King, 1986), troubled relationships and decreased levels of intimacy (Burns, 1980b; Burns, 1983; and King, 1986;), a need for love and approval (Burns, 1980b; and Burns, 1983), Type A personality (Burns, 1980b; Pacht, 1984), career dissatisfaction (Burns, 1983) and alcoholism (Nerviano & Gross, 1983; Pacht, 1984). In addition, perfectionism has been discussed as a form of self-sabotage among successful women (Post, 1988) and as a problem that many gifted children face (Hillyer, 1988).

Frost, Lahart, and Rosenblate (1991) examined the issue of parental influences in the development of perfectionism with a two-part study. In the first study, the students and their parents (76% of the mothers, 66% of the fathers contacted) completed a measure of perfectionism. Correlational analyses revealed that the daughters' overall perfectionism was positively and significantly related to the mothers' overall perfectionism. On the other hand, no significant relationship was found between the daughters' and fathers' overall perfectionism. The researchers conclude that "the findings of this study support the hypothesis that perfectionism in mothers is associated with perfectionism in daughters" (474).

In study two, Frost et al. (1991) attempted to replicate the findings from study one and to explore other parental characteristics believed to be associated with perfectionism. Sixty-three students and at least one of their parents (83% of

mothers, 72% of fathers contacted) completed a measure of perfectionism and trait scales (students indicate the degree to which each of the traits is characteristic of each parent, parents each indicate the degree to which the traits are characteristic of themselves). The students also filled out a brief general psychopathology inventory. The findings from study one were generally replicated in this study. In addition, daughters' perfectionism was related to their own reports of harshness of both parents (i.e. harsh parenting styles). There were almost no significant relationships between daughters' perfectionism and the parents' self-reported traits, expect for the mothers' self-reported harshness. With respect to symptoms of psychopathology, these researchers found that "mothers' perfectionism is associated with increased symptoms of psychopathology among daughters, while fathers' perfectionism is associated with decreased symptomology" (p. 482).

The three dimensions of perfectionism (Hewitt & Flett, 1991b) have been related to self-actualization. Flett, Hewitt, Blankstein, and Mosher, (1991) found that all three dimensions (self-oriented, other-oriented, and socially-prescribed) were significantly associated with decreased levels of self-actualization. The strongest relationship was with socially-prescribed perfectionism. "The current results confirm that the perceived presence of imposed perfectionistic standards tends to undermine personal growth" (p. 155). In addition, these researchers discovered that the individuals with the highest levels of socially-prescribed

perfectionism and lowest levels of self-actualization also displayed the highest levels of depression.

Frost and Marten (1990) examined the role of perfectionism in an evaluated writing task. Subjects were randomly placed in either low or high evaluation conditions and were given questionnaires before and after a writing task. Independent judges were used to assess the quality of the writing task. The results showed that "female perfectionists differed from female non-perfectionists on cognitive, affective, and behavioral measures of productivity" (p. 568). With evaluation emphasized, perfectionists reported more negative affect before and during the task. Furthermore, the quality of their work was judged as being inferior to the nonperfectionists. Across both levels of evaluation, perfectionists held beliefs that stress the importance of the task and had a greater degree of belief that they should have done better (regardless of actual performance). Perfectionists, however, did not report less performance satisfaction nor did they feel that they could have done more work in comparison to the nonperfectionists.

Frost and Henderson (1991) examined the role of perfectionism in athletic competitions. 40 female athletics students and 5 coaches participated in this exploratory study. The students completed a measure of: perfectionism, sport competition anxiety, trait sport-confidence, general sports orientation, reaction to mistakes during competition, and thoughts before competition. The coaches completed a questionnaire to assess various aspects of the athletes. Correlational

analyses revealed that perfectionism (especially Concern Over Mistakes dimension) was positively associated with anxiety over athletic competition, and negatively associated with athletic self-confidence. In addition, the Personal Standards dimension was related strongly and positively with a success orientation (and also moderately with a failure orientation), whereas, Concern Over Mistakes was more related to a failure orientation. In general, the Concern Over Mistakes and Doubts About Actions dimensions of perfectionism were related to more negative reactions to mistakes during competition. The relationship between perfectionism in the athletes with the coaches' ratings suggests that "perfectionistic athletes do not recover well from mistakes during competition" (p.333). Overall, this study suggests that perfectionistic tendencies can be debilitating for athletes in competition.

The relationship between Perfectionism and anxiety has been addressed in the literature. Perfectionism is associated with increased levels of anxiety in clinical (Flett, Hewitt, & Dyck, 1989; and Nekanda-Trepka, 1984) and non-clinical populations (Burns, 1980b; Hewitt & Flett, 1991b; and White, 1985). Flett, Hewitt, and Dyck (1989) report a stronger relationship with trait anxiety than state anxiety. Furthermore, they found that the interaction of perfectionism and major life events (stress) was a significant predictor of trait anxiety. The researchers contend that the results lend support to the notion that perfectionism can be considered a vulnerability factor "that requires the experience of a negative life

event in order for perfectionism to be related to poorer adjustment" (p.733). This view is consistent with the diathesis-stress model (Carson, Butcher, & Coleman, 1988).

The relationship between the dimensions (self-oriented, other-oriented, and socially-prescribed) of perfectionism and anxiety has also been examined. Hewitt and Flett (1991a) report that, while all three dimensions are positively and significantly related to anxiety, socially-prescribed perfectionism had the strongest relationship.

Perfectionism has been associated with depression in the research literature (Burns, 1980b; Hewitt & Flett, 1990; King, 1986; and Pirot, 1986). This link has been found for both clinical and non-clinical populations. Pirot (1986) found a modest (.21) association between perfectionism and depression. This finding suggests that "the self-criticalness of perfectionism disposes one toward depression...[however] perfectionism and depressi re not inevitably bound together" (p. 56). Consistent with the diathesis-stress model (Carson, et al., 1988), it has been suggested that perfectionism interacts with life experiences (stress) to produce depression (Hewitt & Dyck, 1986; Hewitt, Mittelstaedt, & Flett, 1990). In fact, some researchers argue that the failure of certain previous studies to uncover a relationship between high self-standards and depression is due to the fact that "the previous investigators did not examine perfectionism in the context of the experience of either a perceived personal failure or a negative life event" (Flett,

Hewitt, & Dyck, 1989, p. 733). Hewitt, Mittelstaedt, & Flett (1990) found evidence to suggest that perfectionists who feel the need to excel in many or most activities in their lives may be especially prone to depression. This need to perform well in so many areas may be the differentiating factor between "normal" and "neurotic" perfectionists (Hamachek, 1978), the researchers argue.

In comparing anxious, depressed, and normal subjects on the dimensions of perfectionism, Hewitt and Flett (1991a) discovered that the depressed subjects showed higher levels of self-oriented perfectionism than the other two groups of subjects. They suggest that increased levels of self-oriented perfectionism may be related to clinical depression and may not generalize to clinical anxiety. In addition, these researchers found that the anxious and depressed subjects displayed higher levels of socially-prescribed perfectionism than did the normals. This finding is consistent with other findings that suggest socially-prescribed perfectionism is closely associated with maladjustment (Hewitt & Flett, 1991b).

Some research has been conducted to examine the dimensions of perfectionism and their associations with depression in non-clinical populations. Flett, Hewitt, Blankstein, and O'Brien (1991) found that only the socially-prescribed dimension of perfectionism correlated significantly with depression. Hewitt and Flett (1991a) report that the self-oriented dimension had the strongest association with depression. In their study, socially-prescribed

perfectionism was significantly correlated with depression, but no relationship was found between depression and other-directed perfectionism.

Frost, Marten, Lahart, and Rosenblate (1990) examined the role of perfectionism in psychopathology. Using self-report measures and correlational analyses, these researchers found overall perfectionism to be related to 10 measures of psychopathology, including depression, anxiety, hostility, and obsessive-compulsiveness. Perfectionism was found to be significantly related to Self-Critical, but not Dependency depression. In addition, perfectionism was not significantly associated with any of the measures of guilt.

There has also been a link proposed between perfectionism and suicide. Some consider perfectionism to be a component in suicide in college students (Halgin & Leahy, 1983) and among gifted adolescents (Delisle, 1986). It appears that depression may be a mediating factor in the relationship between perfectionism and suicide. "Maladaptive perfectionism often plays a role in causing torment and anguish in young people who are striving to reach unattainable goals" (Halgin & Leahy, 1983, p.222), and this torment may be subdued with suicide.

The relationship between perfectionism and neuroticism has also been examined. Flett, Hewitt, and Dyck (1989) found a significant, but small (.16) association between a measure of self-oriented perfectionism and neuroticism. They found that the interaction of perfectionism and the experience of life stress

was significant predictor of neuroticism. In a study involving patient and student samples, Hewitt, Flett, and Blankstein (1991) found that socially-prescribed perfectionism was significantly related to increased levels of neuroticism for both males and females, across both samples. A positive relationship was found between self-oriented perfectionism and neuroticism for females, but not for males. This was the case across both samples. No significant relationship was found between other-oriented perfectionism and neuroticism.

Using self-report and behavioral indices, Slade, Newton, Butler, and Murphy (1991) examined the differences between `satisfied' and `dissatisfied' perfectionists among a large, mixed-subject sample. Perfectionism was found to be negatively related with psychoticism and positively with a lie scale. The researchers suggest that these results reflect that "perfectionism appears to be associated with a tendency to deny personally deviant behaviour and to present oneself in the best possible light" (p. 174). On the comparison between `satisfied' and `dissatisfied' perfectionists, the researchers found that neuroticism and psychoticism were the only discriminators. Higher levels of neuroticism were found among dissatisfied perfectionists. The relationship between perfectionism and personality patterns has also been examined. Using Millon's basic personality patterns, Broday (1988) found that two measures of perfectionism were strongly and positively related to the passive-aggressive pattern. Perfectionism was also related to the following personality patterns: avoidant, schizoid, and dependent.

There was a negative association between the measures of perfectionism and the histrionic and obsessive-compulsive personality patterns. In a similar study, using the Multidimensional Perfectionism Scale, however, Hewitt & Flett (1991b) found that self-oriented perfectionism, which is very similar to the perfectionism measures in the aforementioned study, had no significant associations with any of Millon's basic personality patterns. They did find that socially-prescribed perfectionism had the greatest number of significant relationships with Millon's basic personality patterns. Other-oriented perfectionism has some significant relationships.

Physical and psychosomatic conditions have been reported to be associated with perfectionists (Burns, 1980b). Headaches, digestive difficulties, and insomnia have been linked with perfectionistic tendencies (King, 1985). Perfectionists may also have a higher tendency for high blood pressure and coronary artery disease (Burns, 1983). Forman, Tosi, and Rudy (1987) found positive relationships between peptic ulcers, migraines, and lower back pain and measures of self-oriented perfectionism. Similarly, in another study, perfectionistic beliefs were discovered among migraine sufferers (Stout, 1984).

Perfectionism has also been implicated as a contributing factor to the development of eating disorders (Burns, 1980b; King, 1986; Pacht, 1984). Research has shown that perfectionistic beliefs are involved in Bulimia (Katzman, Weiss, & Wolchik, 1986; and Mizes, 1988) and Anorexia Nervosa (Cooper,

Cooper, & Fairburn, 1985; and Slade, 1982). The association may be due to the fact that "an ultra-thin body has become the cultural ideal of female sexual attractiveness, and as a result, many women perceive strong social pressures to diet and conform to this unrealistic [and perfectionistic] standard of slenderness" (Davis, 1990, p. 823). Several eating disorder inventories even have a perfectionism scale (e.g. Garner, Olmstead & Polivy, 1983; Slade & Dewey, 1986).

There are no studies specifically conducted to examine gender differences with respect to the dimensions of perfectionism. In exploring some statistical properties of the Multidimensional Scale, Hewitt & Flett (1991b) found that the only significant gender difference was on the other-oriented dimension, in which men scored higher than women. In a study examining perfectionism and neuroticism in college students and psychiatric patients (Hewitt, Flett, & Blankstein, 1991), adjunct findings revealed very few differences between males and females in the associations of perfectionism with three variables (extraversion, neuroticism, and psychoticism).

Some measures of perfectionism seem to be measuring different constructs (Frost, Marten, Lahart, & Rosenblate, 1990), so there needs to be some consistency in definitions and measurement. Also, many of the studies on perfectionism rely on self-report measures, therefore, it would be useful to conduct more studies utilizing behavioral indices. There is also a need for studies utilizing

larger and more heterogenous samples. Implementing other methodologies, such as experimental designs would also be beneficial, since most of the studies on perfectionism employ the correlational method of research. However, due to the lack of attention in the empirical literature, more research in *every* form is needed to further examine the construct of perfectionism and its association with other factors.

Perfectionism and Self-Esteem

Positive self-esteem is a crucial aspect of healthy, contented living. It is associated with personal satisfaction and effective functioning, and is thought to remain relatively constant over time, even though short-term fluctuations may occur (Coopersmith, 1981). Coopersmith (1981) describes self-esteem as:

> the evaluation a person makes and customarily maintains of him- or herself; that is, overall self-esteem is an expression of approval or disapproval, indicating the extent to which a person believes him- or herself competent, successful, significant, and worthy. Self- esteem is a personal judgement of worthiness expressed in the attitudes a person holds toward the self (p.2).

Self-esteem is a purely subjective experience which may be variant across different experiences, genders, ages, and other role-defining situations (Coopersmith, 1981).

Perfectionists are at risk for low self-esteem because of their cognitive framework (unrealistic standards, subscription to should statements, critical and dichotomous thinking, etc...) . How can they judge themselves as "worthy" if they are so critical and dwell on their short-comings? Perfectionists base their self worth on achievements and accomplishments, which they rarely feel that they have attained. They over-value performance and undervalue themselves (Hamachek, 1978) and therefore "irrationally respond to the perception of failure or inadequacy with a considerable loss of self-esteem" (Pirot, 1986, p. 51). It is as if their self-esteem is "on the line" when they undertake a task. White (1985) describes perfectionists as having a fear of "being understanding, loving, loyal and compassionate to themselves" (p.10) because they fear that such compassion may lead to mediocracy or failure, and because their imperfections render them undeserving of self-love. Perfectionists believe that if they lower their standards and goals, their chances for self-esteem will diminish (King, 1986). Ironically, however, the opinion that they hold of themselves is low because they never do live up to their standards and expectations.

Clinical observations by therapists working with perfectionists have reported that such individuals posses low self-esteem (e.g. Burns, 1980b; Halgin &

Leahy, 1989; Hamachek, 1978; Hollender, 1965; King, 1986; Mallinger & DeWyze, 1992; Pacht, 1984; and White, 1985). However, despite these consistent observations, very few studies have been designed to test the association between perfectionism and self-esteem. It should be noted that perfectionists who seek counselling may not be representative of all individuals with perfectionistic tendencies. Those seeking treatment may experience and exhibit more severe consequences of perfectionism.

In an exploratory study using a small, clinical sample, Nekanda-Trepka (1984) discovered that the difference between perfectionistic and nonperfectionistic anxious patients was that the former group tends to "link their valuations of themselves to events and behaviours" (p. 131). In other words, the fears of the perfectionistic patients involved the common element of a perceived threat to self-esteem (e.g. fear of being viewed as failure, fear of perceiving self as a careless, irresponsible person) as opposed to external and physical consequences (e.g. fear of death, physical harm, accidents). This finding suggests that perfectionists, at least anxious ones, feel a threat to their self-esteem in their endeavours.

Pirot (1986) found a negative association between perfectionism and a measure of self-acceptance. Because "self-esteem and self-acceptance are conceptually and empirically similar" (Pirot, 1986, p. 56), this finding is indicative of a similar relationship between self-esteem and perfectionism.

Flett, Hewitt, Blankstein, and O'Brien (1991) examined the relationship between self-esteem and the three dimensions of perfectionism. They noted that "although there are several reasons to expect an association, there are no published data on perfectionism and self-esteem in the present literature" (p. 62). One hundred and three undergraduate students completed the Multidimensional Perfectionism Scale and a measure of self-esteem, in addition to two other measures (self-control and depression). Based on correlational analyses, the results showed that the socially-prescribed dimension of perfectionism was related to decreased levels of self-esteem. Contrary to expectations, no significant relationship was found between self-oriented perfectionism and self-esteem. The researchers suggest that this may be because self-oriented perfectionism and adjustment (self-esteem) were not "considered within the context of a failure experience in this study" (p. 66) as per the diathesis-stress perspective (Hewitt & Dyck, 1986), or possibly because self-oriented perfectionism may be associated with higher levels of learned resourcefulness. In addition, the researchers uncovered an unexpected positive relationship between other-oriented perfectionism and self-esteem.

Theoretically, self-esteem should relate to all three dimensions of perfectionism: the stronger the perfectionistic tendencies, the lower the self-esteem. In fact, a positive relationship was found between a measure of self-criticism (which is related to low self-esteem) and all three dimensions of

perfectionism (Hewitt & Flett, 1991b). In the case of socially-prescribed perfectionism, lower self-esteem may result from not living up to the expectations of others; with other-oriented perfectionism, significant others may not be living up to the perfectionist's expectations and this may make him/her feel unworthy, especially if the significant others are viewed as extensions of the perfectionist's ego (Burns, 1983). In the case of self-oriented perfectionism, decreased self-esteem may result from not measuring up to self-imposed expectations and the "perfectionistic" cognitive framework.

A stronger relationship is likely between self-esteem and the self-oriented and socially-prescribed dimensions of perfectionism. Self-esteem involves evaluations of the "self", and the "self" is the object of the perfectionism in self-oriented and socially-prescribed perfectionism. While all three dimensions correlated positively with self-criticism (a construct similar to low self-esteem) in the research conducted by Hewitt and Flett (1991b), self-oriented and socially-prescribed perfection had correlations which were twice as strong as that reported for other-oriented perfectionism.

Perfectionism and Social Anxiety

Social anxiety is "a state of anxiety resulting from the prospect or presence of interpersonal evaluation in real or imagined social settings" (Leary, 1983, p. 67). It, therefore, arises from people's concerns with how they are perceived and

judged by others. Unlike related constructs (e.g. shyness, introversion), social anxiety is a subjective experience (involving cognition and affect) that may or may not involve interpersonal behaviors, such as hesitance, avoidance, less eye contact, or awkwardness, which suggest anxiousness (Leary, 1983).

According to the Self-Presentation theory, which is derived from Self-Efficacy theory (Bandura, 1977), "social anxiety occurs when people are motivated to make particular impressions on others, but hold a low subjective probability that they will do so" (Leary & Atherton, 1986, p. 257). From this perspective, some individuals are more consistently socially anxious because making impressions on others is more important to them or because they regularly think that they are unable to make the desired impressions. Social anxiety will occur when either or both of these elements are low:

> Self-Presentational Efficacy expectancy: the subjective probability of behaving in a manner intended to convey a particular behavior...the likelihood of executing the behavior

> Self-Presentational outcome expectancy: the subjective probability of making particular impressions, given the performance of a particular behavior (Leary & Atherton, 1986, p.257).

Frost and Marten (1990) found a relationship between perfectionism and evaluative anxiety in a study involving a writing task: "Under high evaluative threat, perfectionists reported more negative affect before and during the writing task than did nonperfectionists" (p.569). Because social anxiety results from the "prospect or presence of interpersonal *evaluation*", its seems logical that perfectionists would experience higher levels of social anxiety than nonperfectionists in social interactions. The researchers of the aforementioned study suggest that:

> Perfectionism is a construct concerned with self-evaluation and a match between performance and a standard, it would be useful to know how it relates to measures of evaluation anxiety...Based on the affective responses found in this study, it could be predicted that perfectionism would be correlated with writing apprehension and perhaps test anxiety, *social anxiety*, and speech phobia" (p.570, emphasis added).

Similarly, Barrow and Moore (1983) suggest that perfectionism is at the root of evaluation anxieties, including social anxiety. Burns (1980b) observed from his perfectionistic clients that they appear "to be vulnerable to a number of potentially serious mood disorders, including depression, performance anxiety, test anxiety, *social anxiety*, writer's block and obsessive-compulsive illness" (p.34,

emphasis added). Other clinicians have observed related social problems, such as social inhibition, anticipation of rejection in interpersonal encounters, withdrawal from social interactions, and shyness in perfectionistic individuals (Hamachek, 1978; Mallinger & DeWyze, 1992; and Sorotzkin, 1985). In addition, Nekanda-Trepka (1984) found that in comparing perfectionist and non-perfectionistic anxious patients in an exploratory study, the few phobias displayed among the perfectionistic group were "exclusively social or performance phobias" (p. 129). While this finding may not generalize to normal populations, it does suggest that perfectionism may be involved in social and performance phobias.

There are no existing studies examining the relationship between social anxiety and perfectionism. However, based on theoretical speculations and observations of perfectionists, there should be a positive relationship. Social anxiety should be positively associated to self-oriented and socially-prescribed perfectionism because the "self" is the object of evaluation in both. No significant relationship is expected between social anxiety and other-oriented perfectionism because social anxiety is a subjective experience of being evaluated by others; the object of evaluation with the other-oriented dimension of perfectionism is another person, and not the self. Hewitt and Flett (1991b) found that `interpersonal sensitivity', a measure related to social anxiety, correlated positively with

self-oriented and socially-prescribed perfectionism, but not with other-oriented perfectionism.

Perfectionism and Conflict Mode

Thomas and Kilmann (1974) developed a five-category scheme for understanding and assessing behavior in conflict situations, that is "situations in which the concerns of two people appear to be incompatible" (p.9). The five interpersonal conflict-handling modes are defined by two dimensions: assertiveness and cooperativeness. Assertiveness is described as "the extent to which the individual attempts to satisfy his own concerns" (p. 9). Cooperativeness is "the extent to which the individual attempts to satisfy the other person's concerns" (p.9). The five conflict modes identified by Thomas and Kilmann are competing, collaborating, compromising, avoiding, and accommodating.

Competing is described as being high on the assertive dimension and low on the cooperative one. "It as a power-oriented mode, in which one uses whatever power seems appropriate to win one's own position--one's ability to argue, one's rank..." (p.10). Competing involves standing up for yourself, defending a position that you feel strongly about, or just trying to win. Accommodating is the opposite of competing in that it is high on the cooperativeness dimension and low on the assertiveness one. "Accommodating

might take the form of selfless generosity or charity, obeying another person's order when one would prefer not to, or yielding to another's point of view" (p.10).

Avoiding is low on both the assertiveness and cooperativeness dimensions. With this conflict mode, the individual does not even address the conflict. "Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation" (p.10). Collaborating is the opposite of avoiding in that it is defined by being high on both the assertiveness and cooperativeness dimensions. "Collaborating involves an attempt to work with the other person to find some solution which fully satisfies the concerns of both persons" (p.10). Compromising is described as being moderate on both dimensions; "the objective is to find some expedient, mutually acceptable solution which partially satisfies both parties" (p.10).

Perfectionists tend to be rigid in their thinking, have a need to be right, and tend to be controlling (Maliinger & DeWyze, 1992). In discussing marital or interpersonal perfectionists (which is similar to the other-oriented dimension of perfectionism), Burns (1983) suggests that such perfectionists have a need to be controlling which often leads them into power struggles. He also describes perfectionists as having a "picky, belittling interpersonal style" and that they "insist on applying their excessive standards to others" (p.221). Similarly, Hollender (1965) made the observation that "many perfectionists must work on their own because their goading demands bring them into conflict with others"

(p.96). Because of these tendencies, it seems logical that perfectionists would more often employ the competing mode in conflict situations. This power-oriented mode may serve to defend or impose their high standards and goes along with their rigidity, their need to be right, and their need for control. There are no studies conducted to examine the relationship of perfectionism and conflict mode, and very few related ones.

While it seems likely that the competing conflict mode may relate positively to both self-oriented and other-oriented perfectionism, a stronger relationship is predicted for other-oriented perfectionism. This is because both other-oriented perfectionism and the competing conflict mode are "other-directed" behaviors (Hewitt & Flett, 1991b): the object is another person. Two "other-directed" behaviors (authoritarianism and dominance), which are related to the competing conflict mode in that they involve an element of power, have been found to correlate positively with other-oriented perfectionism (Hewitt & Flett, 1991b). The accommodating conflict mode is suspected to relate positively to socially-prescribed perfectionism because the person who is the object of the perfectionism most likely yields to others in trying to meet their expectations and standards. This is a theoretical speculation because there are no research studies conducted to examine this, or related associations.

Hypotheses

In this chapter, perfectionism was presented as a multidimensional construct which is associated with many interpersonal and intrapersonal difficulties and maladjustments. Self-esteem, social anxiety, and conflict mode are important factors to consider in contented living. They have been presented as being theoretically associated with perfectionism. Owing to the lack of research examining these relationships, this study can be considered exploratory in nature.

The following hypotheses were postulated for this study:

1. Self-esteem will be negatively related to all three dimensions of perfectionism. A higher degree of association is predicted for self-oriented and socially-prescribed perfectionism.

2. Social anxiety will be positively related to self-oriented and socially-prescribed perfectionism. No relationship is expected for other-oriented perfectionism.

3. The competing conflict mode will be positively related to self-oriented and other-oriented perfectionism, with a higher degree of association predicted for other-oriented perfectionism. The accommodating conflict mode is expected to be positively related with socially-prescribed perfectionism.

CHAPTER III

METHODOLOGY AND PROCEDURES

Design

This study employed the Correlational method of research to examine the relationship between the dimensions of perfectionism (independent variables) and the following dependent variables: self-esteem, social anxiety and conflict mode.

Sample

The sample for this study consisted of 104 students who were enroled in Educational Psychology 495 (Patterns of Interpersonal Relating For Teachers) at the University of Alberta in September of 1992. Because of omissions on the self-report measures of 6 female students, the data from 98 students (77 females, 21 males) were used in the study.

Research Instruments

The Multidimensional Perfectionism Scale (MPS) (Hewitt and Flett, 1991b) was chosen for this particular study because of its ability to measure both intrapersonal and interpersonal dimensions of perfectionism. It was used to measure the following three dimensions of perfectionism: self-oriented, other-oriented, and socially-prescribed.

The MPS is a self-report measure which consists of 45 items (15 per subscale) that are rated on a 7-point scale as to the degree of agreement/disagreement. Scoring of the items ranges from 1 (maximum disagreement) to 7 (maximum agreement) per item, and is reversed for negatively-phrased items. For the purpose of this study, however, the responses were reduced to a 5-point Likert scale with the labelled points of: "strongly disagree", "disagree", "undecided", "agree", and "strongly agree". The scoring system remained the same except that the values ranged from 1-5 instead of 1-7. The purpose of this modification was to collect each student's responses (from the four measures administered in this study) onto one computer-scorable answer sheet. The answer sheets had a five-point range for responses. The range of scores for each of the scales is 15-75, with higher values indicating a higher degree of perfectionism.

The internal consistency reported for the three subscales of the MPS, measured by Chronbach's alpha coefficient, is 0.86, 0.82, 0.87 for self-oriented, other-oriented, and socially-prescribed perfectionism, respectively. The retest reliability is reported to be 0.88, 0.85, 0.75, respectively (after a three-month period), suggesting "strong evidence for the temporal stability of the dimensions" (Hewitt and Flett, 1991b, p.462).

Intercorrelations among the three subscales of the MPS are reported to range from 0.25 - 0.40, reflecting some overlap in variance. Hewitt and Flett

(1991b) suggest that this overlap is due to the common focus of the items (representing the three dimensions) on the "attainment of standards" and that some individuals are high on all three forms of perfectionism (i.e. Hamachek's (1978) "neurotic perfectionists"). The subscales do have enough unique variance to justify them (Hewitt & Flett, 1991b).

Validity for the MPS was obtained for both student and psychiatric samples using factor analysis and observer ratings. Construct validity was obtained through correlations involving measures which are theoretically related to each of the three dimensions. The results provide sufficient evidence for the validity of the MPS subscales. Hewitt and Flett (1991b), however, did report some mixed support for the discriminant validity of the three subscales and suggested that further research is required.

The Coopersmith Self-esteem Inventory (SEI) (1974) was used as a measure of self-esteem in this study. There are three versions (forms) of this inventory. The adult version (form C) was used in this study. The SEI (adult form) is a 25-item, self-administered questionnaire that requires the individual to choose whether the items are "like me" or "unlike me". An example of one of the items is "Things don't usually bother me". Some items are negatively worded and thus scored inversely. Scores for the inventory range from 0-100, with higher values indicating higher self-esteem.

The SEI (adult form) is an adaption of the SEI School Short form and is designed for use with individuals over the age of 16. "The language and situations referred to in the items were modified to make them more meaningful to the persons whose lives are not as closely bound to parents and schools as are children's" (Coopersmith, 1981, p. 6). Validity and reliability information is available on the SEI original and school short form both in the manual and in the research literature.

"The Coopersmith Self-Esteem Inventories appear to be well researched, well documented, and widely used" (Adair, 1984, p. 231). However, no norms and very little reliability/validity information is available specifically on the adult version, even though it has been used in many recent studies with adult and college student samples (e.g. Joubert, 1991; Miller, Wadsworth, & Springer, 1991; and Wiggins, Evans, & Martin, 1990). Because the short and adult forms are similar (there were only slight modifications in the wording of some items), the psychometric properties of the short form have been used to make reference to the adult form. In three samples of high school and college students, total score correlations of the short school form with the adult version of the SEI were reported to exceed 0.80 (Coopersmith, 1981).

Retest reliability coefficients (after a five-week period) were reported to be 0.80 for males and 0.82 for females using the short form. The internal consistency, measured by Kuder-Richardson-20 coefficient, ranged from 0.70 - 0.75. The

researchers conclude that "these data support the stability and internal consistency of the inventory's short form" (Bedeian, Geagud, & Zmud, 1977, p. 1042). This further suggests that the adult version of the SEI also has adequate stability and internal consistency properties.

With a precursor version of the adult SEI, Coopersmith (1973) reported that factor analyses revealed four factors: self-derogation, leadership-popularity, family-parents, and assertiveness-anxiety. This finding lends support to the multidimensional nature of the SEI and is also consistent with theorizing (Coopersmith, 1967). Convergent validation was provided through correlations with related measures. In addition, a split-half reliability coefficient of .90 was reported for the long form, and somewhat lower estimates are suggested for the shortened adult version. There were low item-test correlations reported and high correlations with measures of social desirability. Coopersmith (1973) suggests that with some refinements, this scale could prove to be very useful. The adult SEI (1981) reflects those refinements.

Ahmed, Valliant, and Swindle (1985) reported an internal consistency of 0.75 for the adult version of the SEI. These researchers conclude that the scale is heterogenous, as suggested by Coopersmith (1967). Four factors emerged from factor analyses: view of life, family relations, tolerance for ambiguity, and sociability. While there were some mixed results, construct and discriminant validity was demonstrated through correlations with other constructs. Myhill and

Lorr (1978) also found evidence for a factor structure for a modified adult version of the SEI.

In another study using female college students, Ryden (1978) modified the original 58-item SEI for use with adults in the same way that the adult form was adapted from the school short form. This researcher reported retest reliabilities of 0.78 and 0.80 after intervals of 6 and 58 weeks. This finding suggests that the adult form has test-retest properties slightly lower than those reported by Ryden due to the shorter format. Gold and Johnson (1982) predict that the retest reliability for the short adult form would be "slightly less than that for the long form [.88]" (p.517).

Bagley (1989) reported evidence for the internal consistency (0.92) and retest reliability (0.58 for 345 adults over 14 months) of a modified adult version of the SEI. In addition, validity for the inventory was demonstrated through correlations with other self-esteem measures and longitudinal research in which predicted hypotheses were confirmed.

The Interaction Anxiousness Scale (IAS) (Leary & Kowalski, 1986) was used to measure dispositional social anxiety. The IAS is a 15-item, self-report inventory that is completed by indicating the "degree to which the statement is characteristic or true of you" on a 5-point Likert scale. An example of an item is "I often feel nervous in casual get-togethers". Some items have reverse scoring because they are positively-phrased. The range of scores for this scale is 15-75,

with higher scores indicating higher levels of social anxiety. The advantage of the IAS is that it measures only the subjective experience of social anxiety. In fact, it was "developed to fill the need for a scale that measures the tendency to feel anxious in interpersonal interactions without also assessing behavioral inhibition or avoidance" (Leary & Kowalski, 1986, p. 2).

The manual for the IAS (Leary & Kowalski, 1986) contains a sufficient amount of information on the reliability and validity of the scale and norms. The reported item-test correlations of the IAS are high, ranging from .47 to .73 as is the internal consistency (0.89 and 0.90, measured by alpha coefficients from two samples). An eight-week retest reliability is reported to be 0.80. Construct and criterion validity of the IAS were demonstrated through correlations with other related measures, and correlations with experiences in real interactions. A small, but significant correlation was obtained between the IAS and the Marlowe-Crowne Social Desirability Scale, suggesting a small response bias. Leary and Kowalski report that four of the most widely used related scales also report correlations in the same range. They suggest that "apparently, people may hesitate to admit being anxious in social encounters because there is a stigma associated with being socially insecure" (p. 13).

In general, the data on the Interaction Anxiousness Scale lends support to its reliability and validity as "a measure of individual differences in the tendency to experience social anxiety".

The Thomas-Kilmann Conflict Mode Instrument (TKI) (1974) was used to assess conflict-handling style. The TKI is a 30-item questionnaire that employs a forced-choice format. It measures five conflict modes: competing, collaborating, compromising, avoiding, and accommodating.

Reliability measures for the five modes of the TKI (using Chronbach's coefficient alpha) are reported to be: 0.71, 0.65, 0.58, 0.62, and 0.43 for internal consistency and 0.61, 0.63, 0.66, 0.68, and 0.62 for the retest reliability for the five modes respectively (Kilmann & Thomas, 1977). While the reliability measures are in the moderate range, Thomas and Kilmann report that, on average, these properties are higher than for other related measuring instruments. Validity was demonstrated using educational samples, the two-dimensional model, and correlations with other personality and conflict instruments. "Empirical support for the Thomas-Kilmann instrument and theory is not extensive, but is consistent" (Mills, Robey, & Smith, 1985, p. 1136).

The four inventories used in this study were reformatted into two `booklets' (see Appendix B). `Part one' consisted of the Multidimensional Perfectionism Scale and the Interaction Anxiousness Scale, and the Thomas-Kilmann Conflict Mode Instrument and The Coopersmith Self-Esteem Inventory made up `part two'. The original instructions were retained with slight modifications such as adding "use the following scale to make your selections" and "mark your choice on the answer sheet" to accommodate the computer-scorable answer sheets.

Data Collection

The students of Ed Psych 495 were informed of the research study in the first lecture class. During the introduction, the general nature of the study was presented as a study of traits and characteristics of education students and the procedure for the data collection was explained. The students were informed of the voluntary nature of the study and that participation was not mandatory for course requirements. The students were also informed that they would be debriefed and have access to their results after the study was completed.

The format of Educational Psychology 495 consists of one 1 1/2 hour lecture and one 1 1/2 hour seminar, weekly. The data were collected in the seven seminars that the students were assigned to. The Multidimensional Perfectionism Scale and the Interaction Anxiousness Scale (part one) were administered on the week of September 14, 1992. The Thomas-Kilmann Conflict Mode Instrument and the Coopersmith Self-Esteem Inventory (part two) were administered on the week of September 21, 1992. The administration took approximately a half hour each week and was carried out by the professor (who conducted one seminar each week) and the two teaching assistants (who conducted three seminars each). Instructions for administration were provided to the seminar leaders in written (see Appendix C) and consultation form. The seminar leaders were chosen to collect the data because it was a very simple procedure and because a researcher would be more intrusive in the small-group seminars than the seminar leader. Each of the

students signed an informed consent form prior to data collection (see Appendix A).

After the collection of data was completed, the measures were scored and each student received a copy of their results, along with debriefings in a handout. Office hours were also set up to give the students an opportunity to discuss their results in person with the researcher.

Data Analysis

Descriptive statistics were computed for each of the variables in the study. Independent t-tests were computed to test for gender differences among each of the variables. A correlational analysis, using the Pearson Product-Moment correlation (r) statistic was then carried out to examine the interrelationships among the variables. In addition, a stepwise multiple regression analysis was done to look at prediction values of the three dimensions of perfectionism (independent variables) for each of the dependent variables (self-esteem, social anxiety, and conflict mode). Finally, two-way interactions were tested for using analyses of variance among four intercorrelated variables.

CHAPTER IV

RESULTS

Descriptive Statistics

The means and standard deviations for each of the variables are presented in Table 1. Means for the three dimension of perfectionism ranged from 36.9 - 49.9; 17.9 for Self-esteem; 37.0 for Social anxiety; and 5.0 - 6.5 for the conflict modes.

Table 1

Means and Standard Deviations of Scores for Each Measure

Measure	M	SD	M_s	SD_s
Perfectionism:				
Self-oriented	49.9	9.6	2.2	.6
Other-oriented	43.7	7.2	1.7	.4
Socially-prescribed	36.9	8.3	1.5	.6
Self-esteem	17.9	4.4	2.3	.7
Social anxiety	37.0	10.5	1.5	.6
Conflict mode:				
Competing	5.0	3.1	1.6	.7
Compromising	5.6	2.5	1.6	.7
Collaborating	6.5	2.6	1.9	.7
Avoiding	6.5	2.5	1.9	.8
Accommodating	6.4	2.3	1.9	.7

Note. Abbreviations used: M=regular mean, SD=regular standard deviation, M_s= scaled mean, and SD_s= scaled standard deviation. The range of scores is 1-3 for the scaled scores. The range of scores for the regular means is 15-75 for the perfectionism measures; 0-25 for the self-esteem measure; 15-75 for the social anxiety measure; and 0-12 for each of conflict modes.

In order to give the descriptive statistics some meaning and comparison value, scaled means and their standards deviations were calculated. For each measure, the range of scores was divided into quartiles, where the top quartile was designated as '3' (high), the middle quartile as '2' (moderate), the bottom two quartiles as '1' (low). Each score was converted into this scale, and means and standards deviations were computed. From the scaled means, we see that the sample of students scored highest on the measures of self-esteem and self-oriented perfectionism and lowest on the measures of social anxiety and socially-prescribed perfectionism.

Tests for Gender Differences

Gender differences for all the measures were examined by conducting an analysis of mean differences using independent t-tests (two-tailed). The results from the t-test analyses (presented in Table 2) revealed that only the Collaborating conflict mode had significant differences ($t = 3.33$, $p < .01$, $df=96$) based on gender. Females scored significantly higher than the males. Because there were basically no gender differences, the sample was treated as one group.

Table 2

t-Tests for Gender Differences for Each of the Measures

Measure	Means		t Value
	Males	Females	
Perfectionism:			
Self-oriented	49.6	49.9	0.16
Other-oriented	46.1	43.1	1.72
Socially-prescribed	39.0	36.3	1.34
Self-esteem	17.8	17.9	-0.11
Social anxiety	37.5	36.9	0.23
Conflict mode:			
Competing	6.0	4.7	1.77
Compromising	4.8	5.8	-1.67
Collaborating	4.9	6.9	-3.33*
Avoiding	7.3	6.2	1.82
Accommodating	7.0	6.3	1.13

*$p < .01$ (df=96), two-tailed

Correlational Analysis

A correlational analysis, using the Pearson-Product-Moment correlation statistic (r) was conducted to examine the interrelationships among the dimensions of perfectionism, self-esteem, social anxiety, and the conflict modes. The correlations are presented in Table 3. Self-esteem was significantly and negatively associated with all three dimensions of perfectionism: $r=-.27$, $p<.01$; $r=-.30$, $p<.01$; and $r=-.41$, $p<.01$ for self-oriented, other-oriented, and socially-prescribed perfectionism, respectively. It was predicted that the self-oriented and the

socially-prescribed dimensions would produce stronger associations with self-esteem than the other-oriented dimension. However, a stronger relationship was discovered with the socially-prescribed dimension only.

As predicted, social anxiety was found to be significantly related ($r=.35$, $p<.01$) to socially-prescribed perfectionism. Social anxiety was also significantly correlated ($r=.23$, $p<.05$) with other-oriented perfectionism and unrelated to self-oriented perfectionism. These findings were unexpected.

With respect to the conflict modes, the competing mode correlated significantly ($r=.24$, $p<.05$) with the other-oriented dimension of perfectionism and was unrelated to the socially-prescribed dimension. These findings were predicted. The competing mode did not, however, relate significantly with self-oriented perfectionism as expected. There were no other significant correlations between the dimensions of perfectionism and the modes of conflict except for the avoiding mode which was found to be related significantly and inversely ($r=-.25$, $p<.05$), with self-oriented perfectionism.

Table 3

Intercorrelational Matrix of Perfectionism, Self-esteem, Social anxiety, and Conflict Modes.

Measure	1	2	3	4	5
1. SOP	-	.47**	.45**	-.27**	.11
2. OOP	.47**	-	.62**	-.30**	.23*
3. SPP	.45**	.62**	-	-.41**	.35**
4. SE	-.27**	-.30**	-.41**	-	-.47**
5. SA	.11	.23*	.35**	-.47**	-
6. CP	.15	.24*	.16	-.08	-.13
7. CM	.15	.06	.04	-.11	.10
8. CL	.01	-.14	-.04	.13	-.07
9. AV	-.26*	-.17	-.14	.01	.10
10. AC	-.08	-.05	-.04	.06	.05

Table 3 cont'd

Measure	6	7	8	9	10
1. SOP	.15	.15	.01	-.26*	-.08
2. OOP	.24*	.06	-.14	-.17	-.05
3. SPP	.16	.04	-.04	-.14	-.04
4. SE	-.08	-.11	.13	.01	.06
5. SA	-.13	.10	-.07	.10	.05
6. CP	-	-.33**	-.08	-.32**	-.54**
7. CM	-.33**	-	-.30**	-.08	-.20*
8. CL	-.08	-.30**	-	-.54**	-.10
9. AV	-.32**	-.08	-.54**	-	.04
10. AC	-.54**	-.20*	-.10	.04	-

Note. The following abbreviations were used: SOP=Self-oriented perfectionism, OOP=Other-oriented perfectionism, SPP=Socially-prescribed perfectionism, SE=Self-esteem, SA=Social anxiety, CP=Competing, CM=Compromising, CL=Collaborating, AV=Avoiding, AC=Accommodating.

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

Multiple Regression Equations

Seven stepwise multiple regression equations were calculated to determine how accurately each of the dependent variables (self-esteem, social anxiety, and conflict modes) could be predicted from the independent variables (self-oriented, other-oriented, and socially-prescribed perfectionism). The significant relationships between the dependent and independent variables, from the correlational analysis, were corroborated using this method. In other words, once the highest correlating dimension of perfectionism was partialled out, the other two dimensions did not contribute significantly to the variance (R^2) of the dependent variables; they provided no added prediction value.

Tests for Significant Interactions

Significant interactions among four intercorrelated variables (self-esteem, social anxiety, other-oriented and socially-prescribed perfectionism) were tested for using ANOVA. The results (presented in Table 4) revealed that there was a significant two-way interaction effect ($F=3.89$, $p<.05$) between socially-prescribed perfectionism and self-esteem on social anxiety. The interaction effect (presented in Figure 1) is ordinal in nature: higher levels of socially-prescribed perfectionism and decreased levels of self-esteem are associated with higher social anxiety. Conversely, decreased levels of socially-prescribed perfectionism and increased levels of self-esteem are associated with lower social anxiety.

Table 4

Tests for Significant Interactions Among Self-Esteem, Social Anxiety, and Socially-Prescribed and Other-oriented Perfectionism

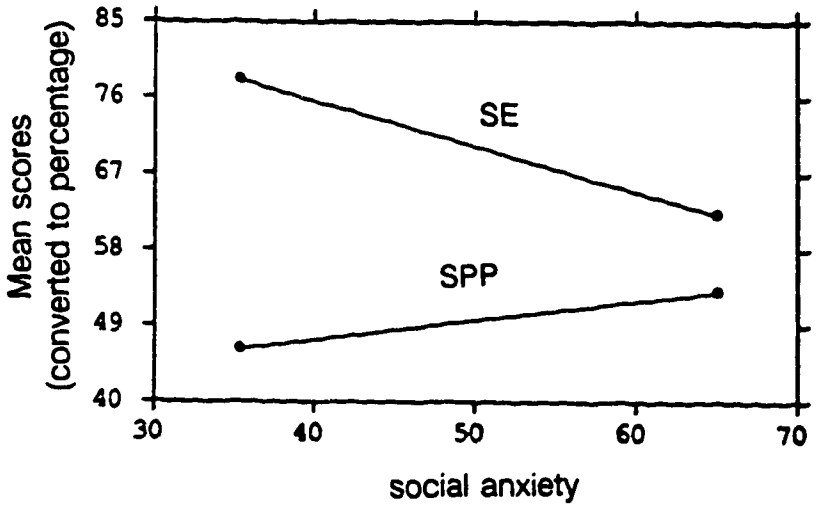
Two-Way Interactions	SS	MS	F
SE x SA on SPP	1.47	.49	1.62
SA x SPP on SE	1.61	.80	1.97
SE x SPP on SA	2.05	1.03	3.89*
SE x SA on OOP	.59	.20	1.22
SA x OOP on SE	1.92	.96	2.38
SE x OOP on SA	.45	.15	.53

Note. The following abbreviations were used SE=self-esteem; SA=social anxiety; OOP=other-oriented perfectionism; and SPP=socially-prescribed perfectionism.

*$p < .05$

Figure 1

The Interaction Effect of Socially-Prescribed Perfectionism and Self-Esteem on Social Anxiety



CHAPTER V

DISCUSSION

The purpose of this study was to examine the relationship between perfectionism (three dimensions) and self-esteem, social anxiety, and conflict mode. Discussions of the findings will be presented in this chapter in sections addressing the three hypotheses. An adjunct discussion will also be included, as well as a discussion of the limitations and implications of the study. Finally, areas of future research will be presented.

Perfectionism and Self-Esteem

HYPOTHESIS 1: Self-esteem will be negatively related to all three dimensions of perfectionism. A higher degree of association is predicted for self-oriented and socially-prescribed perfectionism.

Consistent with this hypothesis, all three dimensions of perfectionism were found to be significantly related to decreased levels of self-esteem. These findings suggest that perfectionism perceived to be imposed by others, for the self, and imposed on others is associated with lower self-regard. While there are very few studies reported on the association of perfectionism and self-esteem, descriptions from clinicians (e.g. Burns, 1980b; Halgin & Leahy, 1989; Hamachek, 1978;

Hollender, 1965; King, 1986; Mallinger & DeWyze, 1992; Pacht, 1984; and White, 1985) and theoretical speculations are consistent with these findings.

The higher degree of association between self-esteem and the socially-prescribed dimension of perfectionism, found in this study, is consistent with the hypothesis presented and the results from another study involving perfectionism and self-esteem (Flett et al., 1991). Aside from the fact that both constructs focus on the `self' as the object, the stronger connection between self-esteem and socially-prescribed perfectionism may be due, in part, to the perfectionist's fear of disapproval and demand of approval from others (Burns, 1980b; 1983; White, 1985). It is possible that the need for approval/fear of disapproval makes the perceived expectations from others that much more crucial to meet and that much more devastating to self-esteem when not met (or at least when perceived as `not measuring up'). Interestingly, Hewitt and Flett (1991b) found that only the socially-prescribed dimension was significantly related to higher levels of fear of negative evaluations and demand of approval from others. Other variables (which are likely to associate with the perception of imposed standards from others) may also be involved in the association between socially-prescribed perfectionism and self-esteem. Examples of these include: decreased levels of intrinsic motivation, learned helplessness, and external locus of control (Hewitt & Flett, 1991b).

The degree of relationship between self-esteem and self-oriented perfectionism was smaller (although not significantly) than that for self-esteem and other-oriented perfectionism. This unexpected finding may be restricted to this particular sample only. Self-oriented perfectionism and self-esteem were the measures on which the students in this sample scored the highest. Perhaps there was a social desirability effect, in which these students wanted to appear as having high standards and self-confidence. If this was the case, the response bias would lessen the expected inverse relationship. It is also possible that perfectionists who have high standards for themselves (self-oriented) may view low self-esteem as 'failure' or an imperfection, and therefore report higher self-esteem in order to appear 'more perfect'. Another possibility is that the relationship between self-oriented perfectionism and self-esteem is different for students than it is for clinical populations. Most of the descriptions of perfectionists in the literature have come from clinicians working with perfectionistic clients/patients.

The relationship between self-esteem and other-oriented perfectionism, found in this study, suggests that the imposition of perfectionistic standards on others is associated with lower self-evaluations. It may be that for individuals who are high on levels of other-oriented perfectionism, significant others become extensions of their egos. "They may see loved ones as extensions of their egos, and find it threatening when others are not perfect" (Burns, 1983, p. 221). In this case, such individuals may feel less adequate about themselves because the

short-comings (imperfections) of their significant others may reflect poorly on them. It is also possible that other-oriented perfectionists may lose regard for themselves because they feel unimportant or unworthy when their expectations are not met. From this perspective, they may feel that "if I was worthy or important enough, others would make a point to meet my expectations". Yet another possibility may be that perfectionists who impose their standards on other people experience low self-esteem because they dislike themselves for being critical, difficult, and controlling. In addition, negative reactions that they may receive from others may also be contributing to their low self-regard.

Perfectionism and Social Anxiety

HYPOTHESIS 2: Social anxiety will be positively related to self-oriented and socially-prescribed perfectionism. No relationship is expected for other-oriented perfectionism.

Consistent with this hypothesis, socially-prescribed perfectionism was found to be related to increased levels of social anxiety in this study. This suggests that the perception of having standards imposed by others is associated with feeling anxious in social interactions. Interestingly, social anxiety and socially-prescribed perfectionism were the measures on which the students in this sample scored the lowest, corroborating this association. Further findings revealed an interaction effect of self-esteem and socially-prescribed perfectionism on social

anxiety. It seems that the combination of high socially-prescribed perfectionism, along with decreased levels of self-esteem is associated with greater levels of social anxiety. In other words, social anxiety seems to be affected by the interaction of self-esteem and socially-prescribed perfectionism.

Because social anxiety occurs when people are motivated to make particular impressions on others, but believe that they will unlikely do so (Leary & Atherton, 1986), the combination of socially-prescribed perfectionism and lower self-esteem make social anxiety more probable. Socially-prescribed perfectionism may create the motivation to make a particular impression in social interactions (i.e. measure up to perceived expectations). Low self-esteem may be involved in the lack of belief in one's ability to make the desired impression. Coopersmith (1981) reported that self-esteem, was in part, "the extent to which a person believes him- or herself *competent*, successful, significant, and worthy" (p.2, emphasis added). Therefore, low self-esteem may play a part in decreasing the individual's self-presentational efficacy expectancy (the subjective assessment of how likely they are to behave in a fashion intended to convey a particular behavior) or self-presentational outcome expectancy (their subject assessment of how likely they are of making particular impressions on others when certain behaviors are executed) (Leary & Atherton, 1986). Social anxiety results when either of these expectancies are low. Self-esteem seems to be a moderating

variable in the relationship between socially-prescribed perfectionism and social anxiety.

Social anxiety was not found to be related to self-oriented perfectionism in this study. This result is contrary to the presented hypothesis, descriptions from clinicians (Barrow & Moore, 1983; Burns, 1980b; Hamachek, 1978; Mallinger & DeWyze, 1992; and Sorotzkin, 1985), theoretical speculation (Frost & Marten, 1990), and a study involving interpersonal sensitivity, a related construct (Hewitt & Flett, 1991b). It is possible that the lack of association is restricted to this sample. The students in the study did score the lowest on the measure of social anxiety (and socially-prescribed perfectionism), and highest on self-oriented perfectionism (and self-esteem), suggesting the possibility of a social-desirability effect. Leary & Kowalski (1986) report that there is a statistically significant, but small response bias related to the measurement of social anxiety. "Apparently, people may hesitate to admit being anxious in social encounters because there is a stigma associated with being socially insecure" (p. 13). Self-oriented perfectionists, in striving for high standards and concern for avoiding mediocracy, may view social anxiety as an 'imperfection' and therefore may be more likely to distort responses in a socially-desirable fashion. This may be especially true for education students who are entering a very socially-involved field. It may also be that the nature of the course has some effect on this finding: Patterns of Interpersonal Relating for Teachers.

A positive relationship was uncovered between social anxiety and other-oriented perfectionism. This was an unexpected finding which suggests that imposing perfectionistic standards and evaluations on others is associated with experiencing anxiety in social interactions. There is no literature on this association, nor does it connect with theoretical speculations. In addition, a construct related to social anxiety (interpersonal sensitivity) was not associated with other-oriented perfectionism in a study conducted to examine the three dimensions of perfectionism and correlates (Hewitt & Flett, 1991b). Other-oriented perfectionists may have conditioned themselves to experience anxiety in social interactions as a result of difficult interactions with people. Such difficulties may be due to their imposition of standards, criticisms, and controlling behavior. It is also possible that this finding is simply an artifact of this particular study.

Perfectionism and Mode of Conflict

HYPOTHESIS 3: The competing conflict mode will be positively related to self-oriented and other-oriented perfectionism, with a higher degree of association predicted for other-oriented perfectionism. The accommodating conflict mode is expected to be positively related with socially-prescribed perfectionism.

Consistent with this hypothesis, the competing mode of conflict was found to be related to other-oriented perfectionism in this study. This finding suggests

that having high expectations and stringent evaluations for others is associated with a power-oriented conflict style. The competing mode involves elements of uncooperativeness and assertiveness, pertinent factors for imposing standards on others. In addition, in both the competing mode and other-oriented perfectionism, the object of the behaviors and beliefs is another person.

No relationship was found between the competing mode of conflict and self-oriented perfectionism. While there is not much research done in this area, the finding is in contrast to the hypothesis presented, descriptions from clinicians, theoretical speculations, and a study involving the related constructs of dominance and authoritarianism (Hewitt & Flett, 1991b). It is possible that a fear of failure, fear of negative evaluation (Burns, 1980b), or some other factor may incline the self-oriented perfectionist to keep out of a 'power struggle' or competition in a conflict situation. Another possibility is that this lack of association between the competing mode and self-oriented perfectionism is an artifact of this particular study.

Self-oriented perfectionism was found to be related to the avoiding mode of conflict. This association was unexpected, but suggests that individuals who have perfectionistic inclinations for themselves are likely to use avoidance in conflict situations. It may be that self-oriented perfectionists employ the avoiding mode of conflict to reduce the risk of criticism or disapproval. The avoiding mode involves elements of uncooperativeness and unassertiveness. In employing this method, the

self-oriented perfectionist does not have to give up his/her standards or goals (as in the compromising mode, for example) and risks less disapproval by choosing not to assert him/herself. Hamachek (1978) described the process of perfectionists in avoiding tasks: "A way to avoid failure and looking incompetent is to avoid starting" (p. 32). Perhaps a similar dynamic is involved with conflict; rather than risking failure or disapproval, the self-oriented perfectionist may avoid the issue or conflict altogether.

There were no other significant associations found between any of the dimensions of perfectionism and the modes of conflict. It is possible that the socially-prescribed dimension of perfectionism did not associate with the avoiding mode (as expected) or with any one particular mode of conflict because socially-prescribed perfectionists may employ several or all of the modes of conflict in different situations. Their choice of mode may depend on their perceived expectations from others. For example, in one situation, a perfectionist may feel that to measure up to expectations, he/she needs to accommodate others, while in another situation, measuring up to the expectations of others may involve being a 'go-getter' (i.e. competing). It is also reasonable to assume that there is no actual association between socially-prescribed perfectionism and the avoiding mode of conflict.

Summary

The findings from this study suggest that perfectionism is generally associated with decreased self-esteem and increased levels of social anxiety. Consistent with other studies (e.g. Hewitt & Flett, 1991b) the socially-prescribed dimension of perfectionism was the dimension most associated with maladjustment (i.e. low self-esteem, higher social anxiety). This implies that the perceived imposition of expectations and criticisms from others is the most debilitating aspect of perfectionism. With respect to mode of conflict, it appears that self-oriented perfectionism is associated with an avoidant style, whereas, other-oriented perfectionism is related to a competing style. Socially-prescribed perfectionism was not associated with any particular mode of conflict.

Adjunct Discussion

Because there are virtually no studies designed to examine gender differences in perfectionism, the tests of gender differences among the measures used in this study provide some valuable information. No gender differences were found among the three dimensions of perfectionism. This finding is inconsistent with those from a study on the psychometric properties of the MPS (Hewitt & Flett, 1991b), in which men scored significantly higher than women on the other-oriented dimension.

The Multidimensional Scale is a relatively new development, therefore, some of the correlational information from this study is worthwhile to report. The intercorrelations among the three scales of perfectionism ranged from .45 to .62. These intercorrelations are higher than ones reported in another study designed to examine the psychometric properties of the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991b). High intercorrelations among the scales may affect the discriminant validity of the MPS.

Another interesting finding from this study is that the females scored significantly higher than the males on the collaborating mode of conflict. The collaborating mode is high on both the dimensions of assertiveness and cooperativeness.

Implications and Limitations

Several limitations can be identified in this study. The first involves the use of Educational Psychology students, which affects the generalizability of the findings. Secondly, there are some disadvantages to using self-report measures, for example, subjects may distort responses because of a desire to produce socially-desirable responses. There are also some limitations to the instruments used in the study. The Multidimensional Perfectionism Scale is a relatively new instrument and requires more research, especially with respect to its discriminating ability. It addition, it was changed from a 7-point to a 5-point Likert scale,

reducing the range of responses. The adult version of the Coopersmith Self-Esteem Inventory has limited psychometric information available and the Thomas-Kilmann Conflict Mode Instrument reports generally moderate psychometric properties. Furthermore, some limitations that apply to all correlational studies is that cause-and-effect relationships can not be determined (Borg & Gall, 1989).

Despite the aforementioned limitations of this study, there is value to be gained from it. The findings of this study may contribute to a better understanding of Perfectionism, especially with respect to how perfectionists evaluate themselves, how they feel in social interactions, and how they relate to others in conflict situations. Such an understanding may have valuable implications for the treatment of perfectionism. In addition, it is hoped that this study, being exploratory in nature, will spark some interest for further research on Perfectionism.

Future Research

This thesis illustrates an overall need for further research on perfectionism. There is a need: to examine the development of perfectionism; to explore various correlates based mostly on clinical descriptions, and also those from theoretical speculations; to investigate the possibility of typologies; to further explore the multidimensional nature of perfectionism, including: 'perfectionism profiles',

associations with traits, behaviors, correlates, and measurements; to investigate treatment plans and their outcomes; and to explore some of the positive aspects of perfectionism.

This study also raises some questions for future research:

What is the nature of the relationships between self-esteem and the dimensions of perfectionism? Are there moderating variables affecting these relationships? Is the relationship consistent across populations (e.g. student versus clinical)? Will the finding of a negative relationships between self-esteem and the dimensions of perfectionism generalize to similar studies? Are there cause-and-effect relationships with respect to self-esteem and perfectionism?

What is the nature of the relationships between social anxiety and the dimensions of perfectionism? Are there any mediating variables? What is the nature of the interaction between self-esteem and socially-prescribed perfectionism on social anxiety? Will the findings from this study generalize to other studies? Is the relationship between social anxiety and perfectionism consistent across populations (especially student versus patients)? Are there any cause-and-effect relationships with respect to social anxiety and perfectionism?

What is the nature of the relationship between conflict style and perfectionism? Are there any intermediary variables in play? Will the findings on the associations (or lack of) between perfectionism and the modes of conflict

generalize to other studies? Would the findings have come out differently if a different measure of conflict styles was used?

What is the relationship of perfectionism to social desirability, especially with respect to self-report measures? Will the findings of no gender differences among the dimensions of perfectionism generalize to other studies, or are the such differences? Will the finding of significant gender differences on the collaborative mode of conflict generalize to other studies? What is the nature of such differences? What are the strengths and weaknesses of the MPS in research involving the dimensions of perfectionism?

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Appendix A

Informed consent form

Participation in Research Project

1. I understand my participation in this project is voluntary.

2. I understand that I may exercise my right to opt out of the study at any time.

3. I understand that my participation or non-participation will having no bearing on my mark in this course.

4. I understand I will have access to the results of the instruments used in this study.

5. I understand my anonymity is assured.

6. I understand I will have the opportunity to discuss the results with the investigator.

7. I understand that the results can be used for research and publication with my anonymity assured.

Signed_____

Appendix B

Measures of Perfectionism, Self-esteem, Social Anxiety, and Conflict Mode

EDUCATIONAL PSYCHOLOGY SURVEY

(Part One)

Listed below are a number of statements concerning personal characteristics and traits. Read each item carefully and decide whether you agree or disagree and to what extent. Use the following scale to make your selections:

5 = Strongly Agree
4 = Agree
3 = Undecided
2 = Disagree
1 = Strongly Disagree

1. When I am working on something, I cannot relax until it is perfect.
2. I am not likely to criticize someone for giving up too easily.
3. It is not important that the people I am close to are successful.
4. I seldom criticize my friends for accepting second best.
5. I find it difficult to meet others' expectations of me.
6. One of my goals is to be perfect in everything that I do.
7. Everything that others do must be of top-notch quality.
8. I never aim for perfection in my work.
9. Those around me readily accept that I can make mistakes too.
10. It doesn't matter when someone close to me does not do their absolute best.
11. The better I do, the better I am expected to do.
12. I seldom feel the need to be perfect.
13. Anything I do that is less than excellent will be seen as poor work by those around me.
14. I strive to be as perfect as I can be.
15. It is very important that I am perfect in everything that I attempt.

5 = Strongly Agree
4 = Agree
3 = Undecided
2 = Disagree
1 = Strongly Disagree

16. I have high expectations for the people who are important to me.

17. I strive to be the best at everything I do.

18. The people around me expect me to succeed at everything I do.

19. I do not have very high standards for those around me.

20. I demand nothing less than perfection of myself.

21. Others will like me even if I don't excel at everything.

22. I can't be bothered with people who won't strive to better themselves.

23. It makes me uneasy to see an error in my work.

24. I do not expect a lot from my friends.

25. Success means that I must work even harder to please others.

26. If I ask someone to do something, I expect it to be done flawlessly.

27. I cannot stand to see people close to me make mistakes.

28. I am perfectionistic in setting my goals.

29. The people who matter to me should never let me down.

30. Others think that I am okay, even when I do not succeed.

31. I feel that people are too demanding of me.

32. I must work to my full potential at all times.

5 = Strongly Agree
4 = Agree
3 = Undecided
2 = Disagree
1 = Strongly Disagree

33. Although they may not show it, other people get very upset with me when I slip up.

34. I do not have to be the best at whatever I am doing.

35. My family expects me to be perfect.

36. I do not have very high goals for myself.

37. My parents rarely expected me to excel in all aspects of my life.

38. I respect people who are average.

39. People expect nothing less than perfection from me.

40. I set very high standards for myself.

41. People expect more from me than I am capable of giving.

42. I must always be successful at school or work.

43. It doesn't matter to me when a close friend does not try their hardest.

44. People around me think I am still competent even if I make a mistake.

45. I seldom expect others to excel at whatever they do.

FOR ITEMS 46-60: Read each of the statements carefully and indicate how characteristic it is of you according to the following scale:

1 = Not at all characteristic of me
2 = Slightly characteristic of me
3 = Moderately characteristic of me
4 = Very characteristic of me
5 = Extremely characteristic of me

46. I often feel nervous in casual get-togethers

47. I usually feel uncomfortable when I'm in a group of people I don't know.

48. I am usually at ease when speaking to a member of the opposite sex.

49. I get nervous when I must talk to a teacher or boss.

50. Parties often make me feel anxious and uncomfortable.

51. I am probably less shy in social interactions than most people.

52. I sometimes feel tense when talking to people of my own sex if I don't know them very well.

53. I would be nervous if I was being interviewed for a job.

54. I wish I had more confidence in social situations.

55. I seldom feel anxious in social situations.

56. In general, I am a shy person.

57. I often feel nervous when talking to an attractive member of the opposite sex.

58. I often feel nervous when calling someone I don't know very well on the telephone.

59. I get nervous when I speak to someone in a position of authority.

60. I usually feel relaxed around other people, even people who are quite different from me.

EDUCATIONAL PSYCHOLOGY SURVEY

(Part Two)

INSTRUCTIONS

Consider situations in which you find your wishes differing from those of another person. How do you usually respond to such situations?

On the following pages are several pairs of statements describing possible behavioral responses. For each pair, please select the "A" or "B" statement which is more characteristic of your own behavior and mark your choice on the answer sheet.

In many cases, neither the "A" nor the "B" statement may be very typical of your behavior; but please select the response which you would be more likely to use.

61. A. There are times when I let others take responsibility for solving the problem.

    B. Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.

62. A. I try to find a compromise solution.

    B. I attempt to deal with all of his/her and my concerns.

63. A. I am usually firm in pursuing my goals.

    B. I might try to soothe the other's feelings and preserve our relationship.

64. A. I try to find a compromise solution.

    B. I sometimes sacrifice my own wishes for the wishes of the other person.

65. A. I consistently seek the other's help in working out a solution.

    B. I try to do what is necessary to avoid useless tensions.

66. A. I try to avoid creating unpleasantness for myself.

B. I try to win my position.

67. A. I try to postpone the issue until I have had some time to think it over.

B. I give up some points in exchange for others.

68. A. I am usually firm in pursuing my goals.

B. I attempt to get all concerns and issues immediately out in the open.

69. A. I feel that differences are not always worth worrying about.

B. I make some effort to get my way.

70. A. I am firm in pursuing my goals.

B. I try to find a compromise solution.

71. A. I attempt to get all concerns and issues immediately out in the open.

B. I might try to soothe the other's feelings and preserve our relationship.

72. A. I sometimes avoid taking positions which would create controversy.

B. I will let the other person have some of his/her positions if he/she lets me have some of mine.

73. A. I propose a middle ground.

B. I press to get my points made.

74. A. I tell the other person my ideas and ask for his/hers.

B. I try to show the other person the logic and benefits of my position.

75. A. I might try to soothe the other's feelings and preserve our relationship.

B. I try to do what is necessary to avoid tensions.

76. A. I try not to hurt the other's feelings.

B. I try to convince the other person of the merits of my position.

77. A. I am usually firm in pursuing my goals.

B. I try to do what is necessary to avoid useless tensions.

78. A. If it makes other people happy, I might let them maintain their views.

B. I will let other people have some of their positions if they let me have some of mine.

79. A. I attempt to get all concerns and issues immediately out in the open.

B. I try to postpone the issue until I have had some time to think it over.

80. A. I attempt to immediately work through our differences.

B. I try to find a fair combination of gains and losses for both of us.

81. A. In approaching negotiations, I try to be considerate of the other person's wishes.

B. I always lean towards a direct discussion of the problem.

82. A. I try to find a position that is intermediate between his/hers and mine.

B. I assert my wishes.

83. A. I am very often concerned with satisfying all our wishes.

B. There are times when I let others take responsibility for solving the problem.

84. A. If the other's position seems very important to him/her, I would try to meet his/her wishes.

B. I try to get the other person to settle for a compromise.

85. A. I try to show the other person the logic and benefits of my position.

B. In approaching negotiations, I try to be considerate of the other person's wishes.

86. A. I propose a middle ground.

B. I am nearly always concerned with satisfying all our wishes.

87. A. I sometimes avoid taking positions that would create controversy.

B. If it makes other people happy, I might let them maintain their views.

88. A. I am usually firm in pursuing my goals.

B. I usually seek the other's help in working out a solution.

89. A. I propose a middle ground.

B. I feel that differences are not always worth worrying about.

90. A. I try not to hurt the other's feelings.

B. I always share the problem with the other person so that we can work it out.

FOR ITEMS 91-115: You will find a list of statements about feelings. If a statement describes how you usually feel, choose "A" (Like Me) on the answer sheet. If a statement does not describe how you usually feel, choose "B" (Unlike Me) on the answer sheet:

A = Like Me
B = Unlike Me

91. Things usually don't bother me.

92. I find it very hard to talk in front of a group.

93. There are lots of things about myself I'd change if I could.

94. I can make up my mind without too much trouble.

95. I'm a lot of fun to be with.

96. I get upset easily at home.

97. It takes me a long time to get used to anything new.

98. I'm popular with persons my own age.

99. My family usually considers my feelings.

100. I give in very easily.

101. My family expects too much of me.

102. It's pretty tough to be me.

103. Things are all mixed up in my life.

104. People usually follow my ideas.

A = Like Me
B = Unlike Me

105. I have a low opinion of myself.

106. There are many times when I would like to leave home.

107. I often feel upset with my work.

108. I'm not as nice looking as most people.

109. If I have something to say, I usually say it.

110. My family understands me.

111. Most people are better liked than me.

112. I usually feel as if my family is pushing me.

113. I often get discouraged with what I am doing.

114. I often wish I were someone else.

115. I can't be depended on.

Appendix C

Instructions For Data Collection

WRITTEN INSTRUCTIONS FOR THE COLLECTION OF DATA

First Administration:

1. Handout out pencils and answer sheets
2. Read: Today you will have the opportunity to participate in a survey on the traits and characteristics of Education students. This survey will take approximately 20 minutes today and 20 minutes in next week's seminar.

Before you begin, choose a word (real or made-up). Put this word under the "name" heading on your answer sheet and fill in the small circles below. This word will allow you to complete the survey and receive feedback from it, without having to use your name.

Next, identify your sex by filling in the circle with "M" for male or "F" for female on the answer sheet.

Remember that this is a survey and so there are no right or wrong answers. Please answer all the questions as accurately and honestly as you can.

3. Handout Survey

Second Administration:

1. Have students pick up their answer sheets (identifiable by their `code' name) and a pencil.
2. Read: Today you will be completing part two of the educational psychology survey. Note that you will be starting with item #61 in the booklet and on the answer sheet. Again, a reminder that this is a survey and therefore has no right or wrong responses. Please answer all the questions as accurately and honestly as you can. Thank-you for your participation.
3. Handout Survey