

**Perfectionism, Social Anxiety  
and Self-Esteem among First Year  
Arts and Business College Students**

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## ABSTRACT

The purpose of the present study was to examine the relationship between perfectionism, social anxiety and self-esteem in first year Arts and Business students (n= 109). The results revealed that there were no significant differences for any of the three variables between both courses. There were no gender differences on global perfectionism nor on social anxiety. However, males' self-esteem was significantly higher than that of females. The males have also scored significantly higher on perceived parental expectations than the females. There was a significant relationship found between maladaptive perfectionism subscales and self-esteem and also between social anxiety and self-esteem. Social anxiety also correlated with global perfectionism as well as maladaptive perfectionism subscales. Implications for future research and suggestions for practice are explored in the discussion section.

## INTRODUCTION

“Striving for excellence” is a well-known school motto. Its purpose is to motivate students to work to their best abilities. In today's society college students are under increasing pressure to perform well in academic and in non-academic areas. Striving for excellence, however, is often misconstrued as striving for perfection (Choy & McInerney, 2006).

The first section of this introduction examines perfectionism, its definitions and qualifications as well as some research supporting its prevalence in the society.

### 1.1 Perfectionism

Perfectionism was not always seen as a vice . Ancient philosophers saw it as a virtue that every person should aspire to reach. In Plato’s “The Republic”, the perfect individual may be observed to be just and virtuous. Aristotle in the “Nicomachean Ethics” defined the supreme goal of all human activity as “eudaemonia” or happiness that he linked to the perfection of one’s nature (Chang, 2003, p.126).

Only a few decades ago researchers had begun to investigate the role of perfectionism in disorders such as anxiety (e.g. Beck, Emery & Greenberg, 1985; Flett, Hewitt & Dyck, 1989; Nekanda-Trepka, 1984) and low self-esteem (e.g., Rice, Ashby, & Slaney, 1998). Previously, perfectionism has been associated with a range of clinically relevant problems such as hysteria and neuroticism (e.g. Adler, 1956; Horney, 1950). Adler believed that all individuals were “continually striving to improve themselves as they progressed toward perfection” (Ryckman, 2008, p.115). For Adlerian psychologists, the pursuit of perfectionistic standards

is “a healthy and necessary attribute as long as it manifests itself within the range of common sense and with social interest” (Lazarsfeld, 1991, p. 93). However, problems arise when perfectionists experience distress as a result of their inability to meet their extremely high standards. More specifically, perfectionists are believed to experience low self-esteem as they compulsively attempt to achieve the lofty goals they established for themselves (Zeigler-Hill & Terry, 2007).

Based on Adler's conceptualisation of healthy and unhealthy perfectionism, Hamachek (1978) distinguished between normal and neurotic perfectionism. According to this theory, normal perfectionists have high personal standards with some flexibility in self-evaluations; while neurotic perfectionists avoid positive self-evaluations unless their performance is always perfect (Hibbard & Davis, 2011). The useless striving for superiority of neurotic perfectionists is therefore considered a risk factor for lowered self-esteem, whereas perfectionism is considered to be positively associated with self-esteem for normal perfectionists (Rice et al., 1996).

Although researchers (e.g., Flett & Hewitt, 2002; Frost et al., 1990) disagree on how exactly to define or conceptualize perfectionism. Hibbard & Davis (2011, p.187) state that researchers found a “multidimensional approach is a useful way” in identifying both adaptive (healthy) and maladaptive (unhealthy) aspects of perfectionism (Flett & Hewitt, 2002; Frost et al., 1990). Maladaptive perfectionism is hypothesized to be the representation of an individual's distress related to a perceived failure to meet goals. Whereas adaptive perfectionism involves perfectionistic thoughts and behaviors that one does not want to relinquish because of their perceived value (Slaney, Rice, & Ashby, 2002). Benson (2003) points out that research shows both adaptive and maladaptive perfectionists have high personal standards, but failing to meet those standards is more stressful for the latter than for the former.

In recent years, perfectionism has attracted increased attention. Zeigler-Hill & Terry (2007) imply that perfectionism has been found to be associated with a variety of negative outcomes including depression (Blatt et al., 1995), suicide (Blatt, 1995), eating disorders (Brouwers & Wiggum, 1993; Tyrka et al., 2002), and obsessive-compulsive disorders (Blatt, 1995; Frost et al., 1994). Rice & Arsdale (2010) argue that adaptive perfectionism describes characteristics that are viewed as socially desirable and appear to be associated with healthy psychological functioning, such as good affect regulation and coping, high self-esteem and good interpersonal adjustment (e.g., Aldea & Rice, 2006; Dunkley, Zuroff, & Blankstein, 2003; Grzegorek, Slaney, Franze, & Rice, 2004; Mobley, Slaney, & Rice, 2005; Slaney et al., 2006). On the other hand, maladaptive perfectionism has been found to be associated with over-reliance on social comparison (Slaney, Rice, & Ashby, 2002), emotional reactivity (Dunkley, Berg, & Zuroff, 2011), depression and low self-esteem (Flett, Hewitt, Blankstein, & O'Brien, 1991) and anxiety (Suddarth & Slaney, 2001). Maladaptiveness has also been involved in harsh self-scrutiny, difficulty deriving satisfaction from performance (even when successful) and constant concerns about the evaluations of others (Dunkley, Zuroff, & Blankstein, 2003). Maladaptive perfectionists believe that even the most minor of mistakes are indicative of failure and, just as importantly, that any sign of failure will lead others to lose respect for them and ultimately reject them (Frost et al., 1993). Choy & McInerney (2006) point out that the maladaptiveness of perfectionism is also determined by its association with negative outcomes such as depression, anxiety, or low self-esteem (e.g. Hewitt et al., 2002; McCreary, Joiner, Schmidt, & Ialanga, 2004). Nepon et al. (2011) found depressive symptoms and social anxiety to be associated significantly with negative social feedback, interpersonal rumination, trait perfectionism, and perfectionistic self-presentation.

According to Hewitt & Flett (1991) who developed the Multidimensional Perfectionism Scale (MPS), perfectionism is a multidimensional phenomenon that comprises three

relatively distinct dimensions: self-oriented, other-oriented, and socially prescribed perfectionism. Self-oriented perfectionists adhere to a strict set of high self-standards while avoiding failure and engaging in stringent self-evaluation. Other-oriented perfectionists expect high standards in others (e.g. children, co-workers). Socially-prescribed perfectionists believe that others have high expectations of them and that they evaluate them critically in everything they do.

Frost et al. (1990) categorised perfectionism similarly. Self-oriented perfectionism can be linked to Frost's subscales, namely high personal standards (PS) and concerns over mistakes (CM). In other-oriented perfectionism the criticism derives from others and can manifest itself through concerns of meeting parental or social expectations (PE) and perceived parental criticism (PC). Socially prescribed perfectionism can relate to doubts about effectiveness of one's actions (DA) and an excessive focus on organization (O) and neatness. Chang (2003) suggests that studies using the Frost Multidimensional Perfectionism Scale (FMPS) have shown that both higher global and higher subscale scores were associated with greater psychological symptoms (Frost et al. 1990), greater obsessive-compulsive behaviours (Frost & Steketee, 1997; Norman et al. 1998) and greater worry across different life domains (Chang, 2000). High scores on the FMPS also correlated with greater social anxiety (Juster et al., 1996; Saboonchi et al. 1999), less satisfaction (Chang, 2000), lower self-esteem (Rice et al. 1998), greater perceived stress (Chang, 2000), and greater negative affectivity and less positive affectivity (Chang, 2000; Frost et al.; 1993).

Both of Frost's MPS (1990) subscales of personal standards (PS) and organization (O) along with Hewitt & Flett's MPS (1991) subscale of socially prescribed perfectionism have been associated with adaptive perfectionism. The remaining FMPS subscales (concerns over mistakes (CM), parental criticism (PC), parental expectations (PE) and doubts about actions



(DA)) and the MPS subscales of self-oriented and other-oriented perfectionism, were associated with maladaptiveness (Rice & Delwoo, 2002; Rice et al., 1998; Stumpf & Parker, 2000). For adaptive perfectionists, high personal standards are mostly associated with feelings of achievement and an ensuing sense of self-esteem. Enns and Cox (2002) indicate that personal standards and organization were higher in an elite college sample (Frost et al., 1991), however concerns over mistakes, parental criticism, and doubts about actions were higher in a more diverse college sample (Parker & Adkins, 1995).

The next section will look at perfectionism and its relation to social anxiety. Research in this area will also be evaluated.

## **1.2 Perfectionism and Social Anxiety**

Bruce & Saeed (1999) found that individuals with social anxiety disorder experience academic and occupational difficulties caused by their inability to meet the social demands of securing and maintaining employment or relationships. Socially anxious individuals tend to have high expectations in regards to their social performance and become overly self-critical when they fail to reach those expectations. Therefore, many of these key components of social anxiety disorder are also central to the definition of perfectionism.

Although the terms social phobia and social anxiety are often used interchangeably in the literature, the former more accurately refers to a diagnosed condition, whereas the latter, a milder form of social discomfort (Villiers, 2009). The causes of social anxiety seem to be psychological, biological and sociocultural. Some suggest that social anxiety is a learned behaviour and they see it as a result of direct or vicarious classical conditioning. People with overprotective or rejecting parents might have a sense of uncontrollability and helplessness over their anxiety. Others argue that humans are predisposed to react to signals of dominance

and aggression. The amygdala is a part of the brain that is responsible for activating physiological and emotional responses to these threats. According to LeDoux (2000) the amygdala receives a direct signal from the senses. It then generates emotional reactions before the cerebral cortex has had time to fully interpret what is causing the response. Hayward et al. (1998) and Kagan (1997) have shown that infants and young children who are fearful and easily distressed by novel people and situations score high on behavioural inhibition. These children are at an increased risk of developing social phobia later in life. From a cultural perspective, a special type of social phobia called 'Taijin Kyofushu' is found in Japan (Tanaka-Matsumi, 1979). People with this phobia are pathologically fearful of offending others by blushing, showing negative expressions or behave in any way that could cause discomfort to others. However, this type of social anxiety is virtually unheard of in the rest of the world. Current cognitive-behavioural models of social anxiety disorder suggest that individuals experiencing this disorder have unreasonably high standards regarding the importance of making a good impression on others, are convinced that others will view them negatively, and believe that the consequences of being viewed negatively will be catastrophic (e.g. Clark & Wells, 1995; Rapee & Heimberg, 1997). Social anxiety can manifest itself in many forms such as stammering and stuttering, reluctance or inability to speak in public and eating or writing in front of others, palpitations, excessive blushing, excessive sweating (also called hyperhidrosis) or trembling in social situations or in their anticipation. From an evolutionary perspective these symptoms are characteristic of a 'fight or flight' response where the person's body reacts to a possible threat by getting rid off excessive fluids and pumping more blood into the muscles to be able to get ready for a fight or to flee away from danger. Individuals that are affected by social anxiety are fearful of possible scrutiny and are also anxious that they might behave in a manner that is embarrassing, inept, unacceptable, or all of these (Rachman, 1998). They overcompensate by pleasing others in a hope that they

will be liked and accepted. Socially anxious individuals may fear that their incompetence will be exposed, for example when talking to an authority figure such as a teacher or boss.

According to Beck, Emery and Greenberg (1985) a major feature of social anxiety is that the sufferers experience a fear that seems to be real to them, not only in the actual social situation but also in the anticipation of an event. This fear is not to be underestimated. There is a possibility that the individual might become tongue-tied or experience a mind blank during a conversation. This fear of being inept and ridiculed in front of others creates a vicious cycle. The person will become defensive and inhibited in social situations and he or she might try to avoid these situations altogether. Instead of focusing entirely on the conversation, the individual focuses inwards and fears that he or she are being watched and then negatively evaluated by others. They look for cues in others to confirm their beliefs of being judged negatively and interpret ambiguous social information as threatening.

Because perfectionism has shown to be linked to psychological maladjustment it is of little surprise that there is a trend to look at perfectionism as unhealthy and destructive. However, it is not clear if perfectionism is always “detrimental and hazardous to one's psychological adjustment” (Chang, 2003, p.129). Self-critical thinking and worry regarding past decisions are assessed on subscales of perfectionism: concerns over mistakes (CM) and doubts about actions (DA) (Frost et al., 1990). These are the only subscales that have been strongly linked to social anxiety in the literature. Individuals diagnosed with social anxiety disorder receive higher scores on doubts about actions (DA) and concerns over mistakes (CM) than controls; further, Saboonchi and Lundh (1997) found that concerns over mistakes and doubts about actions were significantly correlated with multiple measures of social anxiety (Shumaker & Rodebaugh, 2009). The research has shown that there is often a disparity between how the socially anxious individuals rate or interpret their social performance, and how attending others actually interpret or rate the individuals' performance

(Villiers, 2009). Juster et al. (1996) make several points regarding social anxiety and perfectionism, including: (a) perfectionism might be a risk factor for social anxiety or exacerbate it and (b) individuals with social anxiety may display perfectionism by holding unreasonably high standards for performance in social settings, interpreting any deviation from those standards as failure (Shumaker & Rodebaugh, 2009). Juster et al. (1996) explored the relationship between components of perfectionism and social anxiety using Frost et al. (1990) MPS. The social anxiety participants obtained a higher score on subscales assessing concerns over mistakes (CM), doubts about actions (DA) and perceived parental criticism (PC). Concerns over mistakes (CM) and doubts about actions (DA) were consistently associated with greater social anxiety, trait anxiety and psychopathology in general. Saboonchi, Lundh, and Ost (1999) replicated Juster et al.'s (1996) study. They compared psychiatric outpatients with social anxiety and panic disorder. The results indicated that socially anxious individuals' scored higher on concerns over mistakes (CM), doubts about actions (DA) and parental criticism (PC) subscales than the control group. They also scored higher on concerns over mistakes (CM) and doubts about actions (DA) subscales than the panic disorder group. These findings are consistent with previous research by Juster et al. (1996) that has found perfectionism to be related to social anxiety. Research has also shown that individuals with social anxiety disorder are more likely than others to report elevated levels of perfectionism (Saboonchi & Lundh, 1997; Saboonchi et al., 1999, Antony et al., 1998).

### *College population*

Many studies on perfectionism and social anxiety focus on an adult clinical population. Therefore, the findings can not be generalized to a younger college population. So far only one study has looked at the relationship between perfectionism and social anxiety among college students. American study by Villiers (2009) found that age was a significant

variable in social anxiety - the older the student, the lower the level of social anxiety.

Perfectionistic traits were found to be very similar across Science and Arts students. There was a significant positive correlation between global perfectionism and social anxiety across all groups. Science majors that studied maths and physics had statistically significantly higher social anxiety scores than music majors, but not communication majors. However, it is still not completely clear, how specific dimensions of perfectionism relate to social anxiety.

Social anxiety seems to originate from simple instances of direct or vicarious classical conditioning. This can be any social experience when the person experienced high emotions such as being humiliated in front of others, bullied or criticised (Mineka & Zinbarg, 1995; Tillfors, 2004). Wells & Clark (1997, p.4) cite that “the age of onset of social phobia is usually between 15 and 20 years” (Liebowitz et al., 1985; Turner et al. 1986). Nichols (1974) suggests that incidents of social anxiety are related to some specific phase in development; he offers the “late teens as a possible starting point” (Beck et al., 1985, p.156). The present study focuses on first year college students. The reason for this is that these individuals are going through an important phase in their development. Many first year students are in their late teens or early twenties. They are becoming young adults and have to adapt to new surroundings and fulfill their parents expectations to do well in college. There is also an added pressure of being social and making friends. College is therefore seen as a highly competitive social and academic environment. Bryant & Trower (1974) found “that 10% of a sample of 223 students had difficulties in social situations” (Wells & Clark, 1997, p.4). Izgic, Akyuz, Dogan & Kugu (2004) in their sample of college students found that individuals with social phobia had lower self-esteem and more of a distorted body image than do those without social phobia. Those with social phobia may suffer from lowered self-esteem as they examine themselves; they tend to focus their attention on negative thoughts, which thereby increases self-dissatisfaction (Izgic et al. 2004). Self-esteem in socially anxious individuals

seems to be dependent on others' feedback. If it is positive then they become more confident and generally perform better. When met with rejection, the confidence decreases and performance deteriorates. As Wells & Clark (1997, p.4) point out the prevalence rates for social phobia in males and females “appear equal” (Amies, Gelder & Shaw, 1983) in most studies of clinical populations, but there is a suggestion from epidemiological studies that it is somewhat more common in women in the community as a whole (Chapman, Mannuzza & Fyer, 1995). In regards to the type of college course, research has shown that socially anxious students either avoid college education or enrol on a college course that allows them to minimize their social interaction (Holland, 1997; Smart, Feldman, & Ethington, 2000).

In the next section, perfectionism and different qualifications of self-esteem will be discussed as well as up to date research in this area.

### **1.3 Perfectionism and Self-Esteem**

Berger (2008) defines self-esteem as the belief in one's own ability, a personal estimate of success and worthiness. Self-esteem has mixed connotations and can be viewed in a positive light in prestige, respect and admiration as well as in a more negative light with regards to arrogance, superiority and narcissism. While in western culture, a constant striving for a ‘healthy’ high self-esteem is encouraged, in the east it is viewed more negatively; as something that should not be celebrated but suppressed due to a risk of alienation from others. The studies on differences in self-esteem between males and females have shown conflicting results. Some showed no difference at all however, meta-analyses by Kling et al. (1999) showed that many studies report higher self-esteem in males. Cross & Madson (1997) mention some studies that show that in assessing oneself by certain attributes, “males more often assess themselves positively in dimensions that are related to

independency (for example, power and self-sufficiency), while females more often assess themselves positively on dimensions connected to interdependency” (p. 9). Previous research has found high self-esteem to be positively associated with a number of psychological adjustments such as happiness and satisfaction with life (e.g., Diener, 1984; Robins, Hendin, & Trzesniewski, 2001; Tennen & Affleck, 1993). However, high self-esteem has also been linked to a variety of potentially negative outcomes including aggression (Baumeister, Bushman, & Campbell, 2000; Papps & O’Carroll, 1998) and prejudice (Fein & Spencer, 1997; Verkuyten & Masson, 1995). Thus, research suggests that high self-esteem is not always related to optimal psychological functioning. In an attempt to better understand the perplexity of high self-esteem, two different perspectives have emerged differentiating between secure and fragile high self-esteem. One view of high self-esteem is that it reflects positive feelings of self-worth that are “well anchored and secure and that positively relate to a wide range of psychological health and well-being indexes” (Kernis, 2003a, p.4). In contrast, individuals with fragile high self-esteem are characterized by feelings of self-worth that are vulnerable to challenge, need almost constant validation, and require some degree of self-deception (Zeigler-Hill & Terry, 2007). Research suggests that these individuals are more prone toward anger and hostility (Kernis, Grannemann, & Barclay, 1989), they tend to brag about success and experience feelings of self-doubt after failure (Kernis et al., 1997). Some researchers further divide self-esteem into implicit and explicit. Implicit high self-esteem consists of non-conscious, automatic feelings of positive self-worth (Greenwald & Banaji, 1995; Pelham & Hetts, 1999). Explicit self-esteem is often defined as conscious feelings of self-liking, self-worth, and acceptance (e.g., Brown, 1993; Kernis, 2003b). The most common method for assessing explicit self-esteem is the administration of a self-report questionnaire such as the Rosenberg’s Self-Esteem Scale. Rosenberg (1965) stated that people with low self-esteem face problems in social relationships; they perceive more threats

and display greater sensitivity to criticism, and they also behave in a reward-seeking manner. Hibbard & Davis' (2011) study on perfectionism and psychological adjustment found the patterns of association to be similar when using private and public college student samples. Concerns over mistakes (CM) and parental criticism (PC) were strongly associated with lower self-esteem, higher levels of depression, and eating disorders. Doubts about actions (DA) were consistently associated with even more depression and loneliness. College students who defined themselves as perfectionists had a greater number of depressive episodes and lower self-esteem scores, than students that were non-perfectionists (e.g. Ashby & Rice, 2002; Preusser, Rice & Ashby, 1994). Rice et al. (1998) found that maladaptive perfectionism was negatively associated with self-esteem and positively associated with depression. Leicester (2007) in the college student sample found that parents' perfectionism inferred a predilection towards perfectionism and self-esteem in their children. However, there is only a limited number of studies that looked at the association between social anxiety and self-esteem. No studies were found that looked at the association between these two variables using a college population. The aim of the current study is to rectify this.

### *The therapy*

Research so far suggests that therapies that use the method of cognitive restructuring and that challenge negative self-beliefs have been very successful in treating anxieties and phobias. According to Beck, Emery, & Greenberg (1985) the socially anxious individuals commit thinking errors such as exaggerating, catastrophising and overgeneralising. Mind reading, fortune telling, discounting the positive and all or nothing thinking are also some of the cognitive styles involved in social anxiety. However, similar ruminating is also involved in people with low self-esteem and can be a sign of maladaptive perfectionism. Cognitive



behavioural therapy brings attention to these cognitive biases so that the individual is alert to 'faulty thinking' and can work on its restructuring. Also, lately, mindfulness training has been used alongside CBT therapy. It was first introduced in the 1970's by John Kabat-Zinn as a medication free way to reduce stress. Mindfulness involves being in the present moment, paying attention to each thought and sensation in a non judgmental way and accepting it as it is. However, a lot more research is needed to explore the full benefits of mindfulness in the treatment of anxiety disorders.

Rosser, Issakidis, and Peters (2003) conducted a study exploring the relationship between social anxiety and perfectionism at both pre-treatment and post-treatment stages. The participants attended a group-based cognitive-behavioural therapy (CBT) treatment for social phobia. The results showed that concerns over mistakes (CM) and doubts about actions (DA) were both related to the severity of social anxiety at pre-treatment, yet, parental criticism (PC) was not significantly related to any aspects of social anxiety. It was found that as social anxiety decreased so did the scores of concerns over mistakes in the post-treatment group.

Ashbaugh et al. (2007) observed that after twelve CBT sessions patients treated for social phobia improved on several measures of social anxiety, generalised anxiety and depression. Lower scores were reported for some dimensions of perfectionism, namely concerns over mistakes (DM), doubts about actions (DA) and organization (O), however there was no significant change in scores on personal standards (PS), parental expectations (PE) and parental criticism (PC).

### *Overview of the present study*

It has been shown that perfectionism exists among individuals of all ages, surprisingly very little attention has been paid to perfectionism and its possible relationship with social anxiety and self-esteem in a college population. For the purpose of this study it is essential to examine how each of these dimensions is associated with social anxiety. It also needs to be made clear which aspects of perfectionism are associated with higher or lower self-esteem amongst first year college students. Another interesting issue is whether the nature of perfectionism differs depending on the type of college course that students choose. One possibility is that perfectionistic students tend to be attracted to Business courses where there is an emphasis on rigid learning of theories and exact accountancy procedures. Students who are not perfectionistic might be attracted to Art courses where creativity and self expression play an important role. On the other hand, it may be that colleges in general encourage perfectionism in students emphasising that only the best of them can compete for well-paid jobs in the market place after finishing their degree. The present study is relevant due to the fact that there is no published Irish research concerning perfectionism and its psychological outcomes in young adults to date. The primary reason for this study is to explore the relationship between perfectionism, social anxiety and self-esteem in a college population in Ireland. The current study is an exploratory investigation with the following hypotheses:

H1: There will be a difference between Arts and Business students on perfectionism, social anxiety and self-esteem.

H2: There will be a gender difference on perfectionism, social anxiety and self-esteem.

H3: There will be a relationship between a) perfectionism and social anxiety; b) perfectionism and self-esteem; c) social anxiety and self-esteem, in the sample of first year college students.

This investigation is conducted with the hope that it will enhance the understanding of perfectionism and social anxiety. This should yield useful information with implications for further research.

### *Section Summary*

This section has described perfectionism and identified its adaptive and maladaptive subscales. Then perfectionism and its association with social anxiety and self-esteem was discussed based on theory and supported by research. Current therapies that have shown to be successful in treating maladaptive perfectionism and social anxiety were also discussed. In the next section will delve into the method used for the present study.

## METHOD

### 2.1 Materials

Each participant was presented with a self-administered pen and paper questionnaire booklet. This contained demographic variables: age, gender and type of college course, one perfectionism scale, one social anxiety scale and one self-esteem scale.

Perfectionism was measured by using the Frost Multidimensional Perfectionism Scale (Frost et al., 1990). This is a 35 item scale that uses a 5 point Likert-style scoring from 1 (strongly disagree) to 5 (strongly agree). The scores range from 35 to 175. The FMPS scale is designed to measure different components of perfectionism and comprises of six factors: concern over mistakes (CM) (e.g., I hate being less than best at things), personal standards (PS) (e.g., I set higher goals than most people), parental expectations (PE) (e.g., My parents have expected excellence from me), parental criticism (PC) (e.g., I never felt like I could meet my parents' expectations), doubts about actions (DA) (e.g., It takes me a long time to get something "right") and organization (O) (e.g., I am a neat person). For the FMPS, the personal standards (PS) and organization (O) subscales map onto the dimension of adaptive perfectionism, whereas the remaining four subscales (i.e., concern over mistakes (CM), parental criticism (PC), parental expectations (PE), and doubts about actions (DA)) comprise the dimension of maladaptive perfectionism (Rice, Ashby, & Slaney, 1998). The scale was chosen on the basis that it has been used in many previous studies using student populations and has an excellent reliability with alphas ranging from .77 to .93 (Frost et al., 1990) and good concurrent and construct validity.

The Interaction Anxiousness Scale (Leary, 1983c) was used to assess the participants' tendency to experience subjective social anxiety independently of accompanying behaviours (Leary, 1983). The IAS consists of 15 items. The anxiety is measured on a 5 point scale ranging from 1 ('The statement is not at all characteristic of me') to 5 ('The statement is extremely characteristic of me'). It contains negative items (e.g. 'I often feel nervous even in casual get-togethers') and positive ones (e.g. 'I am probably less shy in social interactions than most people'). Scoring of positive questions number 3, 6, 9 and 15 was reversed as per design. Scale scores range from 15 indicating low social anxiety to 75 meaning that social anxiety is very high. The IAS has demonstrated reliability and validity as a measure of the tendency to experience social anxiety in conversational settings (Leary, 1983). This scale has good reliability (Cronbach alpha exceeds .87) and good concurrent and construct validity.

Self Esteem Scale (Rosenberg, 1965) was used to measure the level of participants' self-esteem. It consists of 10 items by which the level of global self-esteem is measured. It is measured on a four-point Likert-type scale from 1 (strongly agree) to 4 (strongly disagree). It contains positive items (e.g. On the whole, I am satisfied with myself) as well as negative ones (e.g. I certainly feel useless at times). Scoring of negative questions number 3, 5, 8, 9 and 10 was reversed as per design. The higher score indicates lower self-esteem. The scale was chosen due to its popularity and frequent use with college population. This scale has good reliability (Cronbach alpha ranging between .77 and .88) and good construct validity.

The present study was also interested in finding out participants' opinions on the subject of perfectionism. There was a qualitative question included at the end of the questionnaire that asked: "What does perfectionism mean to you?" Participants were free to decide whether they wanted to answer this question or not.

## **2.2 Participants**

The only criterion for the study was that the students had to be attending their first year of college. This is based on the belief that second or third year students are more acclimatised to college rules and they are more socialised than the freshmen. Data was collected from first year Psychology and first year Business students attending Dublin Business School. Out of 111 participants who began the study 2 participants were excluded due to failure to provide complete information. Analyses were conducted using 109 remaining participants (n = 109; 52 males and 57 females). There were 43 Psychology students and 66 Business student participants. Originally four age groups were created. The first one included 84 participants that were aged 18 –25, the second 19 participants aged 26 – 35, the third group consisted of 5 participants aged 36 – 45 and 1 participant was aged over 45. Due to very small numbers of participants in the third and fourth group these groups were collapsed into the second group. The two new groups distinguished between participants under 25 and over 25 years old. There were no incentives given for participation.

## **2.3 Design**

A between groups independent samples design was employed in the present study. To observe the difference independent variables were: type of course, gender and age. Dependent variables were: perfectionism, social anxiety and self-esteem. A correlational mixed design was also employed where the predictor variable was perfectionism and the criterion variables were social anxiety and self-esteem.

## **2.4 Procedure**

Participants received the questionnaires in the first five minutes of their lecture. This was pre-arranged with their lecturer in advance. Before handing out questionnaires, the participants were told that the present study was interested in “their views on self-evaluation and social interaction in a college setting”. Participants were ensured about the anonymity and strictest confidence in which the collected data was being treated. They were told that they had a right not to participate and also the right to withdraw from completing the questionnaire at any stage. This ethical consideration was also printed on the front page of the questionnaire.

The last page of the questionnaire booklet informed the participants about where to seek help if they were affected by any issues raised. Samaritans and Aware phone numbers and e-mail addresses were provided. This page was to be torn away and kept by the participants. All participants were verbally debriefed after filling out the questionnaires and any questions that they had were answered in full. They were thanked for their time and participation in person and also on the cover sheet of the booklet. To see the full booklet please refer to Appendix 2 at the back of this book.

## **2.5 Data Analysis**

Statistical analysis was performed by using SPSS 18 software. Data were initially tabulated using standard summary statistics (means, mode, medians and standard deviations). Because parametric tests are robust and they are often unaffected by violations of their assumptions; an Independent samples t-test was employed to compare mean scores of levels of perfectionism, social anxiety and self-esteem between Arts and Business courses, males and females and different age groups.

Due to non-normal distribution of scores (skewed) bivariate comparisons between perfectionism, social anxiety and self-esteem were performed using Spearman's rho correlation. Please see Appendix 1 for distribution of the scores.

### *Section Summary*

This section described the measures and materials, the participants, the research design, the procedure and the data analysis used. Next section will describe the statistical results related to the research questions.



## RESULTS

Descriptive statistics, including means (M) and standard deviations (SD), for each of the variables were investigated in the current study. The results were: perfectionism: (M = 101.84, SD = 18.198); social anxiety: (M = 39.36, SD = 8.960); self-esteem: (M = 18.75, SD = 5.307). Please refer to the table in Appendix 1.

The first hypothesis of the current study stated that there will be a difference between Arts and Business students on perfectionism, social anxiety and self-esteem. In order to test this hypothesis an Independent samples t-test was conducted. No significant difference was found between the Arts and Business courses. Arts students' perfectionism (M = 99.91, SD = 18.869), social anxiety (M = 39.42, SD = 9.369) and self-esteem (M = 19.74, SD = 5.924) did not differ significantly from Business students' scores of perfectionism (M = 103.11, SD = 17.778), social anxiety (M = 39.32, SD = 8.757) and self-esteem (M = 18.11, SD = 4.801). These results fail to support the study's first hypothesis. Therefore null hypothesis is accepted.

*Table 1: COURSE DIFFERENCE ON PERFECTIONISM, SOCIAL ANXIETY AND SELF-ESTEEM*

<b>Variables</b>		<b>Mean</b>	<b>SD</b>	<b><i>t</i></b>	<b><i>p</i></b>
<b>Perfectionism</b>	Arts	99.91	18.869	-.896	.372
	Business	103.11	17.778		
<b>Social Anxiety</b>	Arts	39.42	9.369	.057	.955
	Business	39.32	8.757		
<b>Self-Esteem</b>	Arts	19.74	5.924	1.586	.116
	Business	18.11	4.801		

*Note: p significant at .05 level.*

The second hypothesis of the current study stated that there will be a gender difference on perfectionism, social anxiety and self-esteem. An Independent samples t-test found that there was a statistically significant difference between self-esteem of males and females ( $t(107) = -2.839, p < .05, 2\text{-tailed}$ ). Males ( $M = 17.29, SD = 4.733$ ) were found to have higher self-esteem than females ( $M = 20.09, SD = 5.488$ ). Rosenberg's Self Esteem Scale (1965) indicates that the lower the scores the higher the level of self-esteem. Therefore males self-esteem scores were lower but they demonstrate higher self-esteem. Please refer to Table 2 below.

*Table 2: GENDER DIFFERENCE ON PERFECTIONISM, SOCIAL ANXIETY AND SELF-ESTEEM*

<b>Variables</b>		<b>Mean</b>	<b>SD</b>	<b><i>t</i></b>	<b><i>p</i></b>
<b>Perfectionism</b>	Males	103.54	17.818	.928	.356
	Females	100.30	18.559		
<b>Social Anxiety</b>	Males	38.79	7.902	-.632	.529
	Females	39.88	9.869		
<b>Self-Esteem</b>	Males	17.29	4.733	-2.839	.005
	Females	20.09	5.488		

*Note: p significant at .05 level.*

An Independent samples t-test found that there was no statistically significant difference on males' perfectionism ( $M = 103.54, SD = 17.818$ ) and social anxiety ( $M = 38.79, SD = 7.902$ ) and females perfectionism ( $M = 100.30, SD = 18.559$ ) and social anxiety ( $M = 39.88, SD = 9.869$ ). While no difference between males and females was found on global perfectionism, there was a significant difference found on one of the perfectionism subscales. An Independent samples t-test found there was a statistically significant difference between perceived parental expectations (PE) for males and females ( $t(107) = 2.199, p < .05, 2\text{-tailed}$ ). Males ( $M = 14.71, SD = 4.273$ ) were found to perceive higher parental expectations

than females ( $M = 12.60$ ,  $SD = 4.031$ ). Please refer to Table 3 below. Therefore the second hypothesis is only partially supported.

Table 3: GENDER DIFFERENCE ON PERFECTIONISM SUBSCALES

Variables		Mean	SD	<i>t</i>	<i>p</i>
<b>CM</b>	Males	22.46	6.346	-.791	.431
	Females	23.64	7.094		
<b>PS</b>	Males	22.43	5.371	.242	.809
	Females	22.12	6.274		
<b>PE</b>	Males	14.76	4.273	2.199	.030
	Females	12.60	4.031		
<b>PC</b>	Males	8.86	3.326	-1.033	.304
	Females	9.68	4.028		
<b>DA</b>	Males	11.56	3.047	1.352	.179
	Females	10.60	3.342		
<b>O</b>	Males	21.82	5.580	-1.153	.251
	Females	23.20	3.884		

Note: *p* significant at .05 level

The third hypothesis of the current study states that there will be a significant relationship between a) perfectionism and social anxiety; b) perfectionism and self-esteem; c) social anxiety and self-esteem in the sample of first year college students.

A Spearman's rho correlation found that there was a positive moderate significant association between social anxiety and self-esteem ( $\rho = .321$ ,  $p < .05$ , 2-tailed) and social anxiety and concerns over mistakes ( $\rho = .380$ ,  $p < .05$ , 2-tailed) as well as social anxiety and doubts about actions ( $\rho = .311$ ,  $p < .05$ , 2-tailed). There was a positive significant association between social anxiety and global perfectionism ( $\rho = .213$ ,  $p < .05$ , 2-tailed) and social anxiety and parental criticism ( $\rho = .197$ ,  $p < .05$ , 2-tailed).

A Spearman's rho correlation further found that there was a positive moderate significant association between self-esteem and concern over mistakes ( $\rho = .312, p < .05, 2\text{-tailed}$ ) and self-esteem and doubts about actions ( $\rho = .363, p < .05, 2\text{-tailed}$ ). A Spearman's rho correlation also found that there was a negative moderate significant association between self-esteem and personal standards ( $\rho = -.322, p < .05, 2\text{-tailed}$ ). Please refer to Table 5. Thus the third hypothesis is supported.

Table 5

Spearman's rho correlation between Social Anxiety, Self-esteem and Perfectionism and its subscales

	SE	PER	CM	PS	PE	PC	DA	O
Social Anxiety	.321**	.213*	.380**	.003	-.004	.197*	.311**	-.042
Self-Esteem	—	.031	.312**	-.322**	-.171	.115	.363**	-.083
Perfectionism		—	.734**	.645**	.627**	.535**	.479**	.538**
Concerns over Mistakes			—	.279**	.201*	.340**	.506**	.210*
Personal Standards				—	.442**	.170	.135	.319**
Parental Expectations					—	.382**	.079	.264**
Parental Criticism						—	.304**	.076
Doubts about Actions							—	.084
Organization								—

\*  $p$  significant at .05 level.

\*\*  $p$  significant at .01 level.

In regards to a qualitative question: 'What does perfectionism mean to you?' out of 109 participants 76 answered it. The most common answers were: doing everything right/ perfect/to an extremely high standard; being organised/ plan everything; accomplish something to satisfy oneself and others; being the best at everything/ performing to my best

ability and striving for flawlessness. Some participants saw perfectionism as extremism/unrealistic standards; impossible to achieve, unhealthy obsession with doing everything 'right' and a myth.

### *Section Summary*

This section presented the statistical data that were used to address the research questions in both narrative and tabular form. A discussion on the findings and their implications for future research will be provided in the next section.

## DISCUSSION

The aim of the present study was to examine the relationships between perfectionism and its subscales, social anxiety and self-esteem in a sample of Arts and Business college students. This research was conducted in anticipation that the results would highlight the complexities of perfectionism and its relationship to social anxiety and self-esteem. The findings of the current study will now be considered in relation to the hypotheses and previous literature.

The first hypothesis examined whether there was a difference between Arts and Business students on perfectionism, social anxiety and self-esteem. The current study found no difference between the courses. Finding no differences on perfectionism is in line with Villiers (2009) study where the perfectionist traits were generally very similar across all four academic majors. The current study did not find any difference between courses on the levels of social anxiety. On the contrary, Villiers (2009) found that Science (math and physics) students reported significantly higher levels of social anxiety than Arts (music) students and their scores were also higher when compared to other Art (communication) students. However, Villiers (2009) study is the only published study that looked at the relationship between perfectionism and social anxiety between different college courses. Replication of the study with a larger sample is needed to confirm or refute these findings.

The second hypothesis was seeking to establish whether there was a gender difference on perfectionism, social anxiety and self-esteem. As regards this hypothesis, results revealed that there was no difference between males and females on global perfectionism nor on social anxiety. However, males' self-esteem was significantly higher than that of females'. The results also show that there was a significant difference between males and females on perceived parental expectations (PE). Males scored significantly higher than females on this

subscale of perfectionism. The difference in self-esteem scores could be due to males being more autonomous and that their self-esteem grows with achievements of goals. Females base their self-esteem and self-worth on acceptance from others and on their physical appearance more so than males. The media pays a lot of attention to females' physical appearance therefore, it can be speculated that this is one of the possible explanations for lower self-esteem scores in females. The current sample consists of young college attending adults. Future studies could examine if this difference in self-esteem is as prominent in an older, maturer student population.

Interestingly, the present study also found higher levels of parental expectations (PE) in males when compared to females. According to Flett & Hewitt (1991) this subscale of Frost's MPS relates to other-oriented perfectionism and can be seen as a sign of maladaptive behaviour. However, any attempts to account for this gender difference in parental expectations (PE) would be purely speculative at this point. Clearly, the current findings require replication. Several factors could have contributed to these differences between males and females e.g. the need to manage public impressions; or this could be due to participants' young age. The parents of the participants might be still highly involved in their emotional as well as academic lives. Or males might feel the pressure of doing well and becoming the 'bread winners' more so than females in these tough economic times. Gender differences on perceived parental expectations is a possible area that future studies could explore.

The third hypothesis tried to establish if there was a significant relationship between a) perfectionism and social anxiety, b) perfectionism and self-esteem, c) social anxiety and self-esteem in a sample of first year Arts and Business college students. The results revealed that social anxiety correlated with global perfectionism and its subscales, namely concerns over mistakes (CM), doubts about actions (DA) and parental criticism (PC). Self-esteem was found to be associated with concerns over mistakes (CM) and doubts about actions (DA).

As mentioned earlier (see method section), high scores on Rosenberg's SES scale indicate low self-esteem. Therefore, individuals that were experiencing low self-esteem scored higher on concerns over mistakes (CM) and doubts about actions (DA). There was a significant relationship found between social anxiety and self-esteem. The higher the social anxiety the lower the self esteem.

The results of the present study replicate previous research demonstrating an association between certain perfectionism dimensions and social anxiety. When comparing clinical sample of patients diagnosed with social phobia to volunteers with no anxiety Juster et al. (1996) found that individuals with social phobia rated higher on concerns over mistakes (CM), doubts about actions (DA) and perceived parental criticism (PC). However, anxiety-free volunteers scored higher on organization (O) subscales which is considered to be a sign of 'healthy' perfectionism. The study also found that these subscales of perfectionism correlated with greater social anxiety, trait anxiety and general psychopathology. Frost et al. (1990) study found that concerns over mistakes (CM) and doubts about actions (DA) were key components of maladaptive perfectionism. Just like the present study, Sabboonchi & Lundh (1997) focused on undergraduate students. Elevated levels of concerns over mistakes (CM), doubts about actions (DA) and socially prescribed perfectionism strongly correlated with social anxiety and less with public self-consciousness and other types of psychological maladjustment. Saboonchi, Lundh & Ost (1999) found that individuals with social phobia scored higher on concerns over mistakes (CM) and doubts about actions (DA) and reported a higher level of self-consciousness when compared to panic disorder group. Perfectionism was more strongly associated with social anxiety than self-consciousness. This replicated the Sabboonchi and Lundh (1997) study. Villiers (2009) found four out of the six of Frost's perfectionism subscales to be significantly correlated with social anxiety, namely concerns over mistakes (CM), doubts about actions (DA), parental criticism (PC), and parental



expectations (PE) in a sample of college students. The present study found higher levels of parental expectations (PE) only in males. These scores however did not relate significantly to social anxiety.

In addition, Shumaker & Rodebaugh (2009) found that lower and not higher personal standards (PS) were involved in social anxiety. The current study did not confirm these findings. It can be hypothesised that personal standards (PS) subscales are seen as part of adaptive perfectionism, therefore lower scores indicate psychological maladjustment. Antony et al. (1998) found social phobia to be associated with greater concerns over mistakes (CM), doubts about actions (DA), and parental criticism (PC) on Frost MPS scale as well as higher scores on socially prescribed perfectionism using Hewitt & Flett's MPS scale. While the current study did not use MPS scale the three dimensions of perfectionism commensurated with Antony et al. (1998) study.

Self-esteem was found to be negatively correlated with personal standards (PS). Taking into account that higher scores of Rosenberg's SES scale represent lower self-esteem; this correlation can be explained as follows: the higher the self-esteem the higher the personal standards; the lower the self-esteem the lower the personal standards. According to Frost et al. (1990) the personal standards (PS) subscale is associated with adaptive perfectionism. Therefore, it can be hypothesised that individuals that score low on this subscale might display signs of maladaptive behaviour. Rice, Ashby & Slaney (1998) found 'unhealthy' maladaptive perfectionism to be negatively associated with self-esteem and positively associated with depression. Self-esteem was also seen as a buffer of the effects of maladaptive perfectionism on depression. Leicester (2007) found that students who received praise from their primary caregivers possessed adaptive aspects of perfectionism. On the other hand, students whose caregivers emphasised that self-worth was contingent upon meeting high standards were found to possess the maladaptive aspects of perfectionism.

Ryckman (2008) argues that Horney (1950) suggested that perfectionistic neurotics often have authoritarian parents who exercised control over their lives and who implanted in them the need to attain lofty goals and to apply excessively high standards to all of their actions. These individuals are very sensitive to criticism and to any suggestions that they may have flaws and limitations. They might seek affection and approvals of others, sometimes may appear tough and aggressive and aloof. These behaviours are also present in healthy individuals but unlike in neurotics, they complement each other and work in harmony. This theory ties in with the high scores obtained on the FMPS perfectionism subscale of parental criticism (PC) which relates to other-oriented perfectionism on the MPS scale. Looking at parental or caregivers' criticism and its influence on an Irish college population could generate some interesting results in future research.

In the present study social anxiety correlated with self-esteem. Leary (1983) found that individuals that achieved high scores on the Interaction Anxiousness Scale (IAS) reported more anxiety and less confidence both before and during interpersonal encounters than the low scorers. The high scorers were also found to be concerned with what others think of them and they felt more inhibited. They also perceived that they were judged by others as appearing more nervous and less confident. Leary (1983) had also reported that students who availed of college counselling in order to deal with their social problems scored significantly higher on the IAS scale than others that did not seek counselling. Rosenberg (1965) reported that people with low self-esteem face problems in social relationships; they perceive more threat and display greater sensitivity to criticism, and they behave in a reward-seeking manner. However, there is only a limited number of studies that looked at the association between social anxiety and self-esteem and none was found to be using a college population. The research is normally conducted by comparing clinical sample to a non clinical one. For example, Izgic, Akyuz, Dogan, & Kugu's (2004) study found that self-esteem was lower

among those with social phobia than among those without social phobia. It can be suggested that a future research examines if low self-esteem ultimately leads to social anxiety or if it is one of its symptoms.

As mentioned earlier the participants were free to answer a qualitative question at the end of the questionnaire booklet. The question asked: ‘What does perfectionism mean to you?’ Answers were mixed and they ranged from ‘it means everything’, ‘striving to achieve high standards’ to ‘nothing at all’ and ‘it’s not healthy’. One participant wrote: “It’s the definition of me; striving for everything to be right and better than anyone else. Everything needs to be organised, neat, tidy and done to the best it can possible be done.” Another wrote: “Perfectionism is an obsession. We must never become perfect, if that is even possible. We should non the less strive to better ourselves.” Yet another wrote: “I feel that perfectionism can be seen in other loved ones much easier than in yourself.” Whatever the view it seems that the participants of this study were aware of perfectionism and its possible association with a range of maladaptive behaviours. Striving to do well or better than others in college, work, personal relationships and life in general does not necessarily lead to a psychological maladjustment. It can be said that even highly perfectionistic individuals can report being satisfied and happy provided that perfectionistic tendencies do not get so strong that they hinder the persons’ quality of life.

Having related the results to the hypotheses, interpreted the findings in relation to previous research and suggested directions for future research; possible therapy and implications for colleges; as well as strengths and limitations of the current study will now be discussed.

Perfectionism and self-esteem offer perspectives that can contribute to a greater understanding of the aetiology, prevention and treatment of social anxiety. A further aim of

this study was to highlight the need for a multidimensional approach when dealing with perfectionism, social anxiety and self-esteem. It is possible that addressing the underlying issues could lead to minimising the negative impact on an individual's well-being.

Research (e.g. Ashbaugh et al., 2007; Rosser, Issakidis, and Peters, 2003) suggests that significant reduction in the levels of social anxiety and perfectionism is achieved by using group Cognitive Behavioural Therapy. The cognitive and behavioural components seek to change thought patterns as well as physical reactions to anxiety-inducing situations. CBT seems to be most effective when the size of the group is small (8 – 10 people). Revealing information about oneself, and anxieties and concerns experienced, can 'lift the weight off' one's shoulders. The person can relate to others once they realise they are not alone and that others battle with similar feelings and thoughts. While most socially anxious individuals might be of an opinion that they are socially inept the opposite is usually true. They normally enjoy company and are relaxed among friends and people that they feel 'safe' with (e.g. parents, siblings). However, trying to make the best impression and being concerned about the mistakes they might make, leads to rumination and negative thinking. This is indeed confirmed by Flett, Hewitt, and Molnar (2011) whose findings suggest that individuals with high levels of perfectionism self-reported engaging in rumination about a social event. It can be speculated that this in turn leads to a considerable distress. It impacts negatively on persons' self-esteem and causes them to doubt their abilities. CBT tries to break down these negative automatic thoughts by introducing individuals to different tools (such as cognitive restructuring) in order to deal with unhealthy ruminations. As part of the therapy individuals might be asked to engage in a role play. This is normally video taped to help them modify their distorted self-images. CBT is not about 'curing' the person as such but it is about teaching the person how to successfully manage their social anxiety.

In college settings the counsellors need to familiarise themselves with current empirical research on different anxieties and stresses experienced by students. They can design and hold workshops for students that focus on perfectionism and social anxiety and how to deal with these as well as how to minimise their negative impact on everyday life. First year college students are seen as especially vulnerable. They might find themselves under an enormous pressure to perform well academically and fulfill their parents' expectations. There is an added pressure to do well socially, make friends and generally get on with their peers. Many deal with these anxieties by excessive drinking and drug taking to reduce inhibitions at social events. If these behaviours go on untreated they can develop into fully blown alcohol and drug addiction as well as depression and eating disorders. Students need to be educated that there is no shame in admitting that they are not coping well with the pressure. They need to know that they are not alone and that there is help available. College lecturers have much of an influence on students. Ideally, they should be supported by the college itself to promote healthy work – life balance. College counsellors should provide supportive services ensuring that the students reach their full potential while completing their studies.

The strength of the current study is that it has explored the relationship between perfectionism, social anxiety and self-esteem in an Irish context. To date, no study concerning this interesting area of research has been published in this country. While the current study had an almost equal ratio of males to females participants, it consisted of a sample of students only from Dublin Business School. Another weakness of this study is that Rosenberg's self-esteem scale was used which does not differentiate between types of self-esteem such as secure and fragile or explicit and implicit.

### *Conclusion*

To conclude, the first hypothesis was rejected as there was no difference found between Arts and Business courses on any of the variables. The second hypothesis was only partially accepted. While there was no difference between males and females on global perfectionism nor on social anxiety, males were found to have higher self-esteem and perceived higher parental expectations than females. The third hypothesis was accepted. Perfectionism correlated with social anxiety as well as with self-esteem while social anxiety also correlated with self esteem. This study has provided a baseline for prospective research to be conducted on the topics suggested above.

In summary, the current research findings were discussed in relation to the aforementioned hypotheses as well as the previous literature discussed in the introduction. The results were also considered in terms of implications for treatment. Subsequently, critical evaluations and directions for future research were presented. Finally, it is hoped that the present study has succeeded in examining what it has set out to do and may lead to a deeper understanding of the relationships between perfectionism and maladaptive behaviours and other demonstrations of psychopathology.

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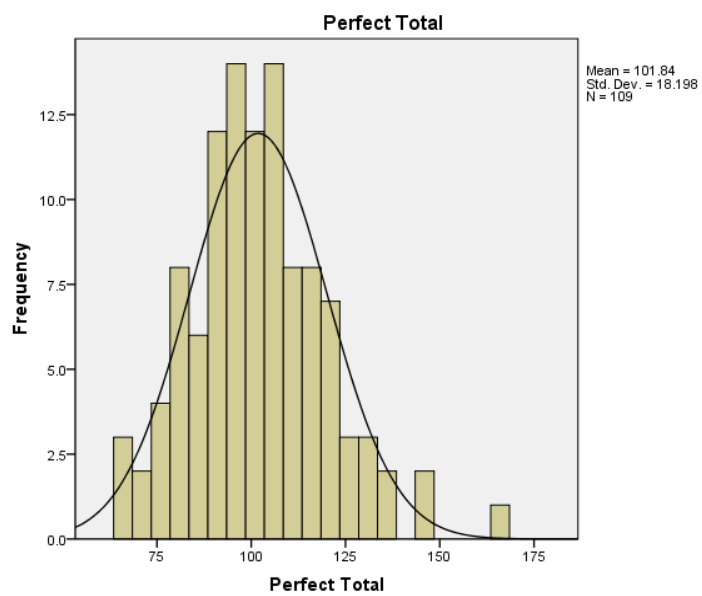
## APPENDIX 1

**Statistics**

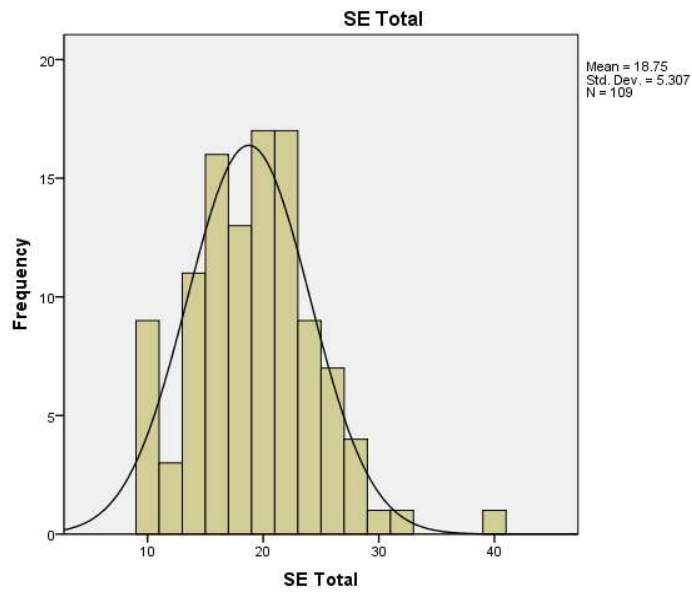
		Perfect Total	SE Total	SA Total
N	Valid	109	109	109
	Missing	0	0	0
Mean		101.84	18.75	39.36
Median		101.00	19.00	39.00
Mode		108	15	34 <sup>a</sup>
Std. Deviation		18.198	5.307	8.960

*a. Multiple modes exist. The smallest value is shown*

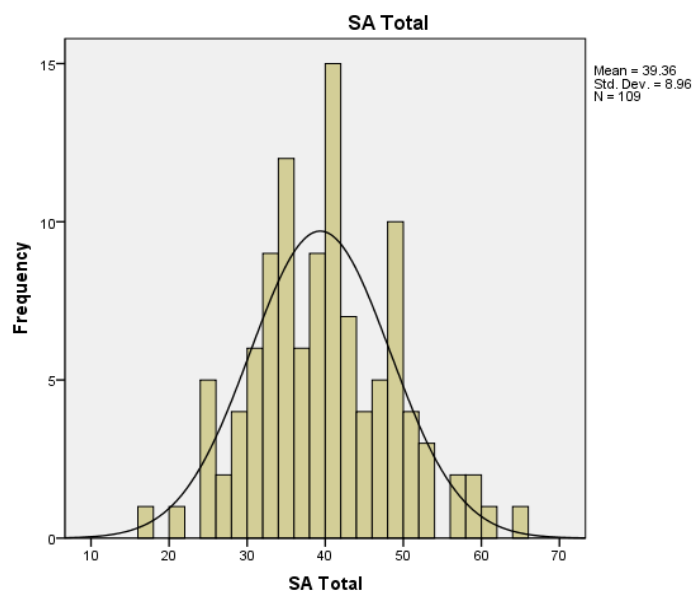
### 1.1. Overall distribution of Perfectionism scores



## 1.2 Overall distribution of Self-esteem scores



## 1.3 Overall distribution of Social anxiety scores



## APPENDIX 2

Dear participant,

I am a final year psychology student carrying out research for the purpose of meeting course requirements. This questionnaire will take 10 – 15 minutes to complete. It has been designed to look at some common variables in the study of psychology. Please, help in the research by completing the attached questionnaire and answering the questions as honestly and accurately as possible. There are no “right” or “wrong” answers. Try not to spend too long on any one question. All responses will be treated in the strictest confidence and sensitivity and all answers will remain anonymous.

Please, do not write your name on the answer book and do not discuss your answers with anyone as this research is looking to get your views.

You are free at anytime to withdraw from completing the questionnaire.

If you have any questions or concerns about the questionnaire, please contact my supervisor, Margaret Quinn Walsh, Psychology Department, Dublin Business School, South Great George St., tel: [REDACTED]

Thank you for your cooperation.

Lubi Kenny

**Section A**

Demographic variables:

- |                                |         |          |         |         |
|--------------------------------|---------|----------|---------|---------|
| 1. Gender (circle one)         | Male    | Female   |         |         |
| 2. Type of course (circle one) | Arts    | Business |         |         |
| 3. Age (circle one)            | 18 - 25 | 26 – 35  | 36 – 45 | over 45 |

**Section B**

Please circle the number that best corresponds to your agreement with each statement below.

- | 1. Strongly Agree  | 2. Agree | 3. Disagree | 4. Strongly Disagree |
|--|----------|-------------|----------------------|
| 1. I feel that I am a person of worth, at least on an equal basis with others. |          |             | 1 2 3 4              |
| 2. I feel that I have a number of good qualities.                              |          |             | 1 2 3 4              |
| 3. All in all, I am inclined to feel that I am a failure.                      |          |             | 1 2 3 4              |
| 4. I am able to do things as well as most other people.                        |          |             | 1 2 3 4              |
| 5. I feel I do not have much to be proud of.                                   |          |             | 1 2 3 4              |
| 6. I take a positive attitude toward myself.                                   |          |             | 1 2 3 4              |
| 7. On the whole, I am satisfied with myself.                                   |          |             | 1 2 3 4              |
| 8. I wish I could have more respect for myself.                                |          |             | 1 2 3 4              |
| 9. I certainly feel useless at times.  |          |             | 1 2 3 4              |
| 10. At times I think I am no good at all.                                      |          |             | 1 2 3 4              |

### Section C

Please circle the number that best corresponds to your agreement with each statement below.

- |  | 1. Strongly<br>disagree | 2. Disagree | 3. Don't know | 4. Agree | 5. Strongly<br>agree |
|--|-------------------------|-------------|---------------|----------|----------------------|
| 1. My parents set very high standards for me.  | 1                       | 2           | 3             | 4        | 5                    |
| 2. Organization is very important to me.   | 1                       | 2           | 3             | 4        | 5                    |
| 3. As a child, I was punished for doing things less than perfectly.                                | 1                       | 2           | 3             | 4        | 5                    |
| 4. If I do not set the highest standards for myself, I'm likely to end up a second rate person.    | 1                       | 2           | 3             | 4        | 5                    |
| 5. My parents never tried to understand my mistakes.   | 1                       | 2           | 3             | 4        | 5                    |
| 6. It is important to me that I be thoroughly competent in everything I do.                        | 1                       | 2           | 3             | 4        | 5                    |
| 7. I am a neat person.   | 1                       | 2           | 3             | 4        | 5                    |
| 8. I try to be an organised person.  | 1                       | 2           | 3             | 4        | 5                    |
| 9. If I fail at work/school, I am a failure as a person.   | 1                       | 2           | 3             | 4        | 5                    |
| 10. I should be upset if I make a mistake.   | 1                       | 2           | 3             | 4        | 5                    |
| 11. My parents wanted me to be the best at everything.   | 1                       | 2           | 3             | 4        | 5                    |
| 12. I set higher goals than most people.   | 1                       | 2           | 3             | 4        | 5                    |
| 13. If someone does a task at work/school better than I, then I feel like I failed the whole task. | 1                       | 2           | 3             | 4        | 5                    |
| 14. If I fail partly, it is as bad as being a complete failure.                                    | 1                       | 2           | 3             | 4        | 5                    |
| 15. Only outstanding performance is good enough in my family.                                      | 1                       | 2           | 3             | 4        | 5                    |
| 16. I am very good at focusing my efforts on attaining a goal.                                     | 1                       | 2           | 3             | 4        | 5                    |
| 17. Even when I do something very carefully, I often feel that it is not quite right.              | 1                       | 2           | 3             | 4        | 5                    |



1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree	
18. I hate being less than best at things.	1	2	3	4	5
19. I have extremely high goals.	1	2	3	4	5
20. My parents have expected excellence from me.	1	2	3	4	5
21. People will probably think less of me if I make a mistake.	1	2	3	4	5
22. I never felt like I could meet my parents' expectations.	1	2	3	4	5
23. If I do not do as well as other people, it means I am an inferior human being.	1	2	3	4	5
24. Other people seem to accept lower standards from themselves than I do.	1	2	3	4	5
25. If I do not do well all the time, people will not respect me.	1	2	3	4	5
26. My parents have always had higher expectations for my future than I have.	1	2	3	4	5
27. I try to be a neat person.	1	2	3	4	5
28. I usually have doubts about the simple everyday things I do.	1	2	3	4	5
29. Neatness is very important to me.	1	2	3	4	5
30. I expect higher performance in my daily tasks than most people.	1	2	3	4	5
31. I am an organized person.	1	2	3	4	5
32. I tend to get behind in my work because I repeat things over and over.	1	2	3	4	5
33. It takes me a long time to do something "right".	1	2	3	4	5
34. The fewer mistakes I make, the more people will like me.	1	2	3	4	5
35. I never felt like I could meet my parents' standards.	1	2	3	4	5

### Section D

Read each item carefully and decide the degree to which the statement is characteristic or true of you. Then place a number between “1” and “5” in the correct space according to the following scale.

- 1 = The statement is *not at all* characteristic of me.  
 2 = The statement is *slightly* characteristic of me.  
 3 = The statement is *moderately* characteristic of me.  
 4 = The statement is *very* characteristic of me.  
 5 = The statement is *extremely* characteristic of me.

- \_\_\_\_\_ 1. I often feel nervous even in casual get-togethers.  
 \_\_\_\_\_ 2. I usually feel uncomfortable when I am in a group of people I don't know.  
 \_\_\_\_\_ 3. I am usually at ease when speaking to a member of the opposite sex.  
 \_\_\_\_\_ 4. I get nervous when I must talk to a teacher or boss.  
 \_\_\_\_\_ 5. Parties often make me feel anxious and uncomfortable.  
 \_\_\_\_\_ 6. I am probably less shy in social interactions than most people.  
 \_\_\_\_\_ 7. I sometimes feel tense when talking to people of my own sex  
                   if I don't know them very well.  
 \_\_\_\_\_ 8. I would be nervous if I was being interviewed for a job.  
 \_\_\_\_\_ 9. I wish I had more confidence in social situations.  
 \_\_\_\_\_ 10. I seldom feel anxious in social situations.  
 \_\_\_\_\_ 11. In general, I am a shy person.  
 \_\_\_\_\_ 12. I often feel nervous when talking to an attractive member of the opposite sex.  
 \_\_\_\_\_ 13. I often feel nervous when calling someone I don't know very well  
                   on the telephone.  
 \_\_\_\_\_ 14. I get nervous when I speak to someone in a position of authority.  
 \_\_\_\_\_ 15. I usually feel relaxed around people, even people who are  
                   quite different from myself.

**What does perfectionism mean to you?**

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If you feel like you have been affected by the issues raised here, please, tear away and keep this page.

You can contact these organisations that offer confidential and non-judgemental listening service:

Samaritans: 1850 60 90 90

Aware: 1890 303 302 or [wecanhelp@aware.ie](mailto:wecanhelp@aware.ie)