Factors within Multidimensional Perfectionism Scales: Complexity of relationships with Self-Esteem, Narcissism, Self-Control, and Self-Criticism

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Abstract

Each subscale of the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) was factor analyzed in an attempt to determine whether perfectionism is best described as a categorical or as a dimensional construct. Relationships with Self-Esteem, Narcissism, Self-Control, and Self-Criticism confirmed the existence of relatively more adaptive and maladaptive elements within each subscale. Partial correlations looking at the adaptive while controlling for the maladaptive elements (and vice versa) yielded even clearer contrasts between the two forms of perfectionism. Self-Criticism was especially important in defining maladaptive perfectionism, whereas adaptive perfectionism reflected more positive forms of Self-Esteem regulation. These data supported a dimensional interpretation of perfectionism.

Keywords: Perfectionism; Narcissism; Self-Esteem; Self-Control; Self-Criticism

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1. Introduction

Fundamental to understanding personality disorders and other forms of psychological dysfunction is the question of whether they should be conceptualized in categorical or in dimensional terms (e.g., Flett & Hewitt, 2002, pp. 18–19; Widiger & Frances, 2002). With the categorical approach, a difference in kind is presumed to exist between normality and abnormality, and the apparently straightforward challenge for research and practice is to develop procedures for validly assigning individuals to one category or another. With a dimensional approach, a continuous scale of functioning theoretically connects the polar oppositions that define normality and abnormality. Here, the seemingly more complex challenge is to devise methods for locating individuals along the hypothetical dimension and then to use that information for meeting the practical demands of diagnosis. Each approach has advantages and disadvantages (Widiger & Frances, 2002, pp. 24–28). The potentials of a dimensional model nevertheless have been illustrated in use of the Narcissistic Personality Inventory (Raskin & Hall, 1981) to demonstrate how the supposed pathology of narcissism can be related to healthy self-esteem (e.g., Watson, Little, Sawrie, & Biderman, 1992).

Though designed to assess pathological self-functioning, the Narcissistic Personality Inventory nevertheless includes factors that have adaptive, as well as maladaptive implications (Emmons, 1984, 1987; Watson, Grisham, Trotter, & Biderman, 1984). Specifically, Leadership/Authority, Superiority/Arrogance, and Self-Absorption/Self-Admiration factors often tend to predict adjustment, whereas Exploitativeness/Entitlement is a more consistent correlate of maladjustment. Leadership/Authority, Superiority/Arrogance, and Self-Absorption/Self-Admiration become even more indicative of healthier self-functioning once Exploitativeness/Entitlement is partialed out, and Exploitativeness/Entitlement becomes even more obviously maladjusted once its covariance with the other three factors is removed (e.g., Watson, McKinney, Hawkins, & Morris, 1988; Watson, Taylor, & Morris, 1987). Relationships of Leadership/Authority, Superiority/Arrogance, and Self-Absorption/Self-Admiration with relative mental health appear to be mediated by their associations with greater self-esteem (Watson, Hickman, & Morris, 1996).

Efforts to explain these results have focused on a dimensional model of narcissism. The argument of the “continuum hypothesis,” for example, is that conscious representations of the self range along a dimension of self-esteem regulation that changes dynamically with on-going interpersonal relationships (Watson et al., 1992; Watson, Sawrie, Greene, & Arredondo, 2002; cf., Raskin, Novacek, & Hogan, 1991). Healthy self-esteem theoretically anchors the adjusted pole of this continuum. For heuristic purposes, the assumption is that an overlap between healthy self-esteem and adaptive narcissism defines the adjacent “location” along the hypothetical dimension, and this is followed by adaptive narcissism, then by an overlap between adaptive and maladaptive narcissism, and finally by a more purely maladaptive form of narcissism. Leadership/Authority, Superiority/Arrogance, and Self-Absorption/Self-Admiration presumably operationalize variance ranging from the overlap between healthy self-esteem and adaptive narcissism to the overlap between adaptive and maladaptive narcissism as measured by Exploitativeness/Entitlement. Partialing out healthy self-esteem, therefore, “pushes” these factors in a more maladaptive direction, whereas controlling for Exploitativeness/Entitlement has the opposite effect. In conformity with this continuum hypothesis, self-reported narcissism and self-esteem vary predictably when individuals imagine themselves in relationships that are nurturing or destructive (Watson, Trumpeter, O’Leary, Morris, & Culhane, in press).
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