



Making the grade: the behavioural consequences of perfectionism in the classroom

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Abstract

The objective of this study was to examine the behavioural correlates of perfectionism in a real world achievement task and to assess whether perfectionism is associated with self regulation strategies, attributions, and behaviour that is self-defeating. We also examined the predictive validity of the distinction between adaptive and maladaptive perfectionism on our dependent measures. A total of 198 students completed questionnaires about perfectionism, their standards, attributions, and behaviours at two time points; one week before their mid-term exam, and one week after receiving their grades. Data were analyzed with a combination of correlational and between group statistics. Overall, individuals high in perfectionism set a higher standard for the exam, were more likely to fall short of their goals, and experienced more negative affect about the exam, whether they had met their goal or not. There were some important differences between adaptive and maladaptive perfectionism; adaptive perfectionism was associated with fewer negative consequences for this achievement situation. Over time, the behaviours and cognitive-emotional responses related to perfectionism could lead to significant distress and this research suggests an important potential pathway from perfectionism to psychopathology.

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Theoretical and research interest in the personality construct of perfectionism has grown markedly over the last decade (see Blatt, 1995 for a review) and there has been a particular focus on the negative correlates of perfectionism, including concurrent psychopathology (Antony, Purdon, Huta, & Swinson, 1998; Hewitt & Flett, 1991a, 1991b, 1993; Hewitt, Flett, & Ediger,

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1996; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). Generally, perfectionism has been defined as holding standards that are beyond reach or rationality, straining to reach those impossible goals, and defining one's worth by the accomplishment of those standards (Pacht, 1984). Pervasive self-defeating elements of perfectionism have been described in clinical writing, and links between perfectionism and a chronic sense of failure, indecisiveness, procrastination, and shame have been described (Burns, 1980; Hamachek, 1978; Hollender, 1965; Pacht, 1984). However, few studies have directly examined the potentially damaging impact of perfectionism on behaviour, emotions, or cognitions in real life situations such as work or school contexts.

Most initial investigations of perfectionism sought to define and assess perfectionism in an objective manner (e.g. Hewitt & Flett, 1991a, 1991b; Frost, Marten, Lahart, & Rosenblate, 1990). These efforts led to the development of two validated and frequently used measures of perfectionism. Both scales are termed "Multidimensional Perfectionism Scale" and were created by separate teams of researchers. The first measure, created by Hewitt and his colleagues, was developed from the perspective that perfectionism is a multidimensional construct that has both intrapersonal and interpersonal meaning (HMPS; Hewitt & Flett, 1991a). Intrapersonal perfectionism, called "self oriented perfectionism" refers to the setting of excessive and stringent standards and critically evaluating one's behaviour, whereas interpersonal perfectionism is comprised of "other oriented perfectionism" (expectations of perfection that one has for others) and "socially prescribed perfectionism" (a perception that other people expect one to be perfect).

Frost argues that a key component of perfectionism, aside from the setting of stringent standards, is a proclivity to evaluate one's behaviour critically. Frost's measure (FMPS; Frost et al., 1990) reflects this view, and includes not only an assessment of high personal standards and a tendency to be perfectly organized, but also concern about mistakes and doubts about one's action in situations. The measure also assesses the theorized root of perfectionism, high parental expectations and parental criticism. A growing body of correlational research demonstrates that both of these perfectionism scales are associated with a range of variables related to anxiety difficulties, eating disorders, and depression (Antony et al., 1998; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost & Steketee, 1997; Juster, Heimberg, Frost, Holt, Mattia, & Faccenda, 1996; Purdon, Antony, & Swinson, 1999). However, few studies have focused on the mechanism(s) by which perfectionism is linked to psychological distress.

Previous research suggests that perfectionism leads to distress by impacting on self-regulation strategies (Alden, Bieling, & Wallace, 1994). Specifically, a perfectionistic style may lead to setting excessively high standards, seeing oneself as falling short of such standards, and/or excessive monitoring or scrutiny of one's performances (Alden et al., 1994). Clinical research also suggests a number of behavioural and cognitive pathways between perfectionism and self-defeating consequences in clinical settings. Some authors suggest that perfectionism contributes to a self-critical orientation that in turn leads to chronic negative emotionality, and possibly suicidal ideation for some individuals (Blatt, 1995; Burns, 1980). Others suggest that perfectionism is associated with behaviours such as lack of persistence and avoidance or excessive checking and behaviours aimed at precision or order (Frost et al., 1990; Hewitt & Flett, 1991a, 1991b).

At least one study examining the self-regulation strategies of perfectionistic college students in a social situation suggests that perfectionism (measured by the Hewitt Perfectionism Scale) is associated with setting a higher objective standard for a conversation and evaluating one's performance more frequently in the interaction (Alden et al., 1994). Similarly, perfectionism mea-

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