



Perfectionism, anger, somatic health, and positive affect

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Abstract

The associations between perfectionism, anger, somatic health, and positive affect were examined in 184 Swedish adults from a randomly selected population sample. Somewhat unexpectedly, trait anger was found to be associated with self-oriented perfectionism rather than with socially prescribed perfectionism. Both socially prescribed perfectionism and self-oriented perfectionism showed weak positive correlations with self-reported somatic complaints, particularly symptoms of tension and fatigue, and more clearly in women than in men, whereas other-oriented perfectionism appeared as a predictor of whether the participants were undergoing medical treatment or not. Finally, the results did not support the notion of self-oriented perfectionism representing a positive, adaptive dimension of perfectionism; on the contrary, this dimension was found to be negatively associated with positive affect.

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The development of two multidimensional instruments for the measurement of perfectionism (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991b) has made it possible to separate aspects of perfectionism that are associated with negative affectivity, such as anxiety and depression, from those unassociated with these psychological problems. Frost et al.'s (1990) Multidimensional Perfectionism Scale (MPS-F) identified six dimensions of perfectionism—Personal Standards, Concern Over Mistakes, Doubts About Action, Organization, Parental Expectations, and Parental Criticism—of which Concern over Mistakes and Doubts about Action have been

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most consistently associated with anxiety and depression (Antony, Purdon, Huta, & Swinson, 1998; Enns & Cox, 1999; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost et al., 1990; Frost & Steketee, 1997; Juster, Heimberg, Frost, Holt, Mattia, & Faccenda, 1996; Lundh & Öst, 1996; Lynd-Stevenson & Hearne, 1999; Saboonchi & Lundh, 1997; Saboonchi, Lundh, & Öst, 1999).

Hewitt and Flett's (1991b) Multidimensional Perfectionism Scale (MPS-H), on the other hand, identifies three dimensions: Self-Oriented Perfectionism (setting high standards for oneself and judging oneself on the basis of these harsh dictates), Other-oriented Perfectionism (setting exacting standards for others and subjecting them to stringent evaluation), and Socially Prescribed Perfectionism (feeling that others place unreasonable standards on one's behaviour). Of these, Socially Prescribed Perfectionism has been most consistently associated with anxiety and depression (Alden, Bieling, & Wallace, 1994; Enns & Cox, 1999; Flett, Hewitt, Blankstein, & O'Brien, 1991; Flett, Hewitt, & De Rosa, 1996; Frost et al., 1993; Hewitt & Flett, 1991a, 1991b; Hewitt & Flett, 1993; Mor, Day, Flett, & Hewitt, 1995; Saboonchi & Lundh, 1997; Wyatt & Gilbert, 1998).

In contrast to the substantial knowledge that has accumulated about the association between various aspects of perfectionism and anxiety and depression, little is known about how perfectionism is related to anger. Similarly, the relation between somatic health and perfectionism has not been extensively studied. And although the last years have seen an increased interest in positive aspects of perfectionism (Adkins & Parker, 1996; Frost et al., 1993; Lynd-Stevenson & Hearne, 1999; Rice, Ashby, & Slaney, 1998; Slade & Owens, 1998; Terry-Short, Owens, Slade, & Dewey, 1995), there is still also a relative lack of empirical research into the possible associations between positive affect and various dimensions of perfectionism. The purpose of the present study was to investigate these associations by means of the MPS-H (Hewitt & Flett, 1991b): that is, how are anger, somatic health, and positive affect related to self-oriented, other-oriented, and socially prescribed perfectionism?

1. Perfectionism and anger

The association between perfectionism and anger has seldom been made the focus of empirical research. Both Frost et al. (1990) and Hewitt and Flett (1991b) found correlations ranging from $r=0.30$ to $r=0.35$ between hostility and some aspects of perfectionism (Concern over Mistakes and Doubts about Action on the MPS-F, and Self-Oriented and Socially Prescribed Perfectionism on the MPS-H). Although hostility is conceptually related to anger, however, the two terms are not synonymous. Hewitt and Flett (1991b, Study 4) is, to our knowledge, the only study so far that has directly addressed the relation between perfectionism and anger. Since anger is typically conceptualized as a "social" emotion that arises from the perception of intentional misdeeds on the part of others, Hewitt and Flett (1991b) argued that it should primarily be associated with socially prescribed perfectionism. Although this hypothesis was supported by a moderate correlation between anger and socially prescribed perfectionism ($r=0.44$), they also found a weak correlation between anger and self-oriented perfectionism ($r=0.20$).

According to most cognitive appraisal theories (e.g. Averill, 1983; Beck, 1976, 1999; Lazarus, 1991; Ortony, Clore, & Collins, 1988), anger is elicited if an incident is appraised as both undesirable and as being the result of another individual's intentional behaviour. In this perspective,

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