



Assessing the factor structure and composition of the Positive and Negative Perfectionism Scale in sport

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Abstract

Two studies were conducted in an effort to validate and refine the factor structure and factorial composition of the Positive and Negative Perfectionism Scale (Terry-Short, Owens, Slade, & Dewey, 1995) for use within sport. In study 1, initial confirmatory factor analysis (CFA) using a sample of elite athletes ($n = 540$) from a variety of sports failed to support the original 40-item two-factor structure. Subsequently, exploratory factor analysis (EFA) was conducted to reconstitute the PANPS factor structure, followed by CFA to validate the results from the EFA. These analyses supported a more parsimonious 19-item two-factor structure representing the constructs Positive Perfectionism and Negative Perfectionism. In study 2, the reconstituted 19-item model was cross-validated using an independent sample of rowers ($n = 496$) and provided a good approximation of the data. Collectively, the present results support the tenability of an abbreviated two-factor dual perfectionism model in athletes. Recommendations for future sport research using this scale are discussed.

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1. Introduction

In our society, being perfect has been touted as the ultimate model and goal for an individual to attain in business, social relationships, appearance and/or athletics. According to Burns (1983)

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perfectionism can be defined as “a network of cognitions, including expectations and interpretations of events and evaluations of oneself and others, characterized by the setting of unrealistic standards, rigid and indiscriminate adherence to these, and the equating of self-worth and performance” (p. 223). Thus, perfectionism relates to the setting and pursuit of excessively high standards for personal performance, in whatever area of life.

Research has examined perfectionism in association with various pathological disorders, particularly in the counselling (e.g., LoCicero & Ashby, 2000) and clinical (see Shafran & Mansell, 2001 for review) literature. Perfectionism has been viewed as a neurotic disposition associated with many psychopathologies, such as depression and eating disorders (Hewitt, Flett, & Ediger, 1995, 1996; Pacht, 1984). Evidence has suggested that perfectionism contributes to the maintenance and development of eating disorders (Davis, 1997; Slade, 1982), depression (Blatt, 1995; Lynd-Stevenson & Hearne, 1999), social phobia/anxiety (Antony, Purdon, Huta, & Swinson, 1998) and obsessive-compulsive disorders (Frost & Steketee, 1997). Perfectionism also has been linked to negative outcomes, such as feelings of failure and anxiety (Flett, Hewitt, & Dyck, 1989), guilt/shame (Sorotzkin, 1985), procrastination (Flett, Blankstein, Hewitt, & Kolodin, 1992), suicide ideation (Hewitt, Flett, & Weber, 1994), and low self-esteem (Flett et al., 1989).

In the sporting arena, research on elite athletes has examined perfectionism in relation to particular psychopathology, specifically with eating disorders (Clough & Wilson, 1993; Davis, 1992; Haase, Prapavessis, & Owens, 1999), as well as performance problems in athletic competition (Frost & Henderson, 1991; Hall, Kerr, & Matthews, 1998), obligatory running (Coen & Ogles, 1993), trait anxiety and burnout (Frost & Henderson, 1991; Gould, Udry, Tuffey, & Loehr, 1996). Athletes constantly strive for and think of perfection and the perfect outcome in their performances, internally focusing their mental and physical strength and drive toward perfect outcomes. Athletes also experience intense external pressures from the highly stressful and competitive environment and the strong desires of coaches, peers and family to achieve. However, when failure inevitably occurs, damaging consequences and compensatory behaviours may ensue, emerging as performance anxiety, depression or disordered eating as evidenced above in response to attempting to maintain or achieve perfection.

Even though perfectionism literature has focused on the elucidation of perfectionism in relation to psychopathology, perfectionism is still not a clearly defined construct. Although initial attempts at defining perfectionism were largely uni-dimensional in nature (Burns, 1980), researchers have approached perfectionism from a multidimensional approach in more recent studies. These multidimensional conceptualisations have been proposed in order to define the associated characteristics and underlying thoughts and behaviours of perfectionism (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Frost et al. (1990), for instance, developed a measure of perfectionism with six dimensions (concern over mistakes, high personal standards, parental expectations, parental criticism, doubting of actions and preference for organization) reflecting various aspects of perfectionism. Findings showed that the ‘concern over mistakes’ subscale was identified as the core factor, as well as higher levels of total perfectionism being associated with higher frequency and variety of depressive symptoms. Hewitt and Flett (1991) independently developed another perfectionism scale assessing three dimensions of perfectionism: self-oriented, others-oriented and socially prescribed perfectionism, relating differentially to personality disorder indexes and other psychological maladjustment.

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