



A mediated model of perfectionism, affect, and physical health

Danielle S. Molnar ^{*}, Dana L. Reker, Neil A. Culp, Stan W. Sadava,
Nancy H. DeCourville

Department of Psychology, Brock University, St. Catharines, Ont., Canada L2S 3A1

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Abstract

This study tested a structural model in which positive and negative affect mediate the relationship between perfectionism and physical health. A community sample of young adults completed questionnaires including the Multidimensional Perfectionism Scale (MPS-H; Hewitt & Flett, 1991b), the Positive and Negative Affect States Survey (PANAS; Watson, Clark, & Tellegen, 1988) and items assessing three aspects of physical health. Results supported a structural model in which self-oriented perfectionism was associated with better physical health and this relationship was fully mediated by high positive affect and low negative affect. In contrast, socially prescribed perfectionism was associated with poorer physical health and this relationship was partially mediated by low positive affect and high negative affect. These findings are discussed in terms of the adaptive and maladaptive aspects of perfectionism within a general context of linkages between personality and health.
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1. Introduction

Despite advances in our understanding of how perfectionism is related to mental health, relatively little is known about how perfectionism is related to physical health. This is surprising, given the plethora of research uncovering relationships between psychological factors and physical health (Cohen & Rodriguez, 1995; Friedman & Booth-Kewley, 1987;

^{*} Corresponding author. Fax: +1 905 688 6922.
E-mail address: moon@iaw.on.ca (D.S. Molnar).

Friedman et al., 1984; Leventhal, Hansell, Diefenbach, Leventhal, & Glass, 1996; Littrell, 1996; Meeks, Murrell, & Mehl, 2000; Pettit, Kline, Gencoz, Gencoz, & Joiner, 2001) and the recent resurgence of interest in studying the robust relationship between personality and health. Therefore, the objectives of the present study were to test whether specific dimensions of perfectionism, those of self-oriented, socially prescribed, and other-oriented perfectionism are differentially related to physical health. We test a model in which the link between perfectionism and health is mediated by affect.

Considerable attention has been directed toward increasing our understanding of perfectionism, a personality construct in which individuals are predisposed to set unrealistically high standards and to make self-esteem contingent on attaining these standards (Burns, 1980; Frost, Marten, Lahart, & Rosenblate, 1990b). On the one hand, Adler (1956) argues that striving to meet high standards and aspiring for perfection are part of the human condition leading to personal growth and improvement. On the other hand, some empirical research treats perfectionism as maladaptive, associated only with negative outcomes. For example, Pacht (1984) postulated that perfectionism can only result in maladjustment and psychological problems because perfectionists are either disappointed when they do not meet their excessively high standards, or fail to experience satisfaction when they are able to accomplish their goals. To address this contradiction, recent research has taken a multidimensional approach to the study of perfectionism.

In this study, we apply this approach by employing Hewitt and Flett's (**1991b) Multidimensional Perfectionism Scale (MPS-H) to examine the relationship between perfectionism and physical health. The MPS-H assesses three dimensions of perfectionism centred on interpersonal source and direction: self-oriented perfectionism, setting excessively high personal standards, accompanied by a strong motivation to attain perfection; other-oriented perfectionism, a tendency to hold exceedingly high standards for other people; and socially prescribed perfectionism, the perception that significant others place exceptionally high standards on them and evaluate them stringently (Flett & Hewitt, 2002). The reliability and validity of the MPS-H have been shown to be quite impressive (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). Recent research findings with regard to the Five-Factor Model of personality (see McCrae & John, 1992) suggest that self-oriented perfectionism incorporates the adaptive components of perfectionism while socially prescribed perfectionism tends to encompass the maladaptive aspects of perfectionism. For example, research has supported the notion that self-oriented perfectionism is positively correlated with the conscientiousness factor, especially with achievement striving (Hill, McIntire, & Bacharach, 1997), while the self-criticism associated primarily with socially prescribed perfectionism is positively correlated with neuroticism, and negatively associated with conscientiousness, agreeableness, extraversion, the value facets of openness to experience, and the trust facet of agreeableness (Dunkley, Blankstein, & Flett, 1997). Thus, Hewitt and Flett's (1991b) multidimensional model of perfectionism maps well on the larger structural framework of personality.

The implication that perfectionism has both maladaptive and adaptive correlates is also congruent with the distinctions that have been made in terms of Hamachek's (1978) 'normal' versus 'neurotic' perfectionists, Terry-Short, Owens, Slade, and Dewey's (1995) 'positive' versus 'negative' perfectionism, Adkins and Parker's (1996) 'passive' versus 'active' perfectionism, and Rice, Ashby, and Slaney's (1998) 'adaptive' versus 'maladaptive' perfectionism. These theoretical distinctions have been supported empirically. Factor analytic studies of perfectionism measures have revealed clear two-factor solutions, which

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