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Avoidant coping: A mediator of maladaptive perfectionism and test anxiety

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ABSTRACT

Evaluative concerns perfectionism, a form of maladaptive perfectionism, is associated with a number of negative outcomes including test anxiety, depression, and poor academic performance. Previous research has found certain variables to mediate the relationship between evaluative concerns perfectionism and distress, such as perceived social support and avoidant coping. We extended previous research by investigating whether avoidant coping is a mediating variable of the relationship between evaluative concerns perfectionism and test anxiety. One hundred and seventy-two college participants completed a battery of scales including the Frost Multidimensional scale, the COPE scale, and the Test Anxiety scale. We found that personal standards perfectionism was related to active coping and inversely related to test anxiety. In addition, evaluative concerns perfectionism was related to test anxiety, and this relationship was mediated by avoidant coping.

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1. Introduction

Much progress has occurred on the study of perfectionism within the last two decades. Once thought to be a unidimensional construct, perfectionism currently is conceptualized as multidimensional with adaptive and maladaptive forms (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Frost, Marten, Lahart, & Rosenblate, 1990). Personal standards perfectionism is a form of adaptive perfectionism characterized by the personal establishment and pursuit of high standards and goals (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000). This form of perfectionism is generally regarded as beneficial and constructive (Klibert, Langhinrichsen-Rohling, & Saito, 2005). For example, it is related to positive affect, a high grade point average, and adaptive learning strategies (Brown et al., 1999; Frost et al., 1993; Mills & Blankstein, 2000).

In contrast to adaptive perfectionism, those with evaluative concerns perfectionism believe that others set unrealistic standards for themselves and they struggle to experience pleasure from the completion of their goals (Dunkley et al., 2000).¹ Evaluative concerns perfectionism is generally considered to be a negative characteristic and is related to social and academic hassles, self-criticism, solitude, and emotional coping (Cox, Enns, & Clara, 2002; Dunkley & Blankstein, 2000). These individuals have a tendency to doubt their

actions, are excessively concerned with their mistakes, and believe others are highly critical of them (Dunkley et al., 2000). An additional disadvantage of evaluative concerns perfectionism is its association with clinical anxiety and depression (e.g., Hewitt & Flett, 1991a).

Given the relationship between evaluative concerns perfectionism and forms of psychopathology, researchers have attempted to elucidate mediators of the relationship between these variables. Researchers found that active coping, which involves constructive problem-solving methods to overcome problems, is healthy and advantageous (Endler & Parker, 1990; Epstein & Meier, 1989). However, avoidant coping, which is characterized by a disengagement from problems, is associated with distress (Carver & Scheier, 1994; Dunkley et al., 2000). After controlling for perceived social support, daily hassles, and other variables, Dunkley and colleagues (2000) found that avoidant coping mediated the relationship between evaluative concerns perfectionism and distress. Furthermore, they found that personal standards perfectionism was related to active coping. One implication that can be drawn from their seminal work is that experiencing distress appears to be contingent upon mediating variables such as avoidant coping, not solely on perfectionistic qualities.

A more specific construct than distress or anxiety is test anxiety, defined as the tendency to respond with concern, apprehension, and physiological arousal to conditions in which one's knowledge is being formally appraised (Spielberger & Vagg, 1995). Research has found that test anxiety is relatively stable over time and that individuals who report high test anxiety often struggle with feelings of inadequacy (Schwarzer & Jerusalem, 1992; Spielberger & Vagg, 1995). Not surprisingly, test anxiety is strongly correlated with general anxiety, the latter of which is one of the most

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¹ Personal standards and evaluative concerns perfectionism are synonymous with self-oriented and socially prescribed perfectionism, respectively (see Hewitt & Flett, 1991a). We used the terms developed by Dunkley et al. (2000) because we sought to replicate and extend their work and because we found their terminology expedient.

prevalent mental health conditions in the United States (Barlow, 2002; Hembree, 1988). Across studies, 15–30% of students report experiencing test anxiety, indicating that the number of individuals affected is substantial (Goonan, 2004; Hill, 1984; Hill & Wigfield, 1984).

Test anxiety can be elicited by many variables (e.g., the perceived threat of a task) and it often interferes with academic performance (Mendes, Major, McCoy, & Blascovich, 2008; Zeidner, 1998). There also is evidence that the experience of test anxiety may differ by specific subject domain (Everson, Tobias, Hartman, & Gourgey, 1993). Of particular relevance for the present study, previous findings indicate that test anxiety and evaluative concerns perfectionism are related. Thus, high achieving evaluative concerns perfectionists are vulnerable to performance decrements due to their high test anxiety (Mills & Blankstein, 2000). To the best of our knowledge, however, no one has examined whether avoidant coping mediates the relation between evaluative concerns perfectionism and test anxiety.

One rationale for examining the potential role of avoidant coping in this relationship is a parallel line of research conducted on the topic of self-focus and test anxiety. Briefly, self-focus refers to the tendency to focus attention on processes occurring within the self. Carver, Peterson, Follansbee, and Scheier (1983) experimentally manipulated the degree of self-focus experienced by participants, who were either high or low in test anxiety. Results indicated that those with high test anxiety who experienced high self-focus did worse on anagrams and tasks measuring persistence than those with low test anxiety who experienced high self-focus. Moreover, the individuals with high test anxiety who were in the high self-focus condition reported that they were less able to concentrate on the task at hand and were often mentally disengaged from the task. This disengagement may explain why they performed more poorly on the tasks.

It appeared to us that the disengagement observed by Carver et al. (1983) among highly test anxious students had similarities with the avoidant coping observed by Dunkley and colleagues among evaluative concerns perfectionists reporting general distress (Dunkley et al., 2000). Thus, based on what we perceived as potentially converging lines of research, we hypothesized that avoidant coping would mediate the relationship between evaluative concerns perfectionism and test anxiety. To test this hypothesis, we selected university students for two primary reasons: (1) we wanted to replicate Dunkley et al. (2000) and (2) they represent a population where test anxiety is relatively prevalent. Our specific hypotheses were: (1) evaluative concerns perfectionism would be significantly related to test anxiety; (2) personal standards perfectionism and test anxiety would be inversely related; (3) evaluative concerns perfectionism and avoidant coping would be associated; (4) personal standards perfectionism and active coping would be associated; and (5) avoidant coping would mediate the relationship between evaluative concerns perfectionism and test anxiety.

2. Method

2.1. Participants

There were 172 participants in this study (87 males and 85 females), all of whom were enrolled in a Southeastern university in the United States. The average age of participants was 20.01 ($SD = 1.99$) and average reported GPA was 3.19 ($SD = 0.59$). Of the participants, 78% were Caucasian, 18% African American, and the remaining 4% of participants were comprised of Asians and Hispanics. Participants reported middle-class family income on average.

2.2. Measures

2.2.1. Frost Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990)

This scale measures six different dimensions of perfectionism: Concern Over Mistakes, Doubts About Actions, Parental Expectations, Parental Criticism, Personal Standards, and Organization (Frost et al., 1990). Frost et al. (1993) reported good convergent validity between the FMPS and other measures of perfectionism (e.g., Multidimensional Perfectionism Scale; Hewitt & Flett, 1991b). Dunkley et al. (2000) used the Concern Over Mistakes and Doubts About Actions dimensions to measure evaluative concerns perfectionism, and the Personal Standards dimension to measure personal standards perfectionism. We replicated their methodology, for these dimensions best represent the two forms of perfectionism we sought to investigate. The self-report items are presented in a Likert-type format, where participants rate items on a scale ranging from one (strongly disagree) to five (strongly agree). An example item is, "I hate being less than best at things." Per previous research, the Concern Over Mistakes and Doubts About Actions dimensions were averaged and combined into a single dimension to measure the larger construct of evaluative concerns perfectionism. Analyses revealed that the personal standards dimension ($\alpha = .81$) and evaluative concerns dimension ($\alpha = .85$) of the FMPS were both acceptably reliable in the present study. The personal standards item-total correlations ranged from .42 to .71, and the evaluative concerns item-total correlations ranged from .35 to .70.

2.2.2. Test Anxiety Scale (TAS; Sarason, 1980)

The TAS is a self-report measure of test anxiety comprised of 37 true–false items (e.g., "While taking an important exam, I find myself thinking of how much brighter the other students are than I am") (Sarason, 1980). In the current study, the TAS was found to have good internal consistency reliability ($\alpha = .92$), with item-total correlations ranging from .23 to .71. The scale also has convergent validity with other measures of test anxiety (Bedell & Marlowe, 1995).

2.2.3. COPE (Carver, Scheier, & Weintraub, 1989)

The COPE inventory measures a diverse number of coping strategies that are used to respond to stressful situations (Carver et al., 1989). Participants are instructed to rate the degree to which they use a particular strategy when experiencing stressful events on a 4-point Likert-type scale, ranging from one (I usually don't do this at all) to four (I usually do this a lot). Previous research (e.g., Dunkley et al., 2000) has indicated that three of the scale's dimensions measure active coping (i.e., Active Coping, Planning, Suppression of Competing Activities) and three measure avoidant coping (i.e., Denial, Behavioral Disengagement, Mental Disengagement). For this reason, we also used only these six subscales of the 15 available. Per previous research, the three subscales of both dimensions were averaged to create two separate composite scores, one for avoidant coping and one for active coping. An example of an active coping item is, "I try to come up with a strategy about what to do." An example of an avoidant coping item is, "I refuse to believe that it has happened."

In the present study, the active coping dimension ($\alpha = .86$) and avoidant coping dimension ($\alpha = .78$) of the COPE scale were reliable, after removing item number one from the avoidant coping subscale due to a low item-total correlation. All subsequent analyses were calculated excluding this item. The active coping item-total correlations ranged from .34 to .74, and the item-total correlations for the avoidant coping dimension ranged from .28 to .60. Prior testing has found that the Mental Disengagement subscale of the avoidant coping dimension has lower reliability (.45),

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