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Individual differences in statistics anxiety: the roles of perfectionism, procrastination and trait anxiety

James J. Walsh*, Godwin Ugumba-Agwunobi

Department of Psychology, University of East London, Romford Road, London E15 4LZ, UK

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Abstract

Recent research detected small but significant associations between perfectionism and statistics anxiety [Onwuegbuzie, A., & Daley, C. (1999). Perfectionism and statistics anxiety. *Personality and Individual Differences*, 26, 1089–1102]. The current study re-examined this relationship whilst simultaneously controlling for trait anxiety and procrastination, variables which are known to be associated with perfectionism and which also have a likely association with statistics anxiety. Measures of all four constructs were obtained by questionnaire from a sample of 93 students, and multiple regression analyses were employed. Statistics anxiety constituted the criterion variable whilst perfectionism, trait anxiety and procrastination were regarded as predictor variables. Results indicated very modest links between inter-personal perfectionism and components of statistics anxiety, whereas intra-personal perfectionism, trait anxiety and procrastination were each found to have good predictive utility. It was concluded that aspects of ego-involvement such as fear of failure and evaluation concern, which are thought to pervade each of these predictors, may be responsible for statistics anxiety. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Perfectionism; Procrastination; Statistics anxiety; Trait anxiety

1. Introduction

Increased research attention to individual differences in perfectionism over the past two decades has brought with it a proliferation of definitions and conceptualisations of the construct. For example, Hamachek (1978) distinguished between normal and neurotic perfectionism, Norman, Davies, and Nicholson (1998) differentiated between adaptive and maladaptive perfectionism, Terry-Short, Owens, Slade, and Dewey (1995) discriminated positive from negative perfectionism,

* Corresponding author. Tel.: +44-20-8223-4966; fax: +44-20-8223-4937.

E-mail address: J.J.Walsh@uel.ac.uk (J.J. Walsh).

and Adkins and Parker (1996) separated active from passive perfectionism. As well as the traditionally negative emphasis, these two-dimensional characterisations implicitly acknowledged positive aspects of perfectionism, in particular achievement-striving and self-actualisation (Frost, Marten, Lahart, & Rosenblate, 1990).

Multidimensional conceptualisations of perfectionism have also emerged in the last few years. For example, Hewitt and Flett (1991) identified three types of neurotic perfectionism—self-oriented, other-oriented, and socially prescribed. Self-oriented perfectionism involves setting unrealistic goals for oneself, stringently evaluating oneself against their attainment, selectively attending to failure and over-generalising it, and engaging in all-or-nothing thinking. Other-oriented perfectionism is similar except that it is directed towards others; that is, the efforts of others are stringently evaluated against unrealistic standards. Finally, socially prescribed perfectionism defines a set of beliefs people have that others expect perfection from them, hold unrealistic standards for them, and will evaluate them stringently. An alternative, multidimensional, model has been offered by Frost et al. (1990). They identified six components which, when combined, provide a total perfectionism score. The most important components are those related to the setting of high standards and excessive concern over mistakes. Frost, Heimberg, Holt, Mattia, and Neubauer (1993) compared their own measure of perfectionism with that of Hewitt and Flett (1991) and found considerable overlap. A factor analysis of all nine sub-scales yielded a two-factor solution, the first reflecting maladaptive evaluation concerns and the second positive achievement striving. It seems that however one chooses to conceptualise perfectionism, setting unrealistic goals and negatively evaluating the self in response to inevitable failure are central to the construct.

One reason why the study of perfectionism has become increasingly popular may be attributable to its consistent links with a wide variety of psychological disturbances and distress. For example, neurotic perfectionism has been linked with anorexia nervosa (Cooper, Cooper, and Fairburn, 1985), depression (Blatt, 1995; Hewitt, & Dyck, 1986), suicide ideation (Baumeister, 1990; Hewitt, Newton, Flett & Callander, 1997); alcoholism (Hoge & McCarthy, 1983) and depressive affect (Higgins, Bond, Klein, & Strauman, 1986). More recent work has found links between self-oriented perfectionism and burnout in competitive junior tennis players (Gould, Tuffey, Udry, & Loehr, 1997), and between Hewitt and Flett's (1991) three components of perfectionism and cynicism and exhaustion among career mothers (Mitchelson & Burns, 1998). In addition, perfectionism has been linked with procrastination among students (Solomon & Rothblum, 1984), and with depression and anxiety among those striving for academic achievement.

Of particular interest to the current study is the association between perfectionism and anxiety. Antony, Purdon, Huta, and Swinson (1998) found higher levels of socially prescribed perfectionism among anxiety patients (panic disorder, obsessive compulsive disorder and social phobia) than among non-clinical controls. Likewise, in a non-clinical student sample, Saboonchi and Lundh (1997) reported positive associations between expressions of social anxiety and socially prescribed perfectionism. Sullivan, Bulik, Fear, and Pickering (1998) also reported higher anxiety in socially prescribed perfectionists.

The mechanisms which mediate the relationship between perfectionism and these various pathological outcomes are not well understood. A stress-diathesis model was put forward and tested by Hewitt, Flett, and Ediger (1996). They found that perfectionism was predictive of

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