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Telling perfectionists about their perfectionism: Effects of providing feedback on emotional reactivity and psychological symptoms

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ABSTRACT

A randomized, controlled clinical trial was conducted to determine the efficacy of receiving feedback in a sample of maladaptive perfectionists. A total of 60 young adults were randomly assigned to a feedback intervention or control group. Hierarchical Linear Modeling was utilized to analyze the *effects of* perfectionism over time, as well as the effects of treatment condition on the relationship between perfectionism and outcomes. Measures of interest included emotional reactivity, self-esteem, and psychological distress. Findings revealed that providing feedback to maladaptive perfectionists reduced self-reported global symptomatic distress as well as emotional reactivity. The results are discussed in light of treatment implications, especially with regard to the manner in which perfectionists respond to therapeutic interventions. Overall, study findings suggest that a brief, low-cost feedback intervention is effective at decreasing psychological distress in maladaptive perfectionists and may serve as a beneficial precursor to individual therapy or counseling.

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Generally accepted definitions of feedback in psychology emphasize that feedback involves information given to an individual by an external source about the person's behavior or its consequences. In the context of increased pressure for efficiency and efficacy within the mental health care field, providing feedback to clients within the framework of therapy or personality assessment can constitute a brief, yet cost-effective intervention (Newman & Greenway, 1997; Quirk, Strosahl, Kreilkamp, & Erdberg, 1995). In a review of research on the outcomes of feedback as a therapeutic intervention (i.e., individual therapy, couples and family therapy, group therapy, and personality testing), Claiborn, Goodyear, and Horner (2001) found that feedback was an effective intervention. Specifically, provision of feedback was identified as a facilitator of positive outcomes (e.g., behavior change and symptomatic improvement) in clients. Although the mechanism involved in such therapeutic change has not been systematically studied, the provision of honest feedback in a safe therapeutic environment may lead to improved self-awareness and self-understanding, and trust in the mental health provider (Finn & Tonsager, 1992; Fischer, 1986).

Finn and Tonsager (1992) and Newman and Greenway (1997) provided direct evidence that receiving MMPI-2 feedback was associated with a significant decline in symptomatic distress and a significant increase in self-esteem. In addition, Miller, Benefield, and Tonigan (1993) demonstrated that alcohol dependent clients who were provided feedback based on two alcoholism screening measures showed greater reduction in drinking than the control group. Neighbors, Larimer, and Lewis (2004) found that computer-delivered, personalized normative feedback was effective in changing perceived norms and alcohol consumption. Similarly, Worthington et al. (1995) found that couples receiving feedback based on a battery of brief instruments showed greater improvement in dyadic satisfaction and commitment than their control group counterparts. Although some speculate that personality or adjustment factors play a role in how test feedback is received (McCrae & Costa, 1991), there are no known systematic studies of such factors and their relationship with the examiner-examinee feedback processes.

One such potential factor, perfectionism, has received significant attention in the literature in the past two decades. The amplified consideration of perfectionism in the psychological literature led to a better understanding of the construct and different ways of conceptualizing it. Most commonly, perfectionism has been conceptualized as unidimensional or multidimensional. In short, the unidimensional view focuses on maladaptive, clinically-distressing aspects of perfectionism (Shafran, Cooper, & Fairburn, 2002), such as irrational beliefs (Ellis, 2002) or dysfunctional attitudes (Brown & Beck, 2002; Burns, 1980), whereas multidimensional models address several individual and interpersonal dimensions of perfectionism (e.g., Flett & Hewitt, 2002; Frost,

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Marten, Lahart, & Rosenblate, 1990; Slaney, Rice, & Ashby, 2002). Despite differences in the definition and conceptualization of perfectionism, a two-factor model organized around relatively adaptive aspects as well as clearly maladaptive aspects of perfectionism has received significant support (Bieling, Israeli, & Antony, 2004; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Rice & Ashby, 2007; Stoeber & Otto, 2006). According to Enns and Cox (2002), maladaptive perfectionism is characterized by unrealistically high and inflexible standards for performance combined with overly critical and harsh self-evaluations, an inability to be satisfied with seemingly successful performance, compulsive tendencies, and chronic self-doubt. Adaptive perfectionism includes high but achievable or reasonable personal standards, a need for order and organization, self-evaluation that is independent of performance, an unwillingness to procrastinate, and strong motivation to better oneself and society.

Maladaptive perfectionism is clearly problematic and associated with numerous psychological difficulties (Blatt, 1995; Flett & Hewitt, 2002). When compared with adaptive or non-perfectionists, maladaptive perfectionists demonstrate greater interpersonal dysfunction, lower self-esteem and self-confidence, perceived academic underachievement, and vulnerability to shame (Ashby, Martin, & Rice, 2006; Grzegorek, Slaney, Franze, & Rice, 2004; Rice & Lapsely, 2001; Slaney, Pincus, Uliaszek, & Wang, 2006). Maladaptive perfectionists are more likely than adaptive or non-perfectionists to suffer from depression (Rice, Ashby, & Slaney, 1998), hopelessness and suicidal ideation (O'Connor, 2007; Rice, Leever, Christopher, & Porter, 2006), disordered eating (Bardone-Cone, Sturm, Lawson, Robinson, & Smith, 2010), anxiety and obsessive-compulsive tendencies (Frost & DiBartolo, 2002) and somatic symptoms (Martin, Flett, Hewitt, Krames, & Szanto, 1996).

Despite the well-established relationship between maladaptive perfectionism and psychological distress, very few studies have investigated therapeutic interventions for treating perfectionism and maladjustment coupled with perfectionism. With the exception of a very limited number of studies (see DiBartolo, Frost, Dixon, & Almovodar, 2001; Ferguson & Rodway, 1994; Pleva & Wade, 2007) that directly examined treatment interventions for perfectionists, much of what is known about the treatment of perfectionists has been derived from secondary analyses of the National Institute of Mental Health Treatment of Depression Collaborative Research Program, or other studies directed at treating different issues such as eating disorders or obsessive-compulsive disorder (Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998; Zuroff et al., 2000). Results from these studies have suggested that perfectionism impairs the therapeutic alliance and interferes with successful treatment outcomes such that perfectionists benefit less from standard psychological interventions and report greater dissatisfaction with overall treatment gains. For these reasons, Blatt (1995) suggested that perfectionistic clients would be more likely to experience desired therapeutic change from long-term and intensive psychoanalytic therapy as opposed to brief therapeutic interventions. A different perspective is taken in recent clinical studies of perfectionism (DiBartolo et al., 2001; Riley, Lee, Cooper, Fairburn, & Shafran, 2007) suggesting that perfectionists might benefit from brief and targeted interventions.

Although a robust perfectionism literature has resulted from the development of several useful measures to assess perfectionism that have impressive psychometric qualities (Frost et al., 1990; Hewitt & Flett, 1991; Slaney, Rice, Mobley, Trippi, & Ashby, 2001), their direct clinical utility has not been a focus for their use. Instead, these measures have generally been used in correlational and, in some cases, experimental studies in which various effects of perfectionism on different outcomes or correlates have been examined. To our knowledge, studies that involve the participants in the research in a more active and reflective manner beyond the completion of study questionnaires has been the exception rather than rule, despite the potential benefits such dialogue with participants might reveal about the mechanisms perfectionists use to understand their world (Rice, Bair, Castro, Cohen, & Hood, 2003; Slaney & Ashby, 1996; Slaney, Chadha, Mobley, & Kennedy, 2000). The purpose of this study was to blend interests in clinically-meaningful perfectionism research with perfectionism assessment. Primarily, we sought to understand how empirically-grounded, semi-structured and interactive feedback provided to maladaptive perfectionists about results on a perfectionism measure might affect psychological adjustment.

Present study

Despite promising positive outcomes, test feedback has received minor attention in the counseling and psychological assessment literature. There is limited systematic study of providing feedback to clients based on responses to shorter instruments and little is known about the relation between feedback, feedback outcome, and specific personality factors. In the current study, these shortcomings are addressed by studying the way in which perfectionism, an important personality characteristic, affects the process and integration of test feedback. There is evidence to suggest perfectionism interacts with presumed therapeutic interventions such that perfectionists may not benefit as well as other clients from treatment (Zuroff et al., 2000). There is also some limited evidence from qualitative research that perfectionists may be keenly sensitive to their perfectionism, may react negatively to being labeled a perfectionist (Rice et al., 2003), and may have difficulty regulating their emotional states (Aldea & Rice, 2006; Tangney, 2002). Examining how perfectionists react to test feedback may lead to greater clarity of understanding the manner in which perfectionists regulate their emotions and respond to therapeutic interventions or presumed therapeutic labeling. Although as already noted, there is evidence that perfectionism is a multidimensional construct with possibly adaptive and maladaptive aspects, given its deleterious consequences, we focused on maladaptive perfectionism in this study.

Questions that guided the present study were adapted from Finn and Tonsager (1992) and Newman and Greenway (1997) to address the aim of the study: Does explaining test results affect the emotional self-regulation, self-esteem, and psychological distress of maladaptive perfectionists? Research findings lend evidence in either direction. For example, based on Finn and Tonsager's (1992) findings, it could be hypothesized that participants receiving perfectionism feedback would report a significant decrease in emotional reactivity (i.e., better self-regulation), increased esteem, and decreased symptomatic distress when compared with control participants who do not receive feedback. However, hypotheses based on results from Rice et al. (2003) would suggest that perfectionists would react negatively to feedback about their perfectionism, and experience increased distress, reactivity, and lowered esteem. As a result, directional hypotheses were not outlined for the present study. Instead, the role that two dimensions of perfectionism (high standards and discrepancy) play in intervention outcomes was investigated from an exploratory basis.

Method

Participants

The target sample was within an initial sample of 705 students enrolled in introductory and advanced undergraduate courses in psychology at a large, public university in the South United States.

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