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## Multidimensional perfectionism and perceived stress: Group differences and test of a coping mediation model



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#### ABSTRACT

This study examined the relationship between multidimensional perfectionism, four types of coping (task-oriented, emotion-oriented, social diversion, distraction), and perceived stress in a sample of 323 undergraduate students. Specifically, results of the study offered support for the tripartite model of perfectionism with three classes (adaptive, maladaptive, and non-perfectionists) who differed from one another on levels of stress and coping. The relationship between maladaptive perfectionism and perceived stress was mediated by task-oriented, emotional-oriented, and distraction coping in support of the general vulnerability model of perfectionism. In regard to adaptive perfectionism, only task-oriented and emotion-oriented coping were significant mediators. © 2017 Published by Elsevier Ltd.

Perfectionism is a multidimensional personality construct that has garnered increased attention in recent years (e.g., Stoeber & Otto, 2006). Of interest has been the relationship of perfectionism to a variety of measures of mental health and well-being (e.g., Gnilka, Ashby, & Noble, 2013). In addition, numerous authors (e.g., Dunkley, Mandel, & Ma, 2014) have highlighted the important role of stress in the relationship between perfectionism and mental health issues. Dunkley et al. (2014) argue for a "general vulnerability model" of perfectionism that suggests that individuals with higher levels of perfectionism and higher levels of stress are particularly vulnerable to emotional distress (e.g., Enns, Cox, & Clara, 2005). The purpose of this study was to investigate the differential role of coping in the relationship of multidimensional perfectionism to perceived stress.

While there are differing definitions, conceptualizations, and measures of perfectionism (e.g., Broman-Fulks, Hill, & Green, 2008; Flett et al., 2016; Hewitt & Flett, 1991; Slaney, Rice, Mobley, Trippi, & Ashby, 2001; Smith, Saklofske, Stoeber, & Sherry, 2016), a number of factor analytic studies have offered evidence for two dimensions of perfectionism (e.g., Dunkley, Zuroff, & Blankstein, 2003). Researchers have shown that the two dimensions of perfectionism (i.e., perfectionistic strivings and perfectionistic concerns) can be used to identify discrete groups of adaptive, maladaptive, and non-perfectionists (e.g., Suh, Gnilka, & Rice, 2017) otherwise known as Parker's (1997) tripartite model of perfectionism. While both types of perfectionism are marked by the pursuit of high personal standards, maladaptive perfectionism includes an intense self-depreciation when personal standards are not reached (Hamachek, 1978) and is associated with various negative

\* Corresponding author. *E-mail address:* jashby2@gsu.edu (J.S. Ashby). outcomes. For instance, maladaptive perfectionism has been consistently linked to depression (Ashby, Noble, & Gnilka, 2012), anxiety (Gnilka, Ashby, & Noble, 2012), and increased levels of perceived stress (Rice & Van Arsdale, 2010). In contrast, adaptive perfectionism is consistently associated with lower levels of depression (Rice, Ashby, & Slaney, 1998) and lower levels of stress and anxiety (Corry et al., 2013).

While research consistently find differences in the stress levels of adaptive, maladaptive, and non-perfectionists (e.g., Ashby et al., 2012), there is a paucity of research investigating paths between adaptive and maladaptive perfectionism and different levels of stress. Several studies indicate that maladaptive and adaptive perfectionists use different coping patterns and styles. For instance, individuals with higher levels of maladaptive perfectionism are more likely than those with adaptive perfectionism to use ineffective methods of coping including avoidance (O'Connor & O'Connor, 2003) and emotion-based coping (Rice & Lapsley, 2001). Conversely, adaptive perfectionists more frequently use task-oriented (O'Connor & O'Connor, 2003) and problem-focused (Rice & Lapsley, 2001) coping resulting in better mental health outcomes.

In summary, studies suggest higher levels of maladaptive perfectionism is associated with higher levels of emotional distress. There is consistent evidence for the general vulnerability model of maladaptive perfectionism in which stress creates the vulnerability that maladaptive perfectionists may have for negative emotional outcomes. The research regarding the relationship of stress to adaptive perfectionism in predicting outcomes is more varied. However, there is evidence for the mediating role of stress in the relationship of adaptive perfectionism to satisfaction with life and depression (Ashby et al., 2012). Despite this evidence supporting the important role of stress, few studies have been conducted to investigate the relationship between perfectionism and stress. The purpose of this study was to investigate the relationship between multidimensional perfectionism, coping, and stress.

Specifically, we hypothesized that:

- (a) The results of latent profile analysis would support a three-class model of adaptive, maladaptive, and non-perfectionists.
- (b) The three identified perfectionist classes would significantly differ from one another in stress levels and coping, with maladaptive perfectionists showing the highest levels of stress, social diversion, distraction, and emotion-oriented coping and the lowest levels of task-oriented coping and adaptive perfectionists having the lowest levels of stress, social diversion, distraction, and emotion-oriented coping and the highest levels of task-oriented coping and the highest levels of task-oriented coping.
- (c) All four forms of coping would mediate the relationship between adaptive perfectionism and perceived stress (i.e., higher adaptive perfectionism would be positively associated with task-oriented coping and negatively associated with social diversion, distraction, and emotion-oriented coping, which in turn would lead to lower stress levels).
- (d) All four forms of coping would mediate the relationship between maladaptive perfectionism and perceived stress (i.e., higher maladaptive perfectionism would be negatively associated with task-oriented coping and positively associated with social diversion, distraction, and emotion-oriented coping, which in turn would lead to higher stress levels).

#### 1. Methods

#### 1.1. Participants & procedure

Three hundred twenty three participants were randomly selected from a larger sample of 1229 undergraduate students from a large urban southeastern university. Due to a clerical error, specific demographic data for the participants in this study were not available, though overall demographics were available for the larger sample. In the larger sample, 66% of participants identified as female, 33% of participants identified as male, and 1% declined to identify their gender. Participant ethnicity for the sample was the following: 37.3% White, 33.5% African American, 10.1% Multiracial, 7.2% Hispanic, 6.5% Asian American, 3.1% Other ethnicity, and 2.2% declined to answer.

#### 1.2. Instruments

#### 1.2.1. Almost Perfect Scale – Revised (APS-R; Slaney et al., 2001)

The APS-R is a 23-item inventory designed to measure the multidimensional construct of perfectionism through three subscales: Standards, Order, and Discrepancy. The Standards subscale is designed to measure personal standards, the Order subscale measures a participant's organization and need for order, and the discrepancy subscale is designed to measure distress caused by the discrepancy between performance and standards. The Order subscale was administered but was not needed for classifying participants (e.g., Rice & Ashby, 2007). Factor analyses, convergent and divergent validity of the APS-R has been demonstrated by previous studies (e.g., Slaney et al., 2001). Rice and Ashby (2007) reported high Cronbach's coefficients alphas with a college student sample.

## 1.2.2. Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1994)

The CISS is a 48-item self-report measure for assessing four types of coping orientations: task, emotion, social diversion, and distraction. The Task subscale measures coping strategies that actively mitigate the stressful event. The Emotion subscale measures coping strategies that assist in managing the emotions due to the stressor. The Social Diversion

subscale measures coping strategies where individuals seek out other people for support. Lastly, the Distraction subscale taps into individuals who initiate activities and behaviors to distract from a potential stressor. Several factor analyses have been conducted that have supported the structure of the scales (Endler & Parker, 1994). Acceptable Cronbach's coefficients alphas with college student samples has been previous reported by various authors for the subscales ranging between 0.76 and 0.91.

#### 1.2.3. Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983)

The PSS is a 14 item measure designed to appraise perceived stress. Cohen et al. (1983) report that internal consistency reliability estimates ranged from 0.84 to 0.86 across two groups of college-aged students and on a group of participants in a community-based smoking-cessation program. The authors also offered evidence for the concurrent validity of the measure and Martin, Kasarian, and Brieiter (1995) found support for the factor structure of the PSS.

#### 1.3. Statistical methods

Latent profile analysis (LPA) was conducted with Mplus (Version 7.4; Muthén & Muthén, 1998–2017) using a robust maximum likelihood estimator (MLR). LPA offers a sophisticated statistical approach to creating categorical profiles that offers advantages over cluster analysis such as the ability to compare competing models with various fit indices. Covariance coverage was 1.00, which allowed for reliable model convergence (Muthén & Muthén, 1998–2017). Analyses were based on two measured variables from the scales (APS-R Standards and Discrepancy) as continuous indicators of a latent class variable. Five thousand random sets of starting values were used and after 100 iterations, 500 optimizations were used in the final stage. The final stage log likelihood values were replicated across the optimizations in the final stage, and all models converged on proper solutions.

A model comparison approach was used to determine the number of classes. First, a model specifying a single class was calculated. Next, a two-class model was calculated and compared to the single class model, and so forth, until reaching a five-class model. As an indicator of fit, we used several methods that are widely accepted (Nylund, Asparouhov, & Muthén, 2007). We compared models with different numbers of classes using the Bayesian Information Criterion (BIC) scores and the sample-size-adjusted BIC (aBIC) which were the primary indicators of model fit in these analyses. The Lo-Mendell-Rubin (LMR) likelihood ratio test and the Bootstrap Likelihood Ratio Test (BLRT) were used to determine the fit between two nested models that differ by a single. Lastly, models were also evaluated based on practical and theoretical considerations that may limit interpretability of results.

Next, we conducted a series of analyses to determine whether there were differences in the mean levels of perceived stress and four forms of coping (i.e., task, emotion, and social diversion, and distraction) across the different latent profile classes. The Mplus BCH method (Bakk & Vermunt, 2016) was used which provides an omnibus test in addition to individual comparisons between the various latent classes on each outcome variable.

In order to test the hypothesis that the four coping styles (task, emotion, social diversion, and distraction) mediated the relationships between the two dimensions of perfectionism and perceived stress, a measured variable path analyses was conducted using *Mplus* (Version 7.4; Muthén and Muthén, 1998–2017). As suggested by Cole and Preacher (2014), all measured variables were adjusted by their respective reliability coefficients. A series of model comparisons were conducted using the maximum likelihood method. Multiple fit indices were used to compare fit of competing models including chi-square, the root mean square error of approximation (RMSEA), comparative fit index (CFI), and standardized root mean square residual (SRMR). Next, we estimated the fit of the overall model followed by testing a

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