
Downloaded from: http://ray.yorksj.ac.uk/id/eprint/696/

The version presented here may differ from the published version or version of record. If you intend to cite from the work you are advised to consult the publisher's version: http://www.sciencedirect.com/science/article/pii/S0191886910004794

Research at York St John (RaY) is an institutional repository. It supports the principles of open access by making the research outputs of the University available in digital form. Copyright of the items stored in RaY reside with the authors and/or other copyright owners. Users may access full text items free of charge, and may download a copy for private study or non-commercial research. For further reuse terms, see licence terms governing individual outputs. Institutional Repository Policy Statement

RaY
Research at the University of York St John
For more information please contact RaY at ray@yorksj.ac.uk

Andrew P. Hill¹, Howard K. Hall¹, & Paul R. Appleton²

¹York St. John University, UK
²University of Bedfordshire, UK

Running head: Perfectionism and self-worth

Keywords: motivation, achievement striving

Andrew P. Hill, PhD

Faculty of Health and Life Sciences
York St. John University
Lord Mayor’s Walk
York, YO31 7EX
UK

e-mail: a.hill1@yorksj.ac.uk

Tel: 01904-876707
Abstract

Research suggests that while socially prescribed perfectionism has a robust association with psychological difficulties, self-oriented perfectionism may be best considered a vulnerability factor (Hewitt & Flett, 1991; Flett & Hewitt, 2007). One explanation for their divergent consequences is that these dimensions of perfectionism are underpinned by different contingencies of self-worth. The purpose of the current study was to examine this possibility. Two-hundred and forty-eight undergraduate students (age $M = 19.08$, $SD = 2.36$, range 18-49) completed measures of perfectionism (self-oriented and socially prescribed) and contingencies of self-worth (based on outperforming others, approval of others, and personal competence). Consistent with the hypotheses, regression analyses revealed that socially prescribed perfectionism was predicted by contingencies of self-worth based on outperforming others and the approval of others, whereas self-oriented perfectionism was predicted by contingencies of self-worth based on outperforming others and personal competence. The results suggest that the nature of the contingencies of self-worth associated with these dimensions of perfectionism may be important when considering their relationship with psychological maladjustment.
The relationship between multidimensional perfectionism and contingencies of self-worth

Perfectionism is a multidimensional personality trait that entails an array of interpersonal and intrapersonal dimensions that have a considerable impact on psychological adjustment (e.g., Enns, Cox, Sareen, & Freeman, 2001; Rice & Lapsley, 2001; Rice, Vergara, & Mirela, 2006). Hewitt and Flett (1991) have developed a model of perfectionism that distinguishes between dimensions of perfectionism based on the perceived origins and focus of perfectionistic standards. Socially prescribed perfectionism is the belief that significant others impose extremely high and unrealistic standards on the self and that approval is contingent on their achievement. Self-oriented perfectionism is the tendency to set exceedingly high personal standards and evaluate oneself critically. Research suggests that these dimensions have divergent consequences. While socially prescribed perfectionism appears to be uniformly debilitating, self-oriented perfectionism appears to be best considered a vulnerability factor (Hewitt & Flett, 1991; Flett & Hewitt, 2007). For example, socially prescribed perfectionism is positively related with distress, hopelessness, depression, and suicide ideation, whereas the relationship between self-oriented perfectionism and these variables is weak, inconsistent, or only apparent through an interaction with third-order variables (e.g., stress, coping, and socially prescribed perfectionism) (e.g., Blankstein, Lumley, & Crawford, 2007; O’Connor & O’Connor, 2003; Sherry, Hewitt, Flett, & Harvey, 2003).
Proposed explanations for the distinct consequences of self-oriented and socially prescribed perfectionism include disparity in terms of self-critical tendencies (Gilbert, Durrant, & McEwan, 2006; Trumpeter, Watson, & O’Leary, 2006), perceptions of control (Flett, Hewitt, Blankstein, & Mosher, 1995), and coping tendencies (Hewitt & Flett, 1996). A further explanation is that self-oriented and socially prescribed perfectionism entail different beliefs about the relationship between accomplishment and feelings of self-worth. The prominence of a conditional sense of self-worth is evident in conceptualisations of both self-oriented and socially prescribed perfectionism. Self-oriented perfectionism involves the belief that self-acceptance is based on the attainment of exceedingly high personal standards. In contrast, socially prescribed perfectionism involves the belief that self and other-acceptance is contingent upon the attainment of exceedingly high standards that are externally imposed by others. Empirical findings have confirmed the positive association between these dimensions of perfectionism and conditional sense of self-acceptance and self-worth. Furthermore, this research also suggests that conditional acceptance and worth are significant sources of the psychological and emotional difficulties associated with these dimensions of perfectionism (e.g., Flett, Besser, Davis, & Hewitt, 2003; Flett, Russo, & Hewitt, 1994; Hill, Hall, Appleton & Kozub, 2008; Stoeber, Kempe & Keogh, 2008; Sturman, Flett, Hewitt, & Rudolph, 2009).

The notion that conditional self-acceptance and self-worth provides the basis for psychological difficulties is central to a number of approaches to the examination of self-worth in social and counselling psychology (e.g., Deci & Ryan, 1995; Ellis, 2003; Kernis, 2003; Rogers, 1996). Deci and Ryan (1995)
defined contingent self-worth as worth based upon the attainment of generalised inter-personal or intra-psychic expectations. In contrast, non-contingent self-worth (or true self-worth) is described as self-worth that is secure and independent of the attainment of these generalised inter-personal or intra-psychic expectations. According to these models, whether self-worth is contingent or not is a general quality that strongly influences psychological and emotional adjustment (see Kernis, 2003). From this perspective, self-oriented and socially prescribed perfectionism both lead to psychological difficulties because they are associated with contingent, as opposed to non-contingent, self-worth. However, this approach does not explain why contingent self-worth manifests in different consequences depending on the dimension of perfectionism.

Crocker and colleagues (Crocker, Luhtanen, Cooper, & Bouvrett, 2003; Crocker & Park, 2004; Crocker & Wolfe, 2001) provide a model that differentiates between the consequences of contingent self-worth. In contrast to emphasising between-person differences in contingent or non-contingent self-worth, their approach considers the domains in which worth is contingent. Contingencies of worth are the domains in which self-esteem is staked, enhanced and threatened (Crocker et al., 2003). Although contingencies of self-worth are likely to be wide and varied, Crocker and colleagues (Crocker et al., 2003; Crocker & Park, 2004; Crocker & Wolfe, 2001) have identified a number of common and important contingencies of worth that include personal competencies, inter-personal competition, approval of others, family affection, physical appearance, God’s love and virtue. Attempts to satisfy contingencies of self-worth are associated with personal and interpersonal costs such as thwarting
psychological needs and poorer mental and physical health (see Crocker & Park, 2004). However, from this perspective, some contingencies are considered to be more divisive than others. In particular, contingencies that involve external validation (e.g., approval of others) are associated with greater psychological maladjustment than those that can be internally referenced (e.g., personal competence) (see Crocker, 2002; Crocker & Park, 2004).

The potential similarities and differences between self-oriented and socially prescribed perfectionism in terms of the underlying contingencies of worth is evident in extant research. Both self-oriented and socially prescribed perfectionism have been found to be related to performance goals that entail the belief that demonstrating comparative ability defines personal success (e.g., Van Yperen, 2006; Spiers Neumeister & Finch, 2006). Consequently, both self and socially prescribed perfectionism are likely to include the desire to establish a sense of self-worth through superior performance in inter-personal competition. However, unlike self-oriented perfectionism, socially prescribed perfectionism is also likely to be associated with contingencies that pertain to the importance of the acceptance of others (e.g., others approval). This is because this interpersonal dimension of perfectionism is purported to partly reflect a neurotic need to please others (Hewitt & Flett, 1991). In accord, previous research has demonstrated that this dimension of perfectionism is associated with a strong desire for approval and a fear of negative evaluation (Hewitt & Flett, 1991). Self-oriented perfectionism, on the other hand, is more likely to be associated with contingencies that pertain to personal competencies (e.g., academic competence, sport competence) because of the intrapersonal nature of the standards associated with this dimension (Hewitt
Research supports this possibility as self-oriented perfectionism has been found to be unrelated to the desire for approval from others or fear of negative evaluation but is associated with facets of Type A personality that reflect a preoccupation with personal accomplishment (Hewitt & Flett, 1991; Flett, Hewitt, Blankstein, & Dynin, 1994).

The purpose of this study is to extend previous research by examining the possibility that self-oriented and socially prescribed perfectionism are underpinned by different contingencies of self-worth. Based on the preceding argument, it was hypothesised that socially prescribed perfectionism would be predicted by contingencies of self-worth based on outperforming others and the approval of others whereas self-oriented perfectionism would be predicted by contingencies of self-worth based on outperforming others and personal competence.

Method

Participants

Participants were 248 (134 males, 86 females, 28 non-respondents) undergraduates (age $M = 19.08$, $SD = 2.36$, range 18-49). The participants completed a multi-sectional questionnaire that contained measures of self-oriented and socially prescribed perfectionism and contingencies of self worth prior to a research methods class. Informed consent was gained from each participant prior to completion of the questionnaire.

Measures

Multidimensional Perfectionism: Self-oriented (SOP) and socially prescribed perfectionism (SPP) were assessed using Hewitt and Flett’s (1991)
Multidimensional Perfectionism Scale (MPS). The third dimension measured by this scale, other-oriented perfectionism (OOP), entails beliefs about the performances of others and was therefore not included in the study. The two subscales of the MPS each contain 15-items measured on a seven-point Likert scale (1 = strongly disagree to 7 = strongly agree). Responses on the self-oriented perfectionism subscale reflect excessive striving for high personal standards and self-critical tendencies (e.g., “I demand nothing less than perfection of myself.”). In contrast, responses to the socially prescribed perfectionism subscale reflect the belief that significant others have exceedingly high standards and that acceptance is based on the attainment of those standards (e.g., “The people around me expect me to succeed at everything I do.”). Evidence to support the validity and reliability of measurement associated with the scale has been provided by Hewitt and Flett (1991, 2004). This evidence includes good internal consistency (α = SOP .89 and α = SPP .86) and test-retest reliability for these scales (r = SOP .88 and r = SPP .75) in student and general samples (Hewitt & Flett, 1991).

Contingences of self-worth: Self-worth contingent on the approval of others and outperforming others was measured using two subscales from Crocker et al.’s (2003) Contingencies of Self-Worth Scale. Both the approval from generalised others subscale (OA) (e.g., “My self-esteem depends on the opinions others hold of me.” “I can’t respect myself if others don’t respect me.”) and the competition subscale (C) (e.g., “My self-worth is affected by how well I do when competing with others.” “Knowing that I am better than others on a task raises my self-esteem.”) contain 5 items. Each is scored on a seven-point Likert scale (1 =
strongly disagree to 7 = strongly agree). Crocker et al. (2003) have provided evidence to support the validity and the reliability of the measurement associated with the two subscales of the Contingencies of Self-Worth Scale. This includes good factor stability, internal consistency (α = OA .82 and α = C .87) and test-retest reliability (r = OA .61 and r = C .61). Self-worth contingent on a general sense of personal competence (PC) was using 5 items from Kernis and Paradise’s (Kernis, 2003; Paradise & Kernis, 1999) Contingent Self-Esteem Scale (“An important measure of my worth is how competently I perform.” “Even in the face of failure, my feelings of self-worth remain unaffected.” [reversed] “A big determinant of how much I like myself is how well I perform up to the standards that I have set for myself.” “An important measure of my worth is how well I perform up to the standards that other people have set for me.” “When my actions do not live up to my expectations, it makes me feel dissatisfied with myself.”). The items are scored on a five-point Likert scale (1 = not at all like me to 5 = very much like me). Evidence of the reliability and validity of the measurement associated with the Contingent Self-Esteem Scale has been provided by those that have used the scale (Knee, Canevello, Bush, & Cook, 2008; Patrick, Neighbors, & Knee, 2004). This includes acceptable levels of internal consistency (α = .85) and test-retest reliability (r = .77) (Kernis, 2003; Paradise & Kernis, 1999).

Results

Preliminary analysis

Prior to the main analyses, a missing value analysis was conducted on the data. Due to large amounts of missing data from individual respondents (> 5%), six participants were removed from the sample. There were 203 complete cases
and 39 cases with incomplete data. For those with incomplete data, the average number of missing items was 1.15 ($SD = 0.37$, range 1 to 2). There were 24 unique patterns of missing data. Because there was a relatively high ratio of unique patterns of missing data to the number of participants with missing data ($= .62$), and the majority of the shared patterns involved one or two missing items (79%), the mechanism that underpins the missing data was presumed to be non-systematic. Each missing item was therefore replaced using the mean of the each case’s available non-missing items from the relevant subscale. This method of imputation is considered to be an appropriate strategy when the amount of missing data is low and items are highly correlated (Graham, Cumsille & Elek-Fisk, 2003).

Next, the data was screened for univariate outliers (see Tabachnick & Fidell, 2007). Standardised z-scores larger than 3.29 ($p < .001$, two-tailed) were used as criteria for univariate outliers. This led to the removal of one participant. Two further participants were removed as they were clear outliers but fell marginally outside the cut-off value ($z_{score} = 3.27$). The remaining data ($n = 239$) was considered to be approximately univariate normal (absolute skewness $M = 0.82$, $SD = 0.31$, $SE = 0.16$, absolute kurtosis $M = 0.70$, $SD = 0.56$, $SE = 0.31$). Finally, internal reliability analysis (Cronbach’s alpha) was performed on each scale. All instruments demonstrated sufficient internal consistency ($\alpha \geq .70$ for scales with 10 items or more and $\alpha \geq .60$ for scales with 5 items or more; Loewenthal, 2001). The values are displayed in Table 1.

Descriptive Analyses
The descriptive statistics displayed in Table 1 indicate that participants scored moderate-to-high levels of self-oriented perfectionism and low-to-moderate levels of socially prescribed perfectionism (Likert scale 1-7). The reported mean scores for the contingencies of self-worth scales indicated that personal competence was the greatest source of self-worth, followed by outperforming others and the approval of others. The size and pattern of these mean scores are similar to those reported elsewhere (e.g., Crocker et al., 2002).

Regression analyses were used to examine whether different contingencies of worth predict self-oriented and socially prescribed perfectionism. Preliminary analysis indicated that multicollinearity between variables were unproblematic (tolerance). There was a lack of autocorrelation (regression one [SPP] Durbin-Watson = 1.94, tolerance = .66 to .84, and regression two [SOP] Durbin-Watson = 2.14, tolerance = .66 to .84) and residuals were normally distributed and homoscedastic (based on standardised predicted values-standardised residuals plots). The results of the regression analyses are displayed in Table 2. Socially prescribed perfectionism was predicted by contingencies of self-worth based on outperforming others and the approval of others, but not by self-worth contingent on personal competence. Self-oriented perfectionism was predicted by contingencies of self-worth based on outperforming others and personal competence, but not by self-worth contingent on the approval of others.

Discussion
Research has demonstrated the divergent consequences of self-oriented and socially prescribed perfectionism. One explanation is that these differences reflect different underlying contingencies of self-worth. The purpose of the current study was to examine this possibility. Utilising Crocker and colleagues (Crocker, 2002; Crocker et al., 2002) model of contingencies of self-worth, it was hypothesised that self-oriented perfectionism would be predicted by contingencies of self-worth based on outperforming others and personal competence, whereas socially prescribed perfectionism would be predicted by contingencies of self-worth based on outperforming others and the approval of others. Regression analyses supported these hypotheses.

Similarities between self-oriented and socially prescribed perfectionism

Contingent self-worth is believed to be a source of the psychological difficulties associated with both self-oriented perfectionism and socially prescribed (e.g., Flett et al., 2004; Hill et al., 2008; Scott, 2007). The findings of the current study suggest that these dimensions of perfectionism are underpinned by common as well as distinct contingencies of worth. Outperforming others (competition) is a source of self-worth for both self-oriented and socially prescribed perfectionism. This is consistent with research that has found that the demonstration of comparative ability is central to the manner in which success is defined for both of these dimensions of perfectionism (e.g., Van Yperen, 2006; Spiers Neumeister, & Finch, 2006). Individuals with higher levels of either of these dimensions of perfectionism are therefore unlikely to be comfortable with perceptions of parity with others and may experience personal and interpersonal difficulties as a consequence (Rosenberg, 1965).
Differences between self-oriented and socially prescribed perfectionism

While self-oriented and socially prescribed perfectionism share an association with contingent self-worth based on outperforming others, they were also characterised by distinct contingencies of self-worth. Self-oriented perfectionism was associated with a generalised competence based contingency of self-worth but not the approval of others based contingency of self-worth. Interestingly, the purported costs associated with competence based contingencies include the possibility of experiencing learning and performance deficits. This is primarily because defensive strategies aimed at maintaining and protecting self-worth (e.g., avoidance and self-handicapping) can sometimes undermine the development of competence (Crocker & Park, 2004; Kernis, 2003). Clearly, while this dimension of perfectionism may act positively to energise achievement striving in an attempt to establish self-worth, it may in some circumstances lead to self-defeating behaviours. In support of this possibility, a number of studies have found individuals higher in self-oriented perfectionism employ various self-handicapping behaviours in order to protect self-worth when they perceive either a lack of control over successful outcomes (Hobden & Pliner, 1995) or experience failure (Doeblер, Schnick, Beck, & Astor-Stetson, 2000).

When contrasted with self-oriented perfectionism, subtle differences in the contingencies of self-worth associated with socially prescribed perfectionism may help to explain why this form of perfectionism is considered to be especially debilitating. In the present study, the findings revealed that socially prescribed perfectionism was not associated with a generalised competence based contingency of self-worth, but with a contingent self-worth that is based upon the
demonstration of comparative superiority and the perceived receipt of approval from significant others. Seeking the approval of others is suggested to be an especially problematic strategy to establish a sense of self-worth, especially when the approval of generalised others is sought rather than the approval of any specific individual or group (Crocker & Park, 2004). Consequently, the inability to satisfy this contingency is likely to be a significant source of the negative psychological consequences associated with socially prescribed perfectionism. There is also reason to suspect that this contingency may be especially problematic for those with higher levels of socially prescribed perfectionism. This is because socially prescribed perfectionism entails both negative perceptions of interpersonal relationships and problematic interpersonal behaviours. These include perceptions of lower personal social skills (Flett, Hewitt, & De Rosa, 1996), perceptions of higher frequency of negative social interactions (Flett, Hewitt, Garshowitz & Martin, 1997), general hostile-dominant characteristics (Hill, McIntire, & Bacharach, 1997), as well as over-controlling and conflict oriented coping behaviours in close relationships (Haring, Hewitt, & Flett, 2003). Consequently, while socially prescribed perfectionism entails a strong desire for the approval of others, it is also associated with behaviours that are likely to undermine those positive interpersonal relationships which may aid in bringing about such approval.

One of the central tenets of Crocker’s model is that while contingencies of self-worth represent important psychological vulnerabilities (Crocker, 2002), some contingencies render individuals more vulnerable to maladjustment than others. Because self-oriented and socially prescribed perfectionism are associated
with contingencies of self-worth, the perceived need to defend, maintain and
enhance self-worth is likely to place strain on the cognitive, emotional and
physical resources of those with higher levels of either of these dimensions of
perfectionism (see Kernis, 2003). However, because the contingencies of worth
associated with self-oriented perfectionism entail a greater degree of personal
control, they are likely to be comparatively easier to satisfy. This is because
internal contingencies entail a greater degree of personal control (Crocker, 2002;
Crocker & Wolfe, 2001). As a consequence, they are purported to provide a more
stable sense of self-esteem and lead to fewer psychological difficulties than
external contingencies (see also Kernis, 2003). External contingencies are both
more difficult to satisfy and maintain, and are perceived to need to be pursued
more frequently and intensely (Crocker & Park, 2004). They are also associated
with greater labile self-esteem and poorer adjustment (see also Kernis, 2003).
Therefore, differences in the contingencies of self-worth that underlie self-
oriented and socially prescribed perfectionism may in part explain the divergent
consequences that have been observed by research examining their consequences.

Limitations and future directions
The findings of the current study must be considered in context of the
studies limitations. The current study measured only a small number of domain
contingencies. Those selected were considered to be the most important in terms
of distinguishing between self-oriented and socially prescribed perfectionism but
it is possible that differences may be evident across other domains in which self-
worth is staked (e.g., physical appearance, affection of family, admiration from
peers). Future research may wish to examine this possibility. The measure used to
assess self-worth based on generalised self-competence was constructed specifically for this study. Although the items were taken from an established measure, the psychometric properties of the scale are unclear. Therefore, the findings involving this scale should be interpreted cautiously. As the findings of the study provide an initial indication that specific contingencies of self-worth may be useful when attempting to understand the consequences of self-oriented and socially prescribed perfectionism, future research may wish to examine their role further. Specific contingencies of self-worth may mediate between perfectionism and various outcomes in the same manner in which global measures of contingent self-worth do (e.g., Hill et al., 2008; Scott, 2007; Sturman et al., 2009). In turn, future research may also wish to examine the incremental predictive ability of specific versus global measures in explaining the consequences of perfectionism. This is important to develop a parsimonious account of the relationship between perfectionism, contingent self-worth and psychological maladjustment.
References


Table 1 *Descriptive statistics and internal reliability coefficients for dimensions of perfectionism and contingencies of self-worth*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Likert scale</th>
<th>M</th>
<th>SD</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-oriented perfectionism</td>
<td>1-7</td>
<td>4.67</td>
<td>0.76</td>
<td>.82</td>
</tr>
<tr>
<td>2. Socially prescribed perfectionism</td>
<td>1-7</td>
<td>3.62</td>
<td>0.62</td>
<td>.71</td>
</tr>
<tr>
<td>3. Self-worth contingent on outperforming others</td>
<td>1-7</td>
<td>4.54</td>
<td>1.02</td>
<td>.82</td>
</tr>
<tr>
<td>4. Self-worth contingent on others’ approval</td>
<td>1-7</td>
<td>3.80</td>
<td>1.19</td>
<td>.72</td>
</tr>
<tr>
<td>5. Self-worth contingent on personal competence</td>
<td>1-5</td>
<td>3.43</td>
<td>0.61</td>
<td>.60</td>
</tr>
</tbody>
</table>
Table 2 *The prediction of self-oriented and socially prescribed perfectionism using contingencies of self-worth*

<table>
<thead>
<tr>
<th>Criterion Variable</th>
<th>Predictor variables</th>
<th>$F$</th>
<th>df</th>
<th>$R^2$</th>
<th>Adjusted $R^2$</th>
<th>$\beta$</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Socially prescribed perfectionism</td>
<td>13.62**</td>
<td>3, 235</td>
<td>.15</td>
<td>.14</td>
<td>.27</td>
<td>4.90**</td>
</tr>
<tr>
<td></td>
<td>Outperforming others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approval of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-oriented perfectionism</td>
<td>10.12**</td>
<td>3, 235</td>
<td>.11</td>
<td>.10</td>
<td>.23</td>
<td>3.25***</td>
</tr>
<tr>
<td></td>
<td>Outperforming others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approval of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** $p < .01$  
* $p < .05$