WORKSHOP MEETING "ADVANCES IN PERFECTIONISM RESEARCH"

University of Kent, 14–15 July 2008

— PROGRAMME —

University of Kent

VENUE & WORKSHOP ORGANIZATION

Venue

The workshop will be held in room KLT 4 on the ground floor of Keynes College, University of Kent, Canterbury Campus, Canterbury, CT2 7NP. Please see the campus guide plus map at the end of this programme (see Appendix). Keynes College is circled in red.[1] Enter via the main entrance, see pictures below, and you are there!

Research Sessions 1–4

Topics. I have assigned you to one of four different research sessions based on my knowledge of your research area(s) and on the emails that you sent me when I asked you for your ideas regarding new studies or research findings you may want to present, please see Time Schedule (p. 4). I know that some of you had more than one idea what to present (e.g., a "clinical" study and a "nonclinical" study) and some of you would have preferred to present in a different session, but this was the best I could do to accommodate everyone.

Presentation. Presentation should be **no longer than 15–20 minutes** to so that we will have time for some questions after each presentation and, if possible, some time for a general discussion at the end of each Research Session. Please see the Abstracts (pp. 5-21) for further information on participants' presentations, ordered in the sequence of presentation. (In addition, the Abstracts also show all presenters' contact details.)

Open Discussions – Day 1 & 2

Open Discussion – Day 1: Conceptions, Definitions, Measures. In the open discussion on Day 1 of the workshop, I would like that we exchange our views, ideas, and convictions on what we personally see as the central and defining elements, aspects, or characteristics of our conceptions, definitions, and measures of perfectionism—and what elements, aspects, or characteristics we consider peripheral, associated (but not defining), or even irrelevant.

Open Discussion – Day 2: Open Questions & Future Directions. In the open discussion on Day 2 of the workshop, I would like that we exchange our personal views of "what's missing" in perfectionism research (e.g., important open questions not yet addressed) and what we think are future important steps (next steps, or steps further in the future) as well as future directions that perfectionism should take to make further important advances in the years to come.

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[1]If you are staying in the City of Canterbury B&B, this is located at the end of University Road; see the map in the Appendix.

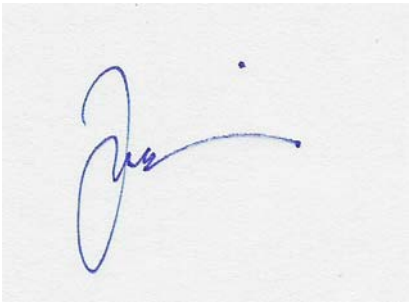
Thanks a lot to everybody for contributing ideas. I have collated everybody's ideas as they were sent to me, ordered alphabetically by participant's last name. Please see Open Discussion – Day 1 (pp. 22-28) and Open Discussion – Day 2 (pp. 29-33) for details.

Coffee, Lunch, & Dinner

I will provide for coffee and lunch on Day 1 and Day 2 and organize the dinner for the evening of Day 1 at 19:30 hrs when we will go to the "Raj Venue" (i.e., Indian cuisine, so that everybody—vegan/vegetarian or not—will have a wide selection of choices). Please note that coffee and lunch will be paid for, but you will have to pay for the dinner yourself (approx. £15–20 per person, depending on how much we drink).[2]

Looking forward to your contributions, to meeting you all, and to an exciting and stimulating workshop.

With the very best wishes,



Joachim Stoeber

[2]Exchange rates (23 June 2008): £1 ≈ US $1.96 ≈ €1.26.

TIME SCHEDULE

DAY 1 • MONDAY, 14 JULY 2008

10:00–10:45	Coffee & Welcome
10:45–12:30	**Research Session 1: Clinical Issues I** 1. David Dunkley 2. Anne Haase 3. Roz Shafran & Sarah Egan 4. Tracey Wade ▪ General Discussion
12:30–13:30	Lunch
13:30–15:15	**Research Session 2: Clinical Issues II, Health, & Personality** 1. Lawrence Burns 2. Osamu Kobori 3. Glynn Owens 4. Joachim Stoeber ▪ General Discussion
15:30–17:00	**Open Discussion – Day 1:** **Conceptions, Definitions, Measures**
19:30	Dinner "Raj Venue"

DAY 2 • TUESDAY, 15 JULY 2008

10:00–10:15	Coffee
10:15–12:30	**Research Session 3: Sport & Exercise** 1. Mark Anshel 2. John Gotwals 3. Howard Hall 4. Andrew Hill 5. Oliver Stoll ▪ General Discussion
12:30–13:30	Lunch
13:30–15:00	**Research Session 4: Family Factors & Motivation** 1. Paul Appleton 2. Julian Childs 3. Maarten Vansteenkiste ▪ General Discussion
15:15–17:00	**Open Discussion – Day 2:** **Open Questions & Future Directions**
17:00	End of Workshop

ABSTRACTS

Research Session 1: Clinical Issues I – Presentation 1

Presenter

David Dunkley

Title

The Role of Self-Critical Concerns and Personal Standards Dimensions of Perfectionism in Daily Stress and Coping: A Longitudinal Study of Community Adults

Author/s

TBA

Abstract

This study of community adults (66 men and 132 women) examined self-critical concerns (SCC) and personal standards (PS) dimensions of perfectionism and stress generation, stress reactivity, and depressive symptoms (i.e., sadness, low positive affect) over a 6-month period. At Time 1, participants completed measures of perfectionism, including the Frost et al. (1990) Multidimensional Perfectionism Scale, Hewitt and Flett (1990) Multidimensional Perfectionism Scale, Slaney et al. (2001) Almost Perfect Scale – Revised, Depressive Experiences Questionnaire (Blatt et al., 1976), and Dysfunctional Attitude Scale (Weissman & Beck, 1978), and then six months later completed questionnaires at the end of the day for 14 consecutive days. Confirmatory factor analysis of the perfectionism measures supported SCC and PS higher-order dimensions of perfectionism. Zero-order correlations showed that SCC measures were primarily associated with maladaptive aspects of functioning (e.g., daily stress, avoidant coping), assessed by aggregated daily reports six months later. On the other hand, PS measures were associated with both maladaptive (e.g., daily stress, avoidant coping, depressive symptoms) and adaptive (e.g., problem-focused coping, positive reinterpretation) aspects of functioning six months later, but the association between PS and maladaptive aspects of functioning was no longer significant after controlling for SCC. Multilevel modeling indicated that increases in daily depressive symptoms for both SCC and PS individuals were associated with higher stressfulness of their most bothersome daily events and negative social interactions. As well, avoidant coping was ineffective for both SCC and PS individuals. Theoretical and clinical implications of distinguishing between self-critical concerns and personal standards dimensions of perfectionism are discussed.

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Research Session 1: Clinical Issues I – Presentation 2

Presenter

Anne Haase

Title

Exploring Understanding of Perfectionism: Progress Towards a Preliminary and Exploratory Intervention in a Non-clinical Population

Author/s

Anne M. Haase

Abstract

Set within the background of a dimensional approach/avoidance framework, a study was conducted to explore understanding of perfectionism in non-clinical populations. A positive and negative distinction of perfectionism was proposed on the basis of themes emerging from semi-structured retrospective interviews with 10 university students. Themes associated with Negative Perfectionism related to current experiences (e.g., fear of failure, avoiding negative consequences) and developmental influences (e.g., high parental expectations, parental absence/nonapproval). Themes associated with Positive Perfectionism also related to current experiences (e.g., flexibility, high self-esteem, balance) and developmental influences (e.g., authoritative parenting, consistent positive reinforcement). Stemming from the discussion of the themes of Positive and Negative Perfectionism, an exploratory intervention study grounded in rational-emotive behavioural therapy was conducted in order to attempt to reduce Negative Perfectionism in non-clinical individuals. Eight women participated in the intervention study based on a multiple baseline single-subject design, in an attempt to incorporate internal controls. All participants experienced reduction in Negative Perfectionism to varying degrees, while Positive Perfectionism remained fairly constant, providing preliminary evidence for a potentially effective perfectionism intervention. This sheds additional light on the interaction between current and developmental influences on perfections and the potential for intervention of perfectionism in an alternative framework.

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Research Session 1: Clinical Issues I – Presentation 3

Presenters

Roz Shafran & Sarah Egan

Title

Treating Perfectionism: A Transdiagnostic Approach to Improving Outcome Across a Variety of Psychopathologies

Author/s

Tracey D. Wade, Sarah J. Egan, & Roz Shafran

Abstract

This double presentation by Sarah Egan and Roz Shafran will describe a recent grant application by Wade, Egan, Shafran and Scott (with Dr. Dunkley as a co-investigator) for a project with two aims: (1) to evaluate the efficacy of treating perfectionism across a range of psychopathologies (e.g., depression, anxiety disorders, eating disorders); and (2) to test a model of clinical perfectionism. The hypotheses and design of the study will be described. The planned study uses randomized controlled trial methodology to compare cognitive behavioural therapy that targets clinical perfectionism (CBT-P), with interpersonal psychotherapy that has been adapted for use with perfectionists (IPT-P), and a waiting list control, for a range of psychopathologies where clinical perfectionism is seen to be one of the main presenting problems. The presentation will describe one of the treatment manuals which is an integration of existing cognitive behavioural treatments used in the three separate centres where we work. Feedback on the treatments and design would be particularly welcome.

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Research Session 1: Clinical Issues I – Presentation 4

Presenter

Tracey Wade

Title

A Preliminary Controlled Comparison of Programs Designed to Reduce Risk for Eating Disorders Targeting Perfectionism and Media Literacy

Author/s

Simon M. Wilksch, Mitchell R. Durbridge, & Tracey D. Wade

Abstract

Objective: The primary objective was to compare the efficacy of two 8-lesson programs, targeting perfectionism and media literacy, compared to control classes in reducing eating disorder risk. Method: Students from 6 classes (N = 127; M age = 15.0; SD = 0.4) and two schools participated. Linear mixed model analyses were conducted by group (3: perfectionism, media literacy, control), time (2: post-program, 3-month follow-up) and eating disorder risk status (2: high, low), with baseline observations included as a covariate. Results: An interaction effect favouring the perfectionism program at 3-month follow-up was found for concern over mistakes (effect size [ES] = 0.45). A main effect for group, also favouring the perfectionism program, was found for personal standards (ES = 0.44). High-risk participants (i.e., those with high levels of shape and weight concern at baseline) benefited most from the perfectionism program with reliable change indices indicating favourable rates of improvement beyond chance on all variables, while the media literacy and control participants experienced a comparable rate of change over the course of the study. Conclusion: Targeting perfectionism represents a promising prevention option that requires further investigation in mid-adolescents, while further investigation is required to determine the demographic most likely to benefit from media literacy.

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Research Session 2: Clinical Issues II, Health, & Personality – Presentation 1

Presenter

Lawrence Burns

Title

Static Versus Strategic Coping Skills: Associations With Reflection, Rumination, and Perfectionism

Author/s

L. R. Burns, D. Francis, & J. Chavarria

Abstract

This is a two-study preliminary investigation of cognitive coping strategies differentiating healthy and dysfunctional forms of perfectionism (e.g., Slade & Owens, 1998; Burns & Fedewa, 2005; Stoeber & Otto, 2006). Our central focus attempts to examine Hamachek's (1978) proposition of 'normal' or positive perfectionists as being able to accept a less-than-perfect outcome in certain circumstances. Based on the fundamental distinction between rumination and reflection, as related particularly to proactive coping, it was our hypothesis that higher levels of self-esteem would be associated with positive perfectionism, less categorical and more dynamic styles of problem-solving—and by utilizing more adaptive problem-solving strategies, experiencing a greater degree of satisfaction with one's life. Using a correlational design and a college student sample of approximately 150 male and females our findings demonstrate a significant positive correlation between negative perfectionism and low self-esteem, low life satisfaction, and rumination. Furthermore findings indicate significant positive correlations between positive perfectionism and high self-esteem, proactive coping, and high satisfaction with life. Moreover, as predicted, a positive correlation was found between positive perfectionism and self-awareness using the Kentucky Inventory of Mindfulness Skills. Importantly, this study provides a plausible explanation of *how* positive perfectionists are able to disengage from non-productive efforts to achieve a particular goal and/or switch tactics using proactive coping skills. By using self-reported levels of self-esteem and reflection it will be the first study of its kind to integrate Higgins' (1997, 1999) dual process model to meaningfully illustrate the distinction between rumination and reflection as discriminative variables linked to intrinsic theoretical differences between positive and negative perfectionism.

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Research Session 2: Clinical Issues II, Health, & Personality – Presentation 2

Presenter

Osamu Kobori

Title

Do Perfectionists Raise Their Standards After Success? An Experimental Examination of the Re-appraisal of Standard Setting in Perfectionism

Author/s

Osamu Kobori, Maiko Hayakawa, & Yoshihiko Tanno

Abstract

Setting high standards is one of the core aspects of perfectionism. Shafran, Cooper, and Fairburn (2002) proposed that individuals with self-imposed perfectionism raise their standards after they successfully meet the standards. This study examines whether individuals with self-imposed perfectionism raise their goal after the feedback of success. Fifty-three college students assessed self-oriented perfectionism (SOP; Hewitt & Flett, 1991) performed a task with a goal, and received the feedback of success. Following the feedback, they were asked to choose (A) the same goal or (B) the difficult goal for the next task. The logistic regression analysis revealed that the greater the SOP, the more likely participants were to choose the difficult goal. Theoretical and clinical implications for goal setting of perfectionism were discussed.

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Research Session 2: Clinical Issues II, Health, & Personality – Presentation 3

Presenter

Glynn Owens

Title

Models of Perfectionism – Is There Room for Several?

Author/s

R. Glynn Owens

Abstract

Perfectionism has come a long way from being the "neglected personality trait" described by Hollender (1978). Indeed, it is now possible to identify a range of models of perfectionism and a variety of underlying theoretical positions, including traditional personality theory, psychodynamics, cognitive psychology and behavioural psychology. Not surprisingly there has from time to time been considerable debate regarding the relative merits of such models. In particular, much-loved multidimensional approaches have at times been contrasted with various two-process models, with a parallel questioning of whether perfectionism can ever be regarded as non-pathological. In this presentation I shall explore further some of these issues, noting where apparent points of conflict may be illusory or reflect inconsistencies of argument by one or other of the protagonists. Rather than pursuing what may be a holy grail of "the one correct model" an attempt will be made to argue that different models may each have value in particular circumstances, and that peaceful coexistence can be maintained without falling into the trap of eclecticism.

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Research Session 2: Clinical Issues II, Health, & Personality – Presentation 4

Presenter

Joachim Stoeber

Title

Perfectionism and Efficiency: Accuracy, Response Bias, and Invested Time in Proof-Reading Performance

Author/s

Joachim Stoeber & Michael W. Eysenck

Abstract

Investigating problem-solving performance, Ishida (2005) found high levels of perfectionism were associated with lower efficiency. Aiming to replicate and further explore this finding, the present study investigated how two dimensions of perfectionism (high standards, discrepancy between expectations and performance) predicted efficiency in proof-reading performance. $N = 96$ students completed a proof-reading task involving the detection of spelling, grammar, and format errors. When error-detection performance was subjected to signal detection analysis, high standards correlated positively with the number of incorrectly detected errors (false alarms). Moreover, when task-completion time was taken into account, high standards were negatively correlated with efficiency (accuracy/time). In comparison, discrepancy correlated negatively with the number of correctly detected errors (hits) and positively with a conservative response bias. The findings show that perfectionistic standards are associated with reduced efficiency demonstrating the importance of considering invested time, errors, and response bias when investigating the relationship between perfectionism and performance.

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Research Session 3: Sport & Exercise – Presentation 1

Presenter

Mark Anshel

Title

Indicants of Sport Perfectionism as a Function of Gender

Author/s

Mark H. Anshel, Jwa Kim, & Ruth Henry

Abstract

The purpose of this study was to reexamine the dimensions of perfectionism in sport as a function of gender among 322 former high school athletes (142 males, 180 females), ranging in age from 18-31 years (M = 22.5 years, SD = 6.32) who attended one of two universities, located 12 miles apart, in middle Tennessee. Exploratory factor analysis (EFA) was applied to 41 items that related to competitive sport, and taken from the existing perfectionism in sport literature. Four factors, not predetermined prior to the analysis, were obtained. These included, respectively, parental expectations/criticism (PE/C), self-criticism (SC), neatness/organization (N/O), and coach expectations/criticism (CE/C). Both SC and N/O are factors contrary to existing dimensions in the related sport literature. The results of MANOVA indicated a significant gender effect for the linear combination of four factors, $F(4, 317) = 6.00$, $p < .0001$, Wilk's Lambda = .930. Follow-up univariate ANOVAs indicated gender differences for PE/C (Factor 1), $F(1, 320) = 12.57$, $p = .0005$, effect size (Cohen's d) = .40 (Cohen & Cohen, 1983). Female athletes scored significantly higher than male athletes on Factor 1 (PE/C). However, male athletes scored significantly higher than female athletes on N/O (Factor 3), $F(1, 320) = 10.97$, $p = .001$, $d = .37$. The other factors (SC & CE/C) showed no significant gender differences. Future perfectionism in sport research is warranted that considers gender as a moderating variable and the inclusion of self-criticism and neatness/organization as dimensions that appear to describe perfectionism among competitive athletes.

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Research Session 3: Sport & Exercise – Presentation 2

Presenter

John Gotwals

Title

Development of the Sport Multidimensional Perfectionism Scale 2: Making the Case for Doubts About Actions and Organization

Author/s

John K. Gotwals & John G. H. Dunn

Abstract

The sport domain has been identified as an ideal context in which to examine the functional nature of perfectionism (Flett & Hewitt, 2005). However, such examination first requires valid assessment. This presentation summarizes a chronological body of research that has been conducted to produce evidence in support of a version of Dunn, Causgrove Dunn, and Syrotuik's Sport Multidimensional Perfectionism Scale (Sport-MPS: 2002) as measure of athletes' perfectionistic orientations. Specifically, three multi-method and multi-analytic studies are presented that were designed to ultimately enhance the representativeness of the Sport-MPS by developing and integrating two new subscales (Doubts About Actions [DAA] and Organization [Org]) into the instrument (thus creating the Sport-MPS-2). Study 1 examined nine expert judges' content-relevance and content-representativeness ratings of new DAA and Org items (n = 12). Descriptive analyses indicated that the new items adequately represented their respective domains. Study 2 utilized a multidimensional scaling (MDS) protocol to determine if the DAA and Org items represented constructs distinct from the original Sport-MPS subscales. High performance Ultimate Frisbee players (N = 33) rated the conceptual similarity between the DAA items, the Org items, and marker items from the Sport-MPS. Three MDS analyses revealed that the DAA and Org items represented constructs similar to the other items from their respective item sets, but unique from the constructs represented within the Sport-MPS. Study 3 examined the latent dimensionality of the entire Sport-MPS-2 itemset (N = 42) by conducting an exploratory factor analysis on intercollegiate athletes' (N = 251) Sport-MPS-2 responses. This analysis produced a factor solution that reflected the proposed Sport-MPS-2 inter-item structure. It is argued that it is beneficial to include DAA and Org in the Sport-MPS-2 and that these collective results begin to establish the Sport-MPS-2 as a more appropriate measure of sport-based perfectionism than commonly utilized global measures of perfectionism.

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Research Session 3: Sport & Exercise – Presentation 3

Presenter

Howard Hall

Title

Perfectionism and Primary Exercise Dependence

Author/s

Howard K. Hall, Paul R. Appleton, & Andrew P. Hill

Abstract

Research evidence is accruing to suggest that certain forms of perfectionism are associated with debilitating forms of exercise investment (Coen & Ogles, 1993; Hagan & Hausenblas, 2003; Hausenblas & Symons Downs, 2002; Symons Downs, Hausenblas & Nigg, 2004). It is because perfectionism has consistently been associated with maladaptive cognition and vulnerability to the experience of failure in achievement contexts, that it has recently emerged as a possible antecedent of primary exercise dependence and other forms of compulsive exercise behaviour (Flett, Pole-Langdon, & Hewitt, 2003; Hall, Kerr, Kozub & Finnie, 2007, Hall, Hill, Appleton & Kozub, in press). Few studies to date, however, have sought to examine the psychological processes that underpin the relationship between different forms of perfectionism and primary exercise dependence.

A study by Hall, Kerr Kozub and Finnie (2007) used a social-cognitive motivational framework to explore links between achievement goals, forms of perfectionistic striving and dysfunctional exercise behaviour. Hall et al., suggested that, dysfunctional exercise investment might be energised by an introjected and obligatory form of regulation, reflecting a continuous pressure to validate ones self-definition. They further argued that when individuals display a relentless desire to validate self worth it may lead to a perception that exercise is all-consuming.

A more recent study by Hall, Hill, Appleton, & Kozub (in press) found exercise dependence to be associated with both self-oriented and socially prescribed perfectionism, with the greatest proportion of behavioural variance in exercise dependence being accounted for by socially prescribed perfectionism. Furthermore, the relationship between socially prescribed perfectionism and exercise dependence was mediated by unconditional self-acceptance, and labile self-esteem, and indicated that socially prescribed perfectionism was underpinned by a belief that self-worth is contingent on achievement. The resultant desire of those high in socially prescribed perfectionism to maintain a positive sense of self became the key psychological mechanism behind investment in potentially dysfunctional exercise behaviour.

A further study by Hall, Hill, Appleton & Kozub (under review) found that introjected forms of regulation mediate the relationship between socially prescribed perfectionism and exercise dependence, indicating that socially prescribed perfectionism leads to feelings of pressure and guilt, and this regulates the potentially debilitating pattern of exercise behaviour that manifests in exercise dependence.

The present research builds upon the research by Hall and colleagues and adopts a recently validated measure of exercise dependence (Hausenblas & Symons Downs, 2002) to further explore how contingent self-worth and various forms of motivational regulation influence the relationship between perfectionism and exercise dependence in individuals classified as exercise schematics, aschematics and non-exercise schematics. The research tests the assertion that exercise does not necessarily become dysfunctional as a result of investment at a high intensity, or when goals are demanding, but when self-definition and self-worth become contingent upon perceived exercise achievements. Preliminary findings from this research will be presented in the workshop.

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Research Session 3: Sport & Exercise – Presentation 4

Presenter

Andrew Hill

Title

Perfectionism and Burnout in Canoe Polo and Kayak Slalom Athletes: The Mediating Influence of Validation and Growth-seeking.

Author/s

Andrew P. Hill , Howard K. Hall, & Paul R. Appleton

Abstract

Research has implicated perfectionism in the development of athlete burnout (Gould et al., 1996). One potential explanation for this relationship is that some forms of perfectionism are associated with a desire for validation and psychological over-investment in participation. The present investigation examined the relationship between self-oriented and socially prescribed perfectionism and burnout in canoe polo and kayak slalom athletes, and whether these relationships are mediated by validation and growth-seeking. One-hundred and fifty canoe polo and kayak slalom athletes (*M* age = 26.05 years, *SD* = 9.57 years) recruited from the top two divisions in the UK completed Flett and Hewitt's (1991) Multidimensional Perfectionism Scale, Dykman's (1998) Goal Orientation Inventory, and Raedeke and Smith's (2001) Athlete Burnout Questionnaire. Analyses supported the mediating role of validation-seeking in the relationship between socially prescribed perfectionism and burnout. However, while bivariate correlations indicated that self-oriented perfectionism was positively related to both validation and growth-seeking, neither mediated the self-oriented perfectionism-burnout relationship. Based on these findings, validation-seeking may be an important psychological process in the development of burnout for athletes exhibiting the characteristics of socially prescribed perfectionism. Furthermore, the association between self-oriented perfectionism and growth-seeking may explain why this form of perfectionism may be unrelated, or inversely related, to athlete burnout.

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Research Session 3: Sport & Exercise – Presentation 5

Presenter/s

Oliver Stoll, Christian Reinhardt, and/or Rainer Schliermann

Title

Perfectionism and Performance in Sports

Author/s

Oliver Stoll

Abstract

In this session I would like to show and discuss some more studies, which we conducted lately with regard to a possible correlation of perfectionism in sports and exercise and performance. The starting point is our study with 122 undergraduate athletes, which investigated how perfectionism during training, affects performance and performance increments in a series of trials with a new basketball training task (Stoll, Lau & Stoeber, in press). Two aspects of perfectionism were examined: striving for perfection and negative reactions to imperfection. Results showed that striving for perfection during training predicted higher performance in the new task. In contrast, negative reactions to imperfection predicted lower performance when athletes attempted the task for the first time, once the positive influence of striving for perfection on task performance was partialled out. Furthermore, negative reactions to imperfection did not undermine performance the consecutive trials. On the contrary, athletes with both high levels of striving for perfection and high levels of negative reactions to imperfection showed the greatest performance increments over the series of trials. In the meantime, we conducted two further studies in, out of a "laboratory setting" and in to the real sports world with competitive professional dancers and semi-professional dancers as well with elite German and Chinese biathlon athletes. In both studies, perfectionism was measured using the MIPS (two dimensions: striving for perfectionism and negative reactions to imperfect performance) as well as performance in terms of points (World Cup Points and/or League Ranking Points). First data analysis confirmed basically the results of the study of Stoll et al (in press). Striving for perfectionism predicted higher performance, while negative reactions to imperfect performance did not undermine performance at all.

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Research Session 4: Family Factors & Motivation – Presentation 1

Presenter

Paul Appleton

Title

The Intergenerational Transmission of Perfectionism in Elite Junior Sport: Parents' Psychological Control, Empathy, and Other-Oriented Perfectionism as Intervening Variables

Author/s

Paul R. Appleton, Howard K. Hall, & Andrew P. Hill

Abstract

The purpose of the current study was to extend the findings of Soenens, Elliot, Goossens, Vansteenkiste, Luyten, and Duriez (2005) and consider whether the intergenerational transmission of self-oriented (SOP) and socially prescribed (SPP) perfectionism between parents and their athletic children was mediated by psychological control. A second purpose of the study was to empirically test the suggestion of Soenens et al that parental empathy and other-oriented perfectionism (OOP) will mediated the relationship between parents' perfectionism and employment of psychological control. With institutional ethics approval, 168 elite junior athletes (age mean = 14.51, *s* = 2.14 years) completed measures of self-reported SOP, SPP, and OOP (Hewitt & Flett, 1991), and perceptions of parental SOP, SPP, and OOP (adapted subscales from MPS; Hewitt & Flett, 1991), empathy (adapted version of the Parent/Partner Empathy Scale; Feshbach & Caskey, 1985), and psychological control (Psychological Control Scale-Youth Self-Report; PCS-YSR; Barber, 1996). Structural Equation Modelling using AMOS statistical software package indicated an acceptable fit to the final constrained model ($\chi 2$= (684 *df*, *N* =168) 927.310 (p <.01) $\chi 2/df$ = 1.36; SRMR = .07; IFI =.93, CFI = .93). A number of important findings emerge from the final model. First, there was a direct relationship between parents' and childrens' perfectionism, supporting the intergenerational transmission of perfectionism within the context of elite junior sport. Second, the model showed that parental empathy and other-oriented perfectionism are intervening variables in the relationship between parents' SOP and SPP and psychological control. Finally, the model also revealed that the intervening role of psychological control in the intergenerational transmission of perfectionism is isolated to athlete's SPP. These findings support recent additions to the perfectionism literature which suggest specific parenting tendencies are important intervening factors in the passing down of perfectionism from one generation to the next.

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Research Session 4: Family Factors & Motivation – Presentation 2

Presenter

Julian Childs

Title

Well-Being and Stress at Work: The Importance of Multidimensional Perfectionism

Author/s

Julian H. Childs & Joachim Stoeber

Abstract

There is debate in contemporary literature over whether perfectionism is unidimensional and maladaptive (e.g. Shafran, Cooper, & Fairburn, 2002) or multidimensional with adaptive, maladaptive, and mixed facets (e.g. Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). Furthermore, perfectionism can affect all areas of life but work and social relations are the two domains most affected (Slaney & Ashby, 1996). Consequently, it is surprising that the vast majority of research on perfectionism has been conducted with undergraduate students. Papers investigating working adults have focussed on the negative consequences of perfectionism (Flett, Hewitt, & Hallett, 1995; Leonard & Harvey, 2008; Magnusson, Nias, & White, 1996; McMahon & Rosen, 2008; Mitchelson & Burns, 1998) with only a minority adopting a multidimensional approach (Stoeber & Rennert, 2008). The present study investigated how the different facets of perfectionism predicted well-being and stress at work. A sample of adults in full-time employment (N = 119) completed measures of perfectionism, achievement goals, organizational commitment, motivation, perceived team cohesion, job satisfaction, job burnout, and turnover intentions. Hierarchical multiple regression analyses showed that self-oriented perfectionism consistently and positively related to job satisfaction and inversely to job burnout, other-oriented perfectionism inconsistently and positively related to job satisfaction and inversely to job burnout, and socially prescribed perfectionism inconsistently and inversely related to job satisfaction and positively to job burnout. Socially prescribed perfectionism also predicted reduced perceptions of autonomy at work. The paper supports a multidimensional approach to perfectionism in the workplace.

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Research Session 4: Family Factors & Motivation – Presentation 3

Presenter

Maarten Vansteenkiste

Title

Examining the Motivational Dynamics Involved in Perfectionism

Author/s

Maarten Vansteenkiste & Bart Soenens

Abstract

The present research aimed to examine the longitudinal associations of adaptive and maladaptive perfectionism. Based on Self-Determination Theory (Deci & Ryan, 2000), autonomous study motives, such as interest and perceived personal significance of the learning material, were discerned from controlled motives, such as internally pressuring obligations and external expectations. At the concurrent level, it was shown that whereas both types of perfectionism were predictive of an internally pressuring regulation, whereas adaptive and maladaptive perfectionism yielded unique associations with autonomous and externally pressuring regulation, respectively. Longitudinally, adaptive perfectionism was found to be associated with an increase in autonomous motivation, whereas maladaptive perfectionism predicted an increased in controlled motivation. The change in both types of motivation was associated with a change in learning outcomes and could, at least partially, explain the longitudinal associations between both types of perfectionism and learning outcomes. Based on Self-Determination Theory, a new definition and measurement of perfectionism is proposed, which includes the pursuit of high standards as its central feature and the autonomous and controlled motives underlying the pursuit of high standards as the basis for differentiating between different types of perfectionism.

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OPEN DISCUSSION
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DAY 1

Mark Anshel

- The concept has to be defined; even multiple definitions.
- Is perfectionism a trait or state measure? My doctoral student's dissertation linking perfectionism and perceived competence (high vs. low in different sport settings) shows that it has state properties, yet others consider it a trait. This issue will partly influence how it's described.
- Is perfectionism a positive or negative construct? If both, lets define it in terms of both types.
- What are its dimensions?
- What is the best way to measure it? What are the strongest items that determine and predict it? Should be undertake a massive effort with multiple data collections to finally generate a validated instrument?
- Do differences exist on this construct between groups as a function of gender, sport type, skill level, culture, perhaps other dimensions?
- What other constructs are correlated with perfectionism?
- What are the implications for changing this characteristic in a clinical or experimental (intervention) setting?
- How can perfectionism be treated when it is manifested in a negative way, lets say as a factor that contributes to depression, low confidence, low self-esteem, anxiety, high stress, burnout, and other undesirable factors?

Paul Appleton

I would be interested to learn the views of others regarding the current positive vs negative perfectionism debate, and how the construct of perfectionism should be defined.

Most of our studies to date have employed Hewitt and Flett's measure. However, we have conducted a number of the CFAs on the measure and the results are problematic in the sense that the model doesn't support the scale (both full scale and CAPS). Therefore, a second point I would be interested in would be the measurement of perfectionism and the psychometric properties of perfectionism scales.

(Moreover, please see Howard Hall's discussion points for Day 1.)

Lawrence Burns

- Lyoo et al.'s (2003) findings of continuities between certain PDs and the normal population, particularly OCPD raise some interesting questions about distributions within the population as a whole.
- Hewitt and Flett, in their 2002 publication, make a key theoretical point about the distinction between perfectionistic standards and the attainment of those standards (p. 15). Does using a Likert scale inherently imply some aspect of one's evaluation of how "true" a particular 'standard' is of them based on whether they feel they have attained, or could attain it in the future. I.e., MPS-item "I must always be successful at school or work." If I answer "mostly true" of me, am I assessing my personal congruence with the standard, or, assessing my discrepancy to the standard expressed in the statement? In the end, how are these different? I may be misguided, but I've spent a considerable amount of time trying to understand this distinction and its utility in our effort to measure one's level of perfection.

- Using the Stoeber and Otto's (2006) healthy-unhealthy perfectionism model, are the categories normally distributed? Would we expect different distributions based on level of functioning?

Julian Childs

- What are the core components of perfectionism? Is other-oriented perfectionism really perfectionism?
- What is the "best" approach to perfectionism: unidimensional, MPS (Hewitt & Flett), MPS (Frost et al.), or perfectionistic strivings and perfectionistic concerns?
- Are unidimensional and multidimensional perfectionism different or just a refined vs. broader approach? Perhaps they are both valid and useful in different contexts, for instance perhaps clinical perfectionism is more useful with samples with very high perfectionism scores whereas multidimensional perfectionism is more useful with samples with lower perfectionism scores. Could the unidimensional approach reside within the top end of the multidimensional approach?

David Dunkley

Although the perfectionism construct has been conceptualized and defined in many different ways, several studies have demonstrated that there is in fact considerable overlap among several measures derived from diverse theoretical frameworks. Factor analytic studies have consistently yielded two higher-order latent factors of perfectionism that cut across the many different measures of these cognitive-personality styles in both college students and patient samples. One dimension, which I refer to as *personal standards (PS)*, involves the setting of high standards and goals for oneself. In contrast, the other dimension, which I refer to as *self-critical concerns (SCC)*, is reminiscent of Blatt's (1974) self-criticism construct and involves overly critical evaluations of one's own behavior, an inability to derive satisfaction from successful performance, and chronic concerns about others' criticism. I argue against categorically labeling each perfectionism measure as either an assessment of perfectionism or not and suggest that perfectionism measures can be considered as relatively stronger or weaker indicators of either PS or SCC dimensions. FMPS personal standards, HMPS self-oriented perfectionism, and APS-R standards appear to be relatively stronger indicators of PS, whereas HMPS other-oriented perfectionism is a relatively weaker, albeit significant, indicator. On the other hand, DEQ self-criticism, FMPS concern over mistakes, APS-R discrepancy, HMPS socially prescribed perfectionism, and DAS self-critical concerns appear to be relatively stronger indicators of SCC, whereas FMPS doubts about actions, parental criticism, and parental expectations appear to be relatively weaker, albeit significant, indicators. PS perfectionism measures reflect the active pursuit of self-imposed standards, but do not closely reflect the critical pathological components of perfectionism. Nevertheless, PS appears to have the potential to become maladaptive in the context of certain circumstances (e.g., high stress) or populations. SCC measures more closely reflect the pathological aspects of perfectionism, but do not appear to reflect the active pursuit of perfection.

John Gotwals

- Perfectionism is proposed to affect individuals' achievement-oriented behavior across a number of different domains including sport, education, and work (Stoeber & Otto, 2006). Typically instruments that assess perfectionism as a global personality trait (e.g., Frost et al.'s [1990] and Hewitt and Flett's [1991] respective *Multidimensional Perfectionism*

Scale) are used to assess individuals' perfectionistic orientations specific to these domains. However, recent evidence (Dunn, Gotwals, & Dunn, 2005; Mitchelson & Burns, 1998) suggests that domain-specific instruments may be better designed to achieve these purposes. To what extent should we rely on global or domain-specific instruments to assess perfectionism?

- The maladaptive versus adaptive nature of perfectionism remains one of the most controversial issues in perfectionism theory and research (Flett & Hewitt, 2005). Can adaptive perfectionism be considered a "form" of perfectionism? Additionally, researchers who have examined adaptive perfectionism have relied on a variety of techniques to assess adaptive perfectionism including relying on individual perfectionism dimensions, utilizing adaptive perfectionism factors, and producing profiles of adaptive perfectionism (Stoeber & Otto, 2006). Under what circumstances should these different techniques be used (if at all)?
- There is a large degree of dissension regarding the characteristics that should be considered as the central components of perfectionism. For example, almost every conceptualization of perfectionism has been criticized to some extent for containing dimensions that are not essential to what perfectionism really is. With no generally agreed-upon definition of perfectionism (Flett & Hewitt, 2002), how critical can we be of researchers that utilize different perfectionism conceptualizations or studies that exclude/include more controversial perfectionism dimensions?

Anne Haase

- How do we conceptualise it – dimensional or group-based? Different based on clinical and non-clinical groups?
- Parallels between perfectionist strivings and positive perfectionism – approach based
- Parallels between concerns and negative perfectionism – avoidance based
- Are we to focus solely on the detrimental aspects? We know detrimental aspects of perfectionism have some end benefit to those experiencing it but at what point does it become pathological – is there a trigger, does it just develop over time or is it inherent in the individual based on environment and upbringing? Also does perfectionism motivate in a particular way to achieve (albeit to avoid negative consequences, that is not succeeding)?

Howard Hall

Positive perfectionism or adaptive achievement striving? — Until the development of measures which reflected the broad multidimensional nature of perfectionism there was little empirical evidence in support of Hamachek's (1978) claims for the existence of two distinct forms of perfectionism (Stoeber& Otto, 2006). However, the emergence of multidimensional measures (Frost, Marten, Lahart & Rosenblate, 1990: Hewitt & Flett, 1990; Rheaume, Freeston, Ladouceur, Bouchard, Gallant, Talbot & Vallieres, 2000; Slaney & Johnson, 1992), containing subscales that capture a range of adaptive and maladaptive features has enabled researchers to provide an empirical basis for differentiating between positive and negative conceptions of perfectionism using a variety of different approaches (Stoeber& Otto, 2006). One empirically driven approach has been to utilise multiple measures of perfectionism and then employ factor analytical procedures in order to group similar facets of the construct, label the newly created factors accordingly, and then examine the degree of association between the new factors and various patterns of cognition, affect and behaviour (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Rice, Ashby, & Slaney,

1998; Stumpf & Parker). A second empirically driven approach has employed either cluster analysis or cut-off scores on various perfectionism measures in order to derive groups of healthy and unhealthy perfectionists (Stoeber & Otto, 2006).

While Stoeber and Otto (2006) conclude that these approaches provide strong support for the existence of two distinct forms of perfectionism, methodological concerns have been raised about these approaches, which suggest that caution may be warranted before any firm conclusions can be drawn (Flett & Hewitt, 2006; Greenspon, 2000). The principal concern in the adoption of either approach is that the measurement instruments are being used to define the constructs. One problem with defining positive and negative perfectionism through employing exploratory factor analysis is that core elements of perfectionism may be omitted from each specific form and therefore neither form provides an adequate conceptual representation of the perfectionism construct. For example, it can be argued that the pursuit of high personal standards is a core feature of both forms of perfectionism but when factor analysed along with multiple measures of perfectionism (Stoeber & Otto, 2006) it only emerges as a dimension of positive perfectionism. A further methodological problem is encountered when using cluster analysis to differentiate between groups of healthy, unhealthy and non-perfectionists. Using this form of analysis, group membership is heavily influenced by sample characteristics rather than being based upon clear conceptual distinctions and an unequivocal dimensional structure (Greenspon, 2000). As a consequence, the specific characteristics of each group may differ from study to study. In both of the approaches reviewed by Stoeber and Otto (2006) positive and negative forms of perfectionism are not defined by a clear conceptual framework, but by the inclusion of only positive or only negative dimensions of the construct. The resulting combinations may suffer from errors of omission, including necessary, but insufficient dimensional qualities to adequately define the constructs. This has led some researchers (Flett & Hewitt, 2006; Hall, 2006; Greenspon, 2000) to question whether positive perfectionism has been mislabelled, and simply reflects adaptive achievement motivation rather than striving to be perfect.

(*Note.* This discussion point was a joint submission with Andrew Hill and Paul Appleton.)

Andrew Hill

Dimensions of perfectionism that are typically regarded as maladaptive and adaptive are often positively correlated (Hewitt & Flett, 2006). This association poses an interesting dilemma when attempting to identify the consequences of dimensions of perfectionism. After controlling for the positive association between adaptive and maladaptive perfectionism, adaptive dimensions of perfectionism are likely to appear more motivationally desirable. However, the shared variance between adaptive and maladaptive forms of perfectionism may represent important, and defining, characteristics of adaptive forms of perfectionism (see Campbell & Di Paula, 2002, and Van Yperen, 2006). Should we be attempting to examine the consequences of dimensions of perfectionism in the absence of their shared variance? (See also Howard Hall's discussion points for Day 1.)

Osamu Kobori

I'd like to know not only the central aspect of perfectionism but also how researchers think of "related constructs" to perfectionism. What are these constructs? For example, Serpell et al.'s (2005) Perfectionism Persistence Perseverance Questionnaire (PPPQ)* includes both perfectionism and related constructs. How important are they to be investigated?

**Perfectionism* = Having high standards for oneself, wishing to do all activities in life to an extremely high level, along with the feeling that failing to be perfect in one domain means

that one is a failure more generally as a person (e.g., "One of my goals is to be perfect in everything I do"); *Persistence* = Ability to continue or persist with an activity in order to reach a goal, even when the task is arduous or lasts for a long time (e.g., "I tend to keep going with a long task until it is complete, rather than giving up quickly"); *Perseverance* = Tendency to continue with a particular behaviour or activity beyond the point at which this behaviour ceases to be appropriate or rewarding (e.g., "Sometimes I find myself continuing to do something even when there is no point in carrying on").

Glynn Owens

- Domain-specificity of perfectionism
- Stability of perfectionism over time, and prospects for modification
- Perfectionism as key element in various forms of psychopathology
- Can perfectionism ever be positive?

Joachim Stoeber

- To me, perfectionistic strivings are a central (i.e., essential and defining) aspect of perfectionism. Consequently, I am concerned about conceptions of perfectionism, and research studies on perfectionism, that do not include the strivings component and only focus on "maladaptive perfectionism" (perfectionistic concerns, evaluative concerns) because, to me, they do not tell the whole story and thus paint an overly dark picture of perfectionism.
- Moreover, I think that the positive characteristics, processes, and outcomes associated with perfectionistic strivings (e.g., higher performance) may be essential in understanding why individuals strive for perfection—even when it is more "stressful" to do so, and even if it may have negative effects and detrimental consequences.
- In an older study of ours (Stoeber & Joormann, 2001, *Cognitive Therapy and Research, 25,* 49-60), we found high correlations between perfectionistic concerns and general/pathological worry. (Note the overlapping meaning of "concern" and "worry" in everyday language.) Consequently, I often wonder what unique associations and effects perfectionistic concerns would show if individuals' general/pathological worry was controlled for.

Oliver Stoll

Autotelic experiences, popularly known as flow, are associated with optimal performance. They occur when one becomes so deeply engrossed in a task and pursues it with such passion that all else disappears, including any sense of the passage of time or the worry of failure. Attention and action in such an autotelic state seem to flow effortlessly, and the task is performed, without strain or effort, to the best of the person's ability. In sports competition, for instance, such a performance-enhancing state of mind is, for rather dead obvious reasons, highly desirable. The phenomenon is somewhat of a paradox and remains difficult to explain for traditional theories of attention for the simple reason that they assume that superior performance, in any task, is associated with increased attentional effort allocated to a task. But in flow experiences, the opposite appears to be the case, that is, optimal motor performance seems to be outside of conscious awareness, which leaves high level effortless action as purely automated. Staying with the example of flow experiences in sports, research is summarized that examines the link between perfectionism and sports performance. This is relevant because athletes who show negative perfectionist tendencies, that is,

are overly self-critical, preoccupied with mistakes, and feel that a discrepancy exists between expectation and result, often show reduced performance. Their frequent failure to enter a flow state that allows them to perform at their full potential informs our understanding of the neural basis of the autotelic experience, particularly with respect to how metacognitive processes, such as rumination about possible failure, interfere with automated motor performance. So I would see a big step forward in studying the neurocognitive basis of perfectionism. Secondly I would bring up a discussion about a possible correlation of perfectionism to action control constructs as well as to flow-experiences.

Tracey Wade

- Whether we can move towards a working party for this as per the OCD working party.

OPEN DISCUSSION
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DAY 2

Mark Anshel

(Please see Day 1's discussion points.)

Lawrence Burns

- How can we adapt our work at the APR Workshop to accomplish some of what the OCD Working Group did?
- Can we identify any areas of consensus about *what* perfection is and how to improve its study in the future?

Julian Childs

- How can we combat the negative consequences of perfectionism whilst promoting the positive ones? Is therapy the only answer and if so how can we improve therapeutic effectiveness? Can we use some form of workshop / self-help programme?
- Is perfectionism good or bad at work? Should we screen out potential employees with high levels of negative perfectionism or is this discrimination?
- Could negative perfectionism / perfectionistic strivings ever be positive? For instance, would high levels of socially prescribed perfectionism or perceived pressure to be perfect be beneficial to people that work in the public spotlight? Would it help them to avoid behaviour that harms their public image (for example the recent Max Mosley scandal)? How can we constrain these aspects of perfectionism when public opinion is synonymous with success for public figures?
- Given the large amount of research on perfectionism would perfectionism be more informative if it was no-longer examined by itself but combined with other theories (achievement goals, self-determination theory) to provide a unified theory of achievement-relevant cognition and behaviour?

David Dunkley

There are a number of important questions that have not yet been addressed and would constitute important steps in future research. First, although there are numerous measures of perfectionism, previous results indicate considerable redundancy among these measures in predicting maladjustment (e.g., Dunkley, Zuroff, & Blankstein, 2006). Nonetheless, as we acknowledge the potential value of studying individual perfectionism components, future research should explore the possibility that specific perfectionism measures might exhibit greater unique predictive validity in combination with certain circumstances (e.g., high stress) or in the context of predicting other relevant psychological criteria. Second, some authors (e.g., Hewitt et al., 2003; Shafran et al., 2002) have implied that rather sharp qualitative distinctions should be made in terms of what does or does not constitute an assessment of perfectionism. As the assignment of specific cut points to define the assessment of perfectionism versus related constructs is currently arbitrary or simply inconsistent with empirical data, taxometric research studies would be helpful to test claims of categorical boundaries. Third, the use of daily diary designs have shown promise in terms of illuminating trait-like characteristics and situational reactivity patterns associated with SCC and PS dimensions of perfectionism (e.g., Dunkley et al., 2003). Future repeated-measures designs (e.g., daily diary, experience sampling) addressing other hypotheses in nonclinical and clinical populations (e.g., depressed, eating disorder) would be helpful in shedding light on the dispositional and situational influences of SCC and PS individuals. Finally, daily diary and longitudinal designs would be helpful to provide further validation for the distinction

between "normal perfectionists" (i.e., high PS, low SCC) and "maladaptive perfectionists" (i.e., high PS, high SCC) supported in group-based designs.

John Gotwals

- One of the main criticisms against adaptive perfectionism is that it is more conceptually similar to a strong task achievement goal orientation (Nicholls, 1989) than it is to perfectionism. Although several theorists have made this point (e.g., Flett & Hewitt, 2005; Hall, 2006), researchers continue to examine the nature and effects of adaptive perfectionism. Theoretical and empirical distinctions need to be made between adaptive perfectionism and task orientation to better discern the functional nature of perfectionism.
- The numerous current conceptualizations of perfectionism are based heavily on theorists' and practitioners' clinically-based opinions regarding the core components of perfectionism. However, very little research has ever solicited information regarding the nature of perfectionism from perfectionists themselves. The definition, core components, and functional nature of perfectionism could be clarified by analyzing identified perfectionists' self-descriptions of their achievement-related behavior (see Rice et al., 2003). No such research has ever been conducted in the sport domain. As inferred by Rice et al., this bias on perspectives from theorists and practitioners in the clinical domain may have influenced the literature's historical emphasis on the dysfunctional nature of perfectionism.
- Many research studies on perfectionism conclude with statements indicating that the produced results could have an impact on the treatment of perfectionism. Yet there are very few published accounts which chronicle the application of past research findings towards efforts to placate individuals' maladaptive perfectionistic tendencies or the encouragement of adaptive perfectionistic strivings (if that exists). This makes me question the beneficial impact of our research outside the ivory tower of academia. Besides having a (hopefully) beneficial impact on individuals' lives, I feel that such studies could have a reciprocal effect in terms of clarifying perfectionism theory and generating future directions for research.

Anne Haase

- Practical implications
- Descriptive studies demonstrating associations, but how best to approach in non-clinical settings?
- Is it necessary to encourage/alleviate perfectionism (striving and concerns respectively) in non clinical settings?

Howard Hall

I haven't written anything formal to raise for discussion on Day 2, but one issue that I'd like to raise concerns the temporal location of both striving for perfection and negative reactions to imperfection. A recent *Psychology in Sport and Exercise* paper on perfectionism and achievement goals got me thinking about whether striving for perfection could be considered an antecedent of both mastery and performance approach behaviour as well as mastery avoidance behaviour, while negative reactions to mistakes ought to be considered as a consequence of the adoption of mastery avoidance and performance goals. That is, perfectionistic striving precedes the cognitive process that results in negative reactions to mistakes. Whether reactions to mistakes are negative, therefore, depends upon the motivational regulation (goals) of the individual.

Andrew Hill

(Please see Day 1's discussion points.)

Osamu Kobori

What is the distinctive nature of perfectionism in each disorder? The OCCWG (1997) defined perfectionism as "the tendency to believe there is a perfect solution to every problem, that doing something perfectly is not only possible but also necessary, and that even minor mistakes will have serious consequences." Would it be clinically useful to think of disorder-specific perfectionism thoughts? For example:

- Depression: "Making mistakes means I'm inadequate," "Once I make a mistake, I'll keep making mistakes".
- Social Phobia (and Performance Anxiety): "I need to make a perfect impression." "It is important for me to perfectly live up to others' expectations." "I shouldn't make any mistake in my performance."
- Panic Disorder: "Even minor sensation means I'm going to fait/suffocate/die."
- Body Dysmorphic Disorder: "I should look perfectly."
- Insomnia: "My sleep should be perfect all over the night."
- Chronic Pain: "My body should be in the perfect condition all the time."

The other thing I find interesting is how inflexible perfectionists are. It would be problematic if perfectionists hold high standards in an inflexible way. More research may be needed to examine the relationship between perfectionism and cognitive inflexibility.

Glynn Owens

(Please see Day 1's discussion points.)

Joachim Stoeber

- I think we need more longitudinal studies, where we look at the long(er)-term effects of perfectionism (including perfectionistic strivings *and* perfectionistic concerns), and more prospective studies, where we test predictions how individual differences in perfectionism (again perfectionistic strivings *and* perfectionistic concerns) influence affect, behavior, and cognition.
- Related to the latter point, I think we need more experimental studies. Whereas I am skeptical as to whether perfectionism can be experimentally manipulated, I would like to see more studies investigating how perfectionism influences affect, behavior, and cognition dependent on experimental manipulations of situational variables (e.g., success vs. failure) to gain a better understanding of perfectionism × situation interactions.
- Finally, I think that research on perfectionism is suffering from an over-reliance on self-reported "behaviors" (self-reported affect, behavior, and cognition). Consequently, future research on perfectionism may want to pay greater attention to objective behaviors (e.g., individuals' actual choices, objective performance outcomes, observable reactions). Moreover, we still know *very* little about differences in psycho-physiological reactions between individuals high vs. low in perfectionism, so I see great potential in studies on perfectionism that include methods and data from psycho-physiology, biopsychology, and neuroscience.

Oliver Stoll

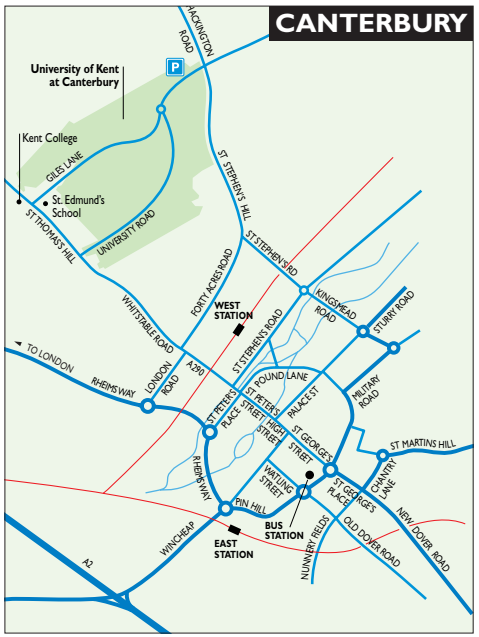
As an applied sport psychologist, currently working with Peking 2008 Top-Team in Diving as well as a consultant with the Finnish Ice-Hockey Association, I would like to focus in this session on a more applied problem. Given the fact that perfectionism (in sports) has at least two sides: one performance-enhancing and one possible performance-undermining, than sport-psychological intervention-program should be developed and evaluated, in order to optimize the performance in case athletes are high in positive strivings as well as in negative reactions to imperfect performance. Are clinical approaches (in terms of psycho-therapeutic interventions) helpful or do we need do modify such approaches because of the different setting, an athlete acts in comparison to a patient? What can we learn from well known stressor anger-management interventions based on cognitive theories in clinical psychology or do we need to have other approaches in our mind (because perfectionism is a trait modifying personality traits is almost not possible using short term interventions)? Or just looking at consequences: if it can be hypothesized that the negative reactions to imperfect performance dimension is based on up-regulated prefrontal cortex, which sport psychological interventions may help to down-regulate this area?

Tracey Wade

- Clarifying whether perfectionism works differently in eating disorders than anxiety, depression and other types of psychopathology.

APPENDIX

How to reach the University



Every possible care has been taken to ensure that the information given in this leaflet is accurate at the time of going to press. July 2005

By Sea and Rail:

Calais to Dover – approx 75 minutes by ferry, just under an hour by Seacat. Boulogne to Dover – approx 110 minutes by Seacat. Direct trains from Dover Priory to Canterbury East every half hour on weekdays (hourly on Sundays). Journey time approx 30 minutes.

By Air:

Arrival at London Airport (Heathrow); Underground to Victoria Railway Station, train to Canterbury East. Arrival at Gatwick Airport: Gatwick Express to Victoria, train to Canterbury East.

The Channel Tunnel:

From France and Belgium take the Eurotunnel to Folkestone or the Eurostar to Ashford – journey time approx 2 hours Paris, 1 hour 40 minutes Brussels, 1 hour Lille; regular train services from Ashford to Canterbury West – approx 30 minutes journey time.

By Rail

Two rail routes from:

London (Victoria) to Canterbury East: journey time approx 85 minutes. Mondays to Saturdays two trains an hour (one direct, one change at Faversham). Sundays – direct hourly service.

London (Charing Cross or Waterloo East) to Canterbury West: journey time approx 90 minutes. Monday to Friday – direct hourly service through most of the day.

Taxis are available at both Canterbury stations.

By Road

To reach Canterbury from:

London: M2, A2 (56 miles; 89km) Dover: A2 (16 miles; 26km) Ramsgate: A253, A28 (18 miles; 29km) Ashford: A28 (14 miles; 22km) Maidstone: (26 miles; 42km) Tonbridge (40 miles; 64km): M20, M2, A2. From the North or West: M25, M20, M2, A2.

Canterbury to the University: Canterbury central ring road, A290 Whitstable Road, St Thomas Hill, approx 1 mile (1.6km) along the A290, University entrance on right (signposted) near top of hill.

The visitors' car park on Giles Lane is a 'Pay and Display' car park. Parking elsewhere is very restricted and for permit holders only.

By Bus

Canterbury Bus Station to the University. Regular bus service, taking approximately 14 minutes. (See map for bus stops on campus.) From Canterbury East follow path on City Walls to Bus Station (clearly visible by City Wall). From Canterbury West turn right out of station, walk to main road, bus stop is on far side, approx 50 metres to left.

Further information about the University may be obtained from:

Communications & Development Office, The Registry
University of Kent at Canterbury, Canterbury, Kent, CT2 7NZ.
Tel 01227 764000 Fax 01227 764464

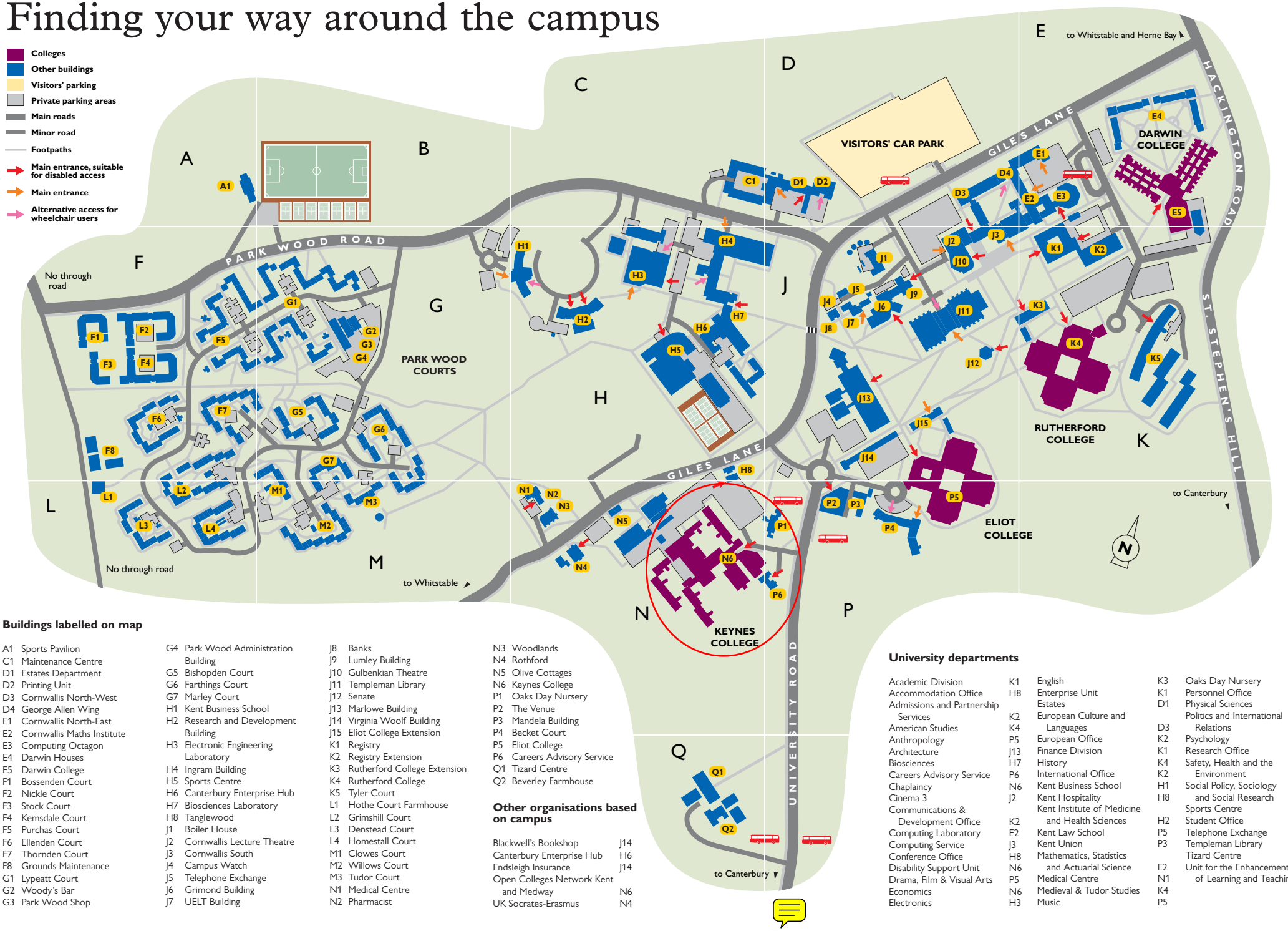
www.kent.ac.uk

PU 102046 8/05 Photos: Martin Levenson

UNIVERSITY OF KENT
AT CANTERBURY

Campus Guide

Finding your way around the campus



Buildings labelled on map

A1 Sports Pavilion
C1 Maintenance Centre
D1 Estates Department
D2 Printing Unit
D3 Cornwallis North-West
D4 George Allen Wing
E1 Cornwallis North-East
E2 Cornwallis Maths Institute
E3 Computing Octagon
E4 Darwin Houses
E5 Darwin College
F1 Bossenden Court
F2 Nickle Court
F3 Stock Court
F4 Kemsdale Court
F5 Purchas Court
F6 Ellenden Court
F7 Thornden Court
F8 Grounds Maintenance
G1 Lypeatt Court
G2 Woody's Bar
G3 Park Wood Shop
G4 Park Wood Administration Building
G5 Bishopden Court
G6 Farthings Court
G7 Marley Court
H1 Kent Business School
H2 Research and Development Building
H3 Electronic Engineering Laboratory
H4 Ingram Building
H5 Sports Centre
H6 Canterbury Enterprise Hub
H7 Biosciences Laboratory
H8 Tanglewood
J1 Boiler House
J2 Cornwallis Lecture Theatre
J3 Cornwallis South
J4 Campus Watch
J5 Telephone Exchange
J6 Grimond Building
J7 UELT Building
J8 Banks
J9 Lumley Building
J10 Gulbenkian Theatre
J11 Templeman Library
J12 Senate
J13 Marlowe Building
J14 Virginia Woolf Building
J15 Eliot College Extension
K1 Registry
K2 Registry Extension
K3 Rutherford College Extension
K4 Rutherford College
K5 Tyler Court
L1 Hothe Court Farmhouse
L2 Grimshill Court
L3 Denstead Court
L4 Homestall Court
M1 Clowes Court
M2 Willows Court
M3 Tudor Court
N1 Medical Centre
N2 Pharmacist
N3 Woodlands
N4 Rothford
N5 Olive Cottages
N6 Keynes College
P1 Oaks Day Nursery
P2 The Venue
P3 Mandela Building
P4 Becket Court
P5 Eliot College
P6 Careers Advisory Service
Q1 Tizard Centre
Q2 Beverley Farmhouse

Other organisations based on campus

Blackwell's Bookshop	J14
Canterbury Enterprise Hub	H6
Endsleigh Insurance	J14
Open Colleges Network Kent and Medway	N6
UK Socrates-Erasmus	N4

University departments

Academic Division	K1
Accommodation Office	H8
Admissions and Partnership Services	K2
American Studies	K4
Anthropology	P5
Architecture	J13
Biosciences	H7
Careers Advisory Service	P6
Chaplaincy	N6
Cinema 3	J2
Communications & Development Office	K2
Computing Laboratory	E2
Computing Service	J3
Conference Office	H8
Disability Support Unit	N6
Drama, Film & Visual Arts	P5
Economics	N6
Electronics	H3
English	K3
Enterprise Unit	K1
Estates	D1
European Culture and Languages	D3
European Office	K2
Finance Division	K1
History	K4
International Office	K2
Kent Business School	H1
Kent Hospitality	H8
Kent Institute of Medicine and Health Sciences	H2
Kent Law School	P5
Kent Union	P3
Mathematics, Statistics and Actuarial Science	E2
Medical Centre	N1
Medieval & Tudor Studies	K4
Music	P5
Oaks Day Nursery	P1
Personnel Office	K1
Physical Sciences	H4
Politics and International Relations	K4
Psychology	N6
Research Office	K1
Safety, Health and the Environment	J13
Social Policy, Sociology and Social Research	E1
Sports Centre	H5
Student Office	K1
Telephone Exchange	J5
Templeman Library	J11
Tizard Centre	Q1
Unit for the Enhancement of Learning and Teaching	J7