The Assessment of Self-Oriented and Socially Prescribed Perfectionism:

Subscales Make a Difference

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Abstract

Campbell and Di Paula (2002) suggested differentiating Perfectionistic Striving and Importance of Being Perfect subscales when measuring self-oriented perfectionism, and Others' High Standards and Conditional Acceptance subscales when measuring socially prescribed perfectionism. The present study investigates the utility of this differentiation by analyzing data from 1041 students and examining correlations with positive striving and maladaptive evaluation concerns aspects of perfectionism and with positive and negative indicators of well-being and psychological adjustment. As expected, (a) Perfectionistic Striving scores showed higher correlations with positive striving aspects of perfectionism and with positive indicators of well-being and adjustment than Importance of Being Perfect scores, and (b) Conditional Acceptance scores showed higher correlations with maladaptive evaluation concerns aspects of perfectionism and with negative indicators of well-being and adjustment than Others' High Standards scores. The findings indicate that Campbell and Di Paula's differentiation provides for a more detailed and informative assessment of multidimensional perfectionism and its different aspects. Moreover, it provides for new insights into self-oriented and socially prescribed perfectionism and their relationships and associations.

Keywords: perfectionism; subjective well-being; depressive symptoms; coping; burnout

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Perfectionism has been described as a personality disposition characterized by striving for flawlessness and setting excessively high standards for performance accompanied by tendencies for overly critical evaluations of one's behaviour (Flett & Hewitt, 2002; Frost, Marten, Lahart, & Rosenblate, 1990). Over the past 20 years, psychological research has progressed considerably in the understanding of perfectionism. Critical to this progress was the development of instruments that allowed for a multidimensional assessment of perfectionism. These instruments provided researchers with the necessary tools to discover that perfectionism—while overall a maladaptive personality disposition associated with a range of negative characteristics, processes, and outcomes—also has aspects that are ambivalent, and aspects that are associated with positive characteristics, processes, and outcomes (Enns & Cox, 2002; Stoeber & Otto, 2006).

Self-oriented and Socially Prescribed Perfectionism

An important instrument in the multidimensional assessment of perfectionism is the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991, 2004). Recognizing that perfectionism has both personal and interpersonal aspects, Hewitt and Flett differentiated two main forms of perfectionism: self-oriented perfectionism and socially prescribed perfectionism.[1] Self-oriented perfectionism comprises beliefs that striving for perfection and being perfect are important and is characterized by setting excessively high standards for oneself. The key characteristics of self-oriented perfectionism are a strong personal motivation to strive for perfection and a need to be perfect. In contrast, socially prescribed perfectionism comprises beliefs that others have excessively high standards for oneself and that acceptance by others is conditional on fulfilling these standards. The key characteristics of socially prescribed perfectionism are concern over others' high standards

and concern over living up to these standards, driven by fears of losing approval and acceptance from others if one is not perfect (Enns & Cox, 2002; Hewitt & Flett, 1991).

When reviewing the body of research on self-oriented perfectionism and socially prescribed perfectionism that has accumulated since Hewitt and Flett developed the MPS, findings consistently support that socially prescribed perfectionism is a maladaptive form of perfectionism showing positive correlations with negative characteristics, processes, and outcomes and negative correlations with positive characteristics, processes, and outcomes (see Enns & Cox, 2002, and Hewitt & Flett, 2004, for comprehensive reviews). For example, socially prescribed perfectionism has shown positive correlations with negative indicators of subjective well-being such as negative affect (e.g., Molnar, Reker, Culp, Sadava, & DeCourville, 2006) and negative correlations with positive indicators of subjective well-being such as positive affect, self-esteem, and satisfaction with life (e.g., Bartsch, 2007; Molnar et al., 2006; Saboonchi & Lundh, 2003). Moreover, socially prescribed perfectionism has shown positive correlations with maladaptive ways of coping such avoidant coping (e.g., Dunkley, Zuroff, & Blankstein, 2006; O'Connor & O'Connor, 2003) and with burnout (A. P. Hill, Hall, Appleton, & Kozub, 2008; Mitchelson & Burns, 1998), whereas it has shown negative correlations with adaptive ways of coping such as behavioral coping and positive emotional coping (e.g., Flett, Russo, & Hewitt, 1994; Rudolph, Flett, & Hewitt, 2007). In sum, socially prescribed perfectionism is a form of perfectionism closely associated with low subjective well-being and poor psychological adjustment.

Self-oriented perfectionism, in contrast, is an ambivalent form of perfectionism (Enns & Cox, 2002). On the one hand, self-oriented perfectionism has shown positive correlations with negative characteristics, processes, and outcomes. On the other hand, it has shown positive correlations with positive characteristics, processes, and outcomes. Regarding positive and negative affect, for example, some studies found positive correlations with negative affect (e.g., Dunkley et al., 2006;

Kobori & Tanno, 2005) whereas others found positive correlations with positive affect (e.g., Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Molnar et al., 2006). Regarding subjective well-being, most studies found self-oriented perfectionism to show negative correlations with subjective well-being and self-esteem (e.g., Bartsch, 2007), but some found positive correlations with self-esteem (e.g., Trumpeter, Watson, & O'Leary, 2006). Regarding coping and burnout, the majority of studies found only nonsignificant correlations showing no clear pattern of how self-oriented perfectionism is related to adaptive versus maladaptive coping or burnout (Dunkley et al., 2006; Mitchelson & Burns, 1998; O'Connor & O'Connor, 2003; Rudolph et al., 2007). However, one study found positive correlations with adaptive ways of coping with stress (Flett et al., 1994), and another study found a negative correlation with burnout (A. P. Hill et al., 2008).

Campbell and Di Paula's (2002) Subscales

A possible explanation as to why self-oriented perfectionism appears to be an ambivalent form of perfectionism and shows both positive and negative correlations was provided by Campbell and Di Paula (2002). They factor analyzed the items of the MPS scale measuring self-oriented perfectionism, and found two factors: one they called "Perfectionistic Striving" and one they called "Importance of Being Perfect." Based on the items' factor loadings, they selected five items from the first factor to form the subscale Perfectionistic Striving capturing striving for perfection (e.g., "I strive to be as perfect as I can be") and five items from the second factor to form the subscale Importance of Being Perfect capturing the importance or need to be perfect (e.g., "It is very important that I am perfect in everything I attempt").

Campbell and Di Paula also inspected the items of the MPS scale measuring socially prescribed perfectionism. There too, they found two factors: one they called "Others' High Standards" and one they called "Conditional Acceptance." Based on the items' factor loadings, they selected six items from the first factor to form the subscale Others' High Standards capturing

people's perceptions that others have excessively high expectations of them (e.g., "People expect nothing less than perfection from me") and five items from the second factor to form the subscale Conditional Acceptance capturing perceptions that others only accept them when they live up to these expectations (e.g., "Others will like me even if I don't excel at everything," reverse-coded).

When the four subscales were correlated with positive and negative indicators of subjective well-being and psychological adjustment (self-esteem, positive and negative affect, depressive symptoms), they showed a highly differential pattern of correlations. Regarding the two subscales of self-oriented perfectionism, Perfectionistic Striving showed negative correlations with depressive symptoms and negative affect and positive correlations with positive affect and self-esteem. In contrast, Importance of Being Perfect showed a negative correlation with self-esteem. Consequently, Perfectionistic Striving seems to capture aspects of self-oriented perfectionism that are predominantly positive, whereas Importance of Being Perfect seems to capture aspects that are ambivalent or even negative. Regarding the two subscales of socially prescribed perfectionism, only Conditional Acceptance showed negative correlations with self-esteem and positive affect, and positive correlations with depression and negative affect. Others' High Standards merely showed nonsignificant correlations. Consequently, Conditional Acceptance seems to capture aspects of socially prescribed perfectionism that are decidedly negative, whereas Others' High Standards seems to capture aspects that are less negative or even ambivalent.

Evidence supporting these four new subscales, however, is still rather weak. Apart from Campbell and Di Paula (2002), only three further studies have been published that differentiated between the four subscales (Rimes & Chalder, 2010; Stoeber, Kempe, & Keogh, 2008; Van Yperen, 2006). Moreover, only two of these studies (Rimes & Chalder, 2010; Stoeber et al., 2008) found a differential pattern of correlations. Rimes and Chalder (2010) investigated dysfunctional beliefs about emotions (i.e., beliefs that expressing emotions or distress will be evaluated negatively by

others). They found that three of the four subscales (Importance of Being Perfect, Others' High Standards, Conditional Acceptance) showed a positive correlation with dysfunctional beliefs about emotions, but Perfectionistic Striving did not. Stoeber et al. (2008) investigated self-conscious affect after success and failure. They found that Perfectionistic Striving (but not Importance of Being Perfect) showed a positive correlation with pride after success. Moreover, while all four subscales showed positive correlations with shame after failure, only Conditional Acceptance (but not Others' High Standards) showed a negative correlation with pride after both success and failure, suggesting that Conditional Acceptance predicts higher levels of negative self-conscious affect regardless of outcomes.

The Present Research

Against this background, the aim of the present research was to provide further support for Campbell and Di Paula's (2002) four subscales of self-oriented perfectionism and socially prescribed perfectionism. Converging evidence regarding multidimensional perfectionism shows that two broad dimensions of perfectionism can be differentiated: one capturing more positive aspects of perfectionism—positive striving perfectionism—and one capturing more negative aspects of perfectionism—maladaptive evaluation concerns perfectionism (Frost et al., 1993; see Stoeber & Otto, 2006, for a comprehensive review). Because no study so far has investigated how the four subscales are related to positive striving and maladaptive evaluation concerns, we first investigated how the four subscales were related to these positive versus negative aspects of multidimensional perfectionism. Second, we investigated how the four subscales were related to positive and negative indicators of subjective well-being and psychological adjustment. In this, we investigated correlations with satisfaction with life, adaptive coping, maladaptive coping, and burnout. Third, we investigated correlations with self-esteem, positive and negative affect, and depressive symptoms to expand on Campbell and Di Paula's (2002) findings.

The central question of the present research was whether the two subscales of self-oriented perfectionism showed *different* correlations and whether the two subscales of socially prescribed perfectionism showed *different* correlations. Regarding self-oriented perfectionism, we expected Perfectionistic Striving to show (a) higher positive correlations with positive striving aspects of perfectionism and with positive indicators of subjective well-being and psychological adjustment and (b) lower positive correlations or higher negative correlations with maladaptive evaluation concerns aspects of perfectionism and with negative indicators of subjective well-being and psychological maladjustment when compared to Importance of Being Perfect. Regarding socially prescribed perfectionism, we expected Conditional Acceptance to show (a) lower positive correlations with positive striving aspects of perfectionism, (b) higher positive correlations with maladaptive evaluation concerns aspects of perfectionism and with negative indicators of subjective well-being and psychological adjustment, and (c) higher negative correlations with positive indicators of subjective well-being and psychological adjustment when compared to Others' High Standards.

Method

Participants and Procedure

Participants were $N = 1041$ university students (71% female) from a large British university who had participated in different studies in the first author's lab, all of which included the Self-Oriented Perfectionism scale and the Socially Prescribed Perfectionism scale of the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991, 2004). The average age of participants was 20.6 years ($SD = 3.4$, range = 16-49 years). The data were taken from four samples. Sample 1 ($n = 173$; 76% female; age: $M = 20.8$ years, $SD = 2.7$, range = 17-32 years) comprised undergraduate and postgraduate students participating in a study on perfectionism, coping, and well-being (unpublished data set). Sample 2 ($n = 661$; 65% female; age: $M = 20.5$ years, $SD = 3.5$, range = 16-49 years) comprised undergraduate students participating in a series of studies on perfectionism

and affect (data set used in Stoeber, Kobori, & Tanno, 2010). Sample 3 (n = 96; 86% female; age: M = 20.9 years, SD = 4.5, range = 18-46 years) comprised undergraduate and postgraduate students participating in a study on perfectionism and psychological adjustment (data set used in Stoeber & Stoeber, 2009). Sample 4 (n = 111; 88% female; age: M = 20.0 years, SD = 2.4, range = 18-37 years) comprised undergraduate students participating in a study on perfectionism and depression (data set used in Stoeber, Feast, & Hayward, 2009).

Participants were recruited via flyers, posters, and the School of Psychology's research participation website. For their participation, participants either received a small financial compensation (Samples 1-2), a chocolate bar (Sample 3), or extra course credit (Samples 2-4). All studies were approved by the relevant ethics committees and followed the British Psychological Society's code of conduct and ethical guidelines (British Psychological Society, 2005).

Measures

All samples. All participants completed the 30 items of the MPS (Hewitt & Flett, 1991, 2004) that measure self-oriented perfectionism and socially prescribed perfectionism (for information on reliability and validity, see, e.g., Hewitt & Flett, 2004). Participants responded to the items on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). In addition to computing total scores for self-oriented and socially prescribed perfectionism, subscale scores were computed as suggested by Campbell and Di Paula (2002). Regarding the two subscales of self-oriented perfectionism, scores for Perfectionistic Striving were computed by combining MPS items 8, 14, 17, 36, and 40; and scores for Importance of Being Perfect were computed by combining items 15, 20, 23, 28, and 34. Regarding the two subscales of socially prescribed perfectionism, scores for Others' High Standards were computed by combining items 11, 13, 18, 35, 37, and 39; and scores for Conditional Acceptance were computed by combining items 5, 21, 30, 33, and 44.[2]

Sample 1. Students completed further measures of perfectionism and measures of positive and negative affect, satisfaction with life, self-esteem, and coping. Regarding perfectionism, students completed selected subscales measuring positive striving and maladaptive evaluation concerns from the revised Almost Perfect Scale (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001; see ibid. for reliability and validity information) and the Frost Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990; see ibid. for reliability and validity information). To measure maladaptive evaluation concerns, students completed the Discrepancy (e.g., "Doing my best never seems enough"; APS-R), Concern over Mistakes (e.g., "If I do not do well all the time, people will not respect me"; FMPS), and Doubts about Action (e.g., "I usually have doubts about the simple everyday things I do"; FMPS) subscales. To measure positive striving, students completed the High Standards (e.g., "I set very high standards for myself"; APS-R) and Personal Standards (e.g., "I have extremely high goals"; FMPS) subscales. Students responded to these measures on the same answer scale used with the MPS.

Regarding Personal Standards, DiBartolo, Frost, Chang, LaSota, and Grills (2004) found that the original scale published by Frost et al. (1990) contains two items that confound personal standards with self-worth and competence valuation (i.e., "If I do not set the highest standards for myself, I am likely to end up a second-rate person," "It is important to me that I be thoroughly competent in everything I do"). Consequently, we followed DiBartolo et al.'s recommendation and computed "pure personal standards" scores (i.e., personal standards without the two confounding items) in addition to the original personal standards scores. In the present analyses, however, we focused on the pure personal standards scores because they capture the positive striving aspects of perfectionism better than the original scores (see also DiBartolo, Li, & Frost, 2008; Sturman, Flett, Hewitt, & Rudolph, 2009).

Regarding positive and negative affect, students completed the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988; see ibid. for reliability and validity information) that contains a scale measuring positive affect (e.g., "enthusiastic") and a scale measuring negative affect (e.g., "distressed"). Students were asked how frequently they had experienced the described emotions during the past two weeks, responding on a scale from 1(*little or none of the time*) to 4 (*most of the time*). To measure satisfaction with life, students completed the Satisfaction With Life Scale (sample item: "I am satisfied with my life"; Diener, Emmons, Larsen, & Griffin, 1985; see ibid. and Pavot & Diener, 1993, for reliability and validity information). To measure self-esteem, students completed the Rosenberg Self-Esteem Scale (Rosenberg, 1965; sample item: "I take a positive attitude toward myself"; see, e.g., Robins, Hendin, & Trzesniewski, 2001, for reliability and validity information). With both scales, students responded on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Regarding coping, students completed the Brief COPE (Carver, 1997; see ibid. and Cooper, Katona, & Livingston, 2008, for reliability and validity information). The Brief COPE captures 14 general coping strategies (e.g., "I've been taking action to try to make the situation better."). Participants were asked what they generally do or feel "when confronted with difficult or stressful events" and responded on a scale from 1 (*I usually don't do this at all*) to 4 (*I usually do this a lot*). Whereas Carver (1997) suggested that the 14 coping strategies comprise seven factors, we found only three reliable factors when computing an exploratory factor analysis (using scree test, principal axis factor extraction, and oblique rotation). Combining coping strategies that showed loadings > .40 on the same factor and no secondary loadings on another factor, we found three dimensions that we labeled "adaptive coping" (comprising active coping, planning, positive reframing, and acceptance), "maladaptive coping" (comprising denial, substance use, self-distraction, behavioral disengagement, and self-blame), and "using social support" (comprising using emotional support and using instrumental support). Because we had no hypotheses on using social support and because using

social support has been found to be an ambivalent coping strategy (e.g., Carver & Scheier, 1994), we included only adaptive coping and maladaptive coping in the present research.

Sample 2. Students completed the PANAS (Watson et al., 1988; see Sample 1) with instructions asking them to what extent they had experienced the described emotions during the past week, to which students responded on a scale from 1 (*very slightly or not at all*) to 5 (*extremely*).

Sample 3. Students completed measures of satisfaction with life and depressive symptoms. Regarding satisfaction with life, they completed the Satisfaction with Life Scale (Diener et al., 1985; see Sample 1) responding on a scale from 1 (*strongly agree*) to 5 (*strongly disagree*). Regarding depressive symptoms, students completed the short form of the Center for Epidemiological Studies-Depression scale (Radloff, 1977; short form: Cole, Rabin, Smith, & Kaufman, 2004; e.g., "I felt my life had been a failure"; see ibid. for reliability and validity information). Students were asked how they had felt during the past two weeks and responded on a scale from 0 (*rarely or none of the time*) to 3 (*most or all of the time*).

Sample 4. Students completed the Maslach Burnout Inventory-Student Survey (Schaufeli, Martínez, Pinto, Salanova, & Bakker, 2002; see ibid. for reliability and validity information) which is a version of the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996) adapted to capture burnout in students (e.g., "I feel emotionally drained by my studies"). Students responded on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*).

Results

Preliminary Analyses

For all scales, mean scores were computed by averaging across items. Table 1 gives an overview of the samples, variables, and scores including descriptive statistics and reliability estimates (Cronbach's alphas). All scores displayed satisfactory reliability (Cronbach's alpha ≥ .70; Nunnally &

Bernstein, 1994) except those of Conditional Acceptance which showed a Cronbach's alpha marginally below .70.

Satisfaction with life was measured with different answer scales in Samples 1 and 3, but showed near-identical profiles of correlations with the MPS scales in the two samples ($r_{alerting\text{-}CV}$ = .91; Westen & Rosenthal, 2003).[3] Therefore, we standardized the satisfaction with life scores and collapsed them across samples ($n = 269$). Positive and negative affect were measured with different answer scales and different timeframes in Samples 1 and 2, but also showed near-identical profiles of correlations with the MPS scales in the two samples ($r_{alerting\text{-}CV}$ = .92). Therefore, we also standardized the affect scores and collapsed them across samples ($n = 834$).

To investigate the intercorrelations between the MPS scales and subscales, we computed bivariate correlations between total scores and subscale scores. As expected, all perfectionism scores were positively correlated (see Table 2).

Main Analyses

To examine the differences between the two pairs of subscales suggested by Campbell and Di Paula (self-oriented perfectionism: Perfectionistic Striving vs. Importance of Being Perfect; socially prescribed perfectionism: Others' High Standards vs. Conditional Acceptance), we computed correlations for all scales and tested the differences with a z-test for comparing correlated correlations (Meng, Rosenthal, & Rubin, 1992). This test compares two correlations from the same sample, r(a, b) and r(a, c), taking the correlation of r(b, c) into account (see Meng et al., 1992, Formula 1).

Positive Striving and Maladaptive Evaluation Concerns Aspects of Perfectionism

First, we inspected the correlations of the MPS total scores and subscale scores with positive striving aspects (APS-R high standards, FMPS pure personal standards) and maladaptive evaluation

concerns aspects (APS-R discrepancy, FMPS concern over mistakes and doubts about actions) of perfectionism. The results are displayed in Table 3.

Regarding self-oriented perfectionism, the total score showed significant positive correlations with all aspects of perfectionism. The subscales, however, showed a differential pattern of correlations. Perfectionistic Striving showed significant positive correlations with high standards, pure personal standards, and concern over mistakes, but not with discrepancy and doubts about actions. In comparison, Importance of Being Perfect showed significant correlations with all aspects of perfectionism, like the total score of self-oriented perfectionism. More importantly, Perfectionistic Striving and Importance of Being Perfect showed significantly different correlations. As predicted, Perfectionistic Striving showed a higher positive correlation with high standards and lower positive correlations with discrepancy, concern over mistakes, and doubts about actions compared to Importance of Being Perfect. Unexpectedly, Perfectionistic Striving and Importance of Being Perfect did not show significantly different correlations with pure personal standards. Apart from that, the pattern of correlations and differences between correlations supported our expectations: Perfectionistic Striving was more closely associated with positive striving aspects of perfectionism and less closely with maladaptive evaluation concerns aspects of perfectionism compared to Importance of Being Perfect.

Regarding socially prescribed perfectionism, the total score showed significant positive correlations with all aspects of perfectionism. The same was true for the subscales scores, except that the correlation of Conditional Acceptance with high standards was nonsignificant. However, all differences between the correlations of the two subscales were significant. As was predicted, Conditional Acceptance showed higher positive correlations with discrepancy, concern over mistakes, and doubts about actions and lower positive correlations with high standards and pure personal standards compared to Others' High Standards. Thus, the results support our expectations:

Conditional Acceptance was more closely associated with maladaptive evaluation concerns aspects of perfectionism and less closely with positive striving aspects of perfectionism compared to Others' High Standards.

Subjective Well-Being and Psychological Adjustment

Next, we inspected the correlations of the MPS total scores and subscale scores with positive (positive affect, self-esteem, satisfaction with life, adaptive coping) and negative (negative affect, depressive symptoms, maladaptive coping, burnout) indicators of subjective well-being and psychological adjustment. The results are displayed in Table 4.

Regarding self-oriented perfectionism, the total score of self-oriented perfectionism showed significant correlations only with three indicators: a positive correlation with positive affect, a positive correlation with negative affect, and a negative correlation with burnout. The subscale scores, however, not only displayed further significant correlations, but also showed significantly different correlations. Perfectionistic Striving showed positive correlations with positive affect, self-esteem, and adaptive coping whereas Importance of Being Perfect showed a positive correlation with negative affect. Moreover, as we expected, Perfectionistic Striving showed higher positive correlations with positive affect, self-esteem, satisfaction with life, and adaptive coping and lower positive correlations with negative affect and maladaptive coping compared to Importance of Being Perfect. Even though both subscales showed a negative correlation with burnout, the overall pattern of correlations and differences between correlations was in line with our expectation that Perfectionistic Striving is the more positive subscale of the two.

Regarding socially prescribed perfectionism, the total score of socially prescribed perfectionism displayed significant correlations with all indicators of subjective well-being and psychological adjustment: positive correlations with negative affect, depressive symptoms, maladaptive coping, and burnout and negative correlations with positive affect, self-esteem,

satisfaction with life, and adaptive coping. Regarding the two subscales, however, only Conditional Acceptance displayed the same pattern of significant correlations as the total score. In comparison, Others' High Standards only showed a positive correlation with negative affect and a negative correlation with self-esteem. Moreover, all correlations of the two scales were significantly different. As was expected, Conditional Acceptance showed higher positive correlations with negative affect, depressive symptoms, maladaptive coping, and burnout and higher negative correlations with positive affect, self-esteem, and adaptive coping compared to Others' High Standards. With this, the results supported our expectation that Conditional Acceptance is the more negative subscale of the two. In fact, only Conditional Acceptance (but not Others' High Standards) showed positive correlations with all negative indicators and negative correlations with all positive indicators of well-being and adjustment.

Discussion

The aim of the present research was to provide further evidence for Campbell and Di Paula's (2002) suggestion that, when measuring self-oriented and socially prescribed perfectionism (Hewitt & Flett, 1991), four subscales should be differentiated—Perfectionistic Striving and Importance of Being Perfect, when measuring self-oriented perfectionism; and Others' High Standards and Conditional Acceptance, when measuring socially prescribed perfectionism—because they show different correlations. To this aim we analyzed data from a large sample of university students and correlated the subscale scores with other multidimensional measures of perfectionism that capture positive striving aspects (high standards, pure personal standards) and maladaptive evaluation concerns aspects (discrepancy, concern over mistakes, doubts about actions) of perfectionism. Moreover, we correlated the subscale scores with positive indicators (positive affect, self-esteem, satisfaction with life, adaptive coping) and with negative indicators (negative affect, depressive symptoms, maladaptive coping, burnout) of subjective well-being and psychological adjustment.

Analyzing the differences between the subscales' correlations, we found overall strong support for Campbell and Di Paula's claim that it is important to differentiate between the four subscales. Regarding the two subscales of self-oriented perfectionism, Perfectionistic Striving showed higher positive correlations with positive striving aspects of perfectionism and lower positive correlations with maladaptive evaluation concerns aspects compared to Importance of Being Perfect. Furthermore, Perfectionistic Striving showed higher positive correlations with positive indicators of subjective well-being and psychological adjustment and higher negative correlations with negative indicators. Regarding the two subscales of socially prescribed perfectionism, Conditional Acceptance showed higher positive correlations with maladaptive evaluation concerns aspects of perfectionism and lower positive correlations with positive striving aspects compared to Others' High Standards. Conditional Acceptance also showed higher positive correlations with negative indicators of subjective well-being and psychological adjustment, and higher negative correlations with positive indicators of subjective well-being and psychological adjustment. Moreover, only Conditional Acceptance showed significant positive and negative correlations with all indicators and thus displayed the same pattern of correlations as the total score of socially prescribed perfectionism. Others' High Standards, in comparison, showed only few significant correlations with well-being and adjustment.

Implications

The present findings have important implications for the assessment of multidimensional perfectionism. Regarding self-oriented perfectionism, the findings support the view that striving for perfection itself is not necessarily a negative characteristic (Lundh, 2004; Stoeber & Otto, 2006). On the contrary, perfectionistic striving may be considered positive (Frost et al., 1993) and may form part of a healthy striving for excellence (R. W. Hill et al., 2004; Shafran, Cooper, & Fairburn, 2002). Since Frost et al.'s (1993) seminal study, which was the first to demonstrate that positive striving

perfectionism is associated with positive affect (and not with negative affect and depressive symptoms), many studies have shown that striving for perfection is often associated with positive characteristics, processes, and outcomes—particularly when the negative effects of maladaptive evaluation concerns are controlled for (R. W. Hill, Huelsman, & Araujo, 2010; see Stoeber & Otto, 2006, for a comprehensive review). Together with the previous findings (Campbell & Di Paula, 2002; Stoeber et al., 2008), the present findings indicate that the Perfectionistic Striving subscale of the MPS Self-Oriented Perfectionism scale is a measure that captures positive striving aspects of self-oriented perfectionism.

In contrast, the Importance of Being Perfect subscale captures the more negative aspects of self-oriented perfectionism. Consequently, when scores from the two subscales—Perfectionistic Striving and Importance of Being Perfect—are combined and only total scores of self-oriented perfectionism are regarded, this may explain why self-oriented perfectionism has been shown to be related to both positive and negative characteristics, outcomes, and processes and is considered an ambivalent form of perfectionism (Enns & Cox, 2002). Moreover, this may explain why self-oriented perfectionism often does not show any significant associations (see, e.g., Hewitt & Flett, 2004). If the Perfectionistic Striving subscale captures the positive aspects of self-oriented perfectionism and the Importance of Being Perfect subscale captures the negative aspects, the two may cancel each other out when only the total scores of self-oriented perfectionism are regarded.

Regarding socially prescribed perfectionism, the present findings corroborate previous findings (Campbell & Di Paula, 2002; Stoeber et al., 2008) that conditional acceptance is the aspect of socially prescribed perfectionism that is responsible for socially prescribed perfectionism's strong and consistent associations with low subjective well-being and poor psychological adjustment (see e.g., Hewitt & Flett, 2004). The perception that others' impose high standards is much less problematic in comparison. Like Campbell and Di Paula (2002), the present study found only the

Conditional Acceptance subscale to show the same pattern of significant positive and negative correlations as the total scale. Moreover, the correlations of the Conditional Acceptance subscale scores were in the same order of magnitude as (or even slightly higher than) those of the total score of socially prescribed perfectionism.

But why is conditional acceptance such a negative aspect of perfectionism? The Conditional Acceptance subscale captures people's beliefs that others will accept them only if they are perfect—and if they are not perfect, will criticize them, hold them in low regard, or disregard them. These beliefs, however, become highly problematic when the person's self-worth is contingent on others' approval, as is often the case with people suffering from high levels of maladaptive evaluation concerns perfectionism, because contingent self-worth has been shown to be an important link between maladaptive evaluation concerns perfectionism and mental health problems such as depression (DiBartolo et al., 2004, 2008; Sturman et al., 2009).

Limitations and Future Research

The present findings have a number of limitations. First, the sample was predominantly female due to the fact that, in the UK, the vast majority of psychology students are female. Consequently, future research should aim to include a greater percentage of male participants. In addition, the sample was relatively homogenous regarding age, as is usually the case when university students are investigated. Because there are studies indicating that perfectionism decreases with age (Landa & Bybee, 2007; Stoeber & Stoeber, 2009), future research should aim to investigate samples that are older or more heterogeneous regarding age. Second, the present findings are limited to nonclinical samples. Whereas Rimes and Chalder (2010) found that the four subscales showed near-identical patterns of correlations in a clinical sample (individuals treated for chronic fatigue syndrome) and a healthy control sample, future studies need to provide further evidence that the four MPS subscales show similar patterns of correlations in clinical and non-clinical samples. Third,

regarding positive striving aspects of perfectionism, the present research found differences between Perfectionistic Striving and Importance of Being Perfect only for high standards measured with the revised Almost Perfect Scale (Slaney et al., 2001), but not for personal standards and pure personal standards (DiBartolo et al., 2004) measured with the Frost Multidimensional Perfectionism Scale (Frost et al., 1990). Consequently, future research should include further positive striving aspects of perfectionism such as striving for excellence (R. W. Hill et al., 2004) and positive self-oriented performance perfectionism (Chang, 2006) to further examine the relationships of the two self-oriented perfectionism subscales with positive striving aspects of perfectionism. Finally, like the findings from previous studies on the four subscales, the present findings are restricted to self-reports. Consequently, future studies should go beyond self-reports and include measures of objective performance (e.g., test performance; Stoeber & Kersting, 2007) and physiological data (e.g., heart rate response to stress; Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008) to provide a more comprehensive investigation of the differences the four subscales.

Conclusions

The emergence of multidimensional instruments to assess perfectionism has been a major step forward for theory and research on perfectionism and has greatly improved our understanding of the nature of perfectionism in all its different aspects. Since the 1990s, an impressive body of findings has accumulated demonstrating that most dimensions and subscales of perfectionism are associated with psychopathological symptoms and with lower levels of subjective well-being and psychological adjustment. Nevertheless, there are dimensions and subscales that are more ambivalent, and some that are associated with higher levels of subjective well-being and psychological adjustment. The present research demonstrates that this diversity of perfectionism can also be found in the scales of Hewitt and Flett's (1991, 2004) Multidimensional Perfectionism Scale measuring self-oriented perfectionism and socially prescribed perfectionism. For this, however, it is

necessary to follow Campbell and Di Paula's (2002) suggestion and differentiate Perfectionistic Striving in self-oriented perfectionism from Importance of Being Perfect, and differentiate Others' High Standards in socially prescribed perfectionism from Conditional Acceptance. This differentiation not only provides for new insights into self-oriented and socially prescribed perfectionism and their relationships and associations, but it also provides for a more detailed and informative assessment of multidimensional perfectionism and its different aspects. Therefore, personality researchers will profit from investigating subscale scores in addition to total scores to gain a richer, and deeper, understanding of the relationships of self-oriented and socially prescribed perfectionism. As the present findings show, the subscales do make a difference.

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Footnotes

[1]The model proposes a third form of perfectionism, other-oriented perfectionism, which captures having excessively high standards and expectations *for* others. Because other-oriented perfectionism is not regarded to be a core dimension of multidimensional perfectionism (e.g., Enns & Cox, 2002; Stoeber & Otto, 2006) and Campbell and Di Paula (2002) did not suggest subscales for this dimension, it was disregarded in the present study.

[2]Information about which items form the subscales was obtained from N. W. Van Yperen (personal communication, 16 October 2006) and confirmed by A. Di Paula (personal communication, 15 October 2008). Because the MPS items are protected by copyright, only item numbers are reported. Please see Hewitt and Flett (2004) for the full items.

[3]The correlation $r_{alerting-CV}$ is the Pearson correlation r between the Z_r transformed correlations with the MPS scales (see Westen & Rosenthal, 2003, for details).

Table 1

Variables, Samples, and Descriptive Statistics

Variable	Sample	*n*	*M*	*SD*	Scale	α
Self-Oriented Perfectionism						
Total score	1-4	1041	4.56	1.04	1-7	.92
Perfectionistic Striving	1-4	1041	5.07	1.08	1-7	.78
Importance of Being Perfect	1-4	1041	4.01	1.21	1-7	.87
Socially Prescribed Perfectionism						
Total score	1-4	1041	3.51	0.81	1-7	.85
Others' High Standards	1-4	1041	4.02	0.99	1-7	.72
Conditional Acceptance	1-4	1041	2.93	0.89	1-7	.69
Multidimensional Perfectionism						
APS-R						
High standards	1	173	5.34	0.89	1-7	.86
Discrepancy	1	173	3.68	1.20	1-7	.94
FMPS						
Personal standards	1	173	4.27	0.97	1-7	.81
Pure personal standards	1	173	4.36	1.02	1-7	.78
Concern over mistakes	1	173	3.22	1.13	1-7	.88
Doubts about actions	1	173	3.38	1.20	1-7	.75
Subjective well-being						
Positive affect						
Positive affect, past week	2	661	3.09	0.67	1-5	.86
Positive affect, past 2 weeks	1	173	2.61	0.50	1-4	.84
Negative affect						
Negative affect, past week	2	661	2.13	0.73	1-5	.84
Negative affect, past 2 weeks	1	173	1.73	0.51	1-4	.84
Self-esteem	1	173	4.93	1.07	1-7	.90
Satisfaction with life						
Satisfaction with life	1	173	4.64	1.34	1-7	.88
Satisfaction with life	3	96	3.51	0.85	1-5	.85
Depressive symptoms	3	96	1.15	0.61	0-3	.86

(Table 1, continued)

Coping						
Adaptive coping	1	173	2.93	0.53	1-4	.81
Maladaptive coping	1	173	1.94	0.45	1-4	.74
Burnout	4	111	3.53	0.93	1-7	.83

Note. APS-R = revised Almost Perfect Scale, FMPS = Frost Multidimensional Perfectionism Scale. All scores are mean scores obtained by averaging across items. Scale = answer scale and theoretical range of scores. α = Cronbach's alpha. Because the following variables were presented with the same answer scale as the original version, means and standard deviations for sum scores are provided for comparison purposes: self-oriented perfectionism total score ($M = 68.43$, $SD = 15.67$), Perfectionistic Striving ($M = 25.34$, $SD = 5.42$), Importance of Being Perfect ($M = 20.06$, $SD = 6.07$); socially prescribed perfectionism total score ($M = 52.67$, $SD = 12.19$), Others' High Standards ($M = 24.09$, $SD = 5.94$), Conditional Acceptance ($M = 14.66$, $SD = 4.45$); APS-R high standards ($M = 37.38$, $SD = 6.20$), discrepancy ($M = 43.68$, $SD = 14.35$); positive affect, past week ($M = 30.87$, $SD = 6.68$), negative affect, past week ($M = 21.25$, $SD = 7.80$); satisfaction with life in Sample 1 ($M = 23.19$, $SD = 6.70$); and depressive symptoms ($M = 11.55$, $SD = 6.13$).

Table 2

Scales and Subscales of Self-Oriented and Socially Prescribed Perfectionism: Intercorrelations

Variable	1	2	3	4	5
Self-Oriented Perfectionism					
1. Total score					
2. Perfectionistic Striving	.90***				
3. Importance of Being Perfect	.92***	.72***			
Socially Prescribed Perfectionism					
4. Total score	.43***	.27***	.49***		
5. Others' High Standards	.46***	.36***	.48***	.87***	
6. Conditional Acceptance	.25***	.08**	.35***	.82***	.49***

Note. N = 1041 (Samples 1-4 combined).
**p < .01. **p < .001.

Table 3

Self-Oriented and Socially Prescribed Perfectionism Total Score and Subscale Scores: Differential Correlations With Multidimensional Measures of Perfectionism

Variable	Self-Oriented Perfectionism				Socially Prescribed Perfectionism			
	Total score	Perfectionistic Striving	Importance of Being Perfect	z(diff)	Total score	Others' High Standards	Conditional Acceptance	z(diff)
APS-R								
High standards	.77***	.79***	.65***	3.85***	.26***	.36***	.14	3.08**
Discrepancy	.27***	.08	.34***	−4.58***	.46***	.24**	.55***	−4.59***
FMPS								
Personal standards	.80***	.71***	.75***	−1.26	.40***	.30***	.43***	−1.83
Pure personal standards	.76***	.72***	.69***	0.64	.32***	.38***	.21**	2.35*
Concern over mistakes	.60***	.35***	.67***	−4.42***	.66***	.53***	.65***	−2.04*
Doubts about actions	.30***	.14	.32***	−3.30***	.46***	.26***	.49***	−3.50***

Note. N = 173 (Sample 1). APS-R = revised Almost Perfect Scale, FMPS = Frost Multidimensional Perfectionism Scale. z(diff) = z-test of the difference between the correlation of Perfectionistic Striving and the correlation of Importance of Being Perfect and between the correlation of Others' High Standards and the correlation of Conditional Acceptance (see Meng et al., 1992, Formula 1), with r(Perfectionistic Striving, Importance of Being Perfect) = .72 and r(Others' High Standards, Conditional Acceptance) = .52, both ps < .001.
*p < .05. **p < .01. ***p < .001.

Table 4

Self-Oriented and Socially Prescribed Perfectionism Total Score and Subscale Scores: Differential Correlations With Indicators of Subjective Well-Being and Psychological Adjustment and Maladjustment

	Self-Oriented Perfectionism				Socially Prescribed Perfectionism			
Variable	Total score	Perfectionistic Striving	Importance of Being Perfect	z(diff)	Total score	Others' High Standards	Conditional Acceptance	z(diff)
Subjective well-being								
Positive affect[a]	.10**	.19***	.01	6.75***	−.11**	.00	−.20***	5.71***
Negative affect[a]	.10**	.04	.13***	−3.41***	.22***	.08*	.27***	−5.35***
Self-esteem[b]	.00	.15*	−.07	3.98***	−.43***	−.19*	−.51***	4.71***
Satisfaction with life[c]	−.02	.06	−.10	3.59***	−.26***	−.07	−.35***	4.63***
Depressive symptoms[d]	.04	−.03	.10	−1.78	.35***	.06	.43***	−3.32***
Coping[b]								
Adaptive coping	.10	.23**	.04	3.40***	−.24**	−.06	−.30***	3.45***
Maladaptive coping	.04	−.08	.10	−3.20**	.26***	.11	.25***	−1.99*
Burnout[e]	−.36***	−.38***	−.33***	−0.74	.24*	.10	.31***	−2.46**

Note. z(diff) = z-test of the difference between the correlation of Perfectionistic Striving and the correlation of Importance of Being Perfect and between the correlation of Others' High Standards and the correlation of Conditional Acceptance (see Meng et al., 1992, Formula 1).

[a]n = 834 (Samples 1 and 2 combined), r(PS, IBP) = .72***, r(OHS, CA) = .49***; [b]n = 173 (Sample 1), r(PS, IBP) = .72***, r(OHS, CA) = .52***; [c]n = 269 (Samples 1 and 3 combined), r(PS, IBP) = .73***, r(OHS, CA) = .48***; [d]n = 96 (Sample 3), r(PS, IBP) = .74***, r(OHS, CA) = .37***; [e]n = 111 (Sample 4), r(PS, IBP) = .78***, r(OHS, CA) = .58***; with PS = Perfectionistic Striving, IBP = Importance of Being Perfect, OHS = Others' High Standards, and CA = Conditional Acceptance.

*p < .05. **p < .01. ***p < .001.