
Perfectionism and Post-Secondary Students

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Abstract

This study utilized a multidimensional approach to examine perfectionistic standards for academic achievement and their association with depression and anxiety. Post-secondary students completed the Multidimensional Perfectionism Scale, the Beck Depression Inventory, and the Beck Anxiety Inventory. Results revealed that both self-oriented and socially-prescribed perfectionism were associated with depression and anxiety, with socially-prescribed perfectionism most closely related to these symptoms of distress. Results confirm the multidimensional nature of perfectionism and the central importance of socially-prescribed perfectionism in predicting students' adjustment difficulties. Suggestions are discussed for counsellors to address issues of perfectionism related to students' goals for academic achievement.

Résumé

Cette étude a examiné sur plusieurs plans les normes perfectionnistes de rendement scolaire et les liens entre ces normes et la dépression et l'anxiété. Des étudiants au niveau postsecondaire ont complété l'échelle de perfectionnisme multidimensionnel, l'inventaire de dépression de Beck et l'inventaire d'anxiété de Beck. Les résultats révèlent que le perfectionnisme issu des étudiants eux-mêmes ainsi que le perfectionnisme prescrit par la société sont associés à la dépression et à l'anxiété. La corrélation la plus forte était celle entre ces symptômes de détresse et le perfectionnisme prescrit par la société. Les résultats confirment la nature multidimensionnelle du perfectionnisme et l'importance primordiale du perfectionnisme prescrit par la société pour prédire les difficultés d'adaptation des étudiants. On présente des recommandations pour les conseillers abordant des questions de perfectionnisme par rapport aux objectifs de rendement scolaire visés par les étudiants.

Perfectionism is generally described as the tendency to hold and pursue excessively high standards for oneself (Pacht, 1984). Additionally, perfectionists tend to focus on their shortcomings and past failures in a punitive manner (Barrow & Moore, 1983) and equate self-worth with performance (Burns, 1980). Some researchers (Flett, Hewitt & De Rosa, 1996; Hamachek, 1978; King, 1986) suggest that perfectionism may be a positive incentive for achievement and only problematic when the individual is unable to modify standards according to the situation. This perspective suggests that a distinction should be made between "healthy" striving and an "unhealthy" extreme, which is associated with physiological and psychological difficulties. In contrast to the positive aspects of perfectionism, perfectionism is linked to a number of difficulties including low self-esteem, shame, guilt (Hamachek, 1978; Pacht, 1984), depression (Blatt, 1995; Hewitt & Flett, 1990), anxiety (Flett, Hewitt, & Dyck, 1989), indecisiveness (Frost & Shows, 1993), eating disorders (Minarik & Ahrens, 1996), and deficits in social skills (Flett et al., 1996).

Perfectionism has previously been viewed as simply a "component" of other problems (i.e., eating disorders, procrastination), but not as a serious risk factor on its own. It may even be rewarded and reinforced with achievement, recognition, and approval (King, 1986), particularly in student populations (Pacht, 1984). However, the growing body of evidence associating perfectionism with a host of adjustment difficulties demands that the serious and debilitating nature of this cognitive style be recognized (Adkins & Parker, 1996; Pacht, 1984).

The purpose of the current study is to examine the nature of perfectionism in a post-secondary population. In particular, the multidimensional model of perfectionism proposed by Hewitt and Flett (1991a; 1991b) is tested to examine the incidence of depression and anxiety symptoms by post-secondary students. An additional goal is to examine whether levels of perfectionism, and the relationships between perfectionism, depression, and anxiety, may vary with gender or age. Although some authors (Halgin & Leahy, 1989; Hamachek, 1978; King, 1986) speculate that perfectionism becomes more problematic with age, this has not been empirically assessed. Additionally, the examination of the role of gender in individual differences in perfectionism has been sporadic and the results, at present, are equivocal (e.g., Flett et al., 1991a; 1991b). Consequently, another goal of this study is to explore gender as a factor in understanding the relationship of perfectionism and student's experience of distress.

Conceptualization of Perfectionism

Most of the existing discussions of perfectionism identify the central component as the setting of excessively high personal standards or goals, combined with other features such as active striving to meet rigid goals, self-criticism, and underrating of accomplishments (Flett, Hewitt, Blankstein & Mosher, 1991a; Frost, Marten, Lahart, & Rosenblate, 1990). Earlier conceptualizations of perfectionism were unidimensional in that they focused on self-related standards and cognitions. However, references to other possible components of the perfectionism construct are evident in the theoretical literature. For example, Hollender (1987) suggests that some individuals set unrealistic standards for significant others and demand that they aspire to these standards. Several authors (e.g., Hamachek, 1978; Pacht, 1984) suggest that the expectations of others, particularly parents, are also central in the development and perpetuation of perfectionism. The perfectionist places great value on the evaluations and expectations of significant others and is motivated to pursue these standards to avoid rejection and loss of approval (Frost et al., 1990). Recently, evidence for a multidimensional approach to perfectionism has been demonstrated (Frost & Marten, 1990; Hewitt & Flett, 1990; 1991a) and measures of perfectionism have been developed which

recognize the intrapersonal and interpersonal elements of this construct (Frost et al., 1990; Hewitt & Flett, 1991a).

A multidimensional view of perfectionism. According to Hewitt and Flett (1991a), perfectionism can be described along three dimensions, self-oriented perfectionism, other-oriented perfectionism, and socially-prescribed perfectionism. Self-oriented perfectionism involves setting rigid standards for oneself. Accompanying these standards are rigorous evaluations of one's own behaviour and striving to attain perfection in one's performances while attempting to avoid failures. Other-oriented perfectionism concerns one's beliefs and expectations about the capabilities of others. This type of perfectionistic behaviour is similar to self-oriented perfectionism, but it is directed outward. The person holds unrealistic standards for significant others, emphasizes the importance of other people being perfect, and stringently evaluates others' performance. The third proposed dimension is socially-prescribed perfectionism, which is characterized by a perceived need to achieve standards and expectations prescribed by significant others. This perfectionism dimension involves the individual's perception that others have unrealistic standards, evaluate stringently, and expect the person to be perfect. Recent studies suggest that the social dimension of perfectionism may be the dimension most strongly linked to adjustment difficulties (Flett et al., 1996; Flett, Hewitt, Endler, & Tassone, 1995b). Studies using a multidimensional approach to perfectionism have found a consistent relationship between socially-prescribed perfectionism and depression, but the results with self-oriented perfectionism are equivocal (Flett et al., 1991a; 1991c; Hewitt & Flett, 1991b).

Perfectionism and Post-Secondary Students

Post-secondary students are an important group to study because of the particular academic-related difficulties they may suffer as a result of perfectionism (Barrow & Moore, 1983; Halgin & Leahy, 1989). Earlier studies with college students found an association between perfectionistic tendencies and a variety of adjustment difficulties including study inefficiency, test anxiety (Burns, 1980), writing block (Baxter, 1987), procrastination (Flett, Blankstein, Hewitt & Koledin, 1992), and underachievement (Adderholt-Elliott, 1989). Various forms of anxiety are hypothesized as serious consequences of perfectionism in student populations, however, few empirical investigations have been conducted with samples other than clinical populations (e.g., Alden, Bieling, & Wallace, 1994; Flett, Hewitt, Blankstein, & Mosher, 1995a).

Perfectionistic students often underestimate their abilities and may be reluctant to attempt advanced learning tasks or projects for fear of failure (Adderholt-Elliott, 1989). Additionally, they may be impatient with the trial and error style of learning and may eventually eliminate a goal in

order to reduce the stress associated with pursuing goals (King, 1986). High achievers with perfectionist standards may lose confidence and eventually stop trying for fear of not attaining academic standards. The perceived loss of control and associated negative affect such as depression and anxiety may lead to decreased performance or even dropping out of school (Blankstein, Flett, Hewitt, & Eng, 1993; Halgin & Leahy, 1989). Additionally, the link between perfectionism and suicidal ideation in college students is of serious concern (Adkins & Parker, 1996; Hewitt, Flett, & Weber, 1994).

Given earlier studies which suggest its debilitating impact, the current study was designed to test the multidimensional nature of the perfectionism in a post-secondary population. The study attempts to replicate research on perfectionism and depression, and explore the relationship between perfectionism and post-secondary students' experience of anxiety. It was hoped that the current study would clarify the nature of perfectionism associated with depression and anxiety in a post-secondary population, and provide direction for counsellors who work with students regarding their academic and personal difficulties.

METHOD

The subjects were 178 student volunteers (93 males, 85 females) enrolled in the first semester of a two-year diploma program at a post-secondary technical college. Volunteers were recruited during class orientations on campus counselling services. For purposes of analysis, students were classified into three age groups after data collection: 1) ages 17-19; 2) 20-24; and 3) age 25 and older, representing direct entry, other students, and adult students. The students' mean age was 22.8 years ($SD = 5.5$). In return for their participation, students were offered an interview to discuss a profile of their results and to provide counselling assistance if requested.

The following measures were administered to participants in a random order:

MPS. The Multidimensional Perfectionism Scale (MPS) (Hewitt & Flett, 1991a) is a theoretically based self-report instrument consisting of 3 subscales measuring self-oriented perfectionism (e.g., *One of my goals is to be perfect in everything I do*), other-oriented perfectionism (e.g., *Everything that others do must be of top-notch quality*) and socially-prescribed perfectionism (e.g., *I find it difficult to meet others' expectations of me*). Respondents are asked to rate their agreement with 45 items on a 7-point Likert scale. Several scale items are reverse-keyed, and the subscales are scored such that higher scores reflect greater perfectionism. The existing format of the MPS measures perfectionism in general. However, as the context of situational demands is important for meaningful comparisons of individuals' adjustment (Lazarus & Folkman, 1984), directions for completion

of the MPS were modified to solicit responses in reference to students' current standards for academic achievement.

Scale construction and psychometrics of the MPS are based on a number of studies involving both student and psychiatric populations (Hewitt & Flett, 1991a; Hewitt, Flett, & Blankstein, 1991). In a number of different studies, Hewitt, Flett, and colleagues (Hewitt & Flett, 1991a; Hewitt et al., 1991a) demonstrated that the MPS subscales have high internal consistency, with Cronbach alpha reliability coefficients ranging from .74 to .89. The perfectionism dimensions also appear to be quite stable. Test-retest reliability coefficients over a 3-month period were .88 for self-oriented, .85 for other-oriented, and .75 for socially-prescribed perfectionism in a student sample. Intercorrelations of items ranged from .25 to .40 for students and from .28 to .53 for patients, suggesting some degree of overlap. As the three dimensions share a focus on achieving standards, some degree of overlap would be expected.

Convergent validity has been established through comparisons with other well-known personality measures. Other tests of validity included comparing MPS scores of students and clinical patients to ratings supplied by significant others (or clinicians for the clinical population) (Hewitt & Flett, 1991a). In both student and clinical populations, moderate correlations were found between self-ratings and ratings of significant others, suggesting that levels of the different dimensions of perfectionism are observable to others.

BDI. The revised Beck Depression Inventory (BDI) is one of the most frequently used self-report measures of depression (Beck, Steer, & Garbin, 1988). Twenty-one items are rated on a 0-3 scale of intensity and summed to produce an overall score. Interpretation of the level of depression is obtained by comparing the total score with established cut-off scores.

Beck et al., (1988) have presented the psychometric properties of the BDI, based on a meta-analysis of studies conducted between 1961 and 1986. The content validity of the BDI was strongly supported when compared with the DSM-III criterion for depression and concurrent validity was established by comparing it with a number of well known measures of depression. Factor analysis studies suggest the BDI measures a general syndrome of depression composed of 3 factors representing negative attitudes, performance difficulties, and somatic complaints. The psychometric properties of the BDI reported with undergraduate students (Lightfoot & Oliver, 1985) reveal an internal consistency coefficient alpha of .87 and two week test-retest reliability of .90.

BAI. The Beck Anxiety Inventory (Beck, Brown, Epstein, & Steer, 1988) is a 21-item questionnaire similar in format and scoring to the BDI. Subjects record how bothered they were by common symptoms of anxi-

ety during the past week (e.g., *Fear of the worst happening*). Each of the 21 items is rated from 0 to 3 based on intensity to produce an overall score ranging from 0 to 63. The inventory has high internal consistency with an alpha of .92, and a test-retest reliability of .75 over a one week period. Construct validity was established with significant correlations with other anxiety measures. Although the BAI has a moderately high correlation with BDI scores ($r = .48$), this correlation is lower than the correlations observed in comparisons of the BDI with other anxiety scales (Beck et al., 1988).

RESULTS

The means and standard deviations for scores on perfectionism, depression, and anxiety are reported in Table 1. These data are similar to those found in previous research using college samples (Hewitt & Flett, 1991b, 1993).

TABLE 1
Means and Standard Deviations for Perfectionism, Depression, and Anxiety

Variable	17-19		20-24		25+	
	M (n=29)	F (n=24)	M (n=38)	F (n=39)	M (n=27)	F (n=22)
Perfectionism						
Self	69.66 (15.44)	68.38 (14.32)	70.86 (13.77)	70.97 (12.33)	65.89 (15.52)	71.00 (14.36)
Other	57.24 (10.87)	55.08 (8.21)	55.28 (10.66)	55.66 (12.11)	56.07 (13.64)	55.55 (11.21)
Social	52.59 (12.42)	53.88 (13.72)	50.94 (13.80)	53.03 (13.82)	50.93 (12.86)	47.32 (18.99)
Depression						
	6.59 (7.73)	9.96 (6.80)	6.94 (6.27)	9.13 (6.37)	6.78 (6.11)	6.23 (6.35)
Anxiety						
	8.10 (8.52)	11.75 (10.04)	7.31 (6.34)	10.47 (9.10)	6.82 (7.67)	8.32 (8.46)

Note: Standard deviations are in parentheses.

Influence of Gender and Age on Perfectionism, Depression, and Anxiety

A 2 (gender) x 3 (age) between-subjects multivariate analysis of variance (MANOVA) was performed on five dependent variables: self-oriented perfectionism, other-oriented perfectionism, socially-prescribed perfectionism, depression, and anxiety. The MANOVA did not produce any significant main effects for age or gender, or for their interaction.

The Association Between Perfectionism, Depression, and Anxiety

As earlier MANOVA results indicated that these associations were not affected by age or gender, these variables were not included in the analysis.

Relationships Between Perfectionism Scales. Table 2 shows the Pearson Product Moment Correlations that were computed among the subscales of perfectionism. Each of the dimensions of perfectionism was moderately correlated with the other dimensions. The intercorrelations among these subscales suggest that although the dimensions may be somewhat distinct, they also appear to share some common aspects of perfectionism.

TABLE 2
*Correlations between Perfectionism,
Depression, and Anxiety*

<i>Measure</i>	<i>Self</i>	<i>Other</i>	<i>Social</i>	<i>BDI</i>
Self	–			
Other	.45‡	–		
Social	.49‡	.46‡	–	
BDI	.19†	.10	.44‡	–
BAI	.30‡	.09	.48‡	.64‡

Note: † $p < .05$ ‡ $p < .01$.

Relationship between Perfectionism, Depression, and Anxiety. Pearson Product Moment Correlations were performed in order to examine the associations between the dimensions of perfectionism, depression and anxiety. Both self-oriented perfectionism ($r = .19$, $p < 0.05$) and socially-prescribed perfectionism ($r = .44$, $p < 0.01$) were significantly correlated with depression. Similar results were found with anxiety (self, $r = .30$, $p < 0.01$; social, $r = .64$, $p < 0.01$). There were no significant correlations between other-oriented perfectionism and depression or anxiety. Consistent with previous research in this area (Hewitt & Flett, 1991a), greater self-oriented perfectionism was associated with greater levels of depression and anxiety. This pattern was also true for socially-prescribed perfectionism.

The Contribution of Perfectionism to Depression

A series of multiple regression analyses were performed to examine the unique contribution of the dimensions of perfectionism to depression and anxiety. The first regression analysis was conducted with depression as the criterion measure and Self-oriented, Other-oriented,

and Socially-prescribed perfectionism as independent variables. Only Socially-prescribed perfectionism (Beta = .493, $T = 6.066$, $p < .001$) contributed significantly to the prediction of depression scores. Altogether, 21% of the variability in depression was predicted by the scores on the three perfectionism dimensions.

The Contribution of Perfectionism to Anxiety

Another set of regression analyses were performed substituting anxiety as the criterion measure. Socially-prescribed perfectionism (Beta = .497, $T = 6.331$, $p < 0.001$) and Other-oriented perfectionism (Beta = -.198, $T = -2.581$, $p < 0.05$) contributed significantly to the prediction of anxiety. Self-oriented perfectionism was not significant. Twenty-six percent of the variability in anxiety was predicted from the scores on the three perfectionism dimensions.

DISCUSSION

This study has identified perfectionism as an important factor to explore with post-secondary students who experience either depression or anxiety. Both self-oriented and socially-prescribed perfectionism were associated with symptoms of depression and anxiety. These results parallel previous research findings (Hewitt & Flett, 1991a) and further support the notion that different components of perfectionism exist and some of these components may place students at greater risk of adjustment difficulties. As in similar studies (Hewitt & Flett, 1991b; 1993), other-oriented perfectionism was not substantially linked to depression or anxiety. Perhaps the key finding of this study is that socially-prescribed perfectionism is the most significant predictor of depression and anxiety in post-secondary students. These findings provide support for the proposal by Hewitt & Flett (1993) that socially-prescribed perfectionism is the most important vulnerability factor in the link between perfectionism and adjustment difficulties. These results also elaborate upon earlier research which indicated that students report the expectations of others as a particularly stressful aspect of academic demands (Arthur, 1994).

It is noteworthy that the socially-prescribed perfectionism dimension was also significantly associated with symptoms of anxiety. This result is consistent with studies which report a link between perfectionism and aspects of state and trait anxiety (Flett et al., 1989; Flett et al., 1995b) and the associated fears involving negative social evaluation or loss of approval (Blankstein et al., 1993; Flett et al., 1991a). In addition, this dimension accounted for a larger portion of the unique variance in anxiety scores as compared to depression scores.

The lack of a strong predictive association between self-oriented perfectionism and indices of depression and anxiety parallels previous investigations (Flett et al., 1991b; Flett et al., 1991a). Some suggest

that the relationship between self-oriented perfectionism and adjustment difficulties is predicated by stress or failure experiences (Joiner & Schmidt, 1995), or the interaction of additional factors (e.g., self-efficacy, self-esteem) (Alden et al., 1994; Hewitt et al., 1991a). Self-oriented perfectionism may reflect an adaptive aspect of personal motivation so long as students are able to perceive that their personal abilities are capable of meeting valued standards of behaviour.

Consistent with previous findings, other-oriented perfectionism was not correlated with depression or anxiety in this study. As no direct measures of interpersonal stress were included in this study, it may be that the study did not tap the specific adjustment difficulties possibly associated with this dimension (Hewitt & Flett, 1991b).

Levels of perfectionism and the relationship of perfectionism to depression and anxiety were not influenced by age or gender in this sample. Age has not been examined in previous studies; however, some of the theoretical literature has hypothesized that perfectionism increases with age (King, 1986). The results of this study do not support that hypothesis. The finding that there were no gender differences in perfectionism corresponds to earlier reports on the influence of gender (Flett et al., 1991a, 1991b) in which no differences were observed. The finding that there were no significant gender differences in students' reports of depression is consistent with other studies involving student samples (McLennan, 1992), but inconsistent with the greater incidence of depression reported by women in the general public (Culbertson, 1997).

Implications for Counselling

Perfectionism is linked to a host of difficulties for students which may impact their academic performance. The role of perfectionistic tendencies in a student's presenting problem may be difficult to recognize (King, 1986). Perfectionism may be disguised as a strong drive to do well, and the extent of the perfectionistic beliefs may not be immediately obvious. It is important for campus counselling staff to become familiar with this cognitive style and assist students to become aware of the role that perfectionistic standards play in their academic stress-related difficulties.

Depression and anxiety are among the most common presenting concerns of post-secondary students (Bertocci, Hirsch, Sommer, & Williams, 1992). Given the link between perfectionism and depression, assessing perfectionistic cognitive styles may provide important information for identifying students at risk for affective disorders, and for developing more effective interventions. Additionally, it would be useful to assist students in distinguishing between self-imposed perfectionist standards, and students' perceptions that others hold perfectionist standards for

them, when exploring the role of perfectionism in a student's problems. As socially-prescribed perfectionism is the dimension most closely linked to students' experience of depression and anxiety, assisting students to modify these perceptions is critical in helping them to cope more effectively. Previous treatment strategies have focused exclusively on changing a student's perfectionistic standards (Adderholt-Elliott, 1989; Barrow & Moore, 1983). However, changing personal standards will not alleviate the stress associated with the perceived expectations of others. Understanding whether a student's perfectionism is primarily self-oriented or socially-prescribed in nature allows the counsellor to design more effective intervention methods.

A fundamental difference between the perfectionism dimensions pertains to the level and type of motivation associated with student performance (Hewitt & Flett, 1991a). Self-oriented perfectionists go beyond holding high standards for personal performance; this cognitive style includes the intrinsic need to be perfect and the excessive striving for achievement. As students attempt to attain perfection and avoid failure, discrepancies between their academic performance and desired achievement can lead to anxiety and depression. In contrast, students with socially-prescribed perfectionism may have a decreased level of intrinsic motivation and increased levels of external motivation as they seek the standards and approval perceived to be imposed by significant others. Depression and anxiety can result from student's perceptions about disapproval and their inability to meet others' standards for their academic performance.

Another important distinction between dimensions of perfectionism involves students' perceptions of controllability (Hewitt & Flett, 1991a). Whereas students with self-oriented perfectionism maintain a strong sense of individual control over academic outcomes, students with socially-prescribed perfectionism engage in reactive behaviour to attain social approval. Students with socially-prescribed perfectionism perceive that they have little control over the standards imposed by others. With socially-prescribed perfectionism, depression and anxiety manifest due to the perceived discrepancy between students' academic performance and the unrealistic standards they believe are prescribed by others. The sense of helplessness and hopelessness experienced by students requires counsellors to understand the motivation and control associated with the various forms of perfectionism and to target interventions towards the sources of negative affect (Flett, Hewitt, Blankstein et al., 1991a).

While the results further articulate the relationships between perfectionism and students' experiences of depression and anxiety, there are limitations of the current study which need to be recognized. First, the sample was comprised of non-clinical volunteers, and it may therefore

not be possible to generalize these results to clinical populations, or college or university populations generally. The second limitation involves the interpretation of causal relationships. It is possible that a number of other factors, not explored in this study, interact with perfectionism to determine depression or anxiety. Therefore, these results cannot be used to determine that perfectionist tendencies cause depression or anxiety. Thirdly, the fact that students were asked to generally reference standards for academic achievement may obscure the impact of perfectionism in specific academic contexts of success or failure experiences. And finally, the multicollinearity of the variables could have affected the results.

The results of this study suggest several other important directions for future research. A key issue for further investigation is the role of mediating factors in the relationship of perfectionism to depression and anxiety or other student adjustment difficulties. For example, it has been suggested that perfectionism appears as positive achievement striving towards high personal standards so long as the individual maintains a sense of efficacy regarding performance (Alden et al., 1994; Frost et al., 1990). However, under situations of greater stress, when the self-oriented perfectionist experiences a loss of control, negative symptoms of depression and immobilization of effort are likely to result (Adkins & Parker, 1996; Flett et al., 1995a; Frost & Shows, 1993). Further research is needed to determine the factors and conditions which moderate self-oriented perfectionism towards either positive or negative outcomes.

Despite the evidence that perfectionism is associated with serious consequences, there are few sources in the literature which specifically address counselling interventions (e.g., Barrow & Moore, 1983; Halgin & Leahy, 1989; King, 1986). Another key direction for future research is the empirical investigation of treatment alternatives. Although the empirical evidence for the multidimensional nature of perfectionism and its relationship to various adjustment difficulties is expanding, there are few studies which test the effectiveness of various treatment approaches.

CONCLUSION

In summary, this study illustrates that perfectionistic ideals are critical factors in students' school-related stress and difficulties. Counselling staff need to become familiar with this cognitive style in order to be better prepared to identify at-risk students, and to develop effective intervention methods. By addressing the role of perfectionism in students' efforts to manage academic demands, counsellors may more effectively assist students to modify perfectionistic patterns and establish realistic and attainable goals, thus enhancing their personal and academic success.

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