Prediction of the perfectionism by proposed model for abnormal personality dimensions

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Abstract

Introduction: The aim of this study was to investigate the relationship between the dimensions of perfectionism and abnormal personality dimensions introduced in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders, and to address this issue that to what extent each personality dimension can predict the dimensions of perfectionism.

Method: The present study is a descriptive and correlational study. The study took place on a sample of 270 individuals from the population of university students in Ramsar city. The participants were evaluated through two Tehran Multidimensional Perfectionism and PID-5 questionnaires. In this study, multiple regression was used to analyze data.

Result: The results showed that in addition to the correlation among all abnormal personality dimensions with the dimensions of perfectionism, negative effect can be a good predictor for self-oriented perfectionism and other oriented perfectionism; and also disinhibiting was found as the best predictor for socially-prescribed perfectionism.

Conclusion: Considering the importance of perfectionism and its role in many defects and psychiatric, physical, and social disorders; it is imperative that experts in research, prevention, and treatment take more efficient steps in leading this personality dimensions towards being more adaptive and normal.

Keywords: Personality, Diagnostic and Statistical Manual of Mental Disorders, Personality Dimensions, Perfectionism

Introduction

Perfectionism is defined as one's stable intention [1] to fulfill the expectations of oneself and others, with high quality and better than what the situation requires. It is also characterized as an intention towards perfect performance, setting high-level goals and critical evaluation of oneself [2]. In fact, perfectionism is similar to emotional characteristics such as anxiety which all human beings experience throughout their lives.

Hamachek [3] has divided perfectionism into two groups as abnormal and normal perfectionism based on reactions resulted from it. He distinguished between normal and neurotic perfectionism and believed that normal perfectionist enjoy competitiveness efforts for being excellent and at the same time recognizes personal limitations. This is while the neurotic perfectionist will never be satisfied with their performances because of unrealistic expectations and beliefs that they will fail to do well.

These people are inpatient and self-criticized but normal perfectionist, work hard and are motivated to achieve success and emphasizes high standards of performance in order to understand external facts and to accept limitations. But abnormal perfectionist is motivated by fear of failure and thus he is worry about achieving high and unrealistic goals [4].

Hewitt, Caelian and Felt [2] believed that abnormal perfectionism has three components which are presented as three dimensions of perfectionism: Self-oriented perfectionism, other-oriented perfectionism, and socially
prescribed perfectionism. These dimensions are established as personality traits. This means that self-oriented perfectionism is individual efforts to achieve full self-identity according to extreme and precise criteria for critical self-evaluation and making sure of self-behavior and censorship of their own conduct. Other oriented perfectionism reflects intention for extreme expectations and critical evaluation of others (e.g., blaming others, setting unrealistic standards for others and strict assessment of others performance), including expectations and beliefs about the ability of others such as perfect tendencies of parents towards their children and community-oriented perfectionism including understanding and perceptions of others which are evidences of this fact that important people establish unachievable criteria for them and they are assessed differently. These people are usually under pressure for being perfect, and they are only satisfied when they meet their expectations.

Due to the inability of model of dimensions of normal personality, or the Five Factor Model (FFM) to explain and identify pathological traits, along with the introducing of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders DSM-5, Working Group of the personality provide an alternative model based on abnormal traits introduced in DSM-5 to achieve efficient levels of clinical pathology of personalities [5]. These considerations led Krueger, Derringer, Markon, Watso and Skodo [6] to write a flexible dimensional system based on 25 specific personality traits which organized hierarchically in five areas of abnormal personality [7] which is a combination of the dimensional models of personality pathology which has focused on the abnormal characteristics [8].

As mentioned above, a common feature of the two present variables is comparative stability and on the other hand, both personal traits and perfectionism have effects on shaping behaviors. They have effects on welfare or vulnerability of a person. So far by receiving supports from researches on the relationship between personality disorders and perfectionism and between personality factors and perfectionism, there is an assumption that abnormal dimensions of personality has a significant relationship with the dimensions of perfectionism and is largely able to predict these dimensions. During the previous years, researchers have tried to find features that contribute perfectionism [8, 9, 10, 11, 12] and result in mental disorders [9, 10, 11, 12, 13]. [20].

The aim of this study was to examine whether there is there relationship between the abnormal personality introduced in proposed model of fifth edition of the Diagnostic and Statistical Manual and dimensions of perfectionism or not. Another aim of this study was to find out how much these dimensions can predict dimensions of perfectionism.

Method

The research design consists of description and correlation studying. The population consists of all newcomer students of 2014 Ramsar azad University, a community of 270 students (130 boys and 140 girls) by clustering sampling based on college choice and voluntarily participation in this study. After completing satisfaction with participation, scale of measure of personality dimensions based on model proposed by DSM-5 i.e. the PID-5 questionnaire with Tehran perfectionism questionnaire were completed by students. The instruments used in this study were two questionnaires: Multi-dimensional Perfectionism Scale of Tehran (MPS-H); [21] which is a scale of 30 questions that measures self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism by five-point Likert scale. In the Persian form of scale, Cronbach’s alpha coefficients of the scales of self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism were 0.85 = r, 0.79 = r and 0.84 = r, respectively and was significant at P <0/001 which is satisfactory retest reliability of scale. Alpha coefficients obtained in this study for each of these sub-scales were 0.68, 0.76 and 0.72, respectively.

The short form of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders Personality Inventory DSM-5 (PID-5-BF); is another scale that is used to assess participants. The original version of the questionnaire contains 220 items by four scales which is developed by Krueger, Derringer, Markon, Watso and Skodo [6] to measure the dimensional model of personality traits of DSM-5 [6]. They studied its psychometric properties in the samples of the general population of patients and normal populations and scales from medium to high internal consistency (0.73 to 0.95) with an average of 0.86. Studies on factor structure of inventory have shown that its 25 scale are loaded highly by factors [23, 6]. These Second class factors are negative affect (e.g., Emotional Lability, Anxiousness and Separation Insecurity), detachment (Withdrawal, Anhedonia and Intimacy Avoidance), antagonism (e.g., Manipulativeness, Deceitfulness and Grandiosity), disinhibition (e.g., Irresponsibility, Impulsivity and Distractibility) and psychotropicism, (e.g., Unusual Beliefs Experiences, Eccentricity and Perceptual Dysregulation) [6]. Psychometric properties and the factor structure of the short version of the inventory were studied in Iran after adaptation in college students. The results confirmed the fitness of the five-factor structure by a confirmatory factor analysis. Also, the total reliability is 0.86 and internal consistency of factors is reported between 0.76 to 0.89 [22]. Alpha value obtained in this study is 0.73.

Result

The statistical methods and indexes which were used to analyze data included mean, standard deviation, correlation and regression analysis. In Table 1, the mean and standard deviation of the abnormal dimension of personality and perfectionism are reported.

The relationships between the independent (predictive) variables and correlation criteria is studied through the Pearson correlation method and results are presented in Table 2. According to the results of the table, all the...
dimensions of perfectionism are related to each other in a positive and significant way. This is while the negative effects positively and significantly (P<0.001) correlates with all three dimension of perfectionism. Detachment has high level of significant positive correlation with self-oriented and community-oriented perfectionism (P<0.001), but there was no significant relationship between this dimension and the other-oriented perfectionism. As seen, disinhibition variable significantly correlated with self-oriented perfectionism and community-oriented perfectionism. Finally, the psychotic dimension has a positive and meaningful (P<0.001) relationship with self-oriented perfectionism and community-oriented perfectionism. After ensuring about meeting presuppositions of the multiple regression to determine the role of each predictor variables in prediction of perfectionism dimensions, the analysis was performed by using standard or concurrent method. The results of these analyses are reported in table 3.

According to the results of table 3, the R-squared value that is equal to 0.11 which shows that among the mentioned dimensions, the negative effect can explain 0.11 variance of self-oriented perfectionism. Based on the beta value, negative effect has unique contribution to explain criterion variable. For other-oriented perfectionism, the R square explains 5 percent variance of other-oriented perfectionism. By looking at the beta, the negative effect provided only one part of the explanation of the criterion variable. Finally, for the socially prescribed perfectionism, the disinhibition and then the antagonism are able to explain 38 percent of the variance on the basis of socially prescribed perfectionism. Beta also shows that the detachment has the highest share of explaining of the criterion variable, followed by antagonism and detachment respectively.

### Discussion

The findings of the present study on the correlation between the abnormal five dimensions of personality variables and dimensions of perfectionism under self-oriented perfectionism, other-oriented perfectionism or social-oriented perfectionism suggest that there are significant (p<0.001) correlations between self-oriented perfectionism and negative affect. These people who constantly expose to high-level goals experience negative emotions, such as dissatisfaction and unhappiness while failing to achieve their goals or during their efforts. These results are in line with Stoeber’s findings [12]. For the relationship between self-oriented perfectionism and detachment personality trait in line with research [12, 24] a significant (p<0.001) positive correlation was observed between them. It seems that these people with engaging in full-time work extremely and become away from their families so that opportunities to establish friendly relations and intimacy are lost. These people consider the others as cumbersome and a hindrance to achieve their goals as quickly as possible. The present study is in contrary to the findings of Stoeber [12] which found no correlation between self-oriented perfectionism and antagonism.

### Table 1. Mean and standard deviation of normal personality and perfectionism

<table>
<thead>
<tr>
<th>Indexes</th>
<th>SOP</th>
<th>OOP</th>
<th>SPP</th>
<th>negative affects</th>
<th>detachment</th>
<th>antagonism</th>
<th>disinhibition</th>
<th>psychoticism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>31.31</td>
<td>31.97</td>
<td>31.38</td>
<td>6.01</td>
<td>4.94</td>
<td>4.37</td>
<td>4.55</td>
<td>5.29</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>5.86</td>
<td>28.6</td>
<td>1.38</td>
<td>3.00</td>
<td>3.02</td>
<td>2.85</td>
<td>2.78</td>
<td>2.84</td>
</tr>
</tbody>
</table>

SOP = Self-oriented perfectionism, OOP = other-oriented perfectionism & SPP= socially prescribed perfectionism

### Table 2. Correlation between abnormal personality dimensions and dimensions of perfectionism

<table>
<thead>
<tr>
<th>negative affects</th>
<th>detachment</th>
<th>antagonism</th>
<th>disinhibition</th>
<th>psychoticism</th>
<th>SOP</th>
<th>OCP</th>
<th>SPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>negative affects</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>detachment</td>
<td>0.27**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>antagonism</td>
<td>0.30**</td>
<td>0.31**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>disinhibition</td>
<td>0.41**</td>
<td>0.33</td>
<td>0.26</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>psychoticism</td>
<td>0.46**</td>
<td>0.38</td>
<td>0.38</td>
<td>0.44</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOP</td>
<td>0.32**</td>
<td>0.14**</td>
<td>0.06</td>
<td>0.14**</td>
<td>0.16***</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OCP</td>
<td>0.32**</td>
<td>0.08</td>
<td>0.09</td>
<td>0.07</td>
<td>0.05</td>
<td>0.46***</td>
<td>1</td>
</tr>
<tr>
<td>SPP</td>
<td>0.21**</td>
<td>0.25**</td>
<td>0.26</td>
<td>0.32**</td>
<td>0.23***</td>
<td>0.22**</td>
<td>0.35***</td>
</tr>
</tbody>
</table>

* = P<0.05  ** = P<0.01  *** = P<0.001

### Table 3. Standard regression analysis between the dimensions of perfectionism and dimensions of normal personality

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>Criterion variables</th>
<th>beta</th>
<th>t</th>
<th>sig</th>
<th>R²</th>
<th>R</th>
<th>F</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>negative affect</td>
<td>SOP</td>
<td>0.32</td>
<td>4.70</td>
<td>0.000</td>
<td>0.11</td>
<td>0.33</td>
<td>6.74</td>
<td>0.000</td>
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<tr>
<td>negative affect</td>
<td>OOP</td>
<td>0.24</td>
<td>3.50</td>
<td>0.000</td>
<td>0.05</td>
<td>0.23</td>
<td>3.16</td>
<td>0.000</td>
</tr>
<tr>
<td>antagonism</td>
<td>SPP</td>
<td>0.14</td>
<td>2.34</td>
<td>0.02</td>
<td>0.15</td>
<td>0.38</td>
<td>9.29</td>
<td>0.000</td>
</tr>
<tr>
<td>disinhibition</td>
<td></td>
<td>0.22</td>
<td>3.31</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The research by Sarvghad, Barzegar and Balaghifound no significant relationship between self-oriented perfectionism and agreeableness as the opposition dimension of antagonism [25] which is in consistent with the results obtained in this study. Disinhibition is a dimension which has correlated with self-oriented perfectionism. Stoebershowed that the perfectionist are not able to control their perfectionism tendencies and are constantly subjected to perfectionism acts, work, activity and customs and cant sit still, relax and usually do not give themselves a chance to rest [12].

Psychosis which is characterized by attributes, such as unusual beliefs and experiences, aversion and dysregulation of perception [26] has a significant (p<00/1) correlation with self-oriented perfectionism. These findings are not compatible with the results of Stoebers [12]. The causes of the differences in the questionnaires can be used to assess perfectionism, but the study [27] which deals with the relationship between perfectionism and irrational beliefs confirms the findings of the study. In regards to the relationship between personality dimensions and other-oriented perfectionism contrary to Stabbers findings [12], the results of this study only show a correlation between negative effects and this dimension of perfectionism. It seems that as everyone around perfectionist is not able to meet his/her expectations, especially unrealistic expectations, this rumination that others must be perfect and meet this demand makes perfectionist to experience negative affects anyway. A Personality disorder may predict community with psychoticism dimension holds unusual items and concluded that socially prescribed perfectionism was related with insensitive, avoidance of intimacy, withdrawal and depression [12]. The findings of Jrets et al. [2012] also showed that community-centered perfectionism can positively predict compulsive personality disorder [28].

The following research showed that socially prescribed perfectionism has a significant (0/001) correlation with antagonism [28]. A perfectionist may use perfection ideals of the community for two possible reasons. One reason is to escape from others’ demands that puts people in a condition beyond his abilities. The second reason is that they may use this strategy as a defense mechanism to get rid of stress and anxiety due to high levels of others expectations. Disinhibition is characterized by impulsivity, risk-taking, confusion, and rigid perfectionism and distraction. Perhaps this correlation is due to the persons expectations which is way beyond his/her abilities. In other words, someone who shirk their duties and is distracted, believes that the others force him to do duties outside of his abilities. On the other hand, rigid perfectionism may encourage others to increase their expectations towards a person so the vicious cycle of unrealistic expectations and personal tendency harm the mental health of the individual. Obsessive-compulsive personality disorder may predict community-centered perfectionism positively [28].

A Person with psychoticism dimension holds unusual opinions and experiences and has unorganized perceptions. Those with such characteristics may be wrongly understood and also those around with their inappropriate expectations expand him psychotic traits magnifies psychotic features and this condition makes him sensitive. The results of the regression analysis showed that the negative effects can be a good predictor for their self-oriented and other-oriented perfectionism and it is worthy to mention that the best predictor for disinhibition is other-oriented perfectionism. To conclude, it is clear that negative perfectionism from any category will interact with the physical and mental health. Negative affect is a variable that has a high positive correlation with all the aspects of perfectionism and this suggests that when a person internalizes perfectionism or has a high level of perfection expectations of others or others will lead him to perfectionism, he will experience negative affects anyway. Compared to the results of the study and explanation of similarities with previous research, we can say one of the critical effects of self-criticize is initiation of negative affects that findings of Dunkley et al. (2008) has confirmed this finding. And also they concluded that self-oriented perfectionism is associated with depression, in turn, extraversion, openness to experience, agreeableness and conscientiousness are considered as positive aspects of personality and have negative correlation with self-oriented perfectionism [9, 10].

Perfectionism by reducing self-esteem [7] can develop a
person’s intensity of negative effects, it seems self-criticism decreases self-esteem. If we look from the perspective of Adler we can conclude that a person who experiences complex of inferiority tries to remove it so that [30] as well as the Corry, Green, Robert, Frankland, Wright and et al showed a positive relationship between perfectionism and self-criticism and may be another example is Dysmorphic disorder body [18].

Finally, the negative affect resulted from mentioned factors or from rumination in perfectionist captured him in the trap of perfectionism [31]. As a result of this research we can say that a negative perfectionism as a personality factor not only put a personal risk of personality disorders such as obsessive-compulsive personality disorder [6,19], personality disorders Cluster C [13], antisocial personality disorder and clinical disorder such as body Dysmorphic [19] eating disorders [17] depression [17,2] anxiety [2] and the obsessive-compulsive [18,16], but also hurt the person’s physical health [32].

Conclusion
In summary, the purpose of this study was to investigate the relationship between the dimensions of perfectionism and personality dimensions proposed alternative DSM-5 model. The discussion is about pathological, negative or maladaptive perfectionism because the positive side of perfectionism focuses not only on the development of personality and mental health but also helps the individual to enjoy and satisfy achieved goals. These people enjoy working hard and they all do their best when they feel free [24]. The results showed that in addition to the relationship between perfectionism and maladaptive personality traits, some abnormal personality traits can predict the dimensions of perfectionism. By undermine mental and physical energy, thus the expert knowledge of this personality trait can be an important factor in prevention, diagnosis and treatment settings.

References