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Dysfunctional Cognitions: Associations with Perfectionistic Thinking Utilizing the Positive and Negative Perfectionism Construct

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ABSTRACT

Historically, perfectionism has been associated with symptomatologies such as depression, anxiety, and procrastination (Hewitt & Flett, 1991). However, a newer construct expands and includes both positive and negative aspects to perfectionism (Flett, Russo, & Hewitt, 1994; Frost, Marten, Lahart, & Rosenblatt, 1990; Hamachek, 1978; Norman, Davies, Nicholson, Cortese, & Malla, 1998; Terry-Short, Owens, Slade, & Dewey, 1995). Maximization has been defined by tendencies similar to negative perfectionism. Cognitive distortion has been associated with depression and anxiety; however, little research has evaluated cognitive distortions in relation to perfectionism. This study examines associations of positive and negative perfectionism, cognitive distortion, and maximization. A distinction is made between positive and negative perfectionism as well as connections between negative perfectionism, maximization, and cognitive distortions.

Cognitive distortion can lead to low self-esteem, depression, and high anxiety levels (Burns, 1980); when cognitive distortion is combined with perfectionism it can severely decrease quality of life (Blatt, 1995). Blatt points out that perfectionism, in conjunction with self-scrutiny and self-judgment, can lead to depression, suicide, and decreased satisfaction with accomplishments. The combination of cognitive distortion and perfectionism can be devastating.

Cognitive distortions, including older conceptualizations of perfectionism, have been linked to chronic stress, anxiety, and depression (Brown, Hammen, Craske, & Wickens, 1995; Chang, 1997; Chang, & Sanna, 2001). Cognitive distortions, especially excessive striving to be perfect, have been recognized as contributions to perfectionism (Ellis, 2002). This study explores the relationship between cognitive distortions and the cognitions of perfectionists, especially those of positive perfectionists.

Perfectionism has traditionally been viewed as maladaptive. It has been linked to many psychopathologies including depressive symptomatologies, anxiety, interpersonal problems, problems expressing emotions–especially anger, neuroticism-characterized by an inability to acceptably handle stress, anxious and apprehensive behaviors, and proneness to worry (Blankstein, Flett, & Hewitt, 1993; Ferrari, 1995; Flett, Hewitt, & Dyck, 1989; Flett, Hewitt, Endler, & Tassone, 1995; Flett, Hewitt, Garshowitz, & Martin, 1997; Hewitt & Flett, 1991, 1993; Hill, Zrull, & Turlington, 1997; Mitchelson & Burns, 1998; Norman, Davies, Nicholson, Cortese, & Malla, 1998).

However, a different perspective emerges when the perfectionism construct is expanded to include a positive component, supported by the correlation found between

normal and adaptive behaviors to perfectionism (Burns, Dittman, Nguyen, & Mitchelson, 2000; Burns & Fedewa, in press; Flett, Russo, & Hewitt, 1994; Frost, Marten, Lahart, & Rosenblatt, 1990; Hamachek, 1978; Norman, et al., 1998; Terry-Short, Owens, Slade, & Dewey, 1995). Positive perfectionists strive for high achievement and can gain a sense of satisfaction even when a goal is not perfectly met. They feel free to be less precise if need be, set realistic expectations, and are able to derive pleasure from the act of striving for a goal. Contrarily, negative perfectionists consistently set unattainable goals and are driven only by the fear of failing to attain these goals (Terry-Short, et al., 1995). Self-acceptance and the retention of self, even in the face of failure, set positive perfectionism apart from negative perfectionism (Hamachek). Therefore, affective and cognitive issues may reflect important differences in perfectionistic tendencies.

Because of the striking resemblance between maximization and cognitive distortions, maximization is explored in this study to identify maximization as a possible adjunctive conceptualization of perfectionism. Previous research by Schwartz, et al. (2002) determined that, when faced with a complex decision, some individuals seek adequate or good outcomes, while others find it necessary to seek the best possible outcome. Maximizers continue to search for the *best* outcome that is available, while satisficers have set preferences and search for an acceptable outcome to meet these preferences. Added options pose problems to maximizers because it is often impossible to examine all alternatives before making a decision. As options increase, the likelihood of achieving the goal of maximization decreases. On the contrary, the goal of the satisficers is to find an option that is "good enough." Added options

do not increase stress for satisficers because satisficers are able to ignore additional options.

Regardless of stature, maximizers tend to be unsatisfied with their decisions. The interaction between maximizing and choice causes regret, depression, and self-blame. Maximization is negatively related to happiness, self-esteem, and satisfaction with life, while positively correlated to depression and regret. This study aims to explore the properties of maximization to establish a correlation between maximizers and perfectionists.

Another method of determining cognitive dysfunction is measuring emotional regulation. Theories of self-regulation and emotion suggest that some forms of emotional regulation may have unintended consequences for cognitive functioning. Two methods of emotional regulation are considered in this study: suppression and reappraisal. Emotional suppression involves concealing outward signs of emotion; emotional reappraisal entails changing how we think about an event to neutralize its emotional impact and is thought to leave cognitive functioning intact.

It is hypothesized that negative perfectionism will be positively related to depression, trait anxiety, and regret while displaying a negative relationship with satisfaction with life. Positive perfectionism is hypothesized to have negative relationships with depression, trait anxiety, and regret, and it is expected to be positively related to satisfaction with life. It is hypothesized that negative perfectionism will be positively associated with cognitive distortions, and positive perfectionism will be negatively associated to cognitive distortions.

It can be hypothesized that negative perfectionism will have more correlations to maximization than positive perfectionism will. Also,

maximization is believed to be related to cognitive distortion, regret, depression, anxiety, and a low satisfaction with life, which is also expected of negative perfectionism. This will give sufficient evidence that maximization is an alternative construct of perfectionism.

It is expected that reappraisal as a means of emotional regulation will be negatively related to negative perfectionism and positively related to positive perfectionism. It is expected that suppression as a means of emotional regulation will be positively related to negative perfectionism and negatively related to positive perfectionism.

Method
Participants
The participants in our sample were 149 male and 195 female introductory psychology students at a Midwestern university receiving credit points for their participation. The mean age of our sample was 19.6 years old (*SD*=2.7). The racial/ethnic composition of our sample was reported to be 89.8% Caucasian, 4.5% African American, 1.7% Asian American, 2% Hispanic, 0.6% American Indian, and 1.4% not provided.

Procedure
Distribution of materials was arranged through introductory psychology courses. Informed consent was obtained and all participants were offered credit for the completion of all of the measures. Upon completion, all participants were fully debriefed and thanked for their participation.

T-tests revealed significant differences in gender for three subscales: the reappraisal subscale of the ERQ (t=2.62, p< .01), the suppression subscale of the ERQ (t=-3.44, p< .001), and the performance evaluation subscale of the DAS (t=2.32, p< .05). However, due to a lack of significant differences in

any of the variables of primary interest, subsequent analyses were conducted on the combined group.

Measures
Positive and Negative Perfectionism Scale (PNP)
This scale assesses perfectionism from a functional or behaviorist perspective. There are two subscales: (1) positive perfectionism, believed to be a type of perfectionism resulting from linking positive reinforcements with antecedent perfectionistic behaviors and (2) negative perfectionism, theorized to be directly linked to negative reinforcements. The PNP (Terry-Short et al., 1995) consists of 40 Likert scale questions with responses ranging from strongly disagree=1, to strongly agree=5. Scores were obtained by summing a coded set of 18 questions representing positive perfectionism and 22 questions depicting negative perfectionism. Cronbach's alphas obtained from our sample were 0.83 and 0.85 for the positive perfectionism and the negative perfectionism subscales, respectively.

State-Trait Anxiety Inventory (STAI-SF)
The STAI-SF is a 6-item questionnaire that measures the long-standing quality of "trait anxiety" (Spielberger, Gorsuch, & Lushene, 1970). This study used a shortened version of the STAI-SF designed by Marteau and Bekker (1992), which consisted of only six trait items. The shorter form maintains results comparable to the full version and remains sensitive to different degrees of anxiety. The Cronbach's alpha for the shortened version of the STAI is 0.82.

The Extended Satisfaction With Life Scale (ESWLS)
The ESWLS (Allison, Alfonso, & Dunn, 1991) is a 25-item scale designed to measure a person's perception of subjective well-being in five areas: (1) general life, (2) social life, (3) sexual

life, (4) relationships, and (5) self. The measure is designed using a 5-point Likert-style scale where subjects indicate their level of agreement with the 25 individual statements. The general life subscale was taken from Diener, Emmons, Larsen, and Griffen (1985). Due to our specific interest, only the general 5-item satisfaction with life subscale was used. The coefficient subscales range from 0.85 to 0.97 for all subscales, including the general satisfaction with life subscale (Allison et al., 1991).

The Center for Epidemiological Studies Depression Scale (CES-D)
The CES-D short form inventory is an 11-item self-report questionnaire for general depressive symptoms. The CES-D short form has four factors including depressed affect, positive affect, somatic complaints, and interpersonal problems (Kohout, Berkman, Evans, & Cornoni-Huntley, 1993). This allows for the assessment of current depressive affect and mood. The Cronbach's alpha for the short form of the CES-D is reported as 0.79.

Automatic Thoughts Questionnaire (ATQ)
The ATQ is a 30-item measure developed by Hollon and Kendall (1980) to measure the frequency of negative thoughts or cognitions experienced in relation to depression. Four facets of depression are taken into account: (1) personal maladjustment and desire for change, (2) negative self concept and negative expectations, (3) low self esteem, and (4) helplessness. Scores differentiate depressed from non-depressed groups. Scores can range from 30 (no depression) to 150 (severe depression). Hollon and Kendall extracted four components that cumulatively accounted for 58.9% of the variance in the scale (Netemeyer, Williamson, Burton, Biswas, Jindal,

Landreth, et al., 2002) including job related attitudes, maladaptive behaviors, and self-esteem/neurotic thinking. The Cronbach's alpha for the ATQ is reported as 0.96.

The Dysfunctional Attitudes Scale (DAS)
The DAS (Weisman & Beck, 1979) evaluates cognitive disturbances, which are believed to be the systematic errors in information processing that are involved with depression. This self-report 20-item measure has seven basic postulates that are characteristic of depressed patients. The seven postulates are approbation, love, success, perfectionism, allowing oneself rights, demands or obligations, and omnipotence or autonomy (Legeron, 1997). A general scoring was used as well as two factor scales of "Performance Evaluation" and "Approval by Others" (Cane, Olinger, Gotlib, & Kuiper, 1986). The Cronbach's alpha for this general scale is reported as 0.89. The Cronbach's alphas for Performance Evaluation and Approval by Others are 0.66 and 0.82, respectively.

Emotional Regulation Questionnaire (ERQ)
The ERQ is a 10-item questionnaire used to determine a subject's method of emotional regulation. The ERQ uses a Likert scale ranging from strongly disagree=1, to strongly agree=7. It was designed using items that reflect two major subscales: (1) emotional reappraisal and (2) emotional suppression. The ERQ-R (reappraisal) uses items such as "I control my emotions by changing the way I think about the situation." The Cronbach's alpha for the ERQ-R is 0.82. The ERQ-S (suppression) uses statements such as "I control my emotions by not expressing them." The Cronbach's alpha for the ERQ-S is reported as 0.78.

Regret and Maximization Scale
The regret and maximization scale (Schwartz et al. 2002) is an 18-item questionnaire that uses a 7-point Likert scale to measure five items focusing on regret and thirteen items focusing on maximization. The measure has four factors: (1) regret, (2) behavioral maximization, (3) shopping behaviors, and (4) high self standards. For the purposes of this study, only behavioral maximization and regret will be analyzed. The Cronbach's alphas for the regret subscale and the behavioral maximization scale are reported as 0.67 and 0.71, respectively.

Results

It was expected that cognitive distortions would be related primarily to negative perfectionism and also to other negative symptomatologies. All findings were consistent with our predictions. Positive perfectionism was found to have no significant relationship with either automatic thoughts or dysfunctional attitudes, which was expected.

It was hypothesized that negative perfectionists would exhibit trait anxiety, high levels of regret, and depressive symptomatologies while having a low satisfaction with life. Results were consistent with the predictions. As expected, no significant results were found between positive perfectionism and trait anxiety, regret, or depressive symptomatologies; positive perfectionism was found to have a positive correlation with satisfaction with life (*r=.16, p< .01*).

As predicted, negative perfectionism correlated positively with maximization (*r=.42, p< .001*). Results gave an unexpected positive correlation between maximization and positive perfectionism (*r=.22, p< .01*). Results of maximization were consistent with previous literature.

It was thought that positive perfectionists would rely on emotional reappraisal; however, no significant correlations

Table #1. *Means, Cronbach's alphas, and correlations between positive and negative perfectionism*

Criterion	PP	NP	Alpha	M	SD
PP	-----	.14**	.83	68.8	7.7
NP	.14**	-----	.85	61.0	11.3
ERQ-R	.04	-.11*	.82	28.0	6.3
ERQ-S	-.04	.28***	.78	13.3	5.0
REGT	.05	.50***	.79	22.7	5.4
ATQ	-.07	.53***	.96	51.4	17.5
DAS-B	-.03	.59***	.89	81.5	18.8
DAS-F1	.06	.45***	.66	18.1	4.7
DAS-F2	-.03	.57***	.82	26.4	8.0
MAX	.22**	.42***	.70	4.0	0.8
CESD	-.01	.42***	.79	17.3	4.2
SWL	.16**	-.37***	.85	17.6	4.7
STAI	.02	.13*	.82	8.1	4.2

Notes: PP, NP, ERQ, ATQ, DAS, CESD, SWL, and STAI all have N=344 REGT and MAX have N=176; PP=Positive Perfectionism; NP=Negative Perfectionism; ERQ-R=Emotional Regulation-Reappraisal; ERQ-S=Emotional Regulation-Suppression; REGT=Regret; ATQ=Automatic Thoughts; DAS-B=Dysfunctional Attitudes; DAS-F1=Performance Evaluation; DAS-F2=Approval by Others; MAX=Maximization; CESD=Depression; SWL=Satisfaction With Life; STAI=Trait Anxiety.
*p< .05, **p< .01, ***p< .001

between positive perfectionism and the ERQ-R (reappraisal) were found. Results show that negative perfectionism and the ERQ-R were negatively related (*r=-.12, p< .05*). Negative perfectionism correlated positively with emotional suppression (*r=.28, p< .001*).

Discussion

Negative perfectionists were more likely than positive perfectionists to display cognitive distortion, making cognitive distortions unique to the cognitive functioning of negative perfectionists. Negative perfectionists were also more likely to use suppression as a means of emotional regulation instead of the less detrimental option, reappraisal. Negative perfectionists were more likely to report higher levels of anxiety, regret, and depression, and lower levels of satisfaction with life. Positive perfectionism correlated strongly with satisfaction with life and was found to have no significant relationship to regret, depression, trait anxiety, emotional suppression, and emotional reappraisal.

The positive and negative perfectionism scale revealed substantial differences, indicating that the distinction between positive and negative perfectionism is both theoretically and practically meaningful. Our findings suggest that positive perfectionists rely on more rational cognitions, possibly even the same underlying cognitions that are used and exaggerated by negative perfectionists. Positive perfectionists set high goals and expectations for themselves, similar to maximizers and negative perfectionists; however, their cognitions are more rational and they are able to accept a decision after making it. Lacking cognitive distortions such as self-doubt and need for approval by others, positive perfectionists do not linger on the possibility that their decision was not the "best" choice. They still have the desire to make the best possible decision; however, they do not second-guess themselves afterward. Maximizers are believed to possess only maladaptive traits; however, results found that positive perfectionists appear

to be a group of maximizers that are not problematic due to a lack of regret. A distinct variation occurs between the cognitions of a positive perfectionist and a negative perfectionist, which further indicates the importance of studying the two separately.

Many similarities were observed when comparing negative perfectionism to maximization. Automatic thoughts, cognitive distortions, negative performance evaluation, and need for approval are apparently cognitive functions that are shared by negative perfectionists and maximizers alike. With both possessing similar cognitions and similar outcomes, a reasonable explanation is that perfectionism and maximization are two methods for explaining the same phenomenon.

Reappraisal as a means of emotional regulation was found to be unrelated to positive perfectionism, which is contrary to the original hypothesis. However, as expected, reappraisal was found to have a negative relationship with negative perfectionism. Reappraisal was thought to leave cognitive functionings intact, and hence was expected to be related to positive perfectionism; however, no relationship was established between reappraisal and positive perfectionism. This implies, assuming reappraisal leaves cognitive functioning intact, that positive perfectionism must possess some level of cognitive distortion, dysfunctionality, or possibly another means of cognitive processing. Negative perfectionists were unrelated to reappraisal because they exhibit more cognitive distortion; their tendency to internalize problems gives them more vulnerability to expressing negative emotion; however, the need for approval by others keeps them from displaying these negative emotions.

According to the results, evidence is given to further identify positive and negative perfectionism as two separate entities. Negative perfectionism was found to be similar to maximization due to similar outcomes of depression, anxiety, regret, and cognitive distortions.

Cognitive distortions were found to be the cognitive processes of negative perfectionists, while positive perfectionists were found to have a lack of cognitive distortion.

This study is correlational, and due to the limitations of a college sample, generalization and interpretation is limited until further research confirms our findings. Results suggest further research is warranted regarding the distinction between positive and negative perfectionism. More reliable measures of cognitive distortion may be useful for further exploration of how positive and negative perfectionists react differently to everyday life.

Positive and negative perfectionists do think and react differently in everyday life, and these cognitions have contrasting consequences. These differences have distinct implications for further research and for behavioral and cognitive treatments.

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