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# The Gold Standard: Understanding the Impact of Perfectionism on Occupation

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Running head: PERFECTIONISM & OCCUPATION

EASTERN KENTUCKY UNIVERSITY

The Gold Standard:

Understanding the Impact of Perfectionism on Occupation

Honors Thesis

Submitted

In Partial Fulfillment

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Spring 2016

By

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# PERFECTIONISM & OCCUPATION

The Gold Standard:

Understanding the Impact of Perfectionism on Occupation

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Occupational Science seeks to understand human occupation, often grouping occupations into categories and considering external factors that influence what people do. The current literature in psychology includes several studies on perfectionism, but there are no studies within occupational science literature. The purpose of this study was to gain an understanding of how perfectionism impacts the occupations of college students studying occupational science and provide a measurable and meaningful depiction of the interaction between these variables. Original research was conducted using a mixed methods approach. The Almost Perfect Scale, Revised (APS-R), developed by Slaney, Mobley, Trippi, Ashby, & Johnson (1996) was administered to a class of Occupational Science (OS) students. The results of this assessment were used to categorize students as perfectionist or non-perfectionist. A smaller sample of students in both groups were selected and time logs of their occupations were compared and analyzed. For the qualitative portion, a follow-up survey with the subgroup of the perfectionists was conducted. The results showed more perfectionists than nonperfectionists among the sample and a slight difference in time spent in pleasurable and productive occupations.

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These results could be used to promote lifestyle balance among OS students and encourage them to monitor their time to prevent workaholism in future work related endeavors, as well as prevent stress-related health problems. Finally, this knowledge can help future occupational therapists understand perfectionist tendencies of clients.

*Keywords and Phrases:* perfectionism, occupation, health, occupational science, mixed methods, Almost Perfect Scale-Revised, honors thesis

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## CHAPTER 1

### Introduction

#### Background and Need

Despite seeming like an elusive and ambiguous concept, perfectionism has been defined as, “a disposition to regard anything short of perfection as unacceptable” (*Merriam Webster’s Collegiate Dictionary*, 2015). When examining the characteristics that are commonly used to define perfectionism in current literature, the most prevailing feature is that an individual constructs exceptionally high expectations of his or her performance. Other commonly listed characteristics are being excessively critical of one’s own behavior, doubting one’s performance, focusing too much attention on mistakes, and being preoccupied with cleanliness and organization (Frost, Marten, Lahart, & Rosenblate, 1990). Perfectionism is often split into two categories, adaptive and maladaptive perfectionists (Hamachek, 1978). These two forms are often called different names such as positive and negative, functional and dysfunctional along with numerous others. Stober & Otto (2006) argue that while there is an overabundance of research on perfectionism there lacks a standard classification system and set of characteristic features of perfectionism. However, Flett & Hewitt (2002) compiled a list of general characteristics of maladaptive and adaptive perfectionists from a variety of authors. Essentially, maladaptive perfectionists set unreasonable standards, focus on errors, fear failure, and cannot experience pleasure from the efforts. In contrast adaptive perfectionists are able to be satisfied by their work, set reasonable standards, and possess a more relaxed attitude.

In 2014, roughly 21 million students were projected to begin post-secondary education in the United States, with approximately 3 million expected to enroll in post-baccalaureate programs (National Institute for Educational Statistics, 2015). With a substantial number of students moving on to graduate programs, the necessity of attending pre-professional programs and performing well academically is imperative. As a result, it is common to find perfectionism among college students (Canter, 2003). Research into perfectionism and college students has unearthed associations between perfectionism and stress, anxiety, social adjustment issues, and dissatisfaction.

A simple search on Google of the term perfectionist produces an excess of results from news sources such as *Huffington Post* to social media sites like *Buzzfeed*. A quick scan of these results characterizes perfectionism as a negative trait or juxtaposes it to a debilitating condition, but does not consider potential benefits of having such traits. While previous researchers have focused on the effects of perfectionism, with an emphasis on individuals' health and well-being, literature examining the impact that perfectionism can have from an occupational science lens has not yet been explored.

### **Problem Statement**

When searching through occupational science literature, it becomes apparent there is a lack of information on the influence of perfectionism on occupation. The existing literature on the subject of perfectionism is predominately found in psychological and behavioral journals, and these articles focus almost exclusively on the negative consequences of perfectionism. Examples of current works in other fields have begun to explore the associations between perfectionism and mental health (DiBartolo, Yen Li, & Frost, 2008), the features of perfectionism in those with eating disorders (Cockell et al.,

2002), alcohol abuse and perfectionism (Rice & Van Arsdale, 2010), shame and depression associated perfectionism, (Ashby, Rice, & Martin, 2006) the impact on perfectionism on suicide (Hewitt, Flett, & Weber, 1994), among the multitude of research that exists. As a result of a lack of works discussing the impact that perfectionism can have on human occupation, there is no research to answer whether perfectionism causes an imbalance between occupations and if perfectionism is an ancillary trait, or one that inhibits occupation. This study seeks to determine the influence that perfectionism has on occupation in order to fill a void within current occupational science literature.

### **Statement of Purpose**

The purpose of this mixed methods study is to understand how the occupations of those individuals who identify as perfectionist are affected by perfectionism. This study sought to obtain a quantitative perspective through the analysis of time logs and the breakdown of pleasurable, productive, and restorative occupations. The qualitative portion of the study sought to obtain an authentic perspective of what it means to be a perfectionist in the academic setting.

### **Research Question**

What is the impact of perfectionism on occupation in undergraduate students enrolled in a pre-professional program?

### **Subquestions**

1. Do students, who are identified as perfectionists, spend more time engaged in productive occupations than those who are not identified as perfectionists?

2. In what ways does perfectionism positively influence one's occupations?  
Conversely, in what ways does perfectionism negatively inhibit one's occupations?
3. Have others identified a participant as a perfectionist? What stereotypes, if any, about perfectionism has the participant experienced?
4. How does perfectionism positively and negatively influence health?

### **Thesis Statement**

Among the class of OS students studied, there would be more students that identify as perfectionists. Consequently, those that identified as perfectionists would engage in more productive than pleasurable occupations when compared to non-perfectionists peers.

### **Definition of Terms**

The operational definition for the following terms will be used in this research:

Conditional positive approval: "certain conditions that must be met before external approval is granted" (Hamachek, 1978)

Life balance: "a lifestyle mix that yields the most happiness rather than one of short lived pleasures" (Veenhoven, 2009).

Lifestyle balance: "a consistent pattern of occupations that results in reduced stress and improved health and well-being" (Christiansen & Matuska, 2006).

Neurotic perfectionism: "people whose efforts-even their best ones-never seem quite good enough at least in their own eyes. They are unable to feel satisfaction" (Hamachek, 1978).

Normal perfectionism: “those who derive a very real sense of pleasure from the labors of painstaking effort and who feel free to be less precise as the situation permits”

(Hamachek, 1978).

Occupation: “a specific individual’s personally constructed nonrepeatable experience.

That is occupation is a subjective event in perceived temporal, spatial, and sociocultural conditions that are unique to that one time occurrence” (Pierce, 2001).

Occupational balance: “the individual’s subjective experience of having the “right mix” (i.e. amount and variation) of occupations in his/her occupational pattern” (Wagman, Håkansson, & Björklund, 2012, p. 325).

Other-oriented perfectionism: “tendency to set unrealistic standards for oneself and to focus on flaws or failures in performance in conjunction with strong self-scrutiny” (Hill, McIntire, Bacharach, 1997).

Perfection: “freedom from fault or defect, flawless” (*Merriam-Webster’s Collegiate Dictionary*, 2015).

Perfectionism: “a personality style characterized by striving for flawlessness and setting excessively high standards for performance accompanied by tendencies for overly critical evaluations of one’s behaviors” (Stober & Otto, 2006).

Pleasurable occupation: “pleasure is process-focused, the degree of enjoyment a person experiences in an occupation” (Pierce, 2001).

Productive occupation: “extends beyond work to include the goal-focused dimension of all occupations. It often yields great personal satisfaction” (Pierce, 2001).

Restorative occupation: “subjective aspect of occupational experience that restores our energy levels and ability to continue to engage in our daily lives” (Pierce, 2001).

Self-oriented perfectionism: “tendency to set unrealistic standards for oneself and focus on flaws or failures in performance in conjunction with strong self-scrutiny” (Hill, McIntire, Bacharach, 1997).

Socially-prescribed perfectionism: “the perceived need to attain standards and expectations prescribed by significant others in order to win approval” (Hill, McIntire, Bacharach, 1997).

Type A: “behavior pattern represents a lifestyle characterized by competitiveness achievement striving, time urgency, and impatience” (Strube, Berry, Goza, & Fennimore, 1985).

Workaholism: “an excessive and uncontrollable need to work that permanently disturbs health, happiness, and relationships” (Oats, as cited by Matuska, 2010).

**Assumptions**

Due to the fact that the primary researcher in this study is a student in the same program that the sample came from, the reflexive technique was implemented to help minimize bias. DePoy and Gitlin (2011), defined reflexivity as, “a systematic process of self-examination” (29). Through engaging in the process of reflexive analysis, the researcher examined her own perspective or views on perfectionism and identified the following assumptions.

- Perfectionism entails an individual having high standards of themselves and over concern for mistakes
- Perfectionism can be classified in two separate categories that take various names
- Perfectionism is not synonymous with Type A or workaholics and cannot be used interchangeably
- Perfectionism is the result of various internal and external factors that may be out of the control of the individual
- Perfectionism may have developed over a short or long time
- Perfectionism may have positive health or academic benefits.
- Perfectionism may result in negative health consequences
- Perfectionist may feel stigmatized by others who do not identify as perfectionist
- Perfectionism exists upon a continuum and may manifest itself in different way for each individual
- Perfectionism may not be present in occupations

## CHAPTER 2

### Literature Review

The intention of this literature review is to provide the necessary background knowledge about perfectionism, the connection to occupation, and demonstrate the need for exploratory research on the influence that perfectionism has on occupation.

Combining current information from scholarly publications and secondary sources, this section will be divided into two sections. The first portion will discuss the psychological view of perfectionism, classifications of perfectionism, and the pertinent occupational science literature. The latter half of the chapter will profile current information regarding the benefits and ramifications of perfectionism on health, perfectionism in the college student population, and discussion of the limitations of current research.

#### Psychological Perspective

From a psychological perspective, perfectionism is regarded as personality trait. While the word may appear to be a simple label to categorize an individual's work ethic, the term encompasses several distinguishing features. Flett and Hewitt (2006, p. 476) contend that the term perfectionist should only be used to describe people who, "hold rigidly to their standards, even in situation that do not call for perfection, and who continue to place an irrational importance on the attainment of impossibly high standards in not just one, but several life domains." Despite this belief that perfectionist and perfectionism should be used judiciously, the definition has been interpreted and applied in multiple ways.

Perfectionism is most frequently characterized by an individual having almost unattainable personal standards for him or herself. Additionally, the tendency to be



hypercritical when reflecting on one's actions, excessive concern over mistakes, underestimating one's abilities, and concern of meeting familial expectations. While these are commonly cited traits of perfectionism it is critical to note that perfectionism is a personality trait that lies upon a continuum (Frost, Marten, Lahart, & Rosenblate, 1990). As a result, the ways in which perfectionism manifests itself among individuals in a population will vary. Hamachek (1978) noted that some behavioral indicators of perfectionism were feelings that one should always be productive and occupied, shame and guilt at not meeting expectations of others, shyness, procrastination, and self-deprecation.

Due to the fickle nature of perfectionism, the direct cause(s) remain unknown. Although, researchers have developed conflicting theories on the origin of perfectionism, Hamachek (1978) theorized that perfectionism develops as a personality trait due to surroundings where approval was contingent upon meeting predetermined standards. Unconditional positive approval allows the individual to feel accepted regardless of the circumstance. In comparison, conditional positive approval is only gained when expectations are met. Overtime, if a person only received conditional positive approval when exceeding expectations, the individual comes to understand that they are only accepted when they are perfect. A simplified approach to explaining the origin of perfectionism argues that there is a temporal component to perfectionism, and that it gradually progresses. Additionally, this vantage point argues that an individual's personal interactions with relatives as well as social relationships and the media may be contributing factors (Hibbard & Walton, 2012).

### **Type A, & workaholics**

In mainstream media, the word perfectionism or perfectionist is often used interchangeably with the colloquial phrases such as Type A or workaholic. However, these words cannot be used interchangeably. The term Type A in the media commonly from newspapers such as the *Huffington Post*, depicts individuals who are driven, frequently prone to stress, and competitive (Gregoire, 2014). However, looking beyond this oversimplification, the term originated from a study completed by two cardiologists, Friedman and Rosenman, who developed a theory about human behavior patterns. The development of this theory originated from those individuals who appeared impatient and fidgety in waiting rooms compared to those individuals who waited patiently. Those who were impatient were labeled Type A and the more relaxed cohort was labeled Type B. Friedman and Rosenman theorized that Type A people would be more likely to develop heart disease and hypertension than Type B people. The two scientists conducted an experiment to test their theory and discovered Type A subjects had twice the risk of developing heart disease as Type B. By tracing the origin of the term, axiomatic results demonstrate that the term is meant to describe a predisposition individuals have based on how they cope with various situations, not whether the individuals strive for perfection (<http://www.simplypsychology.org>).

In a similar manner, workaholics are often juxtaposed to perfectionists. Workaholics are those people who have a work addiction, often working long hours to make sure all work matters are completed. While a workaholic cannot be synonymous with perfectionism, it does have a link to perfectionism. Wojdylo Baumann, Fischbach, & Engeser (2014) argues that workaholics are in an, “emotional-motivation state oriented at

compensation of negative emotions through obsessive-compulsive work style and a desire for unrealistic (neurotic) perfectionistic standards.” It has also been found that those who feel a compulsive need to work also report that they delegate responsibility less, were more stressed, more oriented towards perfectionism, and had more health related ailments (Spence & Robbins, 1992). Thus, workaholics may exhibit perfectionistic traits, but their focus is more on feeling a need to work rather than to work in a manner that is absolutely free from error.

### **Classifications of perfectionism**

Despite having a set of shared traits, perfectionism has several different lists of features. Due to the range of characteristics, it is necessary to distinguish the categories into which perfectionists can be placed. It has been acknowledged that perfectionism in some circumstances may be useful. Thus, a common classification of perfectionism splits the trait into two fundamental, but separate, groupings: normal and neurotic, also known as adaptive or maladaptive perfectionism. Other terms used interchangeably to describe these two principle classifications are also given the labels of positive and negative perfectionism, functional and dysfunctional perfectionism, personal standards and evaluative concerns perfectionism, and active and passive perfectionism (Stoeber & Otto, 2006).

Hamachek described normal perfectionists as those who gain satisfaction from precise efforts, but who are not always exact depending on the environment around them. Normal perfectionists acknowledge their abilities and weaknesses, allowing them to form realistic goals. This ability to be satisfied by their efforts is what distinguishes normal from neurotic perfectionists who in contrast cannot be proud of their efforts or feel that

the work they have done meets the expectations (2). Essentially, the performance of a neurotic perfectionist is never good enough. Neurotic perfectionists are always trying improving and avoiding failure. As a result, neurotic perfectionists set chimerical standards that can never been met. As a result, neurotic perfectionists often experience anxiety and confusion while normal perfectionists are more relaxed and calm (Hamachek, 1978). An analogous classification by Stoeber, Harris, and Moon (2007) has changed normal to healthy and neurotic to unhealthy when classifying perfectionists. These researchers found that healthy perfectionists reported more pride and less guilt, than perfectionists. This suggests that some perfectionists can strive for excellence while accepting the areas in which they need improvement. Finally, while labels used separate perfectionist into adaptive and maladaptive, there are different components of perfectionism that fall under these categories. These components are often called perfectionistic strivings and perfectionistic concerns. The first is concerned with the positive characteristics and the second is concerned with more negative characteristics.

Since the crux of the perfectionism controversy rests on whether perfectionism is healthy or unhealthy, it is logical that it can be broken down into healthy and unhealthy categories. Healthy perfectionists are considered to be those who strive for perfection while unhealthy perfectionists have perfectionist concerns. Slade and Owen (1988) describe positive perfectionism as the form that benefits the person, while negative perfectionism is characterized by dissatisfaction and excessive concerns.

Another method used to classify perfectionists as one of three constructs: self-oriented perfectionism, other-oriented perfectionism, and socially described perfectionism. Self-oriented perfectionism relates to setting unrealistic expectations for

oneself and harsh self-criticism. In contrast, others-oriented perfectionism reflects the individual applies high standards to others. Finally, socially-prescribed perfectionism deals with the perception that one has to achieve the standards that those close to the individual set in order to gain acceptance (Hill, McIntire, & Bacharach, 1997).

### **Occupational Science Perspective**

Rather than limit what a person does to their chosen career path, the field of Occupational Science redefines the meaning of occupation. The term occupation is defined by American Occupational Therapy Association, (AOTA) as “the daily life activities in which people engaged. Occupations occur overtime; have purpose, meaning...” (AOTA, 2014, p. S6). Occupational Science seeks to understand human occupation, often grouping occupations into categories, but also considering outside factors that influence human occupations such as the physical environment.

For the purposes of this research, another understanding of the word occupation will be used. Pierce defines occupation as “a specific individual’s personally constructed, nonrepeatable experience. That is occupation is a subjective event in perceived temporal, spatial, and sociocultural conditions that are unique to that one time occurrence” (Pierce, 2001, p. 139). Pierce goes on further to categorize occupation into pleasurable, productive, and restorative occupations. Pleasurable occupation relates to how satisfied a person is while performing an occupation. Productivity is antithesis of pleasurable occupations and is centered on goal driven activities. Restorative occupations encompass those occupations that refresh one’s energy levels and allow individuals to engage in other occupations. Often these classifications are used to examine how individuals spend their time and whether there is balance between all three occupations.

While perfectionism itself is not an occupation, it does fit within the frame of occupation, because of its relationship with life balance and occupation. Life balance has been described as, “a lifestyle that yields the most happiness, rather than one with short lived pleasures (Matuska, 2010, p. 107). Further, Matuska argues that a balanced life allows one to meet basic needs through taking part in occupation. Since perfectionism often entails that individuals are focused on mistakes and overly critical of behavior, perfectionists may spend more time engaged in productive occupations that are work related over pleasurable and productive occupations. As a result an occupational imbalance may result. Occupational imbalance is defined as “excessive time spent in one area of life at the expense of another” (Christansen & Townsend, 2010). This imbalance may be caused by the fact that perfectionists are trying to make sure their work is free of flaws. When one’s occupations are imbalanced there may be a distortion in the experience of time causing time to feel prolonged, shortened, or even timeless. As a result, Larson (2004) argued that how we experience time may affect our sense of satisfaction or dissatisfaction with life which could further contribute an individual’s experiences of stress, procrastination, depression, suicidal ideation along with other adverse consequences.

Despite the numerous psychological studies on perfectionism, there are no studies within occupational science that directly relate to the topic of perfectionism. However, there is some research to suggest that there is a link between workaholism and perfectionism (Wojdylo, Baumann, Fischbach, & Engeser, 2014). Further Matuska (2010) contends that workaholism and the overemphasis on work and productivity may

cause a life imbalance resulting in potential negative social and health related consequences.

### **Benefits of perfectionism**

Perfectionism and a positive connotation are not typically thought of as being connected. Despite this, some researchers contend that perfectionism can have positive dimensions. Stoeber & Otto (2006) found that striving for perfectionism was associated with increased levels of conscientiousness, extraversion, satisfaction with life, and lower levels of external control. It was also found that healthy perfectionists report elevated levels of self-esteem, agreeableness, and social integration. Healthy perfectionists were also found to have decreased levels of anxiety, depression, and procrastination among others. Flett and Hewitt (2006) also noted that those who were considered to be healthy perfectionists sought success and fear failure. Further, it was found that perfectionists placed more value on leisure than non-perfectionists because they may believe that leisure can have positive outcomes (Ashby, Kottman, & DeGraaf, 1999).

### **Ramifications of perfectionism**

In studying perfectionism, it is more common to find research that focused on the negative nature of perfectionism. Some areas that research has focused on are procrastination stress, alcohol abuse, and mental health including: depression, obsessive compulsive disorder, and eating disorders.

Generally speaking, socially prescribed perfectionism to a significant degree contributes to stress and poor mental health, in a study of college students (Chang, 2006). Perfectionism has also been tied to alcohol abuse, stress, and coping with life situations through alcohol abuse. Rice and Van Arsdale (2010) found in a study of college students

that individuals who perceived stress also exhibited drinking to cope motives, and alcohol troubles. Applying these results to adaptive and maladaptive perfectionists, maladaptive perfectionists showed higher levels of stress, drinking to cope, and alcohol difficulties. The implications of this study showed that maladaptive perfectionists are more stressed and used ineffective strategies to cope with life situations. In a study of undergraduate psychology students conducted by Ashby, Rice, and Martin (2006) it was found that maladaptive perfectionism has been associated with lower levels of self-esteem and shame in a study of men and women. Further shame induced by perfectionism was shown to make both male and female populations more vulnerable to depression. Hewitt, Flett and Weber (1994) found that perfectionism was linked to increased reports of suicide ideation in a study of male and female psychiatric patients. Increased suicide ideation was found in self-oriented and socially prescribed perfectionism. Hewitt, Flett and Weber contend that engaging in perfectionistic behavior predisposes individuals to experience more stress and interpret stress as failure, and thus more likely to experience depression and suicide ideation.

While it is imperative to note that not all those who strive for perfection exhibit behaviors linked to obsessive compulsive disorder, research has drawn a connection between the two. In a study of function and dysfunction perfectionists, Rhéaume et. al (1998) found that both groups reported perfectionistic tendencies, but the dysfunctional perfectionists reported more adverse consequences. Further, it was found that dysfunctional perfectionists took more time to finish precision based tasks, suggesting that dysfunctional perfectionists may be less effective when carrying out activities because of attempting to be perfect.



The relationship between perfectionism and eating disorders has been well established through past research. Bardone-Cone et. al (2007) reviewed 55 papers on the subject and found that individuals with eating disorders exhibited elevated levels of perfectionism. Further, it was found that perfectionist traits can be a predictor of eating disorders later on, but there was no evidence to suggest that perfectionism was more common in eating disorder versus another.

With such a plethora of serious adverse health consequences, it is not expected that there may be negative consequences associated with perfectionism that are not as serious in nature. In a study of Indians both living in India and in the United States, research found that there was a relationship between procrastination and perfectionism. Since perfectionists set high standards for themselves and have a fear of making mistakes, they may postpone work or avoid situations that result in negative outcomes (Kaur & Kaur, 2011).

### **College student population**

Since the desired population of this research study is college students, it is necessary to discuss the relevant literature on perfectionism that has been conducted in college students as it is common to find perfectionism among college students (Canter 2003). One major way that perfectionism affects college students is in their adjustment to colleges and whether they remain residents of the university. Lapoint, & Soysa (2014) found that maladaptive perfectionism had an inverse relationship between dissatisfaction and attachment to the school, as well as adjustment to others around them. Grzegorek, Stanley, Franze, & Rice (2004) focused on perfectionism and the relationships between GPA satisfaction and self-esteem and found that maladaptive perfectionists were less

satisfied with their GPA, reported lower self-esteem, and linked to self-critical depression.

Despite being previously discussed, the relationship between perfectionism and stress also extends to college students. A study conducted by Amaral et. al (2013) found that college students who were maladaptive perfectionists were more vulnerable to stress, find situations more stressful and receive less support from those around them. In a study of Chinese college students, a close association between perfectionism and academic burnout was found. However, the same study found that high standards for oneself and being organized served as motivators to facilitate academic participation (Zhang, Gan, Cham, 2007).

In a study of undergraduate students, the consequences of perfectionism outside of an academic setting were examined. The results of the completed questionnaires showed that those who reported high perfectionism were more likely to not reach their goals for exam scores; those who did not reach their goal on exams reported more negative feelings about the exam, but still set the same expectations for the next exam. Despite being prepared, the students high in perfectionism reported feeling unprepared. This lack of self-efficacy with regard to preparedness, may decrease self-efficacy over time and coupled with the inability to adjust standards could lead to increased susceptibility to depression (Bieling, Israeli, Smith, & Antony, 2002). Further, Al-Naggaar, Bobryshev, Alabsi (2013) conducted an anonymous survey of college students and found that social anxiety among college students is correlated with high perfectionism.

Overall, the research suggests that college students are not exempt from negative outcomes associated with perfectionism. In the college population, students who exhibit perfectionism may have difficulty adjusting to college, establishing relationships and developing a connection to the school. These college students also experience less satisfaction with their GPAs, lowered self-esteem, and may be more vulnerable to stress.

### **Limitations of Current Research**

Current research on perfectionism is limited. A significant limitation is the lack of consensus on what exactly defines perfectionism. Hamachek (1978, p. 28) sets the standard from which many researchers have since expanded upon. Perfectionism, then is defined as, “those who demand of themselves a higher level of performance than is usually possible to obtain... and unable to feel satisfaction.” Further, multiple terms used to classify perfectionist are used interchangeably. Frost (1990) and Hewitt & Flett (1991) established perfectionism as a multidimensional component, but the specific components that comprise perfectionism have not been standardized (Stober & Otto, 2006). The Almost Perfect Scale, Revised (ASP-R) uses three rudimentary criteria of high order, standards, and discrepancy to tangibly define perfectionism.

As the three previous sections demonstrate, there is research to support ways in which perfectionism can be beneficial but also harmful to one’s health. Stober and Otto (2006) note that, “it is important to acknowledge that perfectionism does not necessarily represent a negative, dysfunctional or even pathological characteristic (p.16). Instead, perfectionism is a multidimensional phenomenon with many facets—some of which are positive and some of which are negative.” Thus while a substantial amount of research

has been conducted, there is still more needed in the area of perfectionism due to the limitations that prevent much of the research from being generalized.

In reviewing the current research, this researcher also discovered an issue with the currency of the research, while there has been research within the last ten years, a substantial amount of research used in this thesis is less current. Despite the currency, much of the older articles' research results have been confirmed by some of the more recent pieces. A final limitation of current research regarding perfectionism was some of the research has small sample sizes making the results less significant unless replicated.

## CHAPTER 3

### Methods

#### Research Design

For this research, a mixed methods design was employed in order to collect information about time use for occupational science students. Information was collected using the Almost Perfect Scale, Revised (APS-R), time logs of occupation, and a survey questionnaire. The APS-R categorized students into perfectionists and nonperfectionists. Within the perfectionist classification, the students were further classified as adaptive or maladaptive perfectionist. Occupational time use was compared between the perfectionists and nonperfectionists as well as the sub-classifications of perfectionists and the impact of perfectionism on occupation was further examined using survey responses.

#### Sample

The sample for this study was acquired by using a non-probability sampling method. Specifically, the primary researcher used purposive and convenience sampling methods by inviting the population of all junior occupational science students at Eastern Kentucky University, (EKU) enrolled in OTS 311 to participate. Out of the 55 total students enrolled in the junior class, 44 students chose to participate in the study.

As part of the recruitment procedures, the primary researcher visited each section of OTS 311 and explained the purpose of the study. The students were informed that a sign-up would be left for those who may be interested in participating in the study. This list was used as the sampling frame from which the actual sample was drawn. Eligible participants who were previously identified through recruitment procedures were given a copy of the approved informed consent document to review and sign. The primary

researcher returned to the OTS 311 class sections two weeks later and obtained informed consent from each participant. After documenting informed consent, the participants of the study were contacted further to complete a Likert Scale assessment called the Almost Perfect Scale, Revised, (APS-R). Follow up surveys of a subgroup of the perfectionists were conducted by email through the use of Survey Monkey. The age of the participants in this study was confined to ages 18 to 65, who were enrolled as occupational science students in OTS 311. Participation by subjects was on a voluntary basis both verbally and in writing; no incentive was given for participation. The confidentiality of all participants was protected by exclusion of any identifying information in reporting the results and by the use of pseudonyms. This study was approved by the Institutional Review Board, (IRB) at ECU on September 2, 2016.

### **Instrumentation**

The Almost Perfect Scale, Revised (APS-R) was the instrument used to categorize individuals into perfectionists and nonperfectionists (see Appendix A for Almost Perfect Scale, Revised). This assessment tool is designed to measure, “attitudes people have toward themselves, their performance, and toward others” (Slaney, Mobley, Trippi, Ashby, & Johnson, 1996). The scale has three constructs: High Standards, Order, and Discrepancy; all three are used to categorize individuals as adaptive or maladaptive perfectionists. The entire scale consists of 23 questions and a Likert scale of 1 to 7 for participants to record their answers. In order to gauge time use in occupation, time logs kept by the participants were analyzed (see Appendix B for time log example). Time logs are documents that consist of rows and columns corresponding to every day of the week and each hour in the day. The participant then enters what occupation(s) he or she is

engaged in for each hour of the day. The log is kept continuously for a week. At the end of the week, the participant analyzes the log by classifying all of the listed occupations into Pierce's three categories of occupation: pleasurable, productive and restorative. The participants also classify the occupations using the American Occupational Therapy Association's (AOTA) eight categories of work, play, leisure, rest/sleep, education, social participation, activities of daily living, and instrumental activities of daily living. After classifying the occupations using Pierce's categories and the AOTA's categories, the participants create visual representations of how they spent their time engaged in occupations using pie charts.

The final instrument used was a brief survey, created through Survey Monkey, consisting of eight questions that were created to answer the positive and negative effects that perfectionism can have on health, the impact of perfectionism on daily life and stereotypes experienced by those who are classified as perfectionists (see Appendix C for survey questions).

### **Demographics of participants**

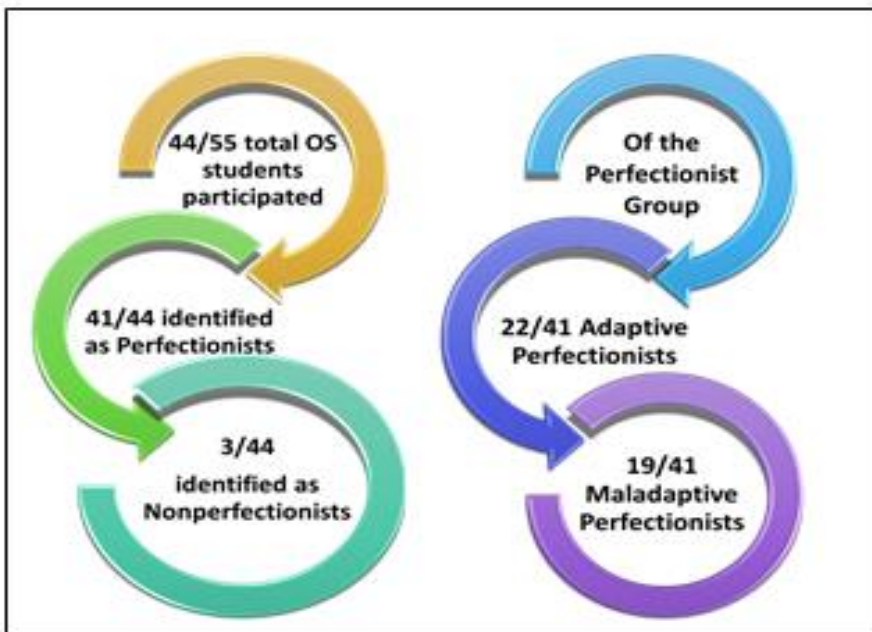
Of the 20 participants surveyed, 19 out of 20 responded. Of those participants, all identified their age to be in the 18-24 years category. When asked about the gender identity participants identified with, 15 participants selected female and 4 participants selected male. In regards to whether the participants self-identified as perfectionist, 11 indicated they did consider themselves perfectionists, and 8 indicated they did not. Finally, 14 participants indicated others called them perfectionists, while 5 responded that others had not called them a perfectionist.

**Procedure**

After eligible participants were determined through previously identified recruitment procedures, the primary investigator verbally explained the research study in detail and provided informed consent letters for participants to read and sign. Participants were advised that participation in the study is voluntary and could be stopped at any time. The consent forms were left with the students to review and determine his or her participation. Signed consent forms indicated voluntary participation in the study. Once informed consent was obtained, the primary research returned to OTS 311 and asked the participants to complete the APS-R form. The primary investigator then reviewed the completed APS-R forms, and scored them. The cutoff criteria used was set forth by Rice & Ashby (2007) as seen in Figure 1.

Perfectionist	Nonperfectionists
High Standards $\geq 42$ If perfectionist, Discrepancy $\geq 42$ maladaptive perfectionist If Discrepancy $<42$ adaptive perfectionist	High Standards $<42$

Figure 1. APS-R Cutoff Scores for Perfectionists and Nonperfectionists



Before comparison of the time logs of the perfectionists and nonperfectionists, the students had to be classified according to the results of the APS-R. The participants were then categorized into two main samples: those who identify as perfectionists and those who

Figure 2. Results of Data Collection Using the APS-R



identify as non-perfectionists. The perfectionists were further categorized as maladaptive and adaptive perfectionist. The results are show in Figure 2. After classifying participants, the primary researcher collected and analyzed the time logs of the participants in the perfectionist and non-perfectionist subgroups; these time logs were already a part of an assignment in OTS 311.

Following the analysis of the time logs of both groups, a subsample of 20 perfectionists were selected, using a random number table, to complete a survey created and distributed by the primary researcher. The survey was delivered via email and contained a link to the survey itself using Survey Monkey. The survey began with a few demographic questions and went on to include 3-4 opened ended responses to gain information about the subject's experience of being a perfectionist and the impact on occupation and health. The survey was opened on Wednesday October 21, 2015. Each selected participant received an individual email asking them to complete the survey by October 28, 2015. Descriptive analysis was used for participant responses to open ended survey questions to identify common themes across participants.

Member checking was conducted to ensure a complete and accurate understanding of the participant's subjective experiences. Of the sub-group perfectionist sample, two members were contacted via email in the weeks following completion of their survey to verify the accuracy of meaning derived from the survey and to provide any additional thoughts. The data collection process occurred over a four month period from September 2015 to December 2015. The data analysis and member checking process with participants was completed by February 2016. Of the two participants

randomly selected, only one responded to the email. However, this respondent confirmed conclusions drawn, as well as provided additional insight to the findings.

## Chapter 4

### Results & Discussion

The research conducted in this study used a mixed methods design. Bursara (2010) discusses that some of the benefits of using mixed methods research is that it allows for answering a question from multiple perspectives, helps eliminate preexisting assumptions of a researcher, and eliminating gaps in the literature. Data from this study was analyzed in two independent parts, both quantitative and qualitative.

#### **Quantitative data results.**

Using the classifications of the APS-R, 41 out of 44 participants identified as perfectionists and 3 participants identified as nonperfectionists. Of the perfectionists, 22 were adaptive perfectionists and 19 were identified as maladaptive. The quantitative data that was generated from both the perfectionists and the nonperfectionists time logs were analyzed using descriptive analysis. The first analysis that was conducted solely relied upon the averages of time use between the groups. Students reported time use in percentages on the time logs, so the averages that were calculated were reported in percentages. It was found that there was a slight difference between the time use of the perfectionists and nonperfectionists using both Pierce's classifications and those of the AOTA.

The initial analysis of the averages of time use spent in pleasurable occupations revealed that nonperfectionists spent .03 % more time in pleasurable than productive occupations. The results are somewhat skewed because the data for the perfectionists was averaged among 20 participants, while the nonperfectionists' data was averaged among only 2 participants. This analysis also showed that the perfectionists spent more time in

productive occupations than the nonperfectionists with a difference of 3%. An unexpected result was that the nonperfectionists spent 2 % more time in restorative occupations than the perfectionists (see Figures 3 & 4).

Figure 3. Perfectionists' Time Use in Occupation Using Pierce (2001) Classification of Occupations

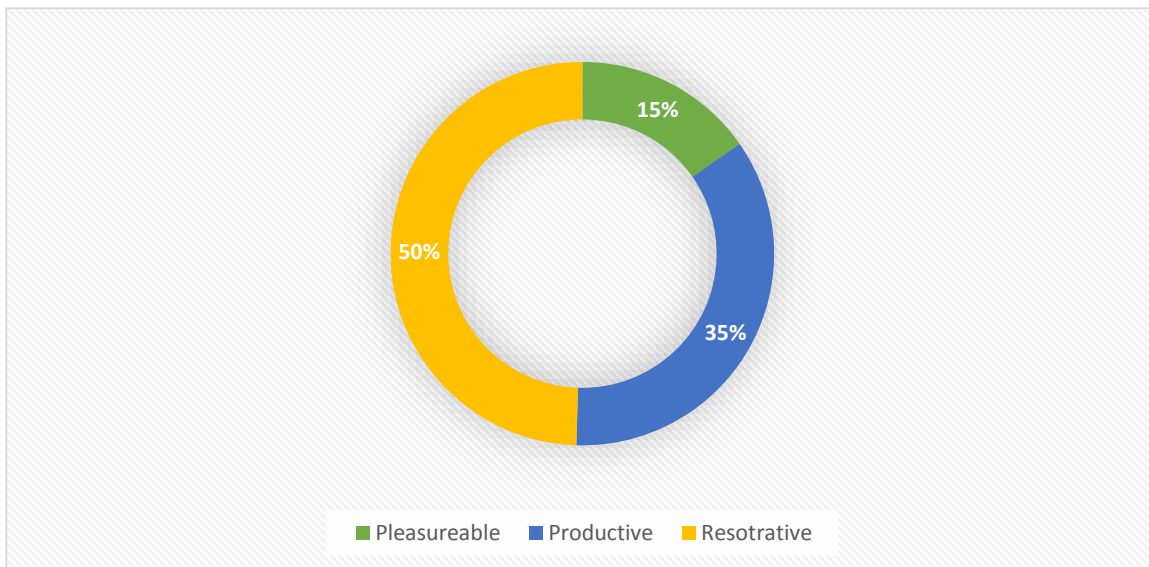
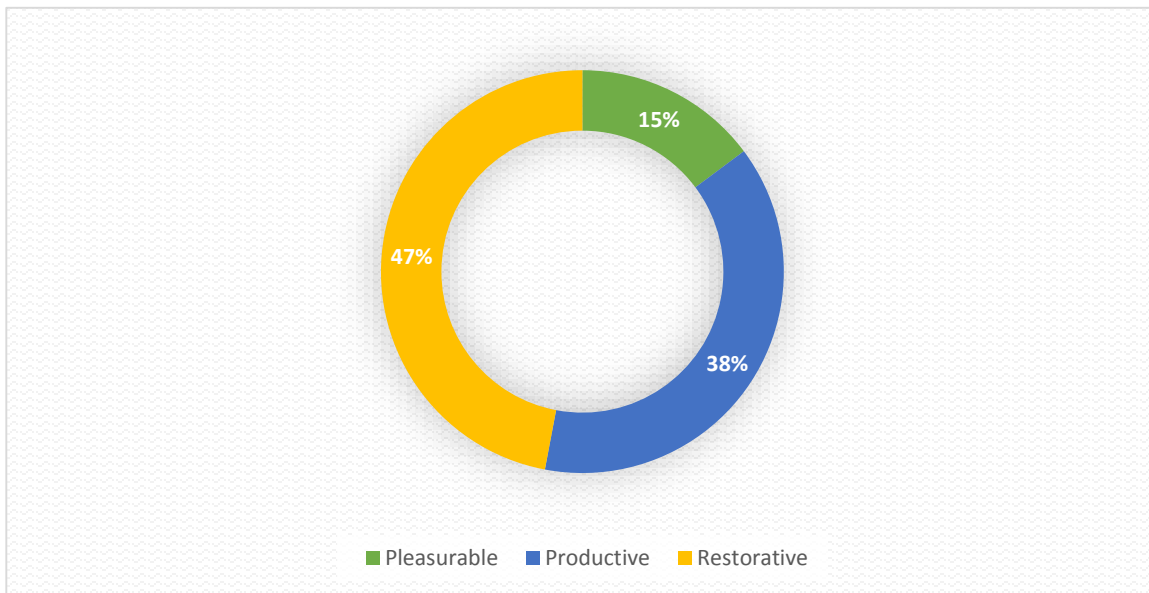


Figure 4. Nonperfectionists' Time Use in Occupation Using Pierce (2001) Classification of Occupations

The AOTA classifies occupations using eight categories: ADLs, IADLs, sleep and rest, education, work, play, leisure, and social participation. When initially using these categories for comparison, differences in time use among groups were not apparent. Consequently, the averages for education and work were combined because these categories are analogous to Pierce's productivity category. Play, leisure, and social participation averages were all combined to be comparable to Pierce's pleasurable category. This revealed that the perfectionists spent more time in productive occupations by 2 %. Conversely, the nonperfectionists spent more time in pleasurable occupations by 2 % (see Figures 5 & 6).

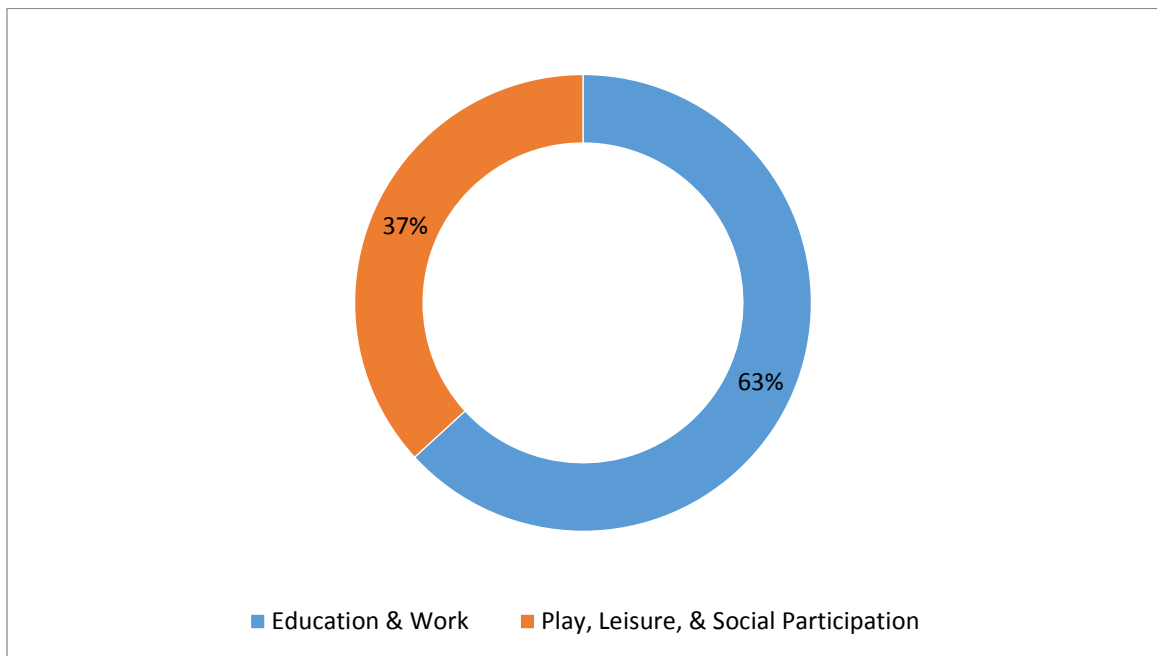


Figure 5. Perfectionists' Time Use in Occupation Using AOTA's Classification of Occupation

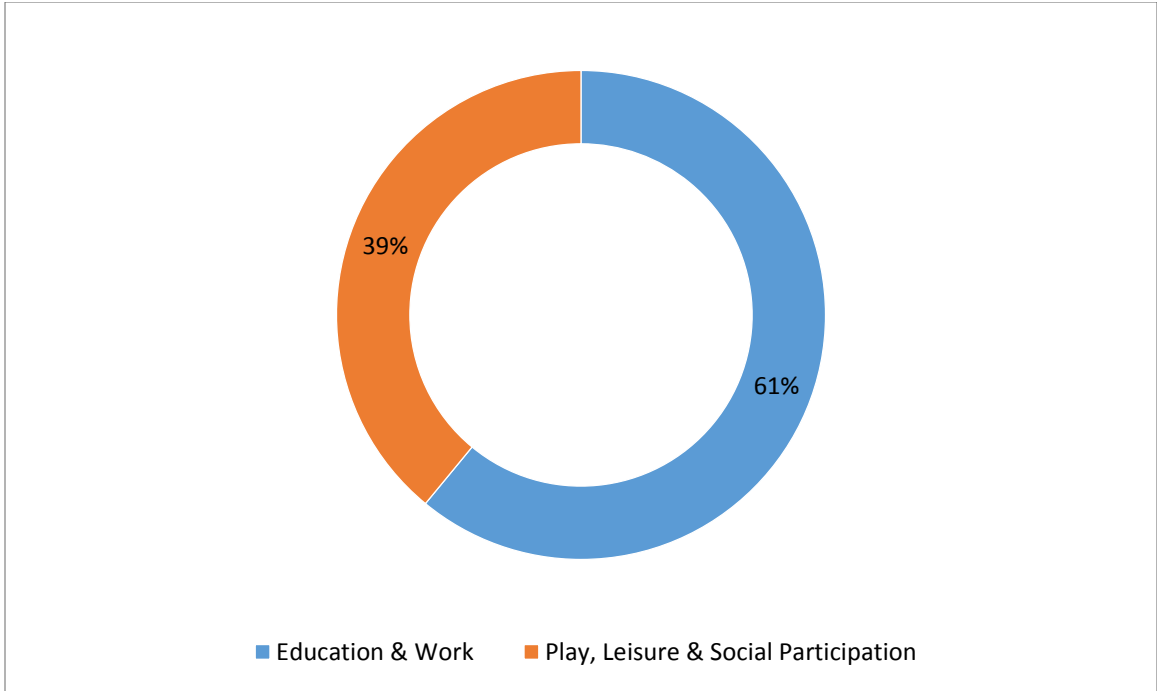


Figure 6. Nonperfectionists' Time Use in Occupation Using AOTA's Classification of Occupation

Next, the averages and standard deviations were used in order to run a two sample T-test; this test was used to determine if the results from each group were statistically significant. The following null hypothesis, ( $H_0$ ) and alternative hypothesis, ( $H_a$ ) were generated to compare time spent in pleasurable occupations as well as time spent in productive occupations between the perfectionist and nonperfectionists (see Tables 1 and 2).

Null Hypothesis ( $H_0$ )	Alternative Hypothesis ( $H_a$ )
The average percent of time spent in pleasurable occupations of the perfectionists = the average percent of time spent in pleasurable occupations of the nonperfectionists	The average percent of time spent in pleasurable occupations of the perfectionists $\neq$ the average percent of time spent in pleasurable occupations of the nonperfectionists

Table 1. Hypotheses for Pleasurable Occupations T-test Between Perfectionists & Nonperfectionists

Null Hypothesis ( $H_0$ )	Alternative Hypothesis ( $H_a$ )
The average percent of time spent in productive occupations of the perfectionists = the average percent of time spent in pleasurable occupations of the nonperfectionists.	The average percent of time spent in productive occupations of the perfectionists $\neq$ the average percent of time spent in pleasurable occupations of the nonperfectionists.

Table 2. Hypotheses for Productive Occupations T-test Between Perfectionists and Nonperfectionists

Pleasurable Occupations			
Population	Sample Size (N)	Sample Mean (X)	Sample Standard Deviation (S)
Perfectionists	20	14.794	8.295
Nonperfectionists	2	15	4.246
Productive Occupations			
Population	Sample Size (N)	Sample Mean (X)	Sample Standard Deviation (S)
Perfectionists	20	38.172	9.518
Nonperfectionists	2	34.5	3.535

Table 3. Perfectionists and Nonperfectionists Data Results

Pleasurable		
T-Score:	P-Value	$\alpha$ Value:
<b>-.0583</b>	.959	.05
Productive		
T-Score:	P-Value	$\alpha$ Value:
<b>1.118</b>	.347	.05

Table 4. Results of Pleasurable and Productive T-tests of Perfectionist and Nonperfectionists

When comparing time spent in pleasurable occupations between the groups the P-value is greater than the alpha, ( $\alpha$ ) value; the same is true when comparing time spent in productive occupations between the two groups. As a result, rejection of the  $H_0$  cannot occur. Consequently, the conclusion that  $H_a$  is true cannot be reached. Using a

significance level of 95%, there was only a 5% chance that a false conclusion was reached (difference existed when no actual difference was present). This was tested at 10% significance with no change. The results of this T-test are not significant. The conclusion that there is a difference in the average percent of time spent in pleasurable occupation between the perfectionists and nonperfectionists is not supported.

Additionally, the conclusion that there is a difference in the average percent of time spent in productive occupation between the perfectionists and nonperfectionists is not supported. One can be reasonably sure that the observed data occurred by chance. To view the data and the P-values, see Tables 1-4.

When scoring the APS-R results of all the participants, the perfectionists were further separated into two additional categories as adaptive and maladaptive perfectionists. To see if there were any differences in the time the maladaptive perfectionists spent in occupation compared the adaptive perfectionists, an additional two tailed T-tests were conducted. The following null and alternative hypothesis were generated (see Tables 5 and 6).

Null Hypothesis (H <sub>0</sub> )	Alternative Hypothesis (H <sub>a</sub> )
The average percent of time spent in pleasurable occupations of the maladaptive perfectionists = the average percent of time spent in pleasurable occupations of the adaptive perfectionists.	The average percent of time spent in pleasurable occupations of the maladaptive perfectionists $\neq$ the average percent of time spent in pleasurable occupations of the adaptive perfectionists

Table 5. Hypotheses for Pleasurable Occupations T-test Between Adaptive Perfectionists and Maladaptive Perfectionists



Null Hypothesis (H <sub>0</sub> )	Alternative Hypothesis (H <sub>a</sub> )
The average percent of time spent in productive occupations of the maladaptive perfectionists = the average percent of time spent in pleasurable occupations of the adaptive perfectionists.	The average percent of time spent in productive occupations of the maladaptive perfectionists ≠ the average percent of time spent in pleasurable occupations of the adaptive perfectionists.

Table 6. Hypotheses for Pleasurable Occupations T-test Between Adaptive Perfectionists and Maladaptive Perfectionists

Pleasurable Occupations			
Population	Sample Size (N)	Sample Mean (X)	Sample Standard Deviation (S)
Maladaptive Perfectionists	10	14.09	6.649
Adaptive Perfectionists	10	15.498	9.997
Productive Occupations			
Population	Sample Size (N)	Sample Mean (X)	Sample Standard Deviation (S)
Maladaptive Perfectionists	10	39.96	5.9
Adaptive Perfectionists	2	37.385	12.452

Table 7 Adaptive Perfectionists and Maladaptive Data Results

Pleasurable		
T-Score:	P-Value	α Value:
<b>-.370</b>	.7157	.05
Productive		
T-Score:	P-Value	α Value:
<b>.591</b>	.5648	.05

Table 8. Results of Pleasurable and Productive T-tests for Adaptive and Maladaptive Perfectionist

When comparing time spent in pleasurable occupations between the groups the P-value is greater than the alpha, (α) value; the same is true when comparing time spent in

productive occupations between the two groups. As a result, rejection of the  $H_0$  cannot occur. Consequently, the conclusion that  $H_a$  is true cannot be reached. Using a significance level of 95%, there was only a 5% chance that a false conclusion was reached (difference existed when no actual difference was present). This was tested at 10% significance with no change. The results of this T-test are not significant. The conclusion that there is a difference in the average percent of time spent in pleasurable occupation between the maladaptive perfectionists and adaptive perfectionists is not supported. Additionally, the conclusion that there is a difference in the average percent of time spent in productive occupation between the maladaptive perfectionists and adaptive perfectionists is not supported. One can be reasonably sure that the observed data occurred by chance. To view the data and the P-values, see Tables 5-8.

### **Qualitative data results**

The qualitative portion of the data was obtained using survey responses. The survey was sent out to 20 participants in the perfectionist population. A total of 19 surveys were fully completed. Prior to the open ended questions of the survey, four closed ended demographic questions were posed. All respondents identified that they were in the 18-24 age range. Of the respondents, 21 % identified as male and 78.95 % identified themselves as females.

Participants were also asked if they considered themselves to be perfectionists before taking the APS-R and if others considered them to be a perfectionist. The results showed that almost half did consider themselves to be perfectionists and half did not. However, the majority of participants responded that others considered them to be perfectionists.

The remaining survey responses were opened ended and analyzed using thematic analysis. Four main themes were generated: prioritizing or neglecting one's health, achievement promoting self-confidence, people thinking I'm a show-off, and organizing & time use. Quotations are presented verbatim from the participants and may include grammatical and spelling errors.

*Prioritizing or neglecting one's health*

It was evident that a recurrent theme in 18 out of the 19 responses was that the participants could identify how perfectionism influenced both beneficial and detrimental health related choices.

Of the 19 responses, 12 responses in some manner addressed how perfectionism was a positive influence on their health and tended to speak in terms of mental health exclusively. Conversely, 16 of the 19 respondents stated in varying fashions that perfectionism had a negative influence on their health and discussed primarily physical consequences. Thus, while a little over half thought perfectionism had a positive influence, the majority of the same respondents felt that perfectionism also had an undesirable impact on their health. Multiple participants discussed how perfectionism helped them to care about their food choices, exercise routine, and general health. Four participants felt that perfectionism pushed them to make more informed choices regarding diet:

... I am trying to eat better because I feel guilty about not eating healthier (P4).

...I always strive for healthy choices in food that may affect body image (P11).

Three of the participants specifically referenced spending time in the gym and how it influenced the motivation that was put into the workout:

Being a perfectionist has allowed me to make my health a priority as I am determined to work out as often as possible to keep my body healthy. I have set aside time that I exercise on specific days to fit in my schedule, so I can accomplish all of the tasks for that day (P18).

On the opposite end of the spectrum, some participants conveyed that perfectionism caused poor choices in food, avoidance of exercise, disrupted sleep cycles, and worry connected to stress and anxiety. In regards to food intake, three participants reported how perfectionism caused them to forget to eat, avoid eating entirely, or eating food that was not nutritious along with abstaining from exercise:

I do feel guilty for not taking better care of myself by exercising more and eating healthier food. Yet, the time restraints that I have because I spend so much time trying to do school assignments and other tasks to my satisfaction causes me to eat quick, unhealthy meals and not get much exercise besides walking to class and the farm work I sometimes get to do on the weekend.. I have never been stratified with my physical health because I am a perfectionist (and there is a lot of room for improvement) (P4).

Seven of the participants, mentioned how perfectionism caused them to have a lack of sleep relating to spending too much time on work, or feelings of exhaustion from working so diligently:

I lose sleep because of trying to do too much in one day and am in a constant state of worry (P1).

Further, eleven participants referenced the word stress, worry, pressure, and the feeling of being overwhelmed. Four of these eleven participants, went into further detail about how perfectionism caused them to worry about letting others down, not being good enough, and experiencing anxiety in daily tasks:

I worry about things beyond my control. I stress about things never being good enough (P6).

I feel if I get a bad grade on any of my assignments, and it ruins my mood because I constantly worry about that bad grade. Not only do I worry about how my grades will affect me, but I feel like I will let myself and others down (P8).

Since I put so much pressure on myself to be successful, I have made myself sick worry about things (P16).

It was clear when reviewing participants' responses that perfectionism could alter moods or be a source of anxiety. At times, the desire for perfection could even provoke physical responses in participants.

*Achievement promoting self-confidence*

Many participants felt that perfectionism was a positive influence in their lives because it helped them feel good about self, whether it was related to doing well in school or achieving other life goals. A few of the participants expressed that perfectionism promoted self-confidence because it prevents them from procrastinating putting them at ease with their school work and grades they received. Participants attributed success to be the result of their perfectionism. Five participants expressed that being a perfectionist allowed them to work hard and be their best self:

Perfectionism caused me to achieve quite a few thing in my academic career and in turn gave me self-confidence (P4).

...it has been part of the reason that I got into the OS program and I am currently exceeding in all my classes. My perfectionism has been one of the reasons I have had such success (P5).

I feel like it might benefit me in having high standards and when I can meet my standards I feel good about myself. However, this occurs only when I have met my standards (P8).

*People thinking I'm a show-off*

Eight participants described how others perceived their perfectionism to be a negative rather than positive characteristic of their personality. Several responses included names they have been called, or assumptions others made about them. It was clear that perfectionism was a factor that led to confusion as interactions with classmates and their intentions were sometimes misunderstood:

Sometimes to others that [giving 100%] comes off as controlling and nit-picky.

They normally get offensive because they think I'm being rude, but honestly I just want to do the best possible (P1).

I have been called a Suck up, nerd, OCD, anal, and bossy (P6).

I think a stereotype associated with perfectionist is that they are always over achievers. To some they may seem like they achieve a lot but to the perfectionist it might not seem that way (P7).

People think I'm a show off (P10).

They assume that u have no outside life (P14).

Some stereotypes are that perfectionists faced are the following: others think we never fail, high expectations, frustrations when things do not go as planned, and hate group work (P16).

Some respondents explained how these experiences affected their educational experience. Respondents reported that peers treated them differently, often commenting on their work ethic. Additionally, respondents described how peers operated on the assumptions that the respondents did not need help with school related work:

Asking others, that know me, for assistance and/or feedback on assignment often results in them dismissing my request or concerns because they assume that I've done well on the assignment and don't need help (P4).

I have had fellow students comment on the way that I do my work in a precise way that some see as too much work (P12).

People assume that you know everything so they constantly ask you questions on HW (P14).

People tend to feel negatively towards perfectionists because they usually have things completed in advanced compared to people who aren't considered perfectionists (P18).



When conducting member checking, the respondent reported that she had positive experiences in regards to her perfectionism. This response was unexpected as other participants had mainly focused on how peers had disapproved of their perfectionism:

I have never had other individuals envy me or think I am a show off because I am a perfectionist. Instead, I have fellow classmates wish they could have the motivation and perfectionism that I have (PX).

*Organizing & time use*

The connection between organization and time use was apparent in the thirteen participants who made reference to these in their responses. It appeared that perfectionism caused them to care about organization which took up too much time. As a result of this, some participants discussed an imbalance between school work and enjoyable activities:

The large amount of time that it takes me to complete school assignments and other task to my satisfaction causes me to get less sleep, have to put off other assignments/tasks, and engage in less enjoyable activities occupations. I also take time to clean and do yard work at the house that I live in with other roommates. It bothers me if the kitchen is messy/dirty and the yard is overgrown, so I have to take time out of my schedule to clean and do the yard work to... (P4).

It is time consuming and stressful to try to make everything perfect (P15).

In discussing how perfectionism helped the respondents to keep various aspects of their lives organized, a few grouped cleanliness and organization together. As a result it seemed that cleanliness was a factor of organization.

It positively influences me by always having a clean and organized living area.

(P2)

One participant referenced how perfectionism, time use and organization related to school work. It is interesting to note that for this participant, having perfectionist qualities caused him to fail to meet the requirements by exceeding the page length guide lines for assignments:

When writing papers, I find it hard to stay within the maximum page limit due to the desire to provide thorough, detailed, and thoughtful feedback. This causes me to take extra time to decide what to take out of my papers; I task that I difficult because I feel such details are needed (P4).

Another respondent revealed that even her friends had noticed her need to keep herself organized:

Most of my friends consider me to be a perfectionist, and they will joke around with me about how I need to have everything in my life in order (P8).

Through the use of survey responses, participants articulated perfectionism can positively and negatively influence health, elicit stereotypes from others and most importantly can impact which type of occupation an individual engages in most frequently. The results have implications for the health of these students as they continue their education and their work as future occupational therapists.

### **Discussion**

This study represents the first step in understanding the impact that perfectionism has on occupation. To the knowledge of the primary researcher, there are no current studies within occupational science literature that have addressed this relationship. Consequently, several research questions were posed in order to gain a holistic and meaningful perspective on this topic. The outcome of the quantitative analysis demonstrated that there were more perfectionists than nonperfectionists among the class of occupational science students that were studied; this result that was clearly demonstrated in the distribution of perfectionists versus nonperfectionists when using the APS-R as a tool for discrimination.

However, the answer to whether or not perfectionists engage in more productive occupations than pleasurable occupations when compared to their nonperfectionists peers is still inconclusive. Analysis using descriptive statistics revealed that there were differences, although minimal, between the amount of time perfectionists' and nonperfectionists' spent in both pleasurable and productive occupations. Statistical analysis of the data further revealed that the difference found between the perfectionists and nonperfectionists was not statistically significant and likely occurred by chance. The same result held true for the adaptive and maladaptive perfectionists groups. However,

these results could be due to the fact that the nonperfectionist sample was so small. In comparing the maladaptive and adaptive perfectionists to each other, the samples may have also needed to be larger to obtain a result that was statistically significant.

In spite of this, the qualitative responses generated by this research more adequately demonstrate the impact that perfectionism can have on occupation. Analysis of survey responses exposed four main themes: prioritizing or neglecting one's health, achievement promoting self-confidence, people thinking I'm showing off, and organizing & time use. Throughout the survey responses, participants demonstrated a lack of occupational balance, because, regardless of whether their feelings were positive or negative, participants mentioned wanting or needing more or less time in various occupations. This demonstrates that the participants realize that an optimal balance between their occupations had not been achieved.

Further, drawing distinctions between the impact on occupation and the impact on health was challenging because the two were interconnected. Some discussed how their perfectionism caused them to spend more time completing school assignments than peers, but that this helped them to be successful. Positive health impacts that respondents identified were that spending more time in education related occupations gave them confidence in themselves and ultimately helped them achieve their goals.

Conversely, respondents addressed how too much time spent in education related occupations prevented them from engaging in self-care occupations, social participation and even rest and sleep which also were listed as detrimental health effects. Participants described some of the negative effects their perfectionism had on their health was stress, anxiety, loss of sleep, avoidance of exercise, and under or overeating. Continuing to

spend too much time in educational occupations could later transfer into adulthood, but may manifest itself as workaholism. Workaholism has been described as an overemphasis on work that causes neglect to other occupations and relationships. Various studies have shown that workaholism can also impact an individual's physical and psychological health (Matuska, 2010).

As a result, it is relevant to consider that the participants who identified as perfectionists may later on in life suffer from workaholism as a result of their perfectionism. It seems even more likely that since almost half of the sample met the criteria for being maladaptive perfectionists, they will be most susceptible to workaholism in future careers. This assumption is based on research that has shown maladaptive perfectionists exhibit excessive concerns over mistakes, continuous self-criticism, and a sense of inadequacy, and can be devastated by mistakes (Rice & Ashby, 2007). Such characteristics may make the maladaptive perfectionists more vulnerable to develop an over emphasis on work later on in life and become workaholics. Matuska (2010) noted that in addition to being more perfectionistic, individuals who identified as perfectionists were more likely to report experiencing stress. The end results of this tendency could be burnout, distress in family relationships, and dissatisfaction with life; all of which do not promote an individual's health or allow for meaningful engagement in occupation.

Conversely, perfectionism may actually benefit these students in their future academic endeavors and careers. In their survey responses, some respondents mentioned that their perfectionism helped them to manage their time and stay organized. Stoeber & Otto (2006) found that striving for perfectionism was associated with increased levels of

conscientiousness and decreased levels of procrastination. This research also revealed that perfectionism had an internal locus of control indicating that they believe they can control their fate. All of these traits may promote career success; however, there is minimal research to support this conclusion.

Another consideration when considering perfectionism and occupation is the impact on one's overall lifestyle. Through the use of both the quantitative and qualitative data, it appeared that perfectionists spent more time than may be necessary in productive occupations. If this pattern continues over time, perfectionists may not be able to achieve lifestyle balance. Christiansen & Matuska (2006) underscore the importance of attaining and sustaining lifestyle balance because, "knowing that the daily patterns of occupations chosen by individuals can either create a balanced or imbalanced lifestyle and influence one's state of health" (p. 49). Some outcomes of lifestyle imbalances include anxiety, fatigue, and lack of sleep; several participants addressed how spending time completing school work and trying to do their best on every task they encountered caused them stress and anxiety among several other complaints related to malaise.

Throughout the survey responses, multiple participants referenced or discussed experiencing stress as a result of their perfectionism. While the survey did not ask whether participants experienced acute or chronic stress, it is reasonable to suspect that some experience stress overtime based on responses given. Experiencing stress over time can put an individual at risk for depression and other psychological conditions (Thoits, 2010). Additionally, chronic stress can disrupt the physiological functioning of major body systems including: cardiovascular, respiratory, endocrine, nervous, and gastrointestinal. While proper functioning of all systems is needed for maintaining one's

health, the impact of stress on the heart is substantial. The Center for Disease Control and Prevention lists cardiovascular disease is the leading cause of death in the United States (<http://www.cdc.gov>). The American Heart Association explains that cardiovascular disease encompasses a variety of heart conditions including: valve problems, arrhythmias, heart attacks, or congestive heart failure (<http://www.heart.org>). Dimsdale (2008) contends that, "...overall data suggest that stress contributes to adverse clinical cardiac events and provide a milieu of increased vulnerability to the heart"(p.1244). Further Dimsdale points out that the effects of stress are potentially modifiable by individuals. Aziz, Wuensch, & Duffrin (2015) found that workaholism was positively correlated with stress-related illnesses. For participants that identified as perfectionists, not only are they vulnerable to workaholism later in life, but also could be more susceptible to develop cardiovascular conditions brought on by stress.

Based on the participant responses, it was evident that there was a social component to perfectionism. Several participants identified names they had been called by others and/or addressed how peers treated them differently in education. A few of the responses involved assumptions that others made regarding their performance or knowledge. Further examination into the sociocultural dimension of perfectionism may discern how perfectionism develops over time as individuals engage in occupation. This could reveal both positive and negative impacts of perfectionism on relationships.

For current and future OS students, the importance of achieving a balance in one's lifestyle is necessary to navigate educational and work related occupations, but also other occupations especially those of self-care that support health. To promote a balance between occupations, all students within the program, especially those who fall within the

maladaptive category, should periodically monitor their time use to achieve a more healthy balance of occupations. This could be done as part of the time log assignment within the OTS 311 curriculum and in other places within in the occupational science and occupational therapy programs.

As future healthcare practitioners, this education could serve as method to be more aware of perfectionist qualities within themselves and in their future patients as well as the potential for an impact on occupational balance. Further, knowledge of the impact of perfectionism on health could hold relevance for occupational therapists who work with clients who live with disabilities on a daily basis. An individual's response to disability can be understood in five stages: shock, defensive retreat, depression or mourning, personal mourning, and acceptance/adaptation/integration. During the defensive retreat stage, the individual can refuse to accept the presence of the disability, the effects of the disability, or the permanence of the disability. While all three forms of denial of a disability can occur, it is most common that individuals may believe that the disability is temporary in nature and that he or she will be able to return to previous levels of functioning (Smart, 2009). An occupational therapist interacting with an individual with a disability in the denial stage may also simultaneously be working with perfectionists. The combination of a disability and a desire for perfection may produce stress or frustration and an imbalance in occupations. As a result, understanding the interaction between perfectionism and occupation may enable the occupational therapist to more adequately address a client's needs.



**Limitations**

Throughout the course of this research, several limitations within the design and implementation of the study arose and must be acknowledged.

**Design limitations.**

When designing this study, several of the decisions were made in consideration of the primary researcher being an undergraduate student. Ideally, this study would have been conducted with a larger sample of students. However, the population that was studied was selected based on their background knowledge of occupational science. Additionally, to increase the collection of completed time logs, occupational science students were selected because a time log was part of their coursework. Use of the APS-R was contingent upon the fact that it did not require special training to use; several other options were examined such as the Frost Multidimensional Perfectionism Scale, but required extensive training and time to use as an assessment tool. When it came to the qualitative portion of this research, interviews would have given more detailed answers and allowed for more clarification, but a survey was used because of time constraints.

**Implementation limitations.**

Beginning with the data collection process, on the initial day of data collection there was a safety threat to campus and classes were cancelled. The data collection was rescheduled, but there was a potential loss of participants due to this event. Another limitation was the time logs that were collected from the participants were subjective in nature. The time logs were kept by the participants, and then the participants classified their own occupations using Pierce's three categories as well as the eight categories of the

AOTA. If the primary researcher had collected the logs and classified the occupations, there would have been more consistency within these classifications.

Another limitation became apparent when the participants were classified using the APS-R. It was originally anticipated that there would be more perfectionists than nonperfectionists, but not that there would be such a skewed distribution; only 3 nonperfectionists were identified, while 41 perfectionists were identified. The comparison between the two groups was further complicated when the primary researcher was only able to obtain 2 out of the 3 time logs for the nonperfectionists. The disparity between the number of participants in each group may have impacted statistical analysis results. Thus, the comparisons between the perfectionists and nonperfectionists regarding pleasurable and productive occupations was found to not be statistically significant.

### **Future Inquiry**

From this research, it is apparent that further research is necessary to form a more definitive statement on the impact that perfectionism has on occupation. This mixed methods study has merely scraped the surface of this area of inquiry. It is the hope of this researcher, that this research will be a foundation for others to expand upon in the future.

Of the multiple directions future research could take, one essential path would be to repeat, at the very least, the quantitative portion of the research. A more evenly distributed sample size of perfectionists and nonperfectionists would allow for a more accurate conclusion as to whether there is a difference in time spent in pleasurable and productive occupations. Repeating this portion of the study, but changing it to be a longitudinal study over the course of a semester or even a school year could reveal

changes in time use in occupation or the perceived effects perfectionism has on occupation and health. Another potential direction would be the use Occupational Therapy models such as the Model of Human Occupation, or the Canadian Model of Occupational Performance to assess the impact of perfectionism on occupation. A qualitative study that consists of interviews of the perfectionist and nonperfectionists could allow for a meaningful depiction of the differences in occupation and health between the two groups. Even repeating this study on other groups of students in pre-professional programs might reveal similar results. Finally, it may be beneficial to consider the sociocultural context that contributes to perfectionism such as a productivity driven society rooted in the Protestant work ethic, or social groups where an individual acquires their values and beliefs.

### **Summary**

The primary intent of this research as to discern the impact that perfectionist has on occupation. Throughout the research process, it became evident that this research was exploratory and that more research of both a quantitative and qualitative nature is warranted. However, the study was successful in predicting that there would be more perfectionists among the students studied and that perfectionism has some degree of impact on occupation. Continued research on this topic should be of interest to occupational scientists as the implications for these students moving forward directly relates to their health and ability to engage in meaningful occupations. Additionally, this knowledge can lay the ground work for future occupational therapists to incorporate this knowledge into practice.

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Appendix A  
Almost Perfect Scale, Revised

**Almost Perfect Scale-Revised Instructions**

The following items are designed to measure attitudes people have toward themselves, their performance, and toward others. There are no right or wrong answers. Please respond to all of the items. Use your first impression and do not spend too much time on individual items in responding. Respond to each of the items using the scale below to describe your degree of agreement with each item.

1. I have high standards for my performance at work or at school.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

2. I am an orderly person.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

3. I often feel frustrated because I can't meet my goals.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

4. Neatness is important to me.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

5. If you don't expect much out of yourself, you will never succeed.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

6. My best just never seems to be good enough for me.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

7. I think things should be put away in their place

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

8. I have high expectations for myself.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

9. I rarely live up to my high standards.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

10. I like to always be organized and disciplined.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

11. Doing my best never seems to be enough.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

12. I set very high standards for myself.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

13. I am never satisfied with my accomplishments.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

14. I expect the best from myself.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

15. I often worry about not measuring up to my own expectations.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

16. My performance rarely measures up to my standards

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

17. I am not satisfied even when I know I have done my best.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

18. I try to do my best at everything I do

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

19. I am seldom able to meet my own high standards of performance.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

20. I am hardly ever satisfied with my performance.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

21. I hardly ever feel that what I've done is good enough.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

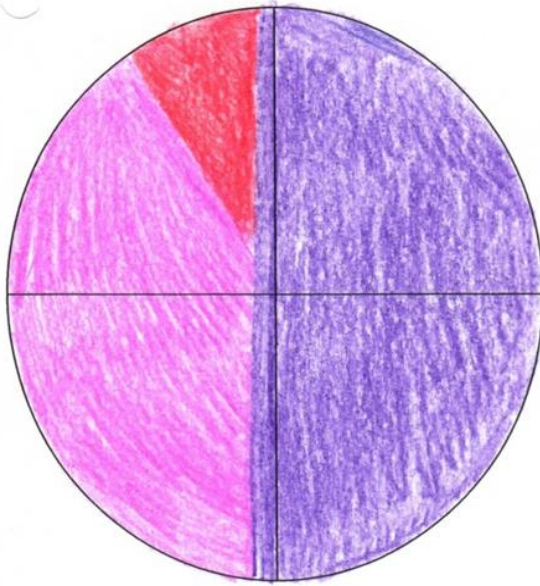
22. I have a strong need to strive for excellence.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

23. I often feel disappointment after completing a task because I know I could have done better.

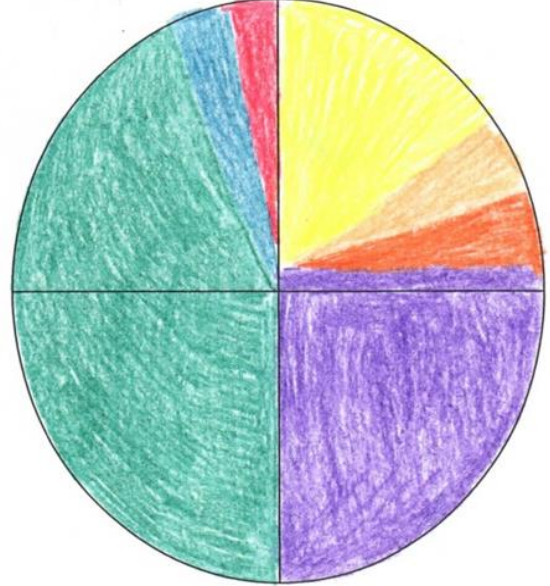
1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

Appendix B  
Time Log Chart



**PIERCE**  
SUBJECTIVE DIMENSIONS OF OCCUPATION

- 38.6% **PRODUCTIVITY**
- 7.1% **PLEASURE**
- 54.1% **RESTORATION**



**AOTA**  
PRACTICE FRAMEWORK

- 11.3% **ACTIVITIES OF DAILY LIVING**
- 3.6% **INSTRUMENTAL ACTIVITIES OF DAILY LIVING**
- 27.6% **SLEEP AND REST**
- 44% **EDUCATION**
- 2.9% **WORK**
- 0% **PLAY**
- 1.7% **LEISURE**
- 2.6% **SOCIAL PARTICIPATION**

Appendix C  
Impact of Perfectionism on Occupation Survey Questionnaire

Hello!

If you are on this page, you have already participated in the research study The Gold Standard: Understanding the Impact of Perfectionism on Occupation being conducted by Mary Wagner. Your scores on the Almost Perfect Rating Scale, Revised, (APS-R), have qualified you to complete the second portion of the study. The second portion of the study, as previously mentioned, involves completing a short 8 question survey.

Please follow the instructions to complete the survey. It should only take 5-10 minutes of your time. Please complete by Wednesday October 28, 2015. Your responses will help to expand the knowledge on how perfectionism impacts occupation. Thank you for your time!

Any questions? Email: [mary\\_wagner20@mymail.eku.edu](mailto:mary_wagner20@mymail.eku.edu)

**\*1. What is your age?**

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 65

**\*2. What is your gender identity?**

- Male
- Female
- Transgender
- Other
- Prefer not to Answer

**\*3. Prior to taking the Almost Perfect Scale, Revised (ASP-R), did you consider yourself a perfectionist?**

- Yes
- No

**\*4. Prior to taking the Almost Perfect Scale, Revised (ASP-R), did others call you a perfectionist?**

- Yes
- No

**\*5. Please describe any stereotypes and/or negative experiences you may have encountered as a perfectionist? Please be as specific as possible (use full sentences), as it will allow for better qualitative data analysis.**

**\*6. Please describe how perfectionism has impacted or currently impacts your daily life? Please be as specific possible (use full sentences) as it will allow for better qualitative data analysis.**

**\*7. Please describe how perfectionism positively influenced or currently influences your health? (Please be as specific as possible, give examples or tell a story to illustrate your opinion)**

**\*8. Please describe how perfectionism negatively influenced or currently influences your health? (Please be as specific as possible, give examples or tell a story to illustrate your opinion)**

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