

Personality and Social Psychology

What makes university students perfectionists? The role of childhood trauma, emotional dysregulation, academic anxiety, and social support

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While most studies concentrate on the negative psychological consequences of perfectionism, we know less about its antecedents. This study examined the relationship between adverse childhood experiences, difficulties in emotion regulation, academic anxiety and social support and maladaptive perfectionism among university students. A large sample of 1,750 students (81% female; $M = 21.6$ years, $SD = 4.8$) completed an online self-report survey assessing these constructs. Relative to males, female participants recorded higher scores for difficulties in emotion regulation, perceived social support and debilitating anxiety but not for perfectionism. In line with previous studies, perfectionism was positively related to difficulties in emotion regulation and childhood trauma, with the former being the stronger predictive variable. Debilitating academic anxiety was also a positive but much weaker contributor. In contrast, perceived social support was a significant negative predictor of perfectionism, suggesting that perfectionists can benefit from social connections. Age and gender did not play a role in perfectionism scores. These findings draw attention to the predictive role of emotion regulation and childhood adverse experiences in maladaptive perfectionism and stimulate further research into exploring its association with social support and test anxiety.

Key words: Academic anxiety, childhood trauma, emotion dysregulation, perfectionism, social support.

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INTRODUCTION

Perfectionism is a personality disposition characterized by setting high standards, overconcern with mistakes and the need to be perceived as flawless (Frost, Marten, Lahart & Rosenblate, 1990). However, perfectionism is a complex concept and contains several dimensions: while Frost et al. (1990) distinguished six dimensions (Concern over Mistakes, Parental Criticism, Parental Expectations, Doubts about Actions, Organization and Personal Standards), Hewitt and Flett (1991) described three separate dimensions (Self-oriented; Socially-prescribed and Other-oriented). Above all, there is a distinction between positive or adaptive perfectionism and negative or maladaptive perfectionism (Frost, Heimberg, Holt, Mattia & Neubauer, 1993). Maladaptive perfectionism can be described as “personal concerns over mistakes and failure, and concerns about other people’s evaluation or criticism” (Frost et al., 1993, p. 125). Comparing these two perfectionism measures, Frost et al. (1993) found that four of their subscales (namely Concern over Mistakes, Parental Criticism, Parental Expectations, Doubts about Actions) were reflecting the negative aspects of perfectionism together with Socially-prescribed Perfectionism.

While most studies concentrate on the negative psychological consequences of perfectionism such as its role in the development of various psychopathologies and stress reactions (e.g., Limburg, Watson, Hagger & Egan, 2017), we know much less about which factors may contribute to the development of maladaptive perfectionism in specific populations.

One population is university students who face anxiety-provoking stressors such as adjusting to university life and

performing well at examinations. Not surprisingly, there is a close connection between anxiety and perfectionism. However, the relationship between them is likely to be bidirectional: not only might perfectionism lead to anxiety but anxiety may also increase self-critical perfectionism (Gautreau, Sherry, Mushquash & Stewart, 2015). For university students, a specific type of anxiety is particularly relevant, namely test anxiety. According to the most used definition, test anxiety is an unpleasant state accompanied by feelings of worry and tension in situations when someone’s achievement is being evaluated (Spielberger, 1972). Research shows that maladaptive evaluative concerns relate to stress and test taking anxiety (Bieling, Israeli & Antony, 2004).

Besides anxiety, perfectionism is related to emotion regulation. The ability to regulate emotions is vital for well-being and mental health. Awareness and acceptance of one’s emotions, and use of flexible strategies for the emotional response are traits indicative of emotion regulation (Gratz & Roemer, 2004). Research has shown that maladaptive perfectionism is related to increased distress and difficulties in emotion regulation (Vois & Damian, 2020).

Beyond personality factors, social and (particularly early) familial background may also contribute to the development of perfectionism. The quality of parent-child relationships in early childhood plays a significant role in healthy functioning as young adult (Stafford, Kuh, Gale, Mishra & Richards, 2015), and parental behavior (approval or rejection) can influence later development of perfectionism (Frost et al., 1990). Children who are exposed to physical abuse and psychological maltreatment may react to adversity by becoming perfectionistic to reduce humiliation or to gain control in an unpredictable environment

(Flett, Hewitt, Oliver & Macdonald, 2002). Rumination, which seems to be the maintaining factor of traumatic experience is also a feature in perfectionism and therefore could be the link (Egan, Hattaway & Kane, 2013). Recent research suggests that living in a dysfunctional family and childhood abuse can predict socially prescribed perfectionism (Chen, Hewitt & Flett, 2019). However, the literature describing the relationship between childhood trauma and maladaptive perfectionism is scarce.

Social support as a protective factor in perfectionism among children who have suffered abuse has been on focus of researchers. In a study with a sample of maltreated children Flett, Druckman, Hewitt, and Wekerle (2011) found that social support was not associated with self-oriented perfectionism, while reduced levels of family support were associated with socially prescribed perfectionism. In a student sample, social support showed a positive relationship with perfectionistic strivings and mediated the relationship between perfectionistic concerns and anxiety (Gnilka & Broda, 2019). The social disconnection model of perfectionism (PSDM; Hewitt, Flett, Sherry & Caelian, 2006) suggests that perfectionists may feel difficulties connecting with others and frequently find themselves socially isolated. Applying this model, maladaptive perfectionism was negatively associated with social support in college students in which communication style played a mediating role (Barnett & Johnson, 2016). On the other hand, social support can serve as a significant resource of encouragement to cope with distress: in a study of college students, perceived social support significantly moderated the influence of perfectionism on depression and anxiety (Lagdon, Ross, Robinson, Contractor, Charak & Armour, 2018). All these findings suggest that while lack of adequate social support may be a maintaining factor for some types of perfectionism, perfectionists may benefit from increased social connections and support from others.

The present study

The main purpose of the current study was to develop a deeper insight into the potential antecedents of university students' perfectionism, particularly those not yet entirely explored. Specifically, we aimed to: (1) examine the bivariate relationships between childhood trauma, emotional dysregulation, academic anxiety, social support and maladaptive perfectionism; and (2) determine the predictive role of these variables in maladaptive perfectionism in a large non-clinical sample of young adults.

METHOD

Procedure and participants

An online self-report survey was used as a method of data collection with social networks (e.g., Facebook student groups) being used to recruit participants. Data were collected continuously between October and December in 2019. The study was approved by the Institutional Review Board (IRB) at the University of Szeged, Doctoral School of Education. Participation was anonymous and voluntary; participants agreed that completion of the questionnaire was construed as informed consent.

Participants were students from various Hungarian universities ($N = 1,750$, aged between 17 and 43 years with a mean age of 21.6 years, $SD = 4.8$). The students were diverse with respect to age; however,

participants were mainly first-year students (55.4%). The majority of participants were females (81%), with a mean age of 21.7 years ($SD = 5.0$). The male students' average age was 21.3 years ($SD = 3.7$).

Measures

Maladaptive perfectionism. Maladaptive perfectionism was measured with the Hungarian version of the Frost Multidimensional Perfectionism Scale (Frost et al., 1990). The scale was adapted and previously applied in Hungarian populations (Dobos, Piko & Kenny, 2019). Respondents answered the 35 items on a five-point scale (1 = strongly disagree to 5 = strongly agree). Scores for four maladaptive subscales (Frost et al., 1993) were derived by adding responses to the relevant questions. These are: Concern Over Mistakes (e.g., "If I fail at work/school, I am a failure as a person"), Doubts About Actions (e.g., "I usually have doubts about the simple everyday things I do"), Parental Expectations (e.g., "My parents set very high standards for me"), and Parental Criticism (e.g., "As a child, I was punished for doing things less than perfectly." The Total Maladaptive Perfectionism score is the sum of all subscales except Organization and Personal Standards. In this study Cronbach's α value of reliability for the total perfectionism scale was 0.91.

Perceived social support. Perception of social support was measured by the Hungarian validated version of the Multidimensional Scale of Perceived Social Support (Papp-Zipernovszky, Kékesi & Jámori, 2017), originally developed by Zimet, Dahlem, Zimet and Farley in 1988. The 10-item scale (e.g., "I get the emotional help and support I need from my family") assesses social support from family, friends and significant others on seven-point rating scale ranging from very strongly disagree (1) to very strongly agree (7). This scale showed excellent internal reliability. Cronbach's alpha for the total scale was 0.89.

Emotion regulation. A short version (Gratz & Roemer, 2004) of the original 36-item Difficulties in Emotion Regulation Scale (DERS-16; Bjureberg, Ljótsson, Tull et al. 2015) was used as a self-report measure of emotion dysregulation. Items include statements such as "I experience my emotions as overwhelming and out of control." Respondents rated each item on a five-point scale (1 = Almost never to 5 = Almost always). The short version does not include reverse items. Total scores range from 16 to 80, where higher score reflects greater difficulties. This 16-item version of the DERS demonstrated excellent internal consistency (Cronbach's $\alpha = 0.92$).

Academic anxiety. The 10-item Debilitating Anxiety Scale developed by Alpert and Haber (1960) was applied to measure debilitating features of participants' academic anxiety in achievement situations. Participants responded to items such as "When I don't do well on difficult items at the beginning of an exam, it tends to upset me so that I block on even easy questions later on" using a five-point scale, indicating the degree to which the item applies to them. Responses are summed to produce a total score, with higher scores indicative of greater impact of anxiety on academic performance. Cronbach's alpha for this scale was 0.71 with the current sample.

Childhood trauma. The brief version of Childhood Trauma Questionnaire (Bernstein et al., 2003) was used to elicit information about histories of five types of childhood maltreatment – emotional, physical, and sexual abuse, and emotional and physical neglect. The scale consists of 25 items, five for each type of trauma (e.g., I was punished with a belt/board/cord/other hard object; People in my family called me "stupid," "lazy," or "ugly"; my parents were too drunk or high to take care of the family; someone tried to make me do/watch sexual things). Participants respond to each item in the context of "when you were growing up" using a five-point Likert scale ranging from 1 ("never") to 5 ("very often"), producing scores of 5 to 25 for each trauma subscale. The CTQ includes three additional statements (denial subscale) which were excluded to minimize the number of items in the survey overall. Items 2, 5, 7, 13, 16, 19 and 22 are reversed. In the analyses, total score was used. The

translated version in this study demonstrated good internal consistency (Cronbach's alpha = 0.85).

The last three scales were translated and backtranslated by bilingual translators as independent experts.

Statistical analysis

SPSS program 22.0. version was used for the analyses. A significance level of 0.05 was set. Descriptive statistics were calculated, and a correlation matrix for the study variables was produced. Multiple linear regression analysis was used to investigate the relationship between socio-demographics (gender and age as controlling variables) and all variables predictive of maladaptive perfectionism. Collinearity diagnostics of the multiple linear regression analysis were also conducted to examine the reliability of the models. Finally, stepwise regression (four hierarchical regression models) for maladaptive perfectionism scale was also carried out.

RESULTS

Descriptive statistics and correlations

Descriptive statistics (values for minimum, maximum, means and standard deviations) as well as correlation coefficients for bivariate relationships between the scales are shown in Table 1. Preliminary analyses revealed that relative to males, higher levels of emotion dysregulation ($t(1748) = 4.02, p < 0.001$), perceived social support ($t(1748) = 5.00, p < 0.001$) and debilitating anxiety ($t(1748) = 2.70, p < 0.01$) were reported by female participants. Perfectionism scores were positively correlated with emotion dysregulation scores ($r = 0.58; p < 0.01$), childhood trauma scores ($r = 0.38; p < 0.01$) and debilitating anxiety scores ($r = 0.33; p < 0.01$), and negatively correlated with perceived social support scores ($r = -0.36; p < 0.01$). The latter showed a similar negative relationship with childhood trauma scores ($r = -0.56; p < 0.01$) and weaker negative correlations with emotion dysregulation scores ($r = -0.25; p < 0.01$) and debilitating anxiety scores ($r = -0.11; p < 0.01$). Childhood trauma scores were significantly positively correlated with emotion dysregulation scores ($r = 0.22; p < 0.01$) and debilitating anxiety scores ($r = 0.13; p < 0.01$).

Prediction of maladaptive perfectionism

Table 2 summarizes multiple linear regression analysis investigating the relationship between socio-demographics (gender and age as controlling variables) and all variables predictive of maladaptive perfectionism. In this table indicators of collinearity statistics are also shown. Gender and age were not related to the dependent variable, but emotion dysregulation ($\beta = 0.46; p < 0.001$) and childhood trauma ($\beta = 0.20; p < 0.001$) were strongly related to perfectionism. Debilitating anxiety was also positively but more weakly related to perfectionism ($\beta = 0.11; p < 0.001$). The only negative association found was between perceived social support and perfectionism ($\beta = -0.12; p < 0.001$). In total, these variables explained 43% of the variance in perfectionism scores. The reliability of the model revealed that VIF (Variance Inflation Factor) values were within the optimal range (< 2), indicating that multicollinearity was not present.

Results of variables predicting maladaptive perfectionism in four hierarchical regression models can be seen in Table 3. The main goal of introduction of the stepwise regression model (forward selection) was to explore the order of explanatory variables and thus confirm their role in perfectionism.

Age and gender were not included due to their non-significant role. Explaining 34% of the variance, Model 1 showed emotion dysregulation as positive contributor to the dependent variable ($\beta = 0.58; p < 0.001$). The addition of childhood trauma ($\beta = 0.27; p < 0.001$) in Model 2, increased the proportion of variance accounted for by 6%. Adding perceived social support ($\beta = -0.12; p < 0.001$) (Model 3), slightly increased the amount of variance accounted for in perfectionism scores, and it was associated with a decrease in the predicting value observed for emotion dysregulation ($\beta = 0.50; p < 0.001$) and childhood trauma ($\beta = 0.20; p < 0.001$). Debilitating anxiety was included as the last predictor to Model 4 ($\beta = 0.11; p < 0.001$). While the overall amount of variance in perfectionism scores increased by 1%, each variable remained a significant predictor, with only perceived social support negative ($\beta = -0.13; p < 0.001$).

Table 1. Descriptive statistics and bivariate relationships between the scales ($N = 1750$)

	Minimum	Maximum	M (SD) males M (SD) females		2	3	4	5
1. FMPS_M	23	110	60.0 (16.5) 59.0 (17.6)	^a $p = 0.33$	^b 0.58**	0.38**	-0.36**	0.33**
2. DERS***	16	80	47.0 (14.9) 50.5 (14.1)	$p = 0.00$	-	0.22**	-0.25**	0.39**
3. CTQ	28	101	41.3 (9.9) 42.3 (12.0)	$p = 0.14$	-	-	-0.56**	0.13**
4. MSPSS***	11	50	40.0 (8.2) 42.3 (7.2)	$p = 0.00$	-	-	-	-0.11**
5. DAS**	11	46	26.1 (6.7) 27.1 (6.5)	$p = 0.007$	-	-	-	-

Notes: FMPS_M = Frost Multidimensional Perfectionism Scale, Maladaptive Score; DERS = Difficulties in Emotion Regulation Scale; CTQ = Childhood Trauma Questionnaire; MSPSS = Multidimensional Scale of Perceived Social Support; DAS = Debilitating Anxiety Scale.

^aStudent t-test.

^bCorrelation coefficients (r).

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 2. Multiple linear regression analyses predicting maladaptive perfectionism (FMPS_M) (N = 1750)

Predictors	B	β (SE)	Tolerance (VIF)
Gender	0.89	^a 0.02 (0.82)	0.95 (1.05)
Age	-0.02	-0.01 (0.07)	0.94 (1.06)
DERS	0.56	0.46 (0.02) ***	0.77 (1.29)
CTQ	0.29	0.20 (0.03) ***	0.65 (1.54)
MSPSS	-0.28	-0.12 (0.05) ***	0.64 (1.55)
DAS	0.20	0.11 (0.05) ***	0.84 (1.18)
Constant		22.4***	
R ²		0.43***	

Notes: DERS = Difficulties in Emotion Regulation Scale; CTQ = Childhood Trauma Questionnaire; MSPSS = Multidimensional Scale of Perceived Social Support; DAS = Debilitating Anxiety Scale.

^aStandardized regression coefficient (β).

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 3. Stepwise regression for maladaptive perfectionism scale (FMPS_M) (N = 1750)

Predictors	Model 1	Model 2	Model 3	Model 4
	β (SE)	β (SE)	β (SE)	β (SE)
DERS	^a 0.58 (0.02)***	0.52 (0.02)***	0.50 (0.02)***	0.46 (0.02)***
CTQ		0.27 (0.03)***	0.20 (0.04)***	0.19 (0.03)***
MSPSS			-0.12 (0.05)***	-0.13 (0.07)***
DAS				0.11 (0.07)***
Constant	24.5***	11.2***	28.8***	23.8***
R ²	0.34***	0.40***	0.42***	0.43***

Notes: DERS = Difficulties in Emotion Regulation Scale; CTQ = Childhood Trauma Questionnaire; MSPSS = Multidimensional Scale of Perceived Social Support; DAS = Debilitating Anxiety Scale

^aStandardized regression coefficient (β).

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

DISCUSSION

The aim of the present research was to determine the association of maladaptive perfectionism with childhood trauma, emotional dysregulation, academic anxiety and social support in a sample of university students. While some of the associations have been already established, others need further clarification; in addition, less research is focused on antecedents of perfectionism than its negative or positive consequences.

In line with previous findings with non-clinical samples (e.g., Chen *et al.*, 2019; Vois & Damian, 2020) the bidirectional analyses found that maladaptive perfectionism was positively related to childhood trauma, emotion dysregulation and academic anxiety. Previous literature suggested that while self-oriented perfectionism and social support were unrelated, socially prescribed perfectionism (as a maladaptive type) was associated with reduced levels of family support (Flett *et al.*, 2011). However, some perfectionists tend to show characteristics of social disconnection and hostility (Barnett & Johnson, 2016; Hewitt *et al.*, 2006). Thus the predictive role of social support was not clear. We found that the relationship between perceived social support and maladaptive perfectionism was negative indicating that

perfectionists might benefit from increased social connectedness. This finding may be consonant with results of studies on the role of social support in moderating the impact of perfectionism on depression and anxiety (Lagdon *et al.*, 2018). In addition, consistent with previous research (Barnes, Howell & Miller-Graff, 2016) social support showed a negative relationship with childhood trauma, emotion dysregulation and academic anxiety.

In regression analyses, age and gender did not have a role in maladaptive perfectionism, although preliminary analyses showed that there were significant gender differences in all independent variables other than perfectionism and childhood trauma. Difficulties in emotion regulation were the strongest predictor of perfectionism, explaining 34% of the variance. Previous findings also support a strong relationship between maladaptive perfectionism and lack of appropriate emotion regulation (Vois & Damian, 2020). Childhood trauma was the second most significant predictor indicating that chaotic family environment may be influential in future development of perfectionism (Flett *et al.*, 2002). The actual level of current social support and debilitating anxiety play lesser roles than it had been expected. The latter variable in particular needs further examination: the investigation of different dimensions of perfectionism can be a future direction of research.

In summary, our findings suggest the following: (1) difficulties in emotion regulation seem the strongest predictor of maladaptive perfectionism; (2) childhood trauma is the second important predictor; (3) debilitating anxiety plays a lesser role but it also significantly and positively predicts perfectionism; and finally (4) social support is a negative predictor.

Limitations and future research

Limitations of this study include a relative surplus of female students and using an online survey as a tool for data collection which lowers generalizability of the results. Perhaps more importantly though, this study used a cross-sectional design and it is not possible to identify the direction of the relationships between variables. So, for example, while difficulties with emotional regulation may lead to perfectionism, the opposite may also be the case: people who have maladaptive perfectionistic traits may subsequently have difficulty managing emotions when they fail to achieve perfection. Although the used scales have carefully been adapted and the indicators of reliability are convincing, further validation process is necessary in some scales. In addition to addressing these issues, future studies may profit from expanding the present research to multidimensional models of perfectionism.

Overall, we believe that our findings contribute to understanding the predictive role of emotion regulation and childhood adverse experiences in maladaptive perfectionism as well as stimulate researchers to further explore its association with social support and test anxiety.

DECLARATIONS OF INTEREST

none.

Online informed consent was obtained from all individual adult participants included in the study. Approval to conduct the study

was obtained from the Institutional Review Board at (IRB) at the University of Szeged, Doctoral School of Education (ref. no.: 6/2017).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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