

The relationship of temperament to multidimensional perfectionism trait

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Received 2 June 2003; received in revised form 25 January 2004; accepted 10 April 2004

Available online 2 June 2004

Abstract

Individual temperamental factors that contribute to the development of two perfectionism traits were studied in 428 Japanese undergraduate students using the Multidimensional Perfectionism Scale (MPS) and Temperament and Character Inventory (TCI). The results showed that self-oriented perfectionism is associated with the temperamental characteristics of low novelty seeking, high reward dependence, and high persistence. In contrast, socially prescribed perfectionism is associated with low novelty seeking and high harm avoidance. Hierarchical regression analysis revealed that these temperaments primarily predicted self-oriented perfectionism, controlling for socially prescribed perfectionism. These temperamental characteristics did not predict socially prescribed perfectionism when self-oriented perfectionism was controlled.

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Keywords: Multidimensional Perfectionism Scale; Development; Personality, Temperament and Character Inventory; Hierarchical regression analysis

1. Introduction

1.1. Integrated model of development of perfectionism

Flett, Hewitt, Oliver, and Macdonald (2002) proposed a transactional model of the development of perfectionism that includes factors both within and outside the self. Perfectionism develops from transactions between the individual and environment. The individual factors

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involve temperament (Richter, Eisemann, & Perris, 2000), attachment style (Anderson & Perris, 2000; Brennan & Shaver, 1995), and genetic influences in a twin study (Kamakura, Ando, Ono, & Maekawa, 2003). The environmental factors involve the perfectionism of parents (Frost, Lahhart, & Rosenblate, 1991), family environment (Richter & Tan, 1994), history of being abused (Kaner, Bulik, & Sullivan, 1993; Schaaf & McCanne, 1994), and parenting style (Enns, Cox, & Clara, 2002; Enns, Cox, & Larsen, 2000; Flett, Hewitt, & Singer, 1995; Kawamura, Frost, & Harmatz, 2002; Rice, Ashby, & Preusser, 1996; Stöber, 1998). Flett et al. (2002) noted that it is important to take into account the role of people outside the home (i.e., peers and teachers) and societal and cultural factors (i.e., a culture that emphasizes a perfect body or thinness).

Although there is much theoretical speculation and empirical research about environmental factors, there is little information available regarding individual factors that influence the development of perfectionism. The present study investigates the relationship between the characteristics of temperament as described by Cloninger (Cloninger, 1987; Cloninger, Svrakic, & Przybeck, 1993) and two perfectionism traits.

1.2. Multidimensional perfectionism trait

Hewitt and Flett's Multidimensional Perfectionism Scale uses the concepts of self-oriented perfectionism and socially prescribed perfectionism (MPS; Hewitt & Flett, 1991). Self-oriented perfectionism (SOP) reflects a strong motivation for the self to be perfect, setting exacting standards for oneself, and evaluating one's own behavior stringently. This subscale includes the motivational components of striving to attain perfection in one's own endeavors as well as striving to avoid failure. The SOP has adaptive as well as maladaptive aspects. For example, SOP was associated with depression (Hewitt & Flett, 1991; Hewitt, Flett, & Ediger, 1996), suicidal ideation (Hewitt, Flett, & Weber, 1994; Hewitt, Newton, Flett, & Callander, 1997; Hamilton & Schweitzer, 2000), and anorexic symptoms (Cockell et al., 2002; Hewitt, Flett, & Ediger, 1995). SOP was also associated with positive affect (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993), self-control (Flett, Hewitt, Blankstein, & O'Brien, 1991), adaptive social skills (Flett, Hewitt, & DeRosa, 1996), and academic achievement (Cox, Enns, & Clara, 2002).

Socially prescribed perfectionism (SPP) reflects the perception that others impose on the individual unrealistically high standards and pressures to be perfect, and the belief that the individual is unable to meet the standards of others and that others will evaluate the individual negatively. SPP is associated with a variety of clinical disorders. For example, SPP was associated with depression (e.g., Cox et al., 2002; Hewitt & Flett, 1991; Hewitt et al., 1996). A study of psychiatric patients found that SPP was predictive of the potential to commit suicide even controlling for hopelessness and depression (Hewitt, Flett, & Turnbull-Donovan, 1992). SPP was associated with social anxiety (Blankstein, Flett, Hewitt, & Eng, 1993; Saboonchi & Lundh, 1997), and shyness and fear of negative evaluation (Flett, Hewitt, Blankstein, & Van Brunschot, 1996). SPP was also related to concerns with being thinner, body image disorder, and disordered eating patterns (Hewitt et al., 1995).

1.3. Temperament

Cloninger's psychobiological model of personality consists of both temperament and character (Cloninger et al., 1993). Temperament refers to the biases in automatic responses to emotional

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