



# Trait perfectionism and attitudes towards people with disabilities<sup>☆</sup>



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## ABSTRACT

Attitudes towards people with disabilities play an integral role in determining social inclusion. Unfortunately, attitudes are often negative and based on views of disability that are focused on impairment. The current study aimed to examine whether a commitment to perfection and flawlessness, in the form of trait perfectionism, predicted attitudes towards people with disabilities. A cross-sectional survey-based design was used. One hundred and eighty-eight university students completed measures of trait perfectionism (self-oriented, socially prescribed, and other-oriented) and an indirect measure of attitudes towards people with disabilities (negative affect, interpersonal stress, calm, positive cognitions and distancing behavior). A series of multiple regression analyses revealed that socially prescribed perfectionism positively predicted negative affect, interpersonal stress, and distancing behavior. The other two trait dimensions of perfectionism did not predict any aspect of attitudes towards people with disabilities. The findings can be explained by the relationship between socially prescribed perfectionism and difficulties interacting with others generally or, alternatively, the projection of socially prescribed beliefs on to others when measuring attitudes in an indirect fashion (i.e., others are perceived to have negative attitudes towards people with disabilities).

## 1. Introduction

The World Report for Disabilities estimates that 1 in 7 people have a disability worldwide (World Health Organization, 2011; WHO). Despite how common disabilities are, people with disabilities are often subject to negative attitudes that promote prejudice, infringe on their rights and independence, and contribute to greater social exclusion (Barnes & Mercer, 2001; Vilchinsky & Findler, 2004). For example, people with disabilities face additional challenges when accessing higher education (Watson et al., 2017), employment (Nota, Santilli, Ginevra, & Soresi, 2014), and healthcare (Tervo & Palmer, 2004). People with disabilities are also aware that they are disadvantaged by others and often cite others' negative attitudes as one of the impediments to leading a full and purposeful life (e.g., Richardson, Smith, & Papathomas, 2017). With these issues in mind, it is important to investigate factors which influence formation of attitudes towards people with disabilities. The current study aims to do so by examining whether a commitment to perfection and flawlessness, in the form of trait perfectionism, predicts attitudes towards people with disabilities.

### 1.1. Attitudes towards people with disabilities

Attitudes are typically considered to be an evaluation, favorable or

unfavorable, of an object, person or concept (Fazio & Petty, 2008). Attitudes have three main components: affective, cognitive, and behavioral (Zanna & Rempel, 1988). As described by others in this area (Vilchinsky, Werner, & Findler, 2010), the affective component of an attitude refers to the positive or negative emotions evoked by an object, person, or concept. The cognitive component refers to an individual's thoughts, perceptions, beliefs, opinions, and mental conceptualisations of an object, person or concept. Finally, the behavioral component refers to the way in which an individual intends to, or does, act towards an object, person or concept. Attitudes differ in valence, or direction, reflecting positive, negative, or neutral evaluations (Hewstone, Stroebe, & Jonas, 2012). Attitudes also differ in strength, expressed by the degree of certainty or uncertainty of an individual's evaluation (Hewstone et al., 2012).

Attitudes towards people with disabilities will depend to a large degree on of the manner in which disability is construed. Historically, among the general public disability has been viewed in a negative manner, with heavy emphasis on impairment (Goodley, 2013). However, there have been some suggestions that views have begun to change with an increasing emphasis on disabling barriers imposed by society (Oliver, 2013). In terms of how these views might influence attitudes, a positive attitude may form when individuals believe people with disabilities can participate fully in society, whereas a negative

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attitude may form when individuals believe people with disabilities place a burden on society (Morin, Rivard, Crocker, Boursier, & Caron, 2013). In accord, individuals report a range of different attitudes towards people with disabilities. On one hand, responses can include pity or fear, as well as hostility (Findler, Vilchinsky, & Werner, 2007). On the other hand, responses can be more relaxed and positive (Findler et al., 2007).

One model that has been used to study attitudes towards disability is provided by Findler et al. (2007). Findler et al. (2007) and Vilchinsky et al. (2010) use the three components of attitude (affective, cognitive, behavioral) as the basis to measure five specific dimensions of attitude. Three of the five dimensions relate to the affective component, negative affect (a person's most negative feelings), interpersonal stress (high emotional stress), and calm (positive and relaxed emotions). A further dimension relates to the cognitive component, positive cognitions (the positive valence of thoughts). The final dimension relates to the behavioral component, distancing behavior (passive or escapism behaviors). This approach uses an explicit assessment of attitudes requiring people to consider and reflect upon theirs and others views in a conscious manner (Wilson & Scior, 2015). It also uses an indirect assessment of attitudes in that personal attitudes are measured via perceptions of how others respond to encounters with people with disabilities. In this manner, respondents project their own attitudes into the situation. This feature is considered to be a particular strength when measuring attitudes towards disability as it can help avoid response distortions (e.g., socially desirable responses) (Antonak & Livneh, 2000).

There is a large body of research examining attitudes towards people with disabilities. Previous research has focused on the influence of demographic factors, including gender (Vilchinsky et al., 2010) culture (Benomir, Nicolson, & Beail, 2016) and personality (Keller & Siegrist, 2010). An individual's familiarity and contact with people with disabilities in the form of their profession has also been examined (e.g., healthcare and business; Rosenthal, Chan, & Livneh, 2006; Chan, Lee, Yuen, & Chan, 2002), along with the type of disability, including physical (Vilchinsky, Findler, & Werner, 2010) and intellectual (Benomir et al., 2016) disabilities. This research has found, for example, that more positive attitudes are typically held by females, by those with more knowledge and contact with people with disabilities, by individuals lower in neuroticism and higher in openness, and towards physical, rather than intellectual disabilities. As evidenced by these findings, the formation of attitudes towards people with disabilities is complex and influenced by a range of factors, including individual differences.

### 1.2. Multidimensional perfectionism

Perfectionism is a multidimensional personality characteristic that can be studied using a range of different models. Within one popular model, Hewitt & Flett, (2004) define perfectionism as the perceived requirement, or actual requirement, to be perfect. They emphasize the importance of three trait dimensions of perfectionism: self-oriented perfectionism (SOP; perfectionistic standards imposed on self), other-oriented perfectionism (OOP; perfectionistic standards imposed on others), and socially prescribed perfectionism (SPP; the perception that others impose perfectionistic standards). This model is popular as it provides a means of studying both intrapersonal (i.e., SOP) and interpersonal dimensions of perfectionism (i.e., SPP and OOP). It is also popular as it is part of a much broader model that includes other aspects of perfectionism such as perfectionistic self-presentation styles and perfectionistic cognitions (Hewitt, Flett, & Mikail, 2017).

Research has found SOP, SPP, and OOP to be related to unique outcomes. SOP is a complex dimension of perfectionism. On one hand, it is related to seemingly desirable achievement behaviors but, on the other hand, it is also related to less desirable features such as self-criticism and contingent self-worth that provide the basis for psychological difficulties (see Flett & Hewitt, 2006). By contrast, SPP is more

clearly related to negative outcomes. Perhaps most strikingly, SPP is consistently related to clinical outcomes such as depression and suicide ideation (e.g., Kiamanesh, Dyregrov, Haavind, & Dieserud, 2014). Finally, unlike the two other dimensions, OOP is predominately related to interpersonal outcomes. Again, the outcomes can include some seemingly desirable behaviors such as assertiveness. However, it is also related to dominance, narcissism and aggression making it especially problematic in interpersonal contexts (e.g., Stoeber, 2014, 2015).

### 1.3. Perfectionism and attitudes towards people with disabilities

As personality characteristics have been found to influence attributes towards disability, it is possible that perfectionism will also do so. Intuitively, as OOP is the most interpersonal dimension of perfectionism it may be the most important in terms of attitudes towards people with disabilities. OOP encapsulates highly critical other-directed tendencies, including imposing the need for perfection on others. These tendencies and apparent disregard for the feelings of others implies little interest in the circumstances or welfare of people with disabilities. There is indirect empirical evidence to support this possibility. For example, Stoeber (2015) found OOP to be related to the dark triad traits of narcissism, Machiavellianism, and psychopathy. These are traits that are related to intense self-interest, exploitive behaviors, and a notable disregard for others. In addition, Stoeber (2014, 2015) found OOP to be related to lower levels of social goals that include nurturance (i.e., making other people feel happy), altruism, prosocial values, and interest in others, as well as higher callous and uncaring traits.

As SPP reflects beliefs regarding pressures from significant others, including society more widely (the “generalised other”), this dimension of perfectionism is likely to be the next most important dimension of perfectionism regarding attitudes towards disability. SPP includes important distorted beliefs about unrealistic societal expectations. If these views are projected on to others, SPP may be related to negative attitudes towards people with disabilities when measured in an indirect fashion (i.e., it may promote perceptions that people are generally unaccepting of people with disabilities and that people with disabilities are also subject to pressure to be perfect). SPP may also be related to negative attitudes towards people with disabilities due to general difficulties in social interactions. An irrational need for approval and fear of negative evaluation, for example, make social interactions stressful and this may extend to interacting with people with disabilities. In support of this possibility, research has found that SPP is related to perceptions of poorer relations with others (Flett, Hewitt, Shapiro, & Rayman, 2001), higher anticipation of negative interactions with others (Nepon, Flett, Hewitt, & Molnar, 2011) and higher social anxiety (Cox & Chen, 2015).

As the most intrapersonal dimension perfectionism, SOP may be the least important with regards to attitudes towards people with disabilities. In addition, in contrast to both OOP and SPP, it is also possible SOP may be related to positive attitudes towards people with disabilities. This is because inclusive to the notion of high personal standards might also be self-expectations regarding how one should behave towards others (Stoeber, 2015). That is, because societal attitudes towards disability have slowly shifted to being more positive, SOP may present more socially desirable attitudes towards those with disability (i.e., a more positive attitude is the “right” attitude to have). Current evidence is supportive of this possibility in that research has not typically found SOP to be related to either the social anxiety that characterises SPP or the lack of concern for others that characterise OOP (Nepon et al., 2011; Stoeber, 2014, 2015). Rather, SOP has been found to be positively related to social goals that include nurturance and altruism, and negatively related to callous and uncaring traits (Stoeber, 2014, 2015).

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