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ASSOCIATION BETWEEN PERFECTIONISM, TEST PERFORMANCE, STATE POSITIVE AFFECT AND NEGATIVE AFFECT AFTER A CLASSROOM TEST

Abstract

The main aim of the study examined the associations among trait dimensions of perfectionism, test performance, and levels of positive and negative affect after taking a midterm test in developmental psychology. A sample of 97 university students, aged 19-20, enrolled in 1st year at Faculty of Educational Science, “Goce Delcev “ University of Stip, completed the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 2004), one week prior to an actual class test. Measures of positive affect and negative affect were obtained immediately following the midterm classroom test (PANAS; Watson et al., 1988). The test completed by each student was a regular midterm test that comprised 20% of their final grade in developmental psychology. As we expected, it was found that socially prescribed perfectionism is associated significantly with lower positive affect, greater negative affect, and poorer test performance. In contrast, self-oriented perfectionism is associated significantly with higher state positive affect but not with test performance or with state negative affect. Other-oriented perfectionism is associated significantly with both positive affect and enhanced test performance.

The results are discussed in terms of the need to examine trait dimensions of perfectionism within the context of ongoing and actual performance outcomes experienced by perfectionistic students.

Key words: *perfectionism; test performance; state positive and negative affect; classroom test.*

1. Introduction

Perfectionism is highly relevant to education contexts because of the role that standards in general and perfectionism in particular play in the motivation, affect, cognitions, and performance of students.

At present, available data provide an unclear picture of the link between perfectionism and actual performance. Consistent with a multidimensional view of perfectionism, the aim of the present research was to propose that self-oriented perfectionism would be associated with greater test performance by students on an actual class test, whereas socially prescribed perfectionism would be associated with poorer test performance. This prediction involving self-oriented perfectionism was based on the acknowledgement of the tenacious achievement striving component that is a part of self-oriented perfectionism (Hewitt & Flett, 1991). In

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addition, research has confirmed that self-oriented perfectionism is linked with self-determined academic motivation (Miquelon, Vallerand, Grouzet, & Cardinal, 2005)

Performance tends to be undermined if students experience hostility and criticism from significant others, especially if they perceive that their self-worth is contingent on meeting the expectations of significant others (Burhans & Dweck, 1995; Melby & Conger, 1996; Steinberg, Lamborn, Dornbusch, & Darling, 1992). To some extent, socially prescribed perfectionism may be conceptualized as a form of learned helplessness, and feelings of helplessness and pressure often result in lower achievement (Fincham, Hokoda, & Sanders, 1989).

Socially prescribed perfectionism can be interpreted as a strong sense of obligation and pressure to achieve imposed expectations, and recent research with elementary school students has shown clearly that even following task persistence, a strong “ought” orientation is linked with low achievement (Sideridis, 2006). In addition, lower performance among students high in socially prescribed perfectionism could reflect some of the self-regulation deficits linked with socially prescribed perfectionism (Rudolph, Flett, & Hewitt, 2007) and the negative affect that pervades the goal striving of socially prescribed perfectionists (Powers, Koestner, & Topciu, 2005).

Other-oriented perfectionism was also assessed in this study as a part of the multidimensional assessment of perfectionism. No explicit predictions were made for this dimension given that this aspect of the perfectionism construct focuses on the standards and behaviours of other people rather than the self.

We addressed two main research questions in this study:

- What is the association between dimensions of perfectionism and indices of positive and negative affect in an actual testing situation? and
- Are the dimensions of perfectionism related to actual performance differences in a classroom setting?

It was hypothesized that socially prescribed perfectionism would be associated with poorer test performance, greater negative affect, and lower positive affect. As for self-oriented perfectionism, in keeping with the possibility that this dimension may have some positive features, we hypothesized that self-oriented perfectionism would be associated with greater test performance, lower negative affect, and higher positive affect.

2. Method

2.1. Sample and procedure

The main aim of the study examined the associations among trait dimensions of perfectionism, test performance, and levels of positive and negative affect after taking a midterm test. The research was conducted at the Faculty of Educational Science, “Goce Delcev “ University of Stip, at the end of the second term of the 2010/2011 academic year. A sample of 97 university students, aged 19-20, enrolled in 1st year at Faculty of Educational Science, completed the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 2004), one week prior to an actual midterm class test. Measures of positive affect and negative affect were obtained immediately following the midterm classroom test (PANAS; Watson et al., 1988). The test completed by each student was a regular midterm test that

comprised 20% of their final grade in developmental psychology. The goal was explained to the students briefly before the research.

2.2. Instruments

Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 2004)

One week before their second mid term test, students agreed to complete the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 2004).

The MPS is a 45-item self-report measure of three perfectionism dimensions: (a) self-oriented perfectionism; (b) other-oriented perfectionism; and (c) socially prescribed perfectionism. Respondents must rate their agreement with each item on a 7-point scale. Higher scores reflect greater perfectionism. Factor analyses with data from university students and psychiatric patients have confirmed that the MPS is multidimensional (Hewitt & Flett, 1991, 2004; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991).

Positive and Negative Affect Schedule (PANAS; Watson et al., 1988)

The PANAS is a brief 20-item measure with 10 adjective items that assess positive affect (e.g., interested, proud, strong) and 10 adjective items that assess negative affect (e.g., ashamed, nervous, upset). Higher scores reflect greater levels of positive and negative affect. The instructions to the PANAS can be altered to assess trait or state levels of positive and negative affect. The use of the PANAS to assess affect in testing situations is quite common (e.g., Egloff, Schmukle, Burns, Kohlmann, & Hock, 2003). State levels specific to the test were measured in the current study by having the subjects complete the PANAS according to the present mood to reflect their immediate reactions to the test.

Test Performance Measure

The test completed by each student was a regular midterm test that comprised 20% of their final grade in developmental psychology. The test itself consisted of open questions based on material in the course textbook, multiple-choice questions as well as short-answer questions drawn from material presented orally in lectures and in tutorial sessions.

3. Results and discussion

The first part of the analyses examined the correlations involving the various MPS (Multidimensional Perfectionism Scale) dimensions.

The overall pattern suggested that self-oriented perfectionism is relatively positive in terms of test-related reactions. Self-oriented perfectionism was associated significantly with greater positive affect ($r = .29, p < .01$), and there was a positive correlation between this perfectionism dimension and test performance that approached conventional levels of significance ($r = .19, p < .13$). Although it was not predicted, we also found that other-oriented perfectionism was associated with greater positive affect ($r = .27, p < .01$) and higher test performance ($r = .26, p < .05$). In contrast, and as expected, socially prescribed perfectionism was associated with all of the variables in a manner suggesting that it is a maladaptive orientation.

Table 1

Correlations Between Perfectionism and Affect and Test Performance

Perfectionism Dimension			
	Self	Other	Social
Positive affect after test	.29**	.27**	-.33**
Negative affect after test	.06	-.07	.35**
Test performance	.19	.26*	-.29*

Note: Self = self-oriented perfectionism; Other = other-oriented perfectionism; Social = socially prescribed perfectionism.

* $p < .05$. ** $p < .01$.

It can be seen in Table 1 that this perfectionism dimension was associated significantly with higher levels of negative affect and lower levels of positive affect. It was also associated significantly with lower test performance ($r = -.29, p < .05$).

These significant associations suggest that students were reacting affectively to their general feelings about how well they performed on the test.

In the second part of the analyses, hierarchical regression analyses tested the possibility that test performance moderated the association between perfectionism and affect. Hierarchical regression analyses was conducted to test the possibility that perfectionism interacted with performance to influence.

This possibility follows from diathesis-stress models suggesting that perfectionists experience distress after experiencing failure. With other words, we assumed that in this study elevated perfectionism could interact with relatively poor performance to produce greater negative affect and lower positive affect.

The hierarchical regression analyses did not provide significant interaction effects when predicting affect scores. However, there were indications that perfectionism was not redundant with test scores. For instance, the analysis with socially prescribed perfectionism and test performance as predictors of negative affect found that the two predictors accounted for 26.8 % of the variance in PANAS scores (F change = 13.60, $p < .001$). Further examination found that higher negative affect was predicted jointly by low test performance ($\beta = -.41, F = 14.38, p < .001$) and higher socially prescribed perfectionism ($\beta = .27, F = 5.19, p < .05$).

4. Conclusion

This study was conducted to investigate the association among trait dimensions of perfectionism, state affect assessed immediately after taking an midterm test, and performance on this test. In accordance with the Flett's et al. (2009) findings, our findings suggest that the various trait dimensions of perfectionism are indeed associated with affective reactions and test performance, but the role of perfectionism varies substantially depending on the perfectionism dimension in question and whether the focus is on positive affect or negative affect.

The results indicated clearly that self-oriented perfectionism and other-oriented perfectionism are relatively adaptive in evaluative contexts in that both perfectionism dimensions were associated with reports of positive mood following the class test. Thus, students with elevated levels of self-oriented and other-oriented perfectionism reported higher levels of positive states such as interest and

activation. Perhaps the positive affect experienced was a reflection of a sense of relief, (as is usually the case), because other recent data indicates that students characterized jointly by high self-oriented and other-oriented perfectionism are characterized by a fear of failure centered on the fear of experiencing shame and embarrassment (Conroy, Kaye, & Fifer, 2007).

The diathesis-stress model of perfectionism and depression is based on the notion that perfectionists are at risk following the experience of failures and achievement setbacks; however, they should not be very susceptible when positive outcomes are experienced (Hewitt & Flett, 2002).

The positive affect that was associated with self-oriented and other-oriented perfectionism contrasted sharply with the findings involving socially prescribed perfectionism.

As expected, even though socially prescribed perfectionism was positively intercorrelated with self-oriented perfectionism and other-oriented perfectionism, socially prescribed perfectionism was associated significantly with higher negative affect and lower positive affect following the test. A pattern of low positive affect and high negative affect is typically associated with a host of adjustment difficulties, including depression, anxiety, and hostility. Thus, the findings of these study fit with past research on perfectionism that indicates a pervasive association between socially prescribed perfectionism and various adjustment problems, including anxiety and depression (Flett, Besser, & Hewitt, 2005; Hewitt, Blankstein, Flett, 2009).

As for test performance, analyses indicated that a high level of socially prescribed perfectionism was associated with lower test performance. This association between socially prescribed perfectionism and performance deficits is in keeping with motivational theories that emphasize how the pressure of extreme performance expectations can undermine performance. Socially prescribed perfectionism is correlated with other maladaptive perfectionism dimensions (Hewitt & Flett, 1991, 2004), but it is a dimension that has some unique characteristics that are particularly likely to contribute to performance deficits over time.

It is clear that the results of this study have important practical implications. Our findings suggest the need for interventions that are designed to overcome the negative performance implications and associated distress of students with high levels of socially prescribed perfectionism. One possibility is that the lower test performance and negative affective reactions of socially prescribed perfectionists in this study are reflections of their approach to studying and their coping styles. The aim of the interventions will be to identify these students and teach them effective academic problem-solving skills and study skills so that socially prescribed perfectionism will have a less negative influence on test performance and affective reactions.

In summary, it can be said that this study was unique in R. Macedonia in that it established that socially prescribed perfectionism is associated with poorer test performance in university students. Socially prescribed perfectionism was also linked with lower levels of positive affect and higher levels of negative affect when immediate emotional reactions were assessed after the midterm test. Both self-

oriented perfectionism and other-oriented perfectionism were associated with higher state positive affect. It would be revealing and challenging to explore whether these patterns can also be detected in future research with perfectionistic children and adolescents of varying levels of ability and backgrounds.

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