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Adaptive and Maladaptive Perfectionists: Do They Really Differ on Hardiness and Using Coping Strategy?

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Abstract:

Demand – ability fit reflects the match between the person's knowledge, skills and abilities and the individual's job. While hundreds of specific traits have been studied in the context of person-environment (P-E) fit, the focus here is on the less frequently studied one's namely, perfectionism. Perfectionism is defined as a striving to achieve excessively high standards while adopting stringent evaluations; it has been regarded both as an adoptive personality trait and a debilitating vulnerability factor (Blatt, 1995 & Pacht, 1984). With this rationale, the present study (i) firstly, aims at finding out the attributes of perfectionism (adaptive and maladaptive) among junior and senior executives working at public at private and public sector banks; (ii) secondly, to study the level of hardiness and coping strategy (functional and dysfunctional) among executives of banking sector with respect to their level of perfectionism (adaptive and maladaptive) and (iii) to find out the relationship among perfectionism and coping strategy, hardiness of executives. Sample includes 200 executives drawn from 6 public and private sector banks in Kolkata (India) using simple random sampling method. Primary data were collected using a standardized questionnaire and were analyzed using mean, t-test, Pearson's product moment correlation and multiple regression analysis. Results indicated the following points:

- Senior and junior executives of private sector depicted different levels of perfectionism.
- Coping strategy (functional and dysfunctional) and hardiness vary with respect to the level of perfectionism of the executives.
- Adaptive perfectionism indicted the significant positive correlation with hardiness and functional coping style.
- Maladaptive perfectionism revealed the significant positive correlation with dysfunctional coping style and the reverse trend is evident in case of hardiness.
- Various coping strategies and hardiness in relation to adaptive and maladaptive perfectionism are discussed.

Key words: Adaptive Perfectionism, Maladaptive Perfectionism, Coping Strategy, Hardiness, Banking Sector

1. Introduction

Perfectionism is the desire to be flawless and setting excessively high standards for performance which is accompanied by a tendency to be overly critical of one's behavior. (Greenspon, 2008). Castro-Fornieles et al. (2007) defined perfectionism as "a personality characteristic involving a tendency to place excessive emphasis on precision and organization, the setting of and striving for unrealistic personal standards, critical self-evaluation if these standards are not reached, excessive concern over mistakes, and doubts about the quality of personal achievement" (p. 562). Generally, perfectionism tends to be viewed in a negative context; however, it has two different forms, adaptive or maladaptive. These two distinct types of perfectionism are based on the early conceptual work of Hamachek (1978), who asserted that both types of perfectionism are related to setting and maintaining high standards. What differentiates these two types of perfectionism is the inability of individuals with maladaptive perfectionism to gain a sense of satisfaction from any of their efforts because of their rigid and inflexible belief that they cannot reach their goals successfully. In contrast, individuals with adaptive perfectionism "concentrate on what has been achieved rather than pondering the discrepancy between what has been achieved and what might have been achieved if everything had worked out perfectly" (Stoeber & Otto, 2006).

2. Literature Review

The desire to be perfect can both rob oneself of a sense of personal satisfaction and cause him to achieve as much as people who have more realistic strivings (Sanyal, 2009). Results of several studies have supported these conceptual claims regarding adaptive and maladaptive perfectionism. Studies have associated maladaptive perfectionism with increased levels of perceived Stress (Rice & Van Arsdale, 2010) and depression (Ashby, Noble, & Gnilka, 2012; Rice & Stuart, 2010) than both adaptive perfectionism and non-perfectionism.

In light of this relationship between perfectionism and coping has received an increasing amount of attention. Generally, there are two forms of coping strategy. Problem-focused coping aims to alter the source of the stress (a problem solving method), while emotionfocused coping aims to reduce or manage the emotion distress associated with the stress. When people feel that something constructive can be done, problem-focused/functional methods are often used; while the stressors are something to be endured, emotion-focused/dysfunctional methods are often employed (Carver, Scheier & Weintraub, 1989). Active coping (involves taking steps to remove or minimize the effects), planning (involves thinking about how to cope with a stressor), suppression of competing activities (involves trying to avoid being distracted by other activities and focusing on the stressor), restraint coping (involves waiting until the appropriate time to act), seeking social support for instrumental reasons (involves seeking information or advice), seeking social support for emotional reasons (involves seeking moral support, sympathy or understanding) and positive reinterpretation and growth (involves managing the distress emotions rather than dealing with the stressor itself) are thought of as functional coping strategies. The following are seen as dysfunctional and are thought to obstruct adaptive coping: behavioural disengagement (involves reducing efforts to deal with the stressor), mental disengagement (involves activities that distract the individual from thinking about the stressor), alcohol / drug use; and denial (involves denying when there is a problem). Research revealed that maladaptive perfectionists generally use more dysfunctional forms of coping strategies when attempting to deal with stressful circumstances, while adaptive perfectionists use more functional coping strategies (Burns & Fedewa, 2005). A study by Flett, Russo and Hewitt (1994) found that socially-prescribed perfectionism was associated with less adaptive coping and more maladaptive coping strategies, while the study by Flett, Hewitt, Blankstein, Solnik and Van Brunschot (1996) found that socially-prescribed perfectionism was associated with negative problem solving orientations (Hewitt & Flett, 2002). A growing body of research has suggested an adaptive perfectionist will use problem focused and functional coping strategies in order to deal more effectively with stress than their maladaptive counterparts (Larijani and Besharat, 2010).

In this context, several studies showed support for a relationship between hardiness and coping strategies. Kobasa (1979a) defined hardiness as a constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events Hardy individuals are active, goal-oriented people who are committed to themselves and the world around them. Hardy individuals are less inclined to notice troublesome situation or difficulties at work. In contrast, persons low in hardiness may prefer to use regressive coping strategies such as cognitive and behavioral withdrawal and denial, which neither transform the situation nor solve the problem. High-hardy individuals use more approach- or problem-focused types of coping strategies and low-hardy individuals use more avoidance- or emotion-focused coping strategies (Florian et al., 1995; Williams et al., 1992). Gentry and Kobasa (1984) discovered the buffering effect among hardy persons occurs through active, transformational coping, which transforms stress into a benign experience by means of problem-focused strategies. In a study among male and female undergraduates, Banks and Gannon (1988), discovered high-hardy individuals reported fewer life events and hassles than did those lower in hardiness. Boyle, et al., (1991) found a negative correlation to exist between hardiness and emotion-focused coping but no relationship between hardiness and problem-focused coping.

These studies suggest that adopting different coping strategies may vary with respect to the level and different dimensions of perfectionism. But the literature in connection with the association between hardiness and different dimensions of perfectionism are relatively few. Therefore, a study related to perfectionism, coping strategy and hardiness among senior and junior executives of private and public sector banks could be both informational and useful. Largely, the working environment of private and public sector banks is the same. However, private sector banks are largely more competitive than the public sector banks. In a private sector bank, employees usually have to meet tough targets with less number of errors and adhere to the deadlines whereas the environment is little bit relaxed in public sector bank because chances of personal and professional growth are relatively slow in public sector banks compared to private sector banks.

Keeping in mind the above differences, the present study aims to achieve the following objectives:

- To ascertain the nature of perfectionism (adaptive and maladaptive) of the executives (senior and junior rank) of public and private sector banks.
- To study the level of hardiness and coping strategy (functional and dysfunctional) among executives of banking sector with respect to their level of perfectionism (adaptive and maladaptive).
- To find out the relationship between perfectionism and coping strategy (functional and dysfunctional), hardiness of
 executives.
- To determine the most significant predictors of perfectionism of executives.

3. Method

3.1. Participants

Executives working in public and private sector banks in Kolkata constitute the population for the present study. Sample includes 200 executives drawn from different public and private sector banks—100 from each banking sector. Senior bank executives (male-52 and female – 48) and junior bank executives (male – 54 and female – 46) working in different public and private banks were selected for the present study. Bank executives were classified as senior and junior bank employees based on their year of work experience at bank. The bank executives who have more than 10 years of experience were classified as senior and less than 5 years of work experience were classified as junior executives. Participants ranged in age from 30 to 45 years (mean age – 37.5 years). A stratified random sampling method was used for the selection of sectors (public and private) in the banking unit and also for selecting banks in each of these two sectors for the study. A random selection method was used for selecting bank branches from the selected banks (both the sectors) for the study. Six banks (three each from public and private sector) were taken as sample for the present study. Selected private sector banks were ICICI bank, Axis bank and HDFC bank and from Public Sector, the banks included were State Bank of India, United Bank of India and Punjab National Bank.

3.2. Instruments

Keeping in mind the objectives of the study, following instruments were used:

- Demographic Information Schedule: It gathers personal information (such as age, sex, educational qualification, tenure of their work, name of the bank) of respondents.
- Multidimensional Perfectionism Scale (Frost et al, 1990): This is a 35-item self-report measure of perfectionism developed by Frost et al, (1990). This measure provides a total perfectionism score as well as scores on six subscales. The concern over mistakes scale (CM) reflects a tendency to interpret mistakes as failure and to believe that one will lose the respect of others following failure (for example, "People will probably think less of me if I make a mistake"). The parental criticism scale (PC) reflects the perception of one's parents as overly critical (for example, "I never felt like I could meet my parents standards"). The parental expectations scale (PE) reflects the perception that one's parents set very high goals (for example, "My parents wanted me to be the best at everything"). The personal standards scale (PS) reflects the setting of extremely high standards by the individual (for example, "I hate being less than the best at things"). The doubts about actions scale (DA) reflects the extent the individual doubts their ability to accomplish tasks (for example, "I usually have doubts about the simple everyday things I do"). The organization scale (O) reflects the excessive importance placed on orderliness (for example, "Organization is very important to me") (Flett et al. 1995; Frost et al. 1993; Frost & Marten, 1990). Participants respond to a 5-point scale indicating the extent each statement is true, ranging from "strongly disagree" to "strongly agree". Adaptive perfectionism score is found by adding the personal standards and organization subscale scores, while maladaptive perfectionism score is found by adding the other four subscales (concern over mistakes, parental expectations, parental criticism, and doubts about actions). A total perfectionism score is found by adding all of the scales. Internal reliability was found to be 0.88 for the total score, with scores for the six subscales ranging from 0.79 to 0.89.
- Occupational Stress Indicator Scale (Cooper et al, 1998): This scale is a popular instrument for the diagnosis of occupational stress. This instrument was developed by Cooper et al, (1988). The OSI scale consists of six dimensions which are as follows:
 - Type A Behavior
 - Locus Of Control
 - Coping Strategies
 - Sources Of Pressure
 - Job Satisfaction
 - Health

In the present study, only one dimension such as coping strategy was considered.

3.3. Coping strategy

This is a 25-item self-report measure for assessing functional and dysfunctional coping strategy. The functional coping score included the active coping, planning, seeking social support, seeking emotional social support etc. The dysfunctional coping score included the denial, mental disengagement, behavioural disengagement and alcohol or drug use subscales. There are 13 items under functional coping strategy and rest of the 12 items will denote dysfunctional dimension. The scores range from 13-78 and 12-72 for functional and dysfunctional dimension, respectively. High score indicates high on functional and dysfunctional dimension. The Cronbach's alphas for functional and dysfunctional subscales for the present study were calculated and found to be 0.76 and 0.73, respectively.

• Psychological Hardiness Test (Kobasa, 1979): The Hardiness scale was developed by S.C. Kobasa (1979b). It consists of 11 items and is a 5-point rating scale where each item is to be rated on the following categories: Almost always, Usually, Sometimes, Seldom and Hardly Ever. The score ranges from 11-55. The higher score indicates high on hardiness. The Cronbach's alpha is found to be 0.93.

4. Procedure

The study is based on primary data. Data were collected from executives on questionnaire-cum-scales from public and private sector banks in Kolkata. The permission was taken from the manager of a randomly selected bank to fill the questionnaire from his bank (both senior and junior executives).

5. Results

The means, standard deviations (SDs) and range of scores were calculated and presented in Table 1.

Variables	Mean	Std. Deviation	N	Range of scores
PERFECTIONISM PS (O (A dorsting)	105.43	14.80	200	35-175
PS+O (Adaptive) CM+PE+PC+DA (Maladaptive)	52.27	7.57	200	13- 65
	53.16	11.40	200	22-110
COPING STYLE	94.52	11.17	200	25-150
Functional Coping strategy Dysfunctional Coping strategy	52.78	6.61	200	13 – 78
	41.74	8.60	200	12 - 72
HARDINESS	43.7700	6.65431	200	11-55

Table 1: Means, standard deviations (SDs) and range of scores of different variables
Note: CM= Concern over Mistakes, PS= Personal Standard, PE=Parental Expectation,
PC= Parental Criticism, DA= Doubt about Actions and O=Organization

Table 1 presents that mean perfectionism scores and its adaptive sub dimensions (PS and O) ranges from moderately high to high and maladaptive dimensions of perfectionism (PC, CM, PE and DA) are very low. Means functional coping strategy and hardiness are very high. Mean dysfunctional coping strategy score is found to be moderately low. This indicates that executives are relatively high on adaptive dimension of perfectionism, use functional coping strategy and involved in their day to day activities.

In order to determine whether senior and junior executives working in public and private sector bank differ significantly with respect to mean scores of adaptive and maladaptive dimension of perfectionism, independent t tests were calculated separately for public and private sector banks. The results reveal that only in case of private sector bank, senior and junior executives differ significantly with respect to their adaptive [t (98) = 3.10; p<0.01] and maladaptive dimension of perfectionism [t (98) = 2.07; p<0.01]. Closer inspection of results reveals that in case of adaptive perfectionism, senior executives score significantly higher than their junior counterparts and the opposite trend is evident in case of maladaptive perfectionism.

In order to determine whether male and female employees working in public and private sector bank differ significantly with respect to mean scores of adaptive and maladaptive dimensions of perfectionism, independent t tests were calculated separately for public and private sector bank. None of the t value was found to be significant.

In order to study our second objective, executives were split at Q1 (lower 25%) and Q3 (upper 75%) on the basis of their scores obtained on adaptive and maladaptive dimensions of perfectionism and then mean hardiness, functional and dysfunctional coping strategy of two extreme groups i.e. high and low on adaptive and maladaptive dimensions of perfectionism were computed and presented in Table 2.

Variables	Adaptive			Maladaptive		
	Low Perfectionism (Q1) N=44	High Perfectionism (Q3) N=56	t-value	Low Perfectionism (Q1) N=50	High Perfectionism (Q3) N=52	t-value
Functional Coping strategy	47.45 (6.24)	56.07 (6.74)	6.55**	54.07 (8.57)	52.46 (5.70)	0.81 NS
Dysfunctional Coping strategy	44.82 (7.17)	43.39 (9.09)	0.86 NS	36.38 (7.25)	46.17 (9.78)	5.99**
Hardiness	38.09 (7.35)	47.79 (4.86)	7.99**	48.23 (4.60)	42.47 (7.49)	4.86**

Table 2: Mean, SD and t value of functional, dysfunctional coping strategy and Hardiness under Adaptive and Maladaptive perfectionism

Note: ** significant at 0.01 level, * significant at 0.05 level and NS- Not significant

It is evident from the above table that in adaptive dimension of perfectionism, mean functional coping strategy and hardiness scores of two groups i.e. high and low differ significantly. Executives high on adaptive perfectionism score are significantly higher on functional coping strategy and hardiness than those who are low on adaptive perfectionism. In case of maladaptive dimension of perfectionism, mean dysfunctional coping strategy and hardiness scores of the two extreme groups (high and low) differ significantly.

Executives high on maladaptive perfectionism tend to use dysfunctional coping strategy more than those who are low on maladaptive perfectionism. The opposite trend is seen in case of hardiness.

In an effort to find out the relationship between perfectionism (adaptive and maladaptive) and hardiness, coping strategy (functional and dysfunctional) of senior and junior executives working in private and public sector bank, the Product moment Correlation of Coefficients were carried out and presented in the following table:

Variables	Rank	Perfectionism	Adaptive	Maladaptive	
			Perfectionism	Perfectionism	
Functional Coping	Senior(N=100)	0.36**	0.48**	-0.35**	
	Junior(N=100)	0.50**	0.52**	0.13 NS	
	Total (N=200)	0.36**	0.55**	-0.15*	
Dysfunctional Coping	Senior(N=100)	0.47**	0.07 NS	0.59**	
	Junior(N=100)	0.36**	-0.08 NS	0.45**	
	Total (N=200)	0.41**	-0.09 NS	0.52**	
Hardiness	Senior(N=100)	-0.03 NS	0.39**	-0.55**	
	Junior(N=100)	0.04 NS	0.47**	-0.24 NS	
	Total(N=200)	0.02 NS	0.63**	-0.42**	

Table 3: Correlation of coefficient between perfectionism (adaptive and maladaptive)
And hardiness, coping strategy (functional and dysfunctional) of senior and junior executives
Note: ** significant at 0.01 level, * significant at 0.05 level and NS- Not significant

Table 3 depicts that functional coping style is found to be positively related to perfectionism and its adaptive dimension. This relationship is significant for all the cases. Intriguingly, the maladaptive dimension of perfectionism is significantly and negatively related to functional coping strategy for senior executives and total group of executives. The relationship between dysfunctional coping strategy and perfectionism and its maladaptive dimension is positive and significant for all the groups. More interestingly, no significant relationship is evident between perfectionism and hardiness but while considering adaptive and maladaptive dimensions separately, significant and positive relationships are seen between adaptive dimensions of perfectionism and hardiness whereas significant negative relationships are manifested in case of maladaptive dimension of perfectionism. This negative relationship is significant for all the cases except junior executives.

In order to determine the most significant predictors of perfectionism and its adaptive and maladaptive dimension, multiple regression analyses were conducted with functional coping strategy, dysfunctional coping strategy and hardiness as predictors. The results of the analyses are presented in the following table:

Predictors	Perf	ectionism	tionism Adaptive perfectionism		Maladaptive Perfectionism	
	В	Std. Error	В	Std. Error	В	Std. Error
Functional coping	0.52*	0.239	0.154*	0.067	0.319	0.179
Dysfunctional coping	0.64**	0.163	0.123	0.079	0.517**	0.123
Hardiness	-0.030	0.236	0.479**	0.114	-0.509**	0.177

Table 4: Multiple regression analyses of Perfectionism, Adaptive Perfectionism and Maladaptive Perfectionism for total group of executives Perfectionism: $r^2 = 0.38$, Adaptive Perfectionism: $r^2 = 0.49$, Maladaptive Perfectionism: $r^2 = 0.45$ ** Significant at 0.01 level, * significant at 0.05 level

Findings indicate that predictors explained 39%, 49% and 45% variation in perfectionism, adaptive and maladaptive dimension of perfectionism in total group of executives. Functional and dysfunctional coping strategies are significant predictors of perfectionism and are also positively related to it. For adaptive dimension of perfectionism, hardiness and functional coping strategy are the most significant predictors. In case of maladaptive dimension of perfectionism, dysfunctional coping strategy is found to be significant and positive predictor whereas reverse trend is seen in case hardiness.

6. Discussion and Conclusion

Perfectionism, an important construct, is multidimensional in nature (Flett & Hewitt, 2002). According to Silverman (2005), the root of excellence is perfectionism. It motivates individuals to achieving higher goals (Peters, 2005). Executives working in banking sectors are no exception and they have to set high but realistic standard of their work in order to show good performance.

The present research is undertaken to study the nature of perfectionism of senior and junior executives working in private and public banking sector in Kolkata. The present research also aims to investigate whether the level of hardiness and coping strategies (functional and dysfunctional) vary with respect to their level of adaptive and maladaptive perfectionism. The result revealed that only in case of private sector organization, senior executives showed significantly higher score on adaptive dimension of perfectionism such as realistic high personal standard, order and organization, or a desire to excel than junior executives. This may be due to the fact that in an effort to survive in a private sector organization, senior executives having significant work experiences are able to set the high standard for their work that is difficult to reach but not unrealistic. While junior executives try to compete with their colleagues by setting very high standard of work that is next to impossible and sometimes overtly critical to others instead of focusing on personal excellence. The result also indicated that maladaptive perfectionism was related to the use of dysfunctional coping style. Concern over mistakes, parental criticisms, over expectation and doubts about actions were associated with higher use of dysfunctional coping style while organization and adaptive perfectionism were positively related to the use of functional coping style. This result is partially corroborated by the finding of Larijani and Besharat (2010) which indicates that adaptive perfectionism was positively associated with problem-focused and negatively associated with emotion focused coping style. Maladaptive perfectionists generally possess inflexible mindset, think only in terms of absolute success, view the world in exaggerated extremes and consequently tend to avoid the reality or escape as quickly as possible from situations in which their performance will be judged according to standard of excellence. Hardiness was found to be negatively related to maladaptive perfectionism and positively related to adaptive perfectionism. People who can fix high but realistic standard of their work, do not consider success in absolute terms and confident about their action are more likely to be committed or involved in their day-to-day activities which in turn facilitates their personal growth. On the other hand, people who set unrealistic high standard of their action tend to avoid a situation without solving the problem and remain aimless in their life and perceive themselves as the victim of the situation.

The main limitation of the study is the sample selection which is confined to 200 executives selected from private and public sector banks in Kolkata. The credibility of the results will be enhanced by increasing the sample size covering banks in different parts of the country.

In spite of having limitations, the results of the present study have significant implications. The study implies that executives of private sector banks are significantly higher on adaptive dimension of perfectionism than their junior counterparts. In organization, a training programme should be arranged for junior executives so that they get the opportunity to work with their colleagues which facilitates cooperative environment rather than excessive competition and irritation among themselves. Earlier research findings have shown that perfectionism is the root of excellence and motivates individuals in achieving higher goals (Silverman, 2005). Keeping it in mind, organization should encourage employees to set high but reachable standard in order to excel their inner capabilities and importance of orderliness should be clearly communicated among employees. The study also gives an indication that whenever an individual is in a stressful situation; he/she should actively participate in it to deal more effectively with the situation rather than simply avoiding it or developing compensating behavior. Avoiding a situation is not a solution to the problem rather it intensifies the complexity of the situation. Executives high on maladaptive perfectionism should be trained to be more active in their coping (e.g., beginning with initial steps) and using means-end analysis (i.e. breaking down coping into small and easily accomplished task) which may help them to be committed in their activities and using the problem solving/functional coping strategies.

7. References

- 1. Ashby, J. S., Noble, C., & Gnilka, P. B. (2012). Multidimensional perfectionism, depression, and satisfaction with life: Differences among perfectionists and tests of a stress-mediation model. Journal of College Counseling, 15, 130–143.
- 2. Banks, J. K., and Gannon, L. R. (1988). The influence of hardiness on the relationship between stressors and psychosomatic symptomatology. American Journal of Community Psychology, 16, 25–37.
- 3. Blatt, S. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. American Psychologist, 50, 1003 1020.
- 4. Boyle, A., Grap, M. J., Younger, J. and Thornby, D. (1991). Personality hardiness, ways of coping, social support and burnout in critical care nurses. Journal of Advanced Nursing, 16, 850-857.
- 5. Burns, L.R., & Fedewa, B.A. (2005). Cognitive Styles: Links with perfectionistic Thinking. Personality and Individual Differences, 38. 103-113.
- 6. Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality & Social Psychology, 56, 267–283.
- 7. Castro-Fornieles, J., Gual, P., Lahortiga, F., Gila, A., Casulà, V., Fuhrmann, C., & Toro, J. (2007). Self-oriented perfectionism in eating disorders. International Journal of Eating Disorders, 40(6), 562-568.
- 8. Cohen-Mansfield, J. (1989). Sources of satisfaction and stress in nursing home caregivers: preliminary results. Journal of Advanced Nursing, 14(5), 383-388
- 9. Cooper, C. L., Sloan, S. J., & Williams, S. (1988). Occupational Stress Indicator Management Guide. Windsor: NFER-Nelson
- 10. Flett, G. L., & Hewitt, P. L. (2002). Perfectionism and maladjustment: An overview of theoretical, definitional, and treatment issues. In G. L. Flett & P. L. Hewitt (Eds.), Perfectionism: Theory, research, and treatment (pp. 5–32). Washington, DC: American Psychological Association.

- 11. Flett, G.L., Hewitt, P. L., Blankstein, K.R., Solnik, M., Van Brunschot, M. (1996). Perfectionism, social problem-solving ability and Psychological Distress. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 14(4), 245-274.
- 12. Flett, G. L., Hewitt, P. L., Endler, N. S., & Tassone, C. (1995). Perfectionism and components of state and trait anxiety. Current Psychology, 13, 326–350.
- 13. Flett, G. L., Russo, F. A., & Hewitt, P. L. (1994). Dimensions of perfectionism and constructive thinking as a coping response. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 12, 163-179.
- 14. Florian, V., Mikulincer, M., and Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. Journal of Personality and Social Psychology, 68, 687–695.
- 15. Frost, R. O., Heimberg, R. G., Holt, C. S., Mattia, J. I., &Neubauer, A. L. (1993). A comparison of two measures of perfectionism.Personality and Individual Differences, 14, 119–126.
- 16. Frost, R. O., & Marten, P. A. (1990). Perfectionism and evaluative threat. Cognitive Therapy and Research, 14(6), 559-572.
- 17. Frost, R.O., Marten, P., Lahart, C.M., & Rosenblate, R. (1990). The Dimensions of Perfectionism. Cognitive Therapy and Research, 14, (5). Pg 449-468.
- 18. Gentry, W. D., and Kobasa, S. C. (1984). Social and psychological resources mediating stress illness relationships in humans. In Gentry, W. D. (Ed.), Handbook of Behavioral Medicine, Guilford Press, New York.
- 19. Greenspon, T. S. (2008). Making Sense of Error: A View of the Origins and Treatment of Perfectionism. American Journal Of Psychotherapy, 62(3), 263-282.
- 20. Hamachek, D. (1978). Psychodynamics of normal and neurotic perfectionism. Psychology, 15, 27–33.
- 21. Hewitt, P. L., & Flett, G. L. (2002). Perfectionism and stress in psychopathology. In G. L. Flett & P. L. Hewitt (Eds.). Perfectionism: Theory, research, and treatment (pp. 255–284). Washington, DC: American Psychological Association.
- 22. Kobasa, S. C. (1979a). Personality and resistance to illness. American Journal of Community Psychology, 7(4), 413-423.
- 23. Kobasa, S. C. (1979b). Stressful life events, personality, and health Inquiry into hardiness. Journal of Personality and Social Psychology, 37, 1–11.
- 24. Larijani, R, &Besharat, M.A. (2010). Perfectionism and coping styles with stress. Procedia Social and Behavioral Sciences, 5, 623-627.
- 25. Pacht, A. R. (1984). Reflections on perfection. American Psychologist, 39, 386-390.
- 26. Peters, C. (2005). Perfectionism. Retrieved on February, 2, 2014 from http://www.nexus.edu.au/teachstud/gat/peters.htm.
- 27. Rice, K., & Stuart, J. (2010). Differentiating adaptive and maladaptive perfectionism on the MMPI-2 and MIPS Revised. Journal of Personality Assessment, 92, 158–167.
- 28. Rice, K., & Van Arsdale, A. (2010). Perfectionism, perceived stress, drinking to cope, and alcohol-related problems among college students. Journal of Counseling Psychology, 57, 439–450.
- 29. Sanyal, N. (2009). Perfectionism: A boon or the bane of spirituality? Bulletin of the Ramakrishna Mission Institute of Culture, Vol. LX, No. 8, August 2009, 378-385.
- 30. Silverman, L. K. (2005). Perfectionism. Retrieved on February, 4, 2014 http://www.gifteddevelopment.com/Articles/Perfectionism.html.
- 31. Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. Personality and Social Psychology Review, 10, 295–319.
- 32. Williams, P. G., Wiebe, D. J., and Smith, T. W. (1992). Coping processes as mediators of the relationship between hardiness and health. Journal of Behavioural Medicine, 15, 237–255