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The Relationship between Defensive Pessimism and Perfectionism

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Abstract:

Defensive pessimism is a cognitive strategy that anxious individuals use in the face of challenging situations. The defensive pessimists think of all possible negative outcomes, set low expectations and plan through the potential bad outcomes. This bracing against the impact of impending failure by dwelling on the possibility of lack of success helps them gain control over their anxiety and mobilizes them for the desired goal (Norem & Cantor, 1986). However, a notable feature of defensive pessimism is that they have always achieved success in the past. The current study hence aims to explore the reason for the defensive pessimists to construe new situations as intimidating and engage in prior protective restructuring despite the history of success, by establishing a relation with perfectionism. The Defensive Pessimism Questionnaire- Revised (DSQ-R) and Multidimensional Perfectionism Scale (FMPS) were administered to the participants. Pearson's product moment correlation and regression analyses were computed. The statistical analysis revealed that the perfectionism scores could predict defensive pessimism. The implications, suggestions and limitations of the research have been discussed in accordance to the research findings.

Keywords: defensive pessimism, perfectionism

1. Introduction

Defensive pessimism is seen as a strategy, trait, expectations, or styles of explaining the outcomes of a situation. Explanatory style is a person's tendency to offer explanation for different outcomes in his life (Peterson et al., 1995). It is described in terms of three dimensions i.e., internal/external; global/specific and, stable/unstable. Defensive pessimism is used as a cognitive strategy that aids anxious individuals cushion against the possibility of impending failure. Elliot and Church (2003) have defined cognitive strategies as coherent patterns of appraisal, planning, attribution, and effort that characterize an individual's work toward a particular domain in life, such as achievement domain. Cognitive strategy theorists have postulated two different types of defensive pessimism: one that involves setting low expectations and simply preparing for failure and, the other involves imagining the possibility of not doing well and investing the rigorous effort to improve the likelihood of success. Norem and Cantor (1986) construe that defensive pessimists use the self-protection cognitive strategy that entails setting expectations lower than the realistic estimates and thinking through all possible outcomes for the upcoming events--- to help them reduce their anxiety during the task performance, which, in turn, may facilitate performance. Defensive pessimism thus, helps anxious people to fuel the desire for success and fear of failure (Norem & Cantor, 1986). Fear of failure has been conceptualized as a tendency to anticipate shame and humiliation following failure (Atkinson, 1957). Lewis (1971) view *shame* as the reproach that people feel when they fall short of their standards and Weiner (1986) posited that people experience shame when they fail and attribute their failure to the lack of ability. Despite of history of having done well in the past in the similar situations, the defensive pessimists set lower expectations for their performance and think through all possible outcomes for the upcoming events (Norem & Cantor, 1986).

Frost et al., (1990) define perfectionism as a multidimensional construct consisting of following dimensions: *concern over mistakes* (e.g., "I should be upset if I make a mistake"), *personal standards* (e.g., "I have extremely high goals"), *parental expectations* (e.g., "My parents wanted me to be the best at everything"), *parental criticism* (e.g., "As a child I was punished for doing things less than perfect"), *doubts about actions* (e.g., "I usually have doubts about the simple everyday things I do"), and *organization* (e.g., "I try to be a neat person"). Research have found that participants who were high on concern over mistakes did not report a greater number of mistakes as compared to those who were low in concern over mistakes. However, there were differences in personal reactions to mistakes, perception of seriousness of mistakes, beliefs about other people's reactions to mistakes and rumination about mistakes. Perfectionism is a complex construct that reflects the interplay of cognitive, motivational, behavioral factors and processes (Flett & Hewitt, 2007). Hewitt and Flett (1991) have described three dimensions of trait perfectionism: Self-Oriented perfectionism is an intrapersonal dimension in which the individuals requires the self to be perfect, whereas the Other-Oriented perfectionism is an interpersonal dimension that requires others to be perfect. Finally, Socially Prescribed perfectionism involves the belief that others hold unrealistic expectations for self. Burns (1980) emphasized on the cognitive aspects of perfectionism, noting that perfectionist

thinking is characterized by over generalized, all-or-nothing process. Todorov and Bazinet (1996) conceive perfectionism as a personality characteristic and have distinguished healthy pessimism from neurotic pessimism. A healthy pessimist can define realistic objectives in life and gains satisfaction after having reached these objectives. A neurotic pessimist in contrast aims for excessively high standards which are objectively unattainable. Hence, these individuals are gripped with uncomfortable feeling that what has been accomplished is incomplete or imperfect.

The aim of the current study was to investigate why anxious people who use defensive pessimism prefer to reflect and nurture the negative affect in the wake of stress-provoking situations though they have done substantially good in the past in the similar domain, by understanding its relation with perfectionism. Perfectionism is a personality disposition characterized by exceedingly high standards for performance accompanied by the tendencies for overtly critical self- evaluations of one's behavior (Stoeber & Janssen, 2011). The study examines whether the tendency to reflect negatively about the possibility of negative outcomes has any relation to the tendency to be excessively self-critical.

2. Review of Literature

A defensive pessimist, despite of a history of good performance in the past in a specific domain calculates the possibility of negative outcomes in the face of difficult situation. The dissipation hypothesis suggests that "negative reflections" are essential for the defensive pessimists to be able to remove potential distraction during performance, and concentrate on the task at hand. Perry and Skitka (2009) found that women high on defensive pessimism performed better on the math test under conditions of high stereotype threat than the low stereotype threat. These participants showed a decreased anxiety on psycho-physiological measures when they were allowed to prepare for the worst compared to when they were distracted and therefore unable to ruminate. Gasper et al., (2009) observed that defensive pessimists' propensity to reflect, or plan, counteracted the detrimental effects of pessimism by encouraging pursuit of goals by realizing the importance of goals and promoting efforts. The harnessing hypothesis suggest that "negative reflections" are essential so that the defensive pessimists can use their negative affect of anxiety to fuel their preparatory work and behavioural choices during performance. Norem and Cantor (1986) observed that many individuals are dispositionally pessimists and these individuals use pessimism as a buffer against potentially debilitating performance anxiety. Studies on prefactual thinking (i.e., considerations of what may happen) by Sanna (1996) showed that defensive pessimists performed better when asked to think of upward prefactuals (e.g., "If only I was more prepared for this task") instead of downward prefactuals (e.g., "There are number of people who will do worse than me on this task"). Defensive pessimism as a strategy harnesses anxiety by cognitively working through the potentially negative outcomes and, setting low expectations coupled with increased efforts (Garcia et al., 1986). Thus, defensive pessimism may buffer anxiety and aid in the management of expectations (Norem & Illingworth, 1993; Sanna, 1996).

Several studies have demonstrated that defensive pessimism can result in negative consequences. It can produce fatigue and emotional variability (Cantor & Norem, 1989) and some deleterious consequences of this strategy can include an eventual drop in performance level, decreased life satisfaction, and feelings of hopelessness and worry (Cantor & Norem, 1989). Regressing defensive pessimism on fear of failure revealed that fear of failure was a positive predictor of defensive pessimism (Elliot et al, 2003). The researchers also found that defensive pessimism was a positive predictor of both performance-approach and performance-avoidance goals and was unrelated to the mastery goals. Defensive pessimism seems to have both appetitive and aversive foci, in that the individual is anxious about the possibility of failure and yet puts relentless efforts by "cognitively working through" the situation in an attempt to do well. This appetitive focus seems directed towards meeting the evaluative standards imposed on the situation rather than seeking mastery per se.

Watson and Clark (1984) suggested that neurotics are disposed to experience negative affect. The affect refers to the individuals' moods, feelings and emotions. Affect is considered positive when the person's emotions, moods, and feelings experienced are pleasant (e.g., joy, elation, affection...). Affect is deemed negative when the person's emotions, moods, and feelings experienced are unpleasant (e.g., guilt, anger, shame...). Bradburn (1969) proposed that an individual will be high in psychological well-being in the degree to which he has an excess of positive over negative affect and will be low in psychological well-being in the degree to which he has an excess negative affect predominates over positive affect.

Hewitt and Flett (1991) found that higher scores on perfectionism dimensions were associated with high scores on dysfunctional personality measures (like self-criticism, narcissism) and maladaptive outcomes (like anger, guilt and shame). Research also demonstrated that scores on perfectionism measures are associated with eating disorder (Chang et al., 2008; Sherry et al., 2004), maladaptive coping (Dunkley et al., 2000; Flett et al., 1994), pain (Hadjistavropoulos et al., 2007), stress (Dunkley et al., 2000), suicide risk (Adkins & Parker, 1996), test anxiety (Brown et al., 1999), fatigue (Shafraan & Mansell, 2001) headaches (Stout, 1984), and asthma (Morris, 1961). Chang (2006) found that negative self-oriented perfectionism (e.g., "My high standards prevent me from doing my best") was associated with negative functioning such as negative affect, somatization, depression symptoms, worry, and perceived stress. The two-component model of perfectionism by Adlen, Ryder, and Mellings (2002) propose that people high in both maladaptive self-appraisal and perfectionism expectations can be classified as perfectionists. Perfectionism expectations reflect "a tendency to strive for or evaluate oneself in reference to high standards, and maladaptive self- appraisal includes "a sense of personal inadequacy and neurotic self-doubt accompanied by a pathological self-appraisal system that operates to accentuate the significance of small behavioural disfluencies and internal sensations of anxiety." At an intrapersonal level, perfectionists are presumed to have all-or-none thinking, focus on negative aspects of events, and experience little satisfaction (e.g., Hewitt & Flett, 1993). Thus, perfectionists may appraise otherwise ordinary events as if they are major distressing events. At an interpersonal level, the fear of

criticism by others and unsatisfactory relationship that self-critical perfectionists experience may give rise to stressful events, daily hassles, and chronic strains (e.g., Blatt & Zuroff, 1992).

Fairburn, Cooper, and Shafran (2003) have suggested perfectionism is a “transdiagnostic” mechanism that is involved in the perseverance of many psychological problems, and not limited to particular diagnostic criteria. Also, Barlow’s (2002) cognitive-behavioral models of anxiety includes perfectionism as a maintenance factor. Freud (1926) argued that perfectionism resulted from a punitive and harsh superego that insisted on superior conduct and achievement in all domains in life. Lion (1942) viewed perfectionism as a maladaptive facet of personality and related it with rigidity of ideas, painstaking attention to details, and morbid doubts. Adler (1927) proposed that striving for perfectionism was a common manifestation of an inferiority complex, whereby an individual would compensate for his feelings of inadequacy by “moving towards a feeling of superiority” and further suggested that dichotomous thinking is a critical characteristic of perfectionism. Horney (1950) described perfectionism as the “tyranny of shoulds.” Horney proposed that perfectionism is characterized by setting high standards, self-hate and poor self-esteem. Ellis (2002) identified certain key factors of perfectionism. These include, rigidity, hypercompetitiveness (i.e., “I must be better than everyone else”), a lack of unconditional self-acceptance (i.e., “I am only a good person if I achieve great things”), and dichotomous thinking (i.e., “I must succeed or else I am an utter failure”). Burns too emphasized that perfectionists have cognitive distortions. Like “all or nothing thinking” (e.g., “I am a success or a complete failure”), overgeneralization i.e., the dogmatic conclusion that negative event will be repeated endlessly, and harbor “should statements” (e.g., “I should be better than that”). Macedo et al., (2014) also stressed upon the cognitive processes, more specifically the role of repetitive negative thinking (RNT) that mediates the relationship between perfectionism and psychological distress. Ehring et al. (2011) define RNT as a style of thinking that shows three characteristics: (a) the thinking is repetitive, (b) it is at least partly intrusive, and (c) it is difficult to disengage from. Flett et al. (2002) suggest that individuals who worry or ruminate expect some positive consequences from this process. They hold certain beliefs (i.e. metacognitions) that are useful for their thinking in order to correct past failures or prepare for future threats and challenges. Greenspon (2000) believed that owing to the harsh negative self-talk, perfectionism is felt to be a burden by most individuals who experience it. This is supported by the qualitative studies of perfectionists (Stanley et al., 2000) that found most perfectionists experience their perfectionism as distressing due to the discrepancy they saw in their standards and their actual performance.

2.1. Hypothesis

There exists a positive correlation between perfectionism and defensive pessimism

3. Methodology

3.1. Sample

N= 97(F=70, M=27, mean age= 19 yrs.)

3.2. Tools

- Defensive Pessimism Questionnaire –Revised (DPQ-R) (Norem, 2001). It has a test –retest reliability of 0.708 and a correlation coefficient of 0.65 when validated with Optimism- pessimism pre-screening Questionnaire
- Multidimensional Perfectionism Scale (Frost et al., 1990). It has a high internal consistency of 0.90 (for the total perfectionism scale) and internal consistencies of the six dimensions ranged from 0.77 to 0.93. Frost et al., (1990) concluded that the *organization* component was not central to the construct of performance and did not use it in the computation of overall perfectionism scores. Satisfactory convergent and discriminant validity of FMPS has been demonstrated through its significant positive correlations with the Burns Perfectionism scale (Burns, 1980), the Self-Evaluative scale from the Irrational Beliefs test (Jones, 1968) and the Perfectionism subscale from the Eating Disorders Inventory (Garner, Olmstead, & Polivy, 1983)

3.3. Procedure

Survey method was adopted. Participants were given a packet of informed consent form, DPQ-R, and FMPS. They were urged to give one rating to each item and not to omit any item.

3.4. Results

The means and standard deviations were computed. Data was checked for normal distribution. Outliers were discarded from the data. A Pearson’s product-moment correlation was executed for the hypothesis using SPSS version 20. An additional regression analysis was done for the hypothesis as Pearson correlation was found to be significant.

3.5. Discussion

The hypothesis states that there exists a positive correlation between perfectionism and defensive pessimism (Null hypothesis being that there exists no positive correlation between perfectionism and defensive pessimism).

	N	Mean	Std. Deviation	r	sig
FMPS	97	78.79	16.64	**0.491	.000
DEFPESS	97	79.15	15.73		

Table 1: Mean, SD and the r value for defensive pessimism and perfectionism
** correlation significant at 0.01 level

Table 1 indicates the mean, SD and r value for defensive pessimism and perfectionism. As can be seen from the Table, the mean values for perfectionism and defensive pessimism (N=97) were 78.79 and 79.15 respectively while the SD values were 16.64 and 15.73 respectively. The r value of 0.491 at 0.01 level implied that the null hypothesis was rejected. In other words, there exists a significant moderate positive correlation between the defensive pessimism and perfectionism scores. The R square value of 0.241 indicated that 24% of variance in defensive pessimism could be explained by the variance in perfectionism. Pacht (1984) and Blatt (1995) argued that perfectionism was driven by a fear of failure, extreme self- scrutiny, and self-criticism. Hewitt and Flett (1993) identified four mechanisms by which perfectionism may influence stress to produce or maintain psychological distress: (a) stress generation, (b) stress anticipation, (c) stress perpetuation, and (d) stress enhancement. Stress anticipation involves a tendency for perfectionists to anticipate future failure and to react as if such failures have already occurred, resulting in a greater stressful arousal in the present. Fry (1995) found a positive correlation between high overall scores on Hewitt's Multidimensional perfectionism scale and an expectation of stressful future mistakes. Stress perpetuation involves a tendency to cope poorly with stressors. Hewitt and Flett (2002) cite three cognitive tendencies that may perpetuate the stressful impact of perceived failure, (i) negative automatic thinking, (ii) self-blame and perseveration, and (iii) rumination. For perfectionists an experience of failure may trigger destructive cognitions. Research related to the development of Perfectionism Cognitions Inventory (Flett, Hewitt, Blankstein, & Gray, 1998) have observed a positive association between rumination, perseveration, and negative automatic thoughts in the samples of college students. Adler (1927) construed that unhealthy perfectionists hold impossible standards and strive for unreasonable goals. They experience an inordinate fear of criticism and failure, seeking superiority to be able to avoid the feeling of inferiority. Macedo et al., (2014) suggested two independent dimensions of perfectionism: (a) perfectionist striving (that comprises of personal strivings and self-oriented strivings, and (b) perfectionistic concern. Perfectionistic concern is a composite of concern over mistakes, need for approval, rumination, and perceived parental pressure. It involves experiencing anxiety about doing things incorrectly, failing to meet standards, being judged by others, and worrying about performance. (Hill et al., 2010). It is associated with neuroticism, low self-esteem, negative affect, anxiety, depression, and suicidal ideation (Stoeber, 2011). Perfectionism is associated with an inability to tolerate errors. (Flett et al., (1991). For some individuals the fear of failure and not being able to perform up to their standards is so intense that it may lead to doubts about one's abilities, self- critical thoughts, feeling of inadequacy etc.... Several studies have demonstrated that defensive pessimism too is related to negative expectations, unpleasant affect like guilt, shame, worry..., and fear of failure. Defensive pessimists initially feel anxious and out of control before the task performance and enter the situation "expecting the worst" (Showers, 1992) though they have done reasonably well in similar situations in the past (Norem & Cantor, 1986). In other words, in response to their anxiety they set lower expectations for their performance and think through all possible outcomes for the upcoming events (Norem & Cantor, 1986). Defensive pessimism hence serves two purposes: to protect the self-worth from possible failure by setting low expectations and harness the anxiety by actively thinking through and planning all possible outcomes. Hence, both perfectionism and defensive pessimism seems to have common features of negative thinking, fear of failure, worry, negative anticipations, and a tendency to preserve self-worth that can explain the present finding of moderate positive correlation between the two variables.

3.6. Limitations

- The present study has employed a correlational analysis. Hence cause and effect relationship between perfectionism and defensive pessimism cannot be established.
- The sample size is not considerably larger for a correlation statistic. A larger sample size may result in greater magnitude of the correlation between the variables.

3.7. Suggestions

- Though the study has established a relationship between perfectionism and defensive pessimism, future research can look into mediator variables like self-esteem, negative thinking like ruminative thinking, dichotomous thinking etc....
- One can explore the coping mechanisms adopted by defensive pessimists that prevents the anxious individuals from feeling incapacitated in the wake of stressful situation that results in subsequent successful performance.
- Further investigations can examine the role of mindfulness, flow, or self-compassion to reduce the negative affect experienced by defensive pessimists
- A longitudinal study can also be undertaken to understand whether defensive pessimists who are distressed by thoughts of perfectionism feel a burn-out in terms of physical or psychological illness in the long run

3.8. Implications

The study explores the possible reason for the defensive pessimist to feel anxious or be self-critical, though have always succeeded in the specific domain, by establishing a relation with perfectionism as a personality characteristic. The study highlights the need for

cognitive interventions that will reduce the intrusive thoughts of self-doubts and self-inadequacy, repetitive negative thinking and foster more positive thinking pattern for the defensive pessimists. The study also emphasizes the need to examine the impact of interventions stemming from positive psychology like mindfulness based therapy to curb the disturbing and distracting thoughts of perfectionism.

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