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# Perfectionism, Social Support, and Social Anxiety in College Students

Kate Hesler

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## ABSTRACT

The study examined the role of socially prescribed perfectionism on social anxiety and perfectionistic self-presentation behaviors in college students. One hundred twenty-nine students at a public liberal arts college completed questionnaires assessing their trait perfectionism, perfectionistic self-presentation, social anxiety, and perceived social support. The results found direct relationships between socially prescribed perfectionism and social anxiety, and between socially prescribed perfectionism and perfectionistic self-presentation. The results indicate conceptual, although not statistically significant, evidence for social support moderating the relationship between socially prescribed perfectionism and social anxiety. There was neither conceptual nor statistical support for a social support interaction on the association between socially prescribed perfectionism and perfectionistic self-presentation. The findings suggest that perfectionistic college students are likely to engage in maladaptive impression management behaviors. College students who strive for perfection to please others and who have low levels of social support may also be at risk of developing social anxiety.

## PURPOSE

Social anxiety disorder is one of the most common mental health problems for college students in the United States and affects 15 million American adults (Anxiety and Depression Association of America, 2010). Social anxiety disorder is the fear of social interaction, including the fear of being evaluated or judged. Since the transition from living at home with parents while in high school to living surrounded by peers while at college involves a significant uprooting from an individual's life, students are quite vulnerable to the stresses of college. Social anxiety is a serious problem for undergraduates because it is often associated with other mental disorders, such as depression (Kuzel, 1996) and alcohol dependency (Schry & White, 2013). Social anxiety is also associated with several cognitive behaviors and effects such as stress (Smith, Ingram, & Brehm, 1983), procrastination (Frost, Marten, Lahart, & Rosenblate, 1990), and personality traits like perfectionism (Flett, Endler, Tassone, & Hewitt, 1994; Hewitt & Flett, 1991).

In the present study, the goal is to determine whether perfectionistic students may be at risk of developing social anxiety during college and whether perfectionism is associated with certain maladaptive behaviors. This will involve examining how social support mod-

erates such a relationship between perfectionism and social anxiety, and between perfectionism and perfectionistic behaviors. Perhaps the relationship between perfectionism and social anxiety and the relationship between perfectionism and unhealthy behaviors is most problematic for students lacking significant social support at college. The question at hand, therefore, has to do with the factors affecting the perfectionism, perfectionistic behaviors, and social anxiety in college students.

## LITERATURE REVIEW

### Perfectionism Defined

Hewitt and Flett (1991) suggest perfectionism is a personality trait that can occasionally be a positive factor in adjustment and achievement but is predominantly viewed as a "pervasive neurotic style" (p. 456). Adjustment difficulties of perfectionism include setting exact and unrealistic standards, striving to attain such standards, overgeneralization of failure, critical self-evaluations, and "a tendency to engage in all-or-none thinking whereby only total success or total failure exists as outcomes" (Hewitt & Flett, 1991, p. 456). Perfectionism has been associated with various negative outcomes like feelings of failure, shame, and low self-esteem. Perfectionism has been linked



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to several forms of psychopathology like alcoholism (Hewitt, Norton, Flett, Callander, & Cowan, 1999), depression (Flett et al., 1994), narcissistic personality (Watson, Varnell, & Morris, 1999), and suicidal ideation (Hewitt, Flett, & Weber, 1999).

### Domains of Perfectionism

Perfectionism is a multidimensional construct and can be either adaptive or maladaptive (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Terry-Short, Glynn Owen, Slade, & Dewey, 1995; Hewitt & Flett, 1991). Perfectionism can be both positive, in which perfectionism relates to achievement and positive consequences, and negative (or neurotic), in which perfectionism is a function of avoiding negative consequences (Terry-Short et al., 1995). Dunkley et al. (2000) suggest that perfectionism can be broken down into personal standards perfectionism, resembling the adaptive type, and evaluative concerns perfectionism, resembling the maladaptive type. According to a 1990 study by Hewitt and Flett, adaptive perfectionism includes positive perfectionistic behaviors, such as setting high standards that match an individual's limitations and strengths and engaging in balanced thinking (as cited in Hewitt & Flett, 1991). Adaptive perfectionism can be indicated by standards and order, organization, and personal standards (Dunkley et al., 2000). The aforementioned 1990 study by Hewitt and Flett also states that maladaptive perfectionism creates maladjustment in perfectionistic individuals who exercise inflexibly high standards beyond normal expectations, determine their self-worth based on their performance, and engage in total thinking of their performance as either perfection or failure (as cited in Hewitt & Flett, 1991).

Hewitt and Flett (1991) propose three domains, or traits, of perfectionism: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Self-oriented perfectionism is closely related to personal standards perfectionism and involves several self-directed perfectionistic behaviors like setting exact standards and critical self-evaluation (Hewitt & Flett, 1991; Dunkley et al., 2000). It should be noted that self-oriented perfectionism demonstrates both positive and negative perfectionistic behavior (Dunkley et al., 2000; Hewitt & Flett, 1991). Other-oriented perfectionism involves inter-

personal perfectionistic behaviors directed from the individual toward significant others; these perfectionists, therefore, set exact standards for others, place importance on others being perfect, and stringently evaluate others (Hewitt & Flett, 1991). Socially prescribed perfectionism involves the perceived need to attain exact standards and expectations to be perfect prescribed by others. In an article published in 1993, Frost et al. state that socially prescribed perfectionism is the most maladaptive form of perfectionism and is the most related to psychopathology (as cited in Saboonchi & Lundh, 1997); it is associated with evaluative concerns perfectionism when perfectionists engage in concern over making mistakes, doubt about the quality of their actions and performance, and concern about other people's evaluations and criticism of them (Dunkley et al., 2000).

Perfectionistic self-presentation is another maladaptive form of perfectionism since it demonstrates an interpersonal personality style that is pervasive and persistent (Hewitt et al., 2003). Buss and Finn report that perfectionistic self-presentation involves an individual's expression of perfectionistic behavior (as cited in Hewitt et al., 2003). There are individual differences among perfectionists in terms of their levels of trait perfectionism on self-oriented, other-oriented, and socially prescribed dimensions but also in terms of the need to appear perfect and avoid imperfection to other people in public situations. Certain perfectionists engage in impression management involving "self-presentational attempts to create an image of perfection in public situations," or an ideal public self (Hewitt et al., 2003, p. 1303). Hewitt et al. (2003) propose that perfectionistic self-presentation can help distinguish salient differences between individuals who demonstrate similar levels of trait dimensions of perfectionism. Despite scholars such as Schlenker and Weigold who suggest both positive and negative aspects of perfectionistic self-presentation (as cited in Hewitt et al., 2003), Hewitt et al. (2003) maintain that perfectionistic self-presentation is associated with interpersonal and personal distress for the perfectionist.

The three facets of perfectionistic self-presentation are perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection (Hewitt et al., 2003). Perfectionistic self-promotion involves the active proclamation and display of one's

perfection through one's attempts to look perfect, demonstrate perfection, or behave perfectly to others. Nondisplay of imperfection is the avoidance of and concern about appearing imperfect to others. Similarly, nondisclosure of imperfection involves the avoidance of verbally disclosing perceived personal imperfections and negative attributes. Hewitt et al. (2003) maintain that perfectionistic self-presentation is "pathologically driven and interpersonally aversive" (p. 1305).

### **Trait Perfectionism and Perfectionistic Self-Presentation**

Previous research has found support for the relation between trait perfectionism and perfectionistic self-presentation. Hewitt et al. (2003) found that socially prescribed perfectionism and self-oriented perfectionism are highly associated with perfectionistic self-presentation. The facets of perfectionistic self-promotion and nondisplay of imperfection in perfectionistic self-presentation were found to be related to trait perfectionism; the highest association was found to be between socially prescribed perfectionism and nondisplay of imperfection. The finding may suggest that perfectionists' unwillingness to reveal mistakes could potentially be derived from the perception of others as being critical and demanding perfection. A recent study also demonstrated that high socially prescribed perfectionism predicts facets of perfectionistic self-presentation, particularly perfectionistic self-promotion and nondisclosure of imperfection (Stoeber & Roche, 2014).

### **Mediators of Perfectionism and Perfectionistic Self-Presentation**

Few studies have investigated how certain factors explain the association between socially prescribed perfectionism and perfectionistic self-presentation, but no current studies have investigated how certain factors affect and change the relationship. One study found that negative problem solving ability mediates the relationship between socially prescribed perfectionism and perfectionistic self-presentation in women with depression symptoms (Besser, Flett, & Hewitt, 2010). The findings suggest that socially prescribed perfectionists are unwilling to admit to mistakes after having difficulty solving problems. Interestingly, perfectionistic impression management

behaviors have been found to affect the relationship between perfectionism derived from the need to please others and cognitions about changing one's appearance; perfectionistic self-promotion and nondisplay of imperfection have been found to mediate the relationship between socially prescribed perfectionism and thoughts about having cosmetic surgery performed in undergraduates and individuals who go to the gym (Sherry, Hewitt, Lee-Baggley, Flett, & Besser, 2004). Perfectionists seem to attempt to appease others by boasting perfection and downplaying imperfection but still feel the need to change their appearance despite their impression management behaviors.

### **Perfectionism and Social Anxiety**

Past research has indicated the significant relationship between perfectionism and anxiety/depression (Flett et al., 1994; Hewitt & Flett, 1991). People with adaptive perfectionism demonstrate the lowest levels of anxiety compared to those with maladaptive perfectionism (Gnilka, Ashby, & Noble, 2012).

Other studies have found an association between perfectionism and social anxiety. Historically, social anxiety has been proposed to be related to self-presentation (Schlenker & Leary, 1982). Recent studies have found a link between social anxiety and perfectionistic self-presentation (Jain & Sudhir, 2010; Mackinnon, Battista, Sherry, & Stewart, 2014; Nepon, Flett, Hewitt, & Molnar, 2011). Moreover, social anxiety has also been found to be related to trait perfectionism, specifically socially prescribed perfectionism, in college undergraduates (Laurenti, Bruch, & Haase, 2008; Nepon et al., 2011, Saboonchi & Lundh, 1997). Saboonchi and Lundh (1997) found that perfectionistic dimensions, such as concern over mistakes and doubt about actions, are also related to social anxiety.

### **Moderators and Mediators of Perfectionism and Social Anxiety**

Some research has investigated how various factors affect the relation between perfectionism and psychological distress. Negative and positive coping styles have been found to partially mediate the relationship between maladaptive perfectionism and depression (Zhang & Cai, 2012). The findings suggest that

people with high levels of maladaptive perfectionism engage in negative coping styles (such as avoiding problems) more frequently than positive coping styles (such as seeking the help of others). The study's findings support previous research that avoidant coping partially explains the connection between maladaptive perfectionism and distress (Dunn, Whelton, & Sharpe, 2006). One study found evaluative concerns perfectionists with high levels of daily hassles had more feelings of psychological distress symptoms like depression and anxiety than perfectionists with low levels of daily stressors (Dunkley et al., 2000).

One study investigated perfectionism as a moderator of the relationship between self-efficacy in interpersonal situations and social anxiety (Laurenti et al., 2008). The discrepancy between people's perceptions of their social self-efficacy—an estimate of one's own abilities in an interpersonal social situation—and others' perceptions of an individual's social competence relates to socially prescribed perfectionism and social anxiety. People with high levels of socially prescribed perfectionism and social anxiety have high discrepancies that suggest these individuals perceive social situations differently than individuals without high levels of perfectionism and anxiety. Specifically, socially anxious individuals with higher levels of trait perfectionism have greater degrees of maladaptive appraisal of interpersonal situations.

### **Trait Perfectionism, Perfectionistic Self-Presentation, Social Anxiety, and Social Support**

Perceived social support is the perception that an individual has a social network of people from which he or she can receive emotional care and assistance. Social support, particularly low social support, may play a role in the relationship between perfectionism and social anxiety, since other studies have found that positive interpersonal behaviors like social self-efficacy affect the relationship between maladaptive perfectionism and psychological distress (Laurenti et al., 2008). Social support may also play a role in the association between trait perfectionism and perfectionistic impression management behaviors. Perfectionists with high levels of social support may feel less inclined to promote perfection and avoid admitting or revealing imperfection to people who provide them with emotional support even when the perfec-

tionist is not perfect. Perfectionists with low levels of social support may be inclined to engage in impression management if they do not perceive themselves as having a supportive social network.

Perfectionists who try to be perfect for other people and who have low social support may be predisposed to developing social anxiety and may engage in perfectionistic self-presentation behaviors. Social support has been found to be linked to several domains of perfectionism, such as socially prescribed perfectionism (Flett, Druckman, Hewitt, & Wekerle, 2012; Sherry, Law, Hewitt, Flett, & Besser, 2008), evaluative concerns perfectionism (Dunkley et al., 2000), and positive and negative perfectionism (Zhou, Zhu, Zhang, & Cai, 2013). Although perfectionistic self-presentation has not been found to be related to social support, self-presentation has been associated with social support (Li, Kou, & Gao, 2010). Honest self-presentation has a positive effect on social support (Kim & Lee, 2001). Another study found that college students had less social support when they engaged in protective forms of self-presentation (Jackson, Fritch, Nagasaka, & Gunderson, 2002). Several studies have also demonstrated the direct relationship between perceived social support and social anxiety (Calsyn, Winter, & Burger, 2005; Wonderlich-Tierney & Vander Wal, 2010).

### **Social Support as a Moderator of Perfectionism, Social Anxiety, and Self-Presentation**

Although several variables have been demonstrated to affect the relationship between perfectionism and social anxiety, perceived social support has only been investigated in a few studies. Those studies have found perceived social support as a mediator and as a moderator on the association between psychological distress, like depression and anxiety, and perfectionism (Dunkley et al., 2000; Sherry et al., 2008; Zhou et al., 2013).

One study found that low perceived social support explains the association between evaluative concerns perfectionism and high levels of social anxiety (Dunkley et al., 2000). The study suggests that perfectionists who express concern about being evaluated by others are likely to have less social support and more maladjustment than perfectionists with high

levels of social support. Individuals with high socially prescribed perfectionism may behave in ways which attract less social support, since such perfectionism is linked to the tendency to conceal perceived imperfections from others (Hewitt et al., 2003; Sherry et al., 2008). Socially prescribed perfectionists may avoid verbal disclosures of personal distress, which might elicit social support from others.

High perceived social support, therefore, may have a protective effect in preventing perfectionists from experiencing anxiety. But few studies have investigated perceived social support as affecting the relationship between perfectionism and social anxiety, although there are obvious benefits of doing so since socially anxious individuals fear social interactions due to the concern over being evaluated or judged. Perfectionists who place great value on appearing perfect for others, or socially prescribed perfectionists, and who have little social support may be at risk to develop social anxiety.

Additionally, social support may also be protective in preventing perfectionists from engaging in maladaptive perfectionistic impression management behaviors. No studies have investigated social support as moderating the relationship between trait perfectionism and perfectionistic self-presentation. Yet, socially prescribed perfectionists with little social support may be more likely to engage in perfectionistic self-presentation than perfectionists with great social support. Perfectionists may be less inclined to manage their behavior if they perceive themselves as having a social network that supports them whether they are perfect or not. The current study will thus assess college students' self-reported trait perfectionism, perfectionistic self-presentation, social support, and social anxiety.

## HYPOTHESIS

The present study will investigate the role of the perfectionism's domains on social anxiety. It is hypothesized that socially prescribed perfectionism will be positively related to social anxiety and perfectionistic self-presentation. It is further expected that the effect of socially prescribed perfectionism on social anxiety and on perfectionistic self-presentation will be stronger among college students with low levels of perceived social support. Perfectionists who try

to be perfect to appease others with little social support may be more likely to develop social anxiety and engage in perfectionistic self-presentation behaviors than perfectionists with great social support.

## METHOD

### Participants

A total of 129 undergraduate students (75.2% female,  $M = 19.07$ ) from a public liberal arts college in the northeastern United States participated in the study. Participants were primarily Caucasian (70.5%). Participants also identified as African-American (6.2%), Hispanic (7.8%), Asian (10.9%), or other (4.7%). Participants included first-year students (51.2%), sophomores (31.0%), juniors (8.5%), and seniors (9.3%). Students were awarded with extra credit in psychology courses for participating in the study and provided informed consent prior to completing the online survey.

### Measures

**Socially prescribed perfectionism.** The Multidimensional Perfectionism Scale (MPS) was used to assess participants' socially prescribed perfectionism (Hewitt & Flett, 1991). The MPS is a scale used to measure self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. The present study used the socially prescribed perfectionism subscale (SPPS) and the self-oriented perfectionism subscale (SOPS) from the MPS. Socially prescribed perfectionism involves "the perceived need to attain standards and expectations prescribed by significant others" (Hewitt & Flett, 1991, p. 457). The SPPS contains fifteen items and includes sample items, such as, "I find it difficult to meet others' expectations of me," and "people expect nothing less than perfection from me." Self-oriented perfectionism involves individually setting exact standards for one to reach as well as strictly evaluating and censuring one's behavior. The SOPS contains fifteen items and includes sample items like, "when I am working on something, I cannot relax until it is perfect" and "I strive to be the best at everything I do." The items were rated on a seven point Likert scale (1 = *strongly disagree* and 7 = *strongly agree*). The measures of socially prescribed perfectionism ( $\alpha = .82$ ) and self-oriented perfectionism ( $\alpha = .89$ ) were both

found to be highly reliable. Hewitt and Flett (1991) found evidence for the discriminant validity of the socially prescribed subscale, since the subscale is not correlated with the self-standard or self-importance measures of the MPS and is significantly related to social behaviors like the fear of negative social evaluation and a need for approval from others.

**Perfectionistic self-presentation.** The Perfectionistic Self-Presentation Scale (PSPS) was used to assess participants' perfectionistic self-presentation (Hewitt et al., 2003). The PSPS is used to measure perfectionistic self-presentation with three subscales for perfectionistic self-promotion, non-display of imperfection, and nondisclosure of imperfection. The perfectionistic self-promotion subscale contains 10 items and assesses the need to appear perfect; a sample item reads, "I strive to look perfect to others." The non-display of imperfection subscale contains 10 items and assesses the need to avoid appearing imperfect; a sample item reads, "I would like to appear more competent than I really am." The nondisclosure of imperfection contains seven items and assesses the need to avoid public admission of imperfection; a sample item reads, "I should solve my own problems rather than admit them to others." The items were rated by respondent agreement on a seven point Likert scale (1 = *strongly disagree* and 7 = *strongly agree*). Internal consistency was found for the entire measure ( $\alpha = .93$ ), perfectionistic self-promotion (.89), non-display of imperfection ( $\alpha = .83$ ), and nondisclosure of imperfection ( $\alpha = .81$ ). Hewitt et al. (2003) also demonstrated construct validity, since respondent ratings were uniquely associated only with corresponding subscales for both student and clinical samples. There was additionally evidence for the predictive validity for the perfectionistic self-presentation construct on social anxiety.

**Perceived social support.** The Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess participants' perceived social support (Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS measures subjective perceptions of social support adequacy; social support is assessed in four items for each of the three sources: family, friends, and a significant other. Social support is a relationship between at least two individuals which is perceived by the recipient as enhancing their well-being (Brownell & Shumaker, 1984; Lin, 1986). Sample items for social sup-

port of friends read: "I can talk about my problems with my friends;" sample items for social support of family read: "my family really tries to help me;" and sample items for social support of significant others read: "there is a special person in my life that cares about my feelings." The items were rated by respondent agreement on a 7-point Likert scale (1 = *strongly disagree* and 7 = *strongly agree*). Reliability was found for the entire measure ( $\alpha = .91$ ), as well as significant others ( $\alpha = .96$ ), family ( $\alpha = .90$ ), and friends ( $\alpha = .91$ ). The MSPSS demonstrates construct validity, since perceived social support was found to be negatively related to anxiety and depression symptoms reported on the Depression and Anxiety subscales of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974).

**Social anxiety.** The Social Interaction Anxiety Scale (SIAS) was used to assess participants' social anxiety (Mattick & Clarke, 1998). The SIAS is a 20-item scale used to measure prevalence and severity of social phobia and social anxiety disorders. Respondents rate their experiences in social situations associated with social anxiety criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. Sample items include: "I am nervous mixing with people I don't know well" and "I have difficulty talking with other people." Experiences were rated on a 7-point scale (1 = *strongly disagree* and 7 = *strongly agree*). The measure was found to be highly reliable ( $\alpha = .92$ ). Mattick and Clarke (1998) found evidence for discriminant validity, since scores were differentiated between social phobia and agoraphobia, between agoraphobia and simple phobia, and between social phobia and normal samples (undergraduates and community samples combined); scores were essentially the same between undergraduate and community samples. There is also evidence of construct validity for the SIAS, since the scale was intercorrelated with other social anxiety scales (Beck & Beck, 1972; Craig & Andrews, 1985; Marks & Mathews, 1979; Spielberger, Gorsuch, & Lushene, 1970; Watson & Friend, 1969).

## RESULTS

See Table 1 for mean scores and a correlation matrix of all other study variables.

Bivariate correlational analyses were run to test the first hypothesis that socially prescribed perfectionism would be positively related to social anxiety and perfectionistic self-presentation. Hierarchical regressions were run to test the second hypothesis that perceived social support would moderate the relationship between socially prescribed perfectionism and social anxiety and the relationship between socially prescribed perfectionism and perfectionistic self-presentation. That is, it was expected that perfectionism would be negatively related to social support; social support would be negatively related to social anxiety; social support would be negatively related to perfectionistic self-presentation; and the effects of perfectionism on social anxiety and of perfectionism on perfectionistic self-presentation would be greater among students who perceiving themselves as having low levels of social support.

Consistent with the first hypothesis, socially prescribed perfectionism relates to social anxiety and perfectionistic self-presentation. See Table 1. Socially prescribed perfectionism significantly and positively correlated with social anxiety,  $r(129) = .45, p = .000$ , and perfectionistic self-presentation,  $r(129) = .58, p = .000$ .

Second, it was determined how socially prescribed perfectionism relates to perceived social support. Socially prescribed perfectionism significantly and negatively related to perceived social support,  $r(129) = -.42, p = .000$ .

Third, it was determined how perceived social support relates to social anxiety and perfectionistic self-presentation. Social support was significantly and negatively related to social anxiety,  $r(129) = -.39, p = .000$ , and perfectionistic self-presentation,  $r(129) = -.28, p = .001$ .

Other correlational findings include the significant, positive relationship between socially prescribed perfectionism and self-oriented perfectionism,  $r(129) = .46, p = .000$ . Self-oriented perfectionism was significantly, positively related to perfectionistic self-presentation,  $r(129) = .60, p = .000$ , but unrelated to perceived social support and social anxiety. Perfectionistic self-presentation and social anxiety were also significantly, positively related,  $r(129) = .53, p = .000$ .

In order to examine perceived social support as a moderator on the relationship between socially prescribed

	Mean	1.	2.	3.	4.	5.
1. Socially Prescribed Perfectionism	3.78	--				
2. Self-Oriented Perfectionism	4.78	.46***	--			
3. Perceived Social Support	5.68	-.42***	.01	--		
4. Social Anxiety	3.99	.45***	.16	-.39***	--	
5. Perfectionistic Self-Presentation (PSP)	4.26	.58***	.60***	-.28**	.53***	--

Note. \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

		$\beta$	R <sup>2</sup>
Step 1			
	Socially Prescribed Perfectionism	.45***	.21***
Step 2			
	Socially Prescribed Perfectionism	.35***	.25**
	Perceived Social Support	-.24**	
Step 3			
	Socially Prescribed Perfectionism	.35***	.26**
	Perceived Social Support	-.27**	
	Socially Prescribed Perfectionism by Social Support Interaction	.09	

Note. \*\*  $p < .01$ ; \*\*\*  $p < .001$ .



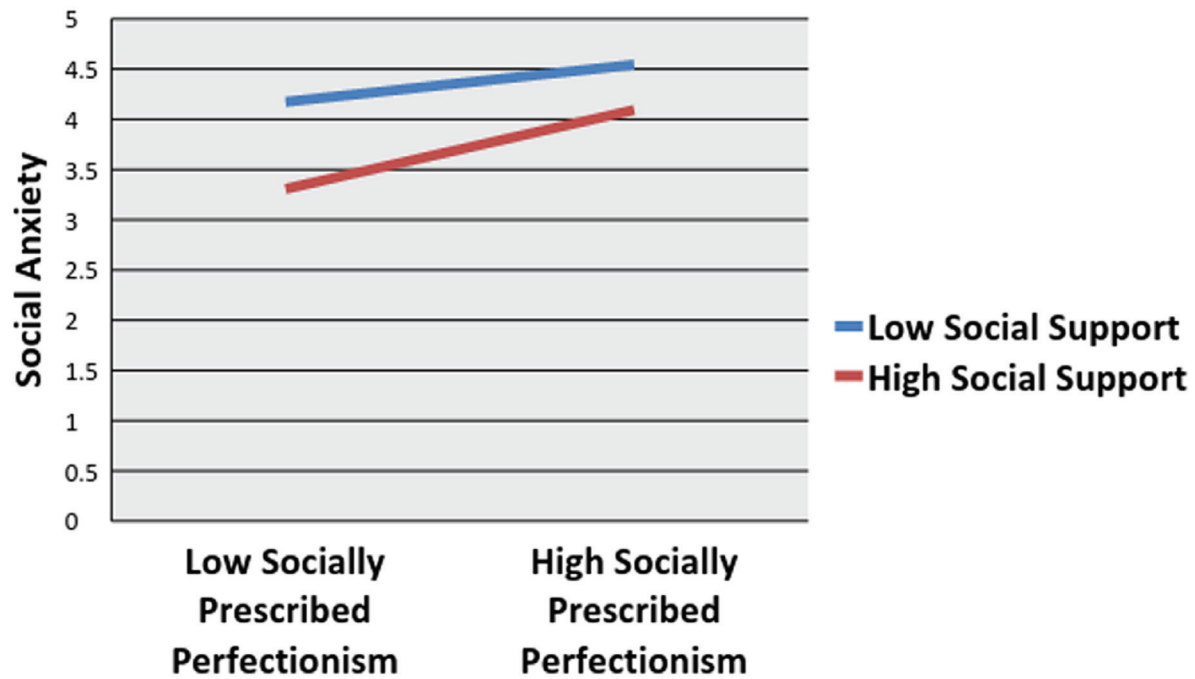


Figure 1. Social Support as a Moderator on the Effect of Socially Prescribed Perfectionism on Social Anxiety

Note:  $\beta = .09$ ,  $p = .249$

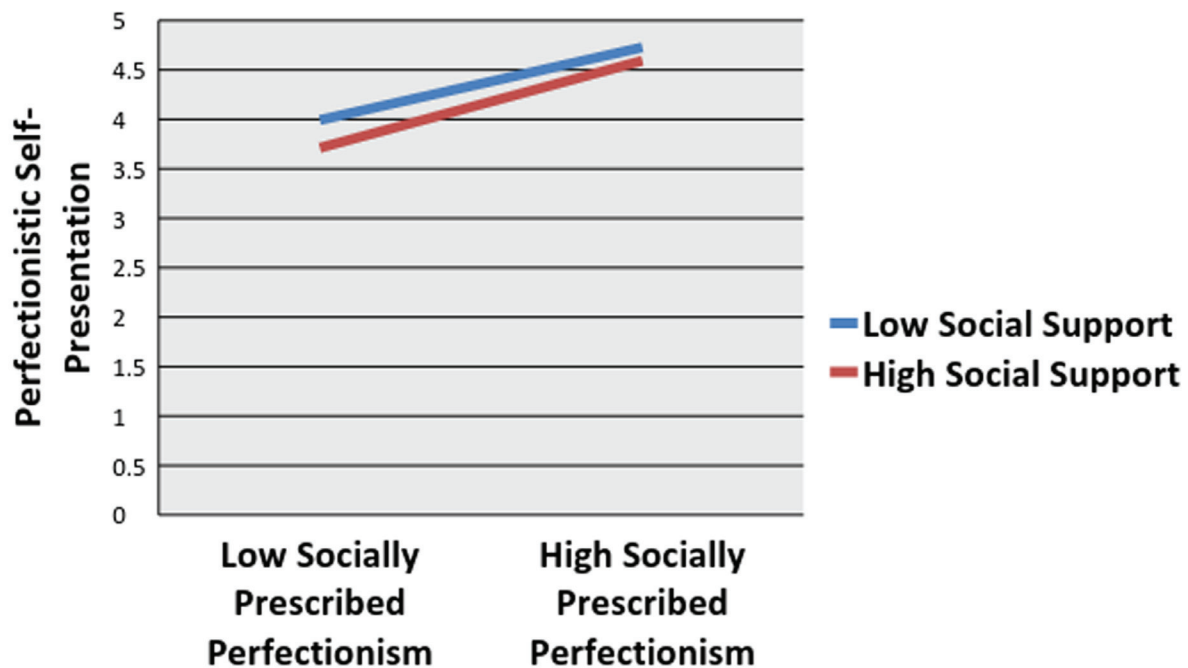


Figure 2. Social Support as a Moderator on the Effect of Socially Prescribed Perfectionism on Perfectionistic Self-Presentation

Note:  $\beta = -.07$ ,  $p = .337$

perfectionism and social anxiety and to examine the total effect of socially prescribed perfectionism and the total effect of perceived social support on social anxiety, the data was run through a hierarchical regression analysis. Social anxiety was the dependent variable. Socially prescribed perfectionism was entered on the first step. Perceived social support was inserted on the second step. A socially prescribed perfectionism by perceived social support interaction variable was inserted on the third step of the analysis. See Table 2. On the first step, socially prescribed perfectionism positively related to social anxiety,  $\alpha(1, 129) = .45, p = .000$ . Socially prescribed perfectionism accounted for 21 percent of the variance in social anxiety,  $R^2 = .21, p = .000$ .

On the second step, there was a direct relationship between socially prescribed perfectionism and social anxiety,  $\alpha(2, 129) = .35, p = .000$ . See Table 2. Perceived social support was significantly, negatively related to social anxiety,  $\alpha(2, 129) = -.24, p = .006$ . Socially prescribed perfectionism and social support, therefore, were independent main effects of social anxiety, and there were no moderators on the relationship between perfectionism and social anxiety. Perfectionism accounted for 21% of the variance in social anxiety on the first step, and perfectionism and social support accounted for 25% of the variance in social anxiety on the second step. Social support, therefore, accounted for 4% of the variance on social anxiety,  $R^2 = .25, p = .006$ . On the third step, the socially prescribed perfectionism by perceived social support interaction variable was not significant predictors of social anxiety. The interaction variable did not explain any additional variance in social anxiety,

$R^2 = .26, p = .008$ , but the total R-square is statistically significant since perfectionism and social support (not the perfectionism by social support interaction) primarily account for the variance in social anxiety. See Figure 1 for a graphical representation of and conceptual support for the interaction model. The graph supports the hypothesis that the effect of perfectionism on social anxiety would be greater among students with low levels of perceived social support, since it illustrates a social support interaction on the association between perfectionism and social anxiety even though the interaction was not statistically significant.

In order to examine perceived social support as a moderator on the relationship between socially prescribed perfectionism and perfectionistic self-presentation and to examine the total effect of socially prescribed perfectionism and the total effect of perceived social support on perfectionistic self-presentation, an additional hierarchical regression analysis was run. The dependent variable for the analysis was perfectionistic self-presentation. Socially prescribed perfectionism was entered on the first step. Perceived social support was entered on the second step. A socially prescribed perfectionism by perceived social support interaction was inserted on the third step. See Table 3. The findings indicate on the first step that socially prescribed perfectionism positively related to perfectionistic self-presentation,  $\alpha(1, 129) = .58, p = .000$ . Socially prescribed perfectionism accounted for 33% of the variance in perfectionistic self-presentation,  $R^2 = .33, p = .000$ .

On the second step, there was a direct relationship between socially prescribed perfectionism and per-

		$\beta$	$R^2$
Step 1	Socially Prescribed Perfectionism	.58***	.33***
Step 2	Socially Prescribed Perfectionism	.56***	.34
	Perceived Social Support	-.04	
Step 3	Socially Prescribed Perfectionism	.56***	.34
	Perceived Social Support	-.02	
	Socially Prescribed Perfectionism X Perceived Social Support	-.07	

Note. \*\*\*  $p < .001$ .

fectionistic self-presentation,  $\alpha(2, 129) = .56, p = .000$ . See Table 2. Perceived social support did not have a significant association with perfectionistic self-presentation. Therefore, only socially prescribed perfectionism predicted and was a main effect of perfectionistic self-presentation, and there were no moderators on the relationship between perfectionism and perfectionistic self-presentation. On the third step, the socially prescribed perfectionism by perceived social support interaction was not a significant predictor of perfectionistic self-presentation. See Figure 2 for a graphical representation of the interaction model.

## DISCUSSION

The present study examined the role of socially prescribed perfectionism, perfectionistic self-presentation, and social anxiety in college students. I expected that socially prescribed perfectionism would be related to social anxiety and perfectionistic self-presentation behaviors. Moreover, I predicted that social support would influence the relationship between perfectionism and social anxiety and between perfectionism and perfectionistic self-presentation.

The findings were consistent with the first hypothesis that socially prescribed perfectionism would be associated with social anxiety and perfectionistic self-presentation. The findings were conceptually consistent, although mathematically insignificant, with the second hypothesis that socially prescribed perfectionism would have a relationship with social anxiety influenced by levels of college students' perceived social support. The findings were inconsistent with the third hypothesis that the effect of socially prescribed perfectionism on perfectionistic self-presentation would be greater for students with lower levels of social support.

Some notable findings that were not part of any of the hypothesis regard self-oriented perfectionism. While it is clear that socially prescribed perfectionism is related to maladaptive outcomes, like social anxiety and perfectionistic self-presentation behaviors, the adaptability and maladaptability of self-oriented perfectionism is more unclear. Past research has noted the ambiguity of self-oriented perfectionism. Dunkley et al. (2000) suggest the adaptability of self-oriented perfectionism, while Hewitt and Flett

(1991) associate self-oriented perfectionism with the maladaptive form. The findings of the current study indicate that self-oriented perfectionistic tendencies are related to maladaptive perfectionistic impression management behaviors but are unrelated to social anxiety. The present study, thus, suggests that self-oriented perfectionism is related to some maladaptive outcomes but may still generally considered to be less maladaptive than socially prescribed perfectionism.

## Consistencies in Previous Perfectionism Studies

The finding that socially prescribed perfectionism is associated with social anxiety and perfectionistic self-presentation in college students is consistent with previous findings in other studies. The correlational findings are consistent with past findings that found direct relationships between social anxiety (Laurenti et al., 2008; Nepon et al., 2011, Saboonchi & Lundh, 1997) and perfectionistic self-presentation (Hewitt et al., 2003; Stoeber & Roche, 2014) with socially prescribed perfectionism in college students. The finding that self-oriented perfectionism is associated with perfectionistic self-presentation is also consistent with past research. Hewitt and Flett (2003) found that the facets of perfectionistic self-presentation are related to self-oriented perfectionistic tendencies.

Moreover, the conceptual finding that the effect of socially prescribed perfectionism on social anxiety is greater among students with low levels of social support is relatively consistent with previous literature. A recent study found that social support moderates the relationship between perfectionism and anxiety/depression, although the perfectionism measure indicated positive and negative perfectionism (Zhou, et al., 2013). Nevertheless, high levels of social support seem to play a role in reducing anxiety in perfectionists who strive for perfection to please others. Both studies also found such interaction effects in college students. The present study expands the findings of Zhou et al. (2013) and perfectionism literature by including an American sample compared with the previous study's Chinese sample. The current study also investigated how perfectionism and social support relate to social anxiety compared with anxiety and depression with an alternative measure of trait perfection.

## Possible Explanations for Unexpected Findings

The finding that there is no greater effect of socially prescribed perfectionism on perfectionistic self-presentation when college students have lower levels of social support is unexpected. While a social support system may influence whether socially prescribed perfectionists are at risk of developing social anxiety, social support does not seem to impact how perfectionists engage in maladaptive presentation behaviors. The findings suggest that students who strive for perfection prescribed by others are likely to engage in perfectionistic self-presentation, whether or not those students perceive themselves as having social support in their lives. That is, students who have a tendency to attain exact standards due to the expectations of others are likely to engage in perfectionistic self-presentation behaviors, like actively promoting their instances of perfection and avoiding discussion and display of imperfection, whether or not they have a social support system of significant others, friends, and family in their lives. A possible explanation for the unexpected finding is that perfectionists may be engaging in these perfectionistic impression management behaviors because the impulse to engage in such behaviors is internally derived from the perfectionist, so social support, an external influencer, would not play a role on the relationship between trait perfectionism and perfectionistic self-presentation. It is also important to consider how the sample includes primarily white, female students, so perhaps social support does not affect whether these particular perfectionistic students will engage in perfectionistic self-presentation.

## Limitations and Future Directions

The present study has some limitations. It should be noted that the extreme majority of the sample included mainly white, female undergraduates, so generalizability is limited to those populations. Moreover, the study was non-experimental in design, and the findings do not indicate causal relationships between perfectionism and social anxiety. For example, socially anxious students may develop perfectionistic tendencies in order to compensate in social situations. Although, a longitudinal study found that perfectionistic self-presentation behaviors predict social anxiety in primarily white undergraduate women, which

suggests that students who engage in perfectionistic behaviors are at risk of developing social anxiety (Mackinnon et al., 2014). It must also be considered that although the interaction of social support on the association between socially prescribed perfectionism and social anxiety is conceptually relevant, it is not mathematically significant.

Therefore, future research could replicate the current study with a more diverse sample and with larger sample sizes to increase power for finding statistically significant data. Moreover, future studies could focus on examining perfectionistic students, particularly perfectionists who try to attain exact standards prescribed by others, and the development of social anxiety in a longitudinal design. A longitudinal design could determine whether perfectionists' levels of social support affects whether or not those individuals develop social anxiety. Furthermore, future research can investigate whether certain social networks, such as just friends or significant others, rather than general social support, has a greater influence affecting the association between perfectionism and social anxiety. Additionally, studies could longitudinally observe students who engage in perfectionistic self-presentation impression management behaviors and identify if social support affects the development of social anxiety, since the current study and past research (Mackinnon et al. 2014) have identified an association between perfectionistic self-presentation and social anxiety.

Although future research should address limitations and inconsistent findings, the current study has several findings and implications. The study suggests direct relationships between social anxiety and perfectionistic self-presentation with trait perfectionism. The findings also suggest that self-oriented perfectionism can be quite maladaptive, since it is related to perfectionistic self-presentation, but less maladaptive than socially prescribed perfectionism. The study also suggests conceptual support for the influence of perceived social support on the relationship between socially prescribed perfectionism and social anxiety. Perfectionists who strive for perfection prescribed by others have the potential risk of developing social anxiety when they have low levels of social support and possible reduced risk of developing social anxiety when they have high levels of social support. Future studies should incorporate new samples and longitu-

dinal designs to address inconsistencies and insignificant data and to identify the interaction model of social support on socially prescribed perfectionism and social anxiety. It is necessary and worthwhile to continue research on perfectionism and social anxiety, since knowledge about such relationships can provide clinicians, counselors, educators, parents, and others with awareness about the way in which personality traits, particularly maladaptive traits, influence the development of anxiety disorders. Since over 80% of the sample included first years and sophomores in college, individuals trying to help perfectionistic and socially anxious students should be aware of the vulnerability of underclassmen, especially freshmen and transfer students, at college and the importance of providing those students with social support.

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