

EMERGENT THEMES IN THE WRITING OF PERFECTIONISTS:
A QUALITATIVE ANALYSIS

By

ROBERT S. MERRELL

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To Lisa, Mom, Dad, and Jeff.

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Abstract of Thesis Presented to the Graduate School
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By

Robert S. Merrell

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The current study used the consensual qualitative research methodology to analyze the writings of 14 maladaptive perfectionists, as classified by the Almost Perfect Scale-Revised. This study is a component of a larger program of research aimed at testing the efficacy of adjuncts to shorter- or longer-term psychotherapeutic and psychoeducational interventions for maladaptive perfectionists.

In what might best be categorized as an initial step toward uncovering the therapeutic potential of expressive writing for treating perfectionism, the current study utilized an emotional writing prompt to penetrate the inner world of maladaptive perfectionists. What did maladaptive perfectionists choose to share when prompted to write about their deepest feelings regarding stress, perfectionism, performance expectations, and coping? A more thorough understanding of such themes may enrich clinical interventions and inform the creation of subsequent measures or adjuncts to psychotherapy. Clinical implications and directions for future research are discussed.

CHAPTER 1 INTRODUCTION

With as many as 66% of some college populations categorized as perfectionists (Grzegorek, Slaney, Franze, & Rice, 2004), it is perhaps not surprising that research on the topic has burgeoned in recent years. A preponderance of evidence points to the multidimensionality of perfectionism (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Rice, Ashby, & Slaney, 1998; Rice & Slaney, 2002; Slaney, Ashby, & Trippi, 1995), and from this heterogeneity, two salient higher-order dimensions emerge: one adaptive, the other maladaptive. Although similarities exist between adaptive and maladaptive perfectionists as opposed to non-perfectionists with respect to their relatively high personal performance standards and expectations (Dickinson & Ashby, 2005; Grzegorek et al., 2004; Parker, 1997; Rice & Mizradeh, 2000), maladaptive perfectionists typically demonstrate higher levels of intense and persistent self-criticism, excessive concerns about making mistakes, and an enduring sense of inadequacy regarding their ability to attain desired goals (Rice, Bair, Castro, Cohen, & Hood, 2003). In fact, maladaptive perfectionists appear primed to perceive failure and to experience mistakes as distressing, in addition to having low self-esteem and feelings of inferiority (Ashby & Kottman, 1996; Ashby, Kottman, & Stolz, 2006; Ashby, LoCicero, & Kenny, 2003; Rice & Dellwo, 2001; Rice & Slaney, 2002). Thus, it stands to reason that maladaptive perfectionism has been consistently associated with a variety of psychological disturbances, ranging from obsessive-compulsive disorder (Frost & Steketee, 1997) to suicidal ideation (Beevers & Miller, 2004).

Not only is perfectionism rampant but it is at times destructive. For instance, in recounting the suicides of three ostensibly successful individuals, Blatt (1995) persuasively attributed the deaths to what he termed “intense perfectionism” (p. 1003). On a less lethal but no more optimistic note, because “maladaptive perfectionism often plays a role in causing torment and

anguish in young people who are striving to reach unattainable goals” (Halgin & Leahy, 1989, p. 222), it behooves researchers to develop effective methods of combating perfectionism’s “insidious” effects (Pacht, 1984, p. 387). However, few studies have examined therapeutic interventions targeting perfectionism and its concomitant maladjustment.

Our understanding of the treatment of perfectionists stems principally from secondary analyses of the National Institute of Mental Health Treatment of Depression Collaborative Research Program (TDCRP) and a handful of other studies dealing with the treatment of eating disorders and obsessive-compulsive disorder (Blatt, 1995; Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998; Zuroff et al., 2000). In a word, the findings are bleak. Beyond exposing the mutual dissatisfaction with treatment gains for perfectionists and therapists alike, the research suggests that perfectionism mars the therapeutic alliance and dilutes the impact of standard psychological interventions, in effect causing therapy to be less profitable for perfectionists than for non-perfectionists. Accordingly, Blatt (1995) has suggested that perfectionists may require longer-term, intensive interventions: a recommendation that opposes the current emphasis on shorter-term and problem-focused psychotherapies. Thus, the present study is part of a larger program of research aimed at testing the efficacy of adjuncts to shorter- or longer-term psychotherapeutic and psychoeducational interventions for maladaptive perfectionists. Specifically, this study focuses on the identification of emergent themes in the writings of maladaptive perfectionists in response to a prompt eliciting their deepest thoughts and feelings about stress, perfectionism, performance expectations, and coping.

Given that (a) persistent self-criticism and debilitating concerns about committing errors make the maladaptive perfectionist a likely candidate for psychotherapeutic intervention and (b) standard psychological treatment has proven to be less than adequate for addressing the concerns

of maladaptive perfectionists, there is consequently a marked need to explore alternative therapeutic modalities. Expressive writing may be one such modality. Therapeutic writing (also termed the emotional disclosure paradigm) has indeed been prominent in contemporary research literature (see Bolton, Hewlett, Lago, & Wright, 2004; Lepore & Smyth, 2002; Smyth, 1998), largely because of its enhancing influence on physical and psychological health. Due to the possible applied utility of the written disclosure paradigm, research has focused on populations who may stand to gain from its clinical application, ranging from individuals who recently lost employment (Spera, Buhrfreind, & Pennebaker, 1994) to individuals diagnosed with either asthma or rheumatoid arthritis or cancer (Smyth, Stone, Hurewitz, & Kaell, 1999; de Moor et al., 2002; Stanton et al., 2002; Walker, Nayle, & Croyle, 1999). Whereas the findings broadly suggest that adherence to the expressive writing prompt is associated with generally positive mental and physical health outcomes, there remains a lack of consensus on why it works and with whom the expressive writing paradigm is most beneficial (Sloan & Marx, 2004).

Conceivably, maladaptive perfectionists may benefit from expressive emotional writing. In what might be thought of as a preliminary step toward uncovering the therapeutic potential of expressive writing for perfectionism, the current study utilizes an emotional writing prompt as an evocative instrument with which to penetrate the inner world of maladaptive perfectionists. More specifically, the present investigation will extend the perfectionism literature by identifying salient themes in the emotion-laden written responses of maladaptive perfectionists. For instance, what will maladaptive perfectionists choose to elaborate on when prompted to share their deepest feelings about stress, perfectionism, performance expectations, and coping? Which topics will they choose more frequently? Conversely, which topics will respondents avoid? Awareness of these themes may enrich clinical interventions and lead to the creation of

subsequent measures or adjuncts to psychotherapy (e.g., topic-focused therapeutic writing tasks, psychoeducational resources). By better understanding the themes in the writings of maladaptive perfectionists, the possibility for providing more effective psychotherapy may be enhanced, as are the prospects of increasing client satisfaction and treatment adherence.

A search of the literature yielded four published articles involving qualitative inquiries into the nature of perfectionism (Rice, Bair, Castro, Cohen, & Hood, 2003; Riley & Shafran, 2005; Slaney & Ashby, 1996; Slaney, Chadha, Mobley, & Kennedy, 2000). That these studies capture a more personalized flavor of the construct is immediately apparent, as evidenced by the following quote from a participant of the Rice et al. (2003) study: “Don’t call me a perfectionist...It is like you wouldn’t call an alcoholic a drunk to their [sic] face” (p. 51). Accordingly, it is defensible that such qualitative inquiries represent a powerful mechanism by which to extend the perfectionism literature.

Nevertheless, extant qualitative literature on perfectionism is restricted by the scarce number of published studies and their attendant methodological constraints. For instance, there are no studies devoted to the exclusive examination of maladaptive perfectionists. Although they admittedly were interested in a circumscribed form of perfectionism which they termed “clinical perfectionism,” Riley and Shafran (2005) may have best approximated having a homogenous sample of maladaptive perfectionists, though their approach was guided by a theoretical bent toward examining “the core psychopathology of clinical perfectionism” (p. 369). Thus they restricted their focus to the psychopathological presentation of perfectionism with an accompanying diagnosable disorder (e.g., anorexia nervosa, bulimia nervosa) (see Shafran, Cooper, & Fairburn, 2002, 2003) and thereby failed to account for maladaptive perfectionism as a more global “personality orientation” (Flett & Hewitt, 2002, p. 10). The other qualitative

studies relied principally on self- or peer-identified perfectionists. An exception is the study by Rice and colleagues (2003), wherein they performed joint qualitative and quantitative analyses. The qualitative portion did examine clearly delineated adaptive-, maladaptive-, and non-perfectionist clusters, yet the researchers affirmed that there were too few maladaptive perfectionists (4) and they thus recommended that future research should include larger groups. Of more substantive concern, only one of the published studies known to the author (Rice et al., 2003) relied on a verifiable and rigorous qualitative methodology. Consequently, although prior qualitative research on perfectionism sheds light on more intimate aspects of the construct, an extra degree of caution may be warranted when evaluating the findings.

Given that the available literature may benefit from studies rooted in more thorough qualitative approaches, the current study seeks to complement prior research by utilizing the consensual qualitative research paradigm (CQR; Hill et al., 2005; Hill, Thompson, & Williams, 1997), a qualitative methodology that is ideally suited to achieve the accurate and systematic identification of emergent themes within the written responses of maladaptive perfectionists. In consonance with the CQR methodology, a priori hypotheses are not generated in the current study in order to allow researchers to remain open to themes and ideas that emerge from the data. Without a priori hypotheses, researchers remain free to discover themes that may have been neglected prior to data collection (Heppner, Kivlighan, & Wampold, 1992).

In sum, maladaptive perfectionism refers to personality characteristics such as persistent self-criticism, chronic and excessive concerns about making mistakes, and a significant perceived gap between one's performance and expectations. That maladaptive perfectionism has been consistently linked with psychological maladjustment is not shocking. Unfortunately, traditional psychotherapeutic interventions have typically not been associated with positive

treatment outcomes, leading some researchers to conclude that perfectionists may require longer-term, intensive interventions. Alternative ways of conceptualizing treatments are necessary, and the expressive writing paradigm not only coincides with the zeitgeist of the managed care era but also holds much allure due to its established efficacy in diverse treatment populations. An additional contribution of emotional writing is that it provides insight into the thoughts and feelings of the participant. Although qualitative research on perfectionism exists, the corpus of studies on perfectionism is limited numerically and further limited by sample and methodological constraints. Continuing in the qualitative tradition, the present study identifies emergent themes in the emotionally rich written responses of maladaptive perfectionists, and the findings may (a) inform the creation of measures or adjuncts to psychotherapy and (b) bolster clinical interventions as well as client satisfaction and treatment adherence.

CHAPTER 2 LITERATURE REVIEW

The present study is a component of a larger program of research aimed at testing the efficacy of adjuncts to shorter- or longer-term psychotherapeutic and psychoeducational interventions for maladaptive perfectionists. In particular, the current project focuses on the themes to emerge when maladaptive perfectionists respond to an expressive writing paradigm that purports to elicit their deepest thoughts and feelings about stress, perfectionism, performance expectations, and coping. Thus, the ensuing literature review spans perfectionism's conceptualization, its association with psychological difficulties, and its less than desirable amenability to treatment. Additionally, background research on the expressive writing paradigm is reviewed. This literature will be followed by a review of the study's chosen qualitative methodology, consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997). Finally, prior phenomenological research on perfectionism will be presented in order to contextualize the present study within a corpus of related literature.

This review will demonstrate the following key points: (a) perfectionism is a complex, multidimensional construct with adaptive and maladaptive features; (b) maladaptive perfectionism, which refers to personality characteristics such as persistent self-criticism, chronic and excessive concerns about making mistakes, and a significant perceived gap between one's performance and expectations, has been associated with various psychological difficulties and a lack of amenability to treatment; (c) the expressive writing paradigm may be used as a powerful instrument to uncover the thoughts and emotions of maladaptive perfectionists; (d) CQR is a qualitative methodology that is ideally suited to achieve the accurate and systematic identification of emergent themes within the writings of maladaptive perfectionists; and (e) prior qualitative research on perfectionism captures nuances of the construct undetected by

quantitative methodologies and thus represents an alluring approach to expand the perfectionism literature.

Conceptualizations of Perfectionism

As evidenced by the recent exponential growth of publications on perfectionism (see Flett & Hewitt, 2002a), the construct has received much attention in recent academic literature. Consequently, extensive reviews of the topic (Frost, Marten, Lahart, & Rosenblatt, 1990; Hewitt, Flett, Besser, Sherry, & McGee, 2003; Shafran & Mansell, 2001) demonstrate that researchers vary in their definitions of perfectionism. In order to distinguish between conceptualizations of perfectionism, researchers have focused on the construct's underlying dimensionality. Unidimensional and multidimensional approaches have been developed. First, this review will briefly examine the unidimensional perspective in order to better appreciate the historical evolution of perfectionism research. Then, this arguably restrictive line of inquiry will be followed by a review of the more comprehensive and empirically supported multidimensional approach.

Characterizing perfectionism negatively and linking it with forms of psychopathology (Burns, 1980; Garner, Olmstead, & Polivy, 1983; Pacht, 1984), the unidimensional perspective historically held sway over perfectionism research (Stoeber & Otto, 2006). Despite Hamachek's (1978) seminal article proposing two distinct (normal and neurotic) forms of perfectionism, the prevailing view of the 1980's centered on perfectionism's dysfunctional aspects. Largely driven by a focus on cognitive factors, the unidimensional view emphasized irrational beliefs (Ellis, 1962) and dysfunctional attitudes (Burns; Weisman & Beck, 1978). This narrow attention on the negative determinants/concomitants of perfectionism was reflected in the one-dimensional measures used to assess perfectionism, such as the perfectionism subscale of the Eating Disorders Inventory (Garner et al.) and Burns' perfectionism scale which contained items from

Weissman and Beck's Dysfunctional Attitudes Scale. Because most of the studies relied on these decidedly dysfunctionally attuned measures (see Stoeber & Otto), empirical findings supported the view that perfectionism was uniquely negative in valence; as stated by Stoeber and Otto, "it comes as no surprise that perfectionism was found to be negative, dysfunctional, and even pathological" (p. 3). Therefore, in order to capture the fullness of perfectionism researchers turned toward multidimensional approaches.

According to Flett and Hewitt (2002b), the empirical demonstration of perfectionism's multidimensionality may be one of the most significant developments in this field of research. It is noteworthy, however, that this perspective is not without its detractors: Shafran, Cooper, and Fairburn (2002, 2003) are recent proponents of perfectionism as a unitary construct—or at least they may appear to be initially. It is equally noteworthy that their position is related specifically to what they term "clinical perfectionism, or perfectionism as a circumscribed clinical construct" (2003, p. 1218). Thus, they restrict their argument to the psychopathological presentation of perfectionism with a concomitant diagnosable disorder (e.g., anorexia nervosa, bulimia nervosa). Shafran and colleagues are necessarily limiting their unidimensional stance by claiming that such unidimensionality is not relevant to perfectionism as a "personality orientation" (Flett & Hewitt, 2002b, p. 10). In short, Shafran et al.'s apparent opposition to the multidimensionality of perfectionism is bounded by their clinical perspective, and thus serves to exemplify but one of perfectionism's multiple dimensions.

Because of perfectionism's inherent complexity, multidimensional approaches allow for a richer understanding of the construct, an understanding which eludes unidimensional analysis. The following three multidimensional measures of perfectionism have influenced recent research: two Multidimensional Perfectionism Scales, with each qualified by its respective

authors' names (FMPS; Frost, Martin, Lahart, & Rosenblate, 1990; HMPS; Hewitt & Flett, 1991), and a third measure entitled The Almost Perfect Scale-Revised (APS-R; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Although both Multidimensional Perfectionism Scales assess (a) the respondent's adherence to very high personal standards and (b) the degree to which external factors contribute etiologically to perfectionism (i.e., Parental Expectations and Parental Criticism in the FMPS and Socially Prescribed perfectionism in the HMPS), the scales nevertheless vary substantially in their approaches to conceptualizing perfectionism's underlying dimensionality. The FMPS relies on 6 dimensions of perfectionism: (a) Personal Standards, (b) Organization, (c) Concern over Mistakes, (d) Doubts about Actions, (e) Parental Expectations, and (f) Parental Criticism. Hewitt and Flett, on the other hand, identify three chief aspects of perfectionism: (a) Self-oriented perfectionism, referring to the inclination to set high standards for oneself, (b) Socially-prescribed perfectionism, wherein one believes that others impose high standards, and (c) Other-oriented perfectionism, referring to the inclination to set high standards for others.

Whereas attempting to reconcile the divergent conceptualizations of perfectionism as embodied in the FMPS and HMPS is clearly beyond the scope of this review, it is nevertheless critical to point out that various independent analyses of the measures suggest that perfectionism has both adaptive (or healthy) and maladaptive (or dysfunctional) aspects. For instance, "two conceptually unambiguous factors" emerged from a factor analysis performed by Frost, Heimberg, Holt, Mattia, and Neubauer (1993, p. 124): one which they named Maladaptive Evaluations Concern and another they termed Positive Striving. Thus, the multidimensional approach yields a more comprehensive and richer view of perfectionism, a claim which also

holds true with the third principal instrument used to define and measure perfectionism: the APS-R (see Appendix A).

The APS-R (Slaney, Rice, Mobley, Trippi, & Ashby, 2001), which is the revised version of its predecessor, the Almost Perfect Scale (Slaney & Johnson, 1992), conceptualizes perfectionism in three dimensions: (a) High Standards, (b) Order, and (c) Discrepancy, or the degree of distress experienced when one's perceived performance falls short of one's perfectionistic expectations. The former subscales are potentially adaptive dimensions, whereas the latter is likely negative. A benefit of the APS-R is the addition of the Discrepancy subscale, which addresses this gap between perceived performance and expectations and thus stands to supplement research on perfectionism.

Via the Discrepancy subscale, the APS-R gains increased ability to adequately differentiate between adaptive versus maladaptive (or healthy versus unhealthy, normal versus neurotic) perfectionism. Nonetheless, there is a lack of consensus regarding this position. Most strikingly, Flett and Hewitt (2002b), defending their position that definitions of perfectionism should be limited to perfectionistic strivings, argue that perceived discrepancies should be considered a component of a related yet ultimately separate construct that highlights self-evaluation. They contend that discrepancy is more vulnerable to temporal factors (e.g., ongoing shifts in performance feedback, changing life experiences), and that, as a relatively stable personality construct, perfectionism should remain largely unaffected by such vicissitudes. What their viewpoint fails to account for, however, are the intrinsic tendencies, constraints or expectations that exert substantial influence on *how* a perfectionistic individual interprets such elements in flux. It seems tenable that how the perfectionistic individual responds to such variability, however, cuts to the core of perfectionism as a relatively stable personality construct. Inclusion

of the discrepancy subscale addresses this gap between perceived performance and expectations and thereby enhances research on perfectionism. In fact, Rice and Aldea (2006) recently found that perfectionistic discrepancy appears to have substantial relative stability, which refers to “the extent to which relative differences among individuals on measures of personality remain stable” (Santor, Bagby, & Joffe, 1997, p. 1355). They also found that the stability was maintained in spite of mood fluctuations. Additionally, Stoeber and Otto (2006) emphasize that discrepancy is a core facet of perfectionism and, consequently, one that should be considered when distinguishing between types of perfectionism, a point which will be elaborated on shortly.

Adaptive and Maladaptive Perfectionism

Thus, advances in the way in which perfectionism is conceptualized, as embodied in the three preceding measures that dominate current perfectionism research, have led to a more thorough understanding of the construct. As a result, two higher-order dimensions of perfectionism have emerged, each with its unique relationship to functioning: one variously referred to as adaptive, healthy, normal or personal standards perfectionism; and another termed maladaptive, unhealthy, or neurotic perfectionism.

Cluster analysis has been used in several studies to segment participants into one of three groupings: adaptive perfectionist, maladaptive perfectionist, or non-perfectionist. Similarities exist between adaptive and maladaptive perfectionists as opposed to non-perfectionists, with particular resemblance in their relatively high personal performance standards and expectations (Dickinson & Ashby, 2005; Grzegorek et al., 2004; Parker, 1997; Rice & Mizradeh, 2000).

Adaptive and maladaptive perfectionists also tend to resemble one another in terms of internal locus of control (Periasamy & Ashby, 2002). Maladaptive perfectionists typically demonstrate higher levels of intense and persistent self-criticism, excessive concerns about making mistakes, and an enduring perceived sense of inadequacy and ability to attain desired goals (Rice et al.,

2003). Adaptive perfectionists, conversely, tend to have high personal standards and also pursued performance excellence, yet their experience appears notably devoid of disproportionate self-castigation or chronic dissatisfaction with their performance (Slaney, Rice, & Ashby, 2002). On a related note, adaptive perfectionists tend to have higher self-esteem and self-efficacy, with both appearing impervious to the long-term deleterious effects of perceived failures to meet standards (Ganske & Ashby, 2007; LoCicero & Ashby, 2000). Findings with particularly negative implications are of concern for maladaptive perfectionists: they appear excessively primed to perceive failure and to experience mistakes as distressing, in addition to having low self-esteem and striking feelings of inferiority (Ashby & Kottman, 1996; Ashby, Kottman, & Stoltz, 2006; Rice & Dellwo, 2001; Rice & Slaney, 2002). In light of the disparities between adaptive and maladaptive perfectionism, it is perhaps not surprising that maladaptive perfectionism has been consistently associated with a variety of psychological disturbances.

To summarize, maladaptive perfectionism refers to personality characteristics such as persistent self-criticism, chronic and excessive concerns about making mistakes, and a significant perceived gap between one's performance and expectations. Personality characteristics involving harsh self-criticism and performance-evaluation disparity have been consistently linked with numerous indicators of psychological maladjustment, including obsessive-compulsive disorder (Frost & Steketee, 1997), depression (Ashby, Rice, & Martin, 2006; Dunkley, Sanislow, Grilo, & McGlashan, 2006; Rice & Aldea, 2006), chronic fatigue syndrome (White & Schweitzer, 2000), suicidal ideation (Beevers & Miller, 2004), hopelessness (O'Connor & O'Connor, 2003; Rice, Leever, Christopher, & Porter, 2006), anxiety (Mobley, Slaney, & Rice, 2005; Rice & Pence, 2006), eating disorders (Lilenfeld, Wonderlich, & Riso,

2006; Pearson & Gleaves, 2006), and insecure adult attachment (Rice, Lopez, & Vergara, 2005; Wei, Heppner, Russell, & Young, 2006; Wei, Mallinckrodt, Russell, & Abraham 2004).

Treatment of Perfectionism

Although an abundant literature attests to the detrimental consequences of perfectionism, successfully treating such perfectionists has proven to be challenging at best and discouraging at worst. Only a few published studies (e.g., DiBartolo, Frost, Dixon, & Almovodar, 2001; Ferguson & Rodway, 1994) directly examine treatment interventions for perfectionists. This dearth of research may in part be accounted for by the scant likelihood that one would present exclusively to confront her or his perfectionism. As expressed by Halgin and Leahy (1989), “experienced mental health professionals know that college students do not seek treatment for perfectionism” (p. 223). At any rate, few studies exist regarding the direct treatment of perfectionism.

Employing a cognitive-behavioral approach, Ferguson and Rodway (1994) attempted to treat features typically associated with perfectionism, such as self-criticism, difficulty dealing with feedback, unrealistic goal setting, and procrastination. Although the participants demonstrated variable reductions in the perfectionism, the authors concluded that the treatment was successful for eight of the nine participants. In a study on the effects of a brief cognitive restructuring intervention on speech anxiety for perfectionistic and non-perfectionistic undergraduate students, DiBartolo et al. (2001) found that although the treatment did not affect global ratings of negative affect or negative cognitions, cognitive restructuring was successful inasmuch as that all participants had reduced anxiety and an increased ability to cope with their most feared predicted outcome. In effect, these studies provide some preliminary support for the effectiveness of cognitive restructuring in the treatment of perfectionism, though other research is not so optimistic.

Apart from the exceptions noted above, perfectionism has typically been investigated within the treatment of other presenting psychological issues, such as eating disorders and depression. Because perfectionism may be a risk factor for the development of eating disorders (e.g., Fairburn, Cooper, Doll, & Welch, 1999), researchers have accordingly examined its role in this context. In their study on long-term recovery from anorexia nervosa, Srinivasagam, Kaye, and Plotnicov (1995) found that perfectionistic characteristics remained with clients after otherwise successful treatment for eating disorders, thereby indicating that although the target symptoms may have diminished, chief contributing factors to disordered eating may be impervious to therapeutic intervention. In a much broader sense, our understanding of the treatment of perfectionists is based on secondary analyses of the National Institute of Mental Health Treatment of Depression Collaborative Research Program (TDCRP) (Blatt, 1995; Blatt, Quinlan, Pilkonas, & Shea, 1995; Blatt et al., 1998; Zuroff et al., 2000). The findings are troubling. Specifically with the case of comorbid depression, perfectionism is linked with poorer outcomes post-intervention, regardless of treatment modality (e.g., Blatt et al., 1995). Researchers concluded that perfectionism adversely impacts treatment, damages the therapeutic alliance, and, not surprisingly, negatively influences relationships outside of therapy (Blatt & Zuroff, 2002). Consequently, psychotherapy appears to be less effective for perfectionists than for non-perfectionists.

For these reasons, some researchers have suggested that perfectionists may require longer-term, intensive interventions (see Blatt, 1992): a recommendation that runs counter to trends for shorter-term and problem-focused psychotherapies. Of course, longer-term therapeutic approaches may indeed be warranted, however their implementation carries with it obvious economic and logistical challenges (see Pennebaker, 2004). At any rate, the limited extant

research does not support the efficacy of typical therapeutic interventions for maladaptive perfectionists.

In sum, persistent self-criticism and debilitating concerns about committing errors conspire to make the maladaptive perfectionist a prime candidate for psychotherapeutic intervention. Unfortunately, the relatively few studies that investigate this topic suggest that current approaches are less than satisfactory. Thus, there is a pronounced need to explore alternative therapeutic modalities, and the search may involve novel approaches in the interest of addressing perfectionism's documented lack of amenability to treatment. With this in mind, the review now focuses on the expressive writing paradigm, a perhaps powerful instrument to assist in the uncovering of the thoughts and emotions of maladaptive perfectionists. An examination of perfectionists' writings may plausibly inform future diagnostic procedures, measure, and courses of psychotherapy.

Expressive Writing

Derived principally from Pennebaker's (1997) seminal work, expressive emotional writing (also termed the emotional disclosure paradigm) has been thoroughly researched for its influence on physical and psychological health. In the present study, we utilize an expressive writing prompt to identify emergent themes in maladaptive perfectionists' responses. Not only could such writing constitute a free-standing therapeutic strategy or a complement to psychotherapeutic approaches aimed at assisting perfectionistic individuals to optimize their functioning (Pennebaker, 2004), but identification of salient themes may inform clinical interventions and the development of subsequent measures and adjuncts to psychotherapy (e.g., topic-focused therapeutic writing tasks, psychoeducational outreach programs). Thus, this section of the current review will (a) contextualize the emotional disclosure paradigm within the landscape of psychological literature, (b) clarify how the paradigm is typically employed, and (c) demonstrate

the generally beneficial outcomes associated with the paradigm. Moreover, it will become clear that the paradigm represents a powerful instrument with which to penetrate the inner world of maladaptive perfectionists.

Whether rooted in psychoanalytic, humanistic, or behavioral traditions, nearly all forms of psychotherapy have been demonstrated to reduce stress and promote well-being (Mumford, Schlesinger, & Glass, 1983; Smith, Glass, & Miller, 1980). The therapeutic process generally entails the acknowledgement and discussion of a problem, and as suggested by Pennebaker (1997), “the mere aspect of disclosure is a powerful therapeutic agent that may account for a substantial percentage of the variance in the healing process” (p. 162). The value of emotional release has long been recognized within psychological research and application (Smyth, 1998). In fact, psychologists have continually emphasized that emotional expression is critical to physical and mental health, whereas, conversely, inhibition has been considered detrimental (e.g., Breuer & Freud, 1895/ 1966; Rachman, 1980, Scheff, 1979). More currently, an increasing corpus of literature attests to the health-enhancing effects of emotional expression (e.g., Fawzy et al., 1993; Murray, Lammin, & Carver, 1989; Pennebaker & O’Heeron, 1984).

Of particular value for its effectiveness and economic implications (see Pennebaker, 2004), writing paradigms have been utilized to evoke such emotional expression in several recent studies (Donnelly & Murray, 1991; L’Abate, 1992; Lange, 1994; Murray & Segal, 1994). The typical expressive treatment condition in this research involves participants writing about their deepest feelings about traumatic or stressful experiences (e.g., divorce or separation from partner, illness, death of a loved one, loss of job) for some circumscribed period of time (e.g., 20 or 30 minutes). These sessions occur once a day, usually for three days, with one or more days separating sessions (see Sloan & Marx, 2004a, for methodological variation). In the control

condition, participants follow the same writing schedule as treatment participants, yet they write about an innocuous object or event, selected at their discretion, “without mentioning...emotions, opinions, or beliefs” (Pennebaker & Francis, 1996, p. 607).

Because of the possible applied utility of the written disclosure paradigm, research has centered around the following populations who may stand to gain from its clinical application, as noted by Sloan and Marx (2004a): individuals who recently lost employment (Spera, Buhrfreind, & Pennebaker, 1994), prison inmates (Richards, Beal, Seagal, & Pennebaker, 2000), individuals diagnosed with either asthma or rheumatoid arthritis or cancer (Smyth, Stone, Hurewitz, & Kaell, 1999; de Moor et al., 2002; Stanton et al., 2002; Walker, Nayle, & Croyle, 1999), bereaved adults (Stroebe, Stroebe, Schut, Zeck & van den Bout, 2002), individuals preparing for an imminent entrance exam (Lepore, 1997), and individuals with a history of traumatic experiences (Batten, Follette, Hall, & Palm, 2002; Gidron, Peri, Connolly, & Shalev, 1996; Schoutrop, Lange, Hanewald, Duurland, & Bermond, 1997; Schoutrop, Lange, Hanewald, Davidovich, & Salomon, 2002). Whereas the particular details of these studies is beyond the scope of this review, Sloan and Marx conclude that the evidence largely suggests that adherence to the expressive writing prompt is associated with generally positive mental and physical health outcomes. However, the authors are quick to add that in spite of writing’s effectiveness, there is a lack of consensus on why it works and with whom the expressive writing paradigm is most conducive to attaining desired outcomes.

Various perspectives abound on how expressive writing catalyzes positive change. Although Pennebaker (1989) originally argued that inhibition of emotion acted as the primary mechanism of change associated with the written disclosure paradigm, subsequent research suggests that the mechanisms for the therapeutic effects are not yet clearly understood (e.g.,

Pennebaker, 2004; Sloan & Marx, 2004a). Three prominent explanatory mechanisms dominate the literature—grouped together under the general rubrics of emotional inhibition, cognitive adaptation, and exposure/ emotional processing—thereby suggesting that the written disclosure paradigm affects respondents on a variety of levels (Sloan & Marx). Perhaps due to the ostensible breadth and depth of emotion and cognition evoked by the paradigm, a preponderance of research indicates that expressive writing is indeed effective, though the findings also suggest an increase in potentially negative (yet fleeting) outcomes.

Smyth's (1998) meta-analysis of 13 studies yielded a mean weighted effect size across all studies and outcomes of $d = .47$ ($r = .23$, $p < .0001$), indicating a medium positive effect for participants in expressive writing conditions compared to control participants. These results were largely corroborated by Sloan and Marx, who examined 14 studies published after Smyth's meta-analysis. It is noteworthy, however, that there may be an association between increased heart rate and negative mood when measured immediately after the writing (i.e., pre-to-post-writing). Curiously, even though Smyth's meta-analysis indicated a large effect size for these adverse implications ($d = .84$), the link between immediate distress and later measured outcomes was not statistically significant. Research by Sloan and Marx (2004b) and Pennebaker (1997) qualifies the overall impact of initial distress after a first writing session, with data suggesting that such distress (a) tends to diminish over subsequent writing sessions and (b) may in fact enhance later post-test effects. These findings carry methodological implications for expressive writing studies, such as the potential benefit of allowing time to lapse between the last writing session and the formal post-assessment of dependent variables.

In sum, Pennebaker and colleagues (1997) have demonstrated that when people disclose painful or difficult emotions via expressive writing, the disclosure is associated with a continuum

of health-enhancing effects, ranging from an increased sense of mental well-being (as evidenced by diminutions of perceived distress and depressive symptoms) to improved functioning of the immune system (as evidenced by beneficial influences on t-helper cell growth and antibody responses to hepatitis B vaccinations and Epstein-Barr virus). Because the written disclosure paradigm elicits such deep emotional material from its respondents, it affords a rich perspective on the inner world of the writer, revealing a privileged insight into the individual's experience. According to Pennebaker, the writing session is "exceptionally powerful...[because] participants disclose a remarkable range and depth of traumatic experiences...If nothing else, the paradigm demonstrates that when individuals are given the opportunity to disclose deeply personal aspects of their lives, they readily do so" (p. 162). As briefly mentioned earlier, it is not uncommon to encounter themes related to unrequited love, sexual and physical abuse, tragic failure, and death. Therefore, the emotional disclosure paradigm also represents an invaluable point of access into the thoughts and feelings of those individuals who may benefit from advances in psychological research.

A search of the psychological literature yields no studies that have examined the written responses of maladaptive perfectionists. Conceivably, a more refined understanding of the inner world of maladaptive perfectionists, a group who does not respond well to typical psychotherapeutic interventions (Blatt et al., 1998), may translate into increased effectiveness of psychotherapy and/ or relevant adjuncts. To be sure, responses to the emotional disclosure paradigm would provide the material necessary to better identify the thoughts and feelings of maladaptive perfectionists, but how would one proceed in order to develop an accurate understanding of such rich information? With this in mind, the present review now focuses on

CQR (Hill et al., 1997), a qualitative methodology ideally suited for the systematic identification of themes within the emotionally charged written responses of maladaptive perfectionists.

Consensual Qualitative Research

Qualitative methods denote a wide class of empirical procedures designed to describe and interpret the *Erlebnis* (lived experience) of the research participants in a context-specific setting (Denzin & Lincoln, 2000). Embracing a decidedly constructivist perspective, qualitative researchers posit that objective reality does not readily lend itself to full comprehension, and thus there exist multiple equally valid ways of studying reality (Heppner & Heppner, 2004). Specifically, qualitative approaches are ideally suited to exploratory phases of inquiry as they afford the ability to analyze data as naturally occurring phenomena. In the absence of a priori hypotheses, researchers are not committed to clearly defined investigative routes and instead remain free to discover themes and ideas that may have been neglected prior to data collection (Heppner, Kivlighan, & Wampold, 1992).

Although counseling psychologists in particular have been endorsing qualitative methodologies for some time (see Neimeyer & Resnikoff, 1982), North American psychology in general has been slow to embrace the paradigm shift toward postmodern methodologies (Ponterotto, 2005), perhaps in part due to a dearth of sufficiently rigorous methods. As an alternative to the imprecise or unwieldy methodologies available to counseling researchers, Hill, Thompson, and Williams (1997) developed CQR, an integration of the strongest features of existing qualitative methods (i.e., grounded theory, comprehensive process analysis, phenomenology; see Hill et al., 1997) that has subsequently become one of the most frequently utilized in counseling inquiry.

Even though a more exhaustive depiction of CQR is included the methods section, the essential components follow, as summarized by Hill et al. (2005): CQR utilizes (a) open-ended

questions in semi-structured data collection techniques, (b) multiple judges in order to ensure various analytic perspectives, (c) consensus to arrive at renderings on the meaning of data, (d) at least one auditor to check and challenge the work of the primary team and minimize the effects of groupthink; and (e) domains, core ideas, and cross-analyses in the data analysis.

In order to extend the literature on perfectionism and refine the construct's meaning from a phenomenological perspective, this study will use CQR to gain a more sophisticated understanding of maladaptive perfectionists' responses to the expressive writing paradigm. Thus, the expressive writing exercise replaces Hill et al.'s (1997) suggestion to conduct interviews. In their review of 27 published studies that employed CQR, Hill et al. (2005) indicated that 14 studies used taped telephone interviews, 10 used taped face-to-face interviews, two used a paper-and-pencil survey format, and one used an e-mail format.

Whereas each distinct method has its attendant assets and liabilities, use of the written disclosure paradigm appears valuable for the following reasons, at a minimum: the richness of the elicited material far exceeds the arguably "thin" responses evoked by questionnaires (Hill et al., 1997); the process affords more anonymity than face-to face interviews—though admittedly less than telephone interviews—and thereby reduces the likelihood of participants providing responses on the basis of social desirability (see Wiseman, 1972); and, although prone to engendering increased complexity and ambiguity for the researchers during the analytic process (see Hill et al., 1997), the open-ended question allows for the participant to respond freely, unencumbered by a questionnaire or even a set of preconceived interview questions. Of course, the mere existence of a question imposes a degree of structure, yet it is the respondent who interprets the direction in which to proceed.

Clearly, the expressive writing paradigm constitutes a not merely defensible but also profitable catalyst to provide researchers with emotionally charged data to examine. At the heart of the analytic process is consensus, perhaps the fundamental ingredient of CQR. The process hinges on having a multiplicity of perspectives, with the assumption that such an array of views increases the accuracy of data interpretation and reduces researcher biases (Marshall & Rossman, 1989). In brief, CQR entails a process of constantly refining the data interpretation based on the intrinsically diverse views of the research team. These views necessarily evolve as new cases are studied and team members argue to consensus about the coding of the data. Further checks and challenges are offered by external auditors who monitor the analytic process at strategic intervals. Hence, the process is sufficiently rigorous in order to ensure that the research develops a continually attuned focus. As noted by Ponterotto (2005), a 15-year methodological content analysis of the *Journal of Counseling Psychology* (1989 – 2003) revealed that CQR is one of the two most frequently used qualitative approaches incorporated in the journal's published articles. In sum, it appears fitting that CQR is employed in the current study to achieve the accurate and systematic identification of emergent themes within the writings of maladaptive perfectionists.

Prior Qualitative Research on Perfectionism

A search of the literature yielded four published articles involving qualitative inquiries into the nature of perfectionism. Slaney and Ashby (1996) maintained that clinicians and researchers typically define perfectionism. Such explanations, while not entirely devoid of perfectionists' perspectives, are fairly restricted to the pathological side of the construct, in part due to negative set which may constrict the expert's conceptualization. In an effort to better understand the construct from the perfectionist's vantage point, these researchers identified and interviewed a criterion group of 37 individuals who either considered themselves to be perfectionists or were referred to the research team as a "for sure" perfectionist (p. 394). Most participants expressed

the centrality of high personal standards to their perfectionism, a salient finding which was accompanied to a lesser degree by emphases on orderliness and control. Curiously, even though participants frequently viewed their perfectionism as distressing, not one of those asked said they would abandon it. This reluctance to relinquish perfectionism may in part be attributable to other positive features that emerged, such as the drive to achieve, as evident in one participant's statements: "It's a drive that pushes me to accomplish close to my ability level. Persons not perfectionistic may be happier...but not accomplish much" (p. 397). Of particular import to research and clinical application, the researchers concluded that experts should not assume that they have the same definition of perfectionism as their clients; thus, careful attention is warranted in order to avoid possible assumptions, such as believing that perfectionism lacks value for a particular individual. Another implication of this conclusion is the continued need for more phenomenological research on perfectionism.

To offer a cross-cultural perspective, Slaney, Chadha, Mobley, and Kennedy (2000) interviewed five self-identified Asian Indian perfectionists. Noting striking similarities across cultures, high standards again emerged as a chief feature of perfectionism. In consonance with Slaney and Ashby's (1996) study, the theme of discrepancy between standards and self-perceived performance emerged in the interviews, as evidenced in the following quote: "Mother does everything so well...she's never satisfied with anything" (p. 26). Additionally, the authors noted a clear consensus that participants tended not to procrastinate and generally saw themselves as efficient, neat, and orderly. Thus, as noted in the other qualitative studies, positive qualities of perfectionism were also highlighted in the participants' responses.

Whereas the preceding two qualitative studies (Slaney & Ashby, 1996; Slaney et al., 2000) indeed penetrated more deeply into the inner experience of self-identified or strongly presumed

perfectionists, neither study relied on a clearly identifiable qualitative methodology in order to systematically interpret the interview material. Conversely, Rice and colleagues (2003) utilized CQR (Hill et al., 1997) to analyze interviews conducted with nine participants. This line inquiry comprised half of the team's qualitative and quantitative study that sought to arrive at a fuller comprehension of perfectionism from a phenomenological perspective. Specifically, cluster analysis was used to identify naturally occurring groups based on subscales from the Multidimensional Perfectionism Scale (Frost et al., 1990). Exemplar representatives of adaptive ($n = 2$), maladaptive ($n = 4$), and non-perfectionist ($n = 3$) groups were identified and interviewed by researchers who were blind to prototype designations.

Again, the findings support the multidimensionality of perfectionism. As concluded by the researchers, the meaning of perfection *generally* includes distress, with the adverb employed deliberately in CQR parlance to highlight that all (or all but one) cases encompassed this attribute. Interestingly, a more exhaustive characterization of distress emerged, one denoting “a lack of satisfaction, inefficient and problematic self-regulation, and interpersonal difficulties” (p. 52). Findings also suggest that perfectionists *typically* (i.e., apparent in 5 to 8 of 9 possible cases) desire to perform well. Unfortunately, although this study expands the literature on the phenomenology of perfectionism, that there were too few members in each cluster precluded between-group comparisons of the adaptive, maladaptive, and non-perfectionist clusters.

Using grounded theory (Glaser and Strauss, 1967), Riley and Shafran (2005) qualitatively explored the meaning of “clinical perfectionism” (see Dunkley et al., 2006; Hewitt et al., 2003; Shafran et al., 2002; Shafran et al., 2003) or “the overdependence of self-evaluation on the determined pursuit and achievement of personally demanding standards, in at least one domain that is of importance to the individual” (p. 369). Results from a mixed sample of clinical ($n = 7$)

and non-clinical ($n = 14$) participants suggested that self-imposed dysfunctional standards, continual striving, and adverse consequences resulting from such striving formed the core of clinical perfectionism and also differentiated between perfectionists and non-perfectionists. A caveat may be in order: Given that 15 out of 21 participants (71.4 %) selected from a largely non-clinical sample exhibited the core features of clinical perfectionism, findings should be interpreted with a degree of caution. Nevertheless, Riley and Shafran posit that at least six maintaining mechanisms of clinical perfectionism emerged from the interviews: (a) self-critical reaction to failure, (b) positive emotional reaction to success, (c) cognitive biases, (d) rules and rigidity, (f) avoidance, and (g) escape. Interestingly, all participants with the core psychopathology of clinical perfectionism exhibited cognitive biases, such as all-or-nothing thinking, catastrophizing, disqualifying the positive, and focusing on the negative (Beck, 1995). This finding parallels that of Rice and colleagues (2003), who pointed out that thinking patterns may be limited in perfectionists. Consistent with other research, Riley and Shafran conclude that fear of failure and the implications of such failure on self-evaluation stand out as a chief motivators for striving to achieve: 93.3% of the those identified as clinically perfectionistic demonstrated this motivation as opposed to a mere 16.7% of non-perfectionists.

In sum, qualitative studies offer much in terms of their potential contribution to our understanding of perfectionism. In light of their inductive nature, theory emerges from the data and thereby allows researchers to penetrate the *Erlebnis* of the participant. The published literature notably lacks studies which examine the innermost thoughts and feelings of maladaptive perfectionists. Perhaps illustrative of the general level of distress and impoverished sense of satisfaction already noted in maladaptive perfectionists, the following quote emerged from a participant of the Rice et al. (2003) study: “Don’t call me a perfectionist...It is like you

wouldn't call an alcoholic a drunk to their [sic] face" (p. 51). Appropriately, the researchers call attention to the possible treatment implications of such an emotionally resonant statement. It is tenable that a more comprehensive understanding of the inner world of maladaptive perfectionists, a group who does not respond well to typical psychotherapeutic interventions, may later inform psychotherapy and/ or the development of relevant adjuncts to therapy. Thus, the current study, in addition to connecting the disparate literatures of expressive writing and perfectionism, seeks to examine the perhaps turbulent inner world of maladaptive perfectionists.

Present Study

To summarize, this review presented the following principal ideas: (a) recent research suggests that perfectionism is indeed a multidimensional construct with a hybrid adaptive and maladaptive identity; (b) maladaptive perfectionism, which encompasses personality characteristics such as harsh self-criticism, a pronounced concern about making mistakes, and a substantial perceived gap between one's performance and expectations, has been repeatedly linked with various psychological difficulties and a lack of amenability to treatment; (c) research supports that the expressive writing paradigm acts as compelling medium to uncover the thoughts and emotions of respondents; (d) CQR is ideally suited to systematically and rigorously identify emergent themes within the writings of maladaptive perfectionists; and (e) extant qualitative research on perfectionism captures features of the construct which elude quantitative inquiry, and accordingly represents a viable mechanism to expand the perfectionism literature.

In what might best be categorized as an initial step toward uncovering the therapeutic potential of expressive writing for treating perfectionism, the current study utilizes an emotional writing prompt to penetrate the inner world of maladaptive perfectionists. More specifically, the present investigation will extend the perfectionism literature by identifying salient themes in the emotion-laden written responses of maladaptive perfectionists. What will maladaptive

perfectionists choose to share when prompted to write about their deepest feelings regarding stress, perfectionism, performance expectations, and coping? Which topics will be elaborated on and which will be ignored? In accordance with the CQR methodology, a priori hypotheses are not formulated in the current study so that researchers may remain open to themes that emerge from the data. A more thorough understanding of such themes may enrich clinical interventions and inform the creation of subsequent measures or adjuncts to psychotherapy.

CHAPTER 3 METHOD

Participants

Fourteen participants were selected from a larger sample of 264 college students (72 men and 192 women) enrolled in an expressive writing study. Participants for the larger study were recruited from multiple sections of a general psychology course at a public Southeastern U.S. university. Students of general psychology are required to participate in research during the semester or, if they do not wish to be involved in research, they have the option to participate in another activity for the same amount of credit. Students interested in participating signed-on and were scheduled for the initial session through a psychology research pool website containing information about the study. Participation rates could not be calculated because enrollment figures for all sections of the general psychology course were not determined. At any rate, the substantial time-commitment of the study (i.e., five visits to the lab for an approximate total of three hours of participation) likely deterred many potential participants. Accordingly, recruitment efforts were sustained for three consecutive semesters in order to obtain an adequate sample size for the larger project.

Ranging in ages from 18 to 27 ($M = 18.56$, $SD = 1.13$), the sample included 67% White/European Americans, 14% Black/African Americans, 10% Latino/as, 4% Asian/Asian Americans, and 5% who identified as multicultural/mixed race. Roughly 55% of the students were in their first semester of college and another 18% had completed one semester. Overall, approximately 91% of the sample had completed four or fewer semesters. The sample's self-reported grade point average, based on a 1.0 to 4.0 scale, was 3.36 ($SD = 0.56$) and ranged from 1.5 to 4.0.

Inclusion in the current study was limited to those participants who were categorized as maladaptive perfectionists (see below) and completed all three writing sessions in the experimental condition of the larger study. The final sample of 14 participants (5 men and 9 women) ranged in age from 18 to 22 ($M = 18.93$, $SD = 1.2$), and all were White/European Americans. Numerically, near the upper bound of Hill et al.'s (2005) target range of 8-15 participants, the 14 cases represent what Hill and colleagues have deemed a larger sample (i.e., >12) within the CQR paradigm; samples of this size tend to produce more stable results, meaning that the inclusion of additional cases would not likely produce significant fluctuations in the findings.

Researchers

Following Hill et al.'s (1997, 2005) recommendations for conducting effective CQR, the primary research team consisted of three set members, a number which allows for a variety of perspectives as well as sufficient immersion for each member in all aspects of the data. All three researchers (David J. Hannah, Robert S. Merrell, and Amy C. Van Arsdale) were White/European American graduate students in a counseling psychology doctoral program. Each member served as a judge in the coding tasks. In effect, the utilization of a fixed versus rotating team structure ensures that each member plays a central role in the tasks of creating domains and core ideas for all the cases. One drawback to this approach is that it may not permit the most effective use of time, given that the formation of domains and core ideas may become repetitive. In light of the richness of perspective afforded by the fixed primary team, the advantages of such an approach appear to outweigh the costs. These benefits are perhaps illustrated by the numerical disparity evident in Hill et al.'s (2005) review of a corpus of studies which utilized CQR: 18 studies relied on set teams as opposed to 9 that employed rotating teams.

Another critical feature of CQR is the role of the auditor, a researcher who provides detailed feedback at each phase of the analytic process (e.g., construction of domains, formation of core ideas, performing the cross-analysis). Consistent with Hill et al.'s (2005) guidelines, the current study involved two external auditors (i.e., non-primary team researchers), both with prior qualitative research experience and one in particular with CQR-specific experience in addition to substantial expertise in the given realm of inquiry (i.e., perfectionism research). Regarding the external attribute, adherence to this directive helps ensure the presence of a "perspective on the data that is not as influenced by groupthink" (p. 201), a quality which acquires added significance during the cross-analysis phase. Insofar as the auditor's experience, CQR's authors affirm that prior exposure to this qualitative paradigm in addition to study-specific, content-based expertise are crucial due to the auditor's influence on the overarching direction of the investigation.

Thus, Kenneth G. Rice, a White/European American doctoral-level counseling psychologist with considerable experience in perfectionism research, served as one auditor. He also fashioned the study's expressive writing prompt in accordance with other expressive writing research (e.g., Pennebaker & Francis, 1996). Hill et al. emphasize the auditor's pivotal role in formation of the interview protocol, a procedural analog to the creation of the expressive writing paradigm within the current investigation. To provide a perspective less influenced by extant perfectionism literature, Matthew P. Buman served as the study's second external auditor. A White/European American graduate student specializing in sports psychology, Mr. Buman has a range of experience with various qualitative methodologies.

Researcher Biases and Expectations

As suggested within the CQR paradigm, all three primary team members and the auditors acknowledged their biases prior to data analysis by responding to the writing prompt as we

expected participants would respond. Via the discussion of biases (often referred to as the “bracketing” of biases; see Ponterotto, 2005), researchers gain increased awareness of their implicit assumptions with the intent to minimize their impact on data analysis. For instance, one researcher believed that themes to emerge would emphasize personal inadequacy, interpersonal concerns about revealing inadequacies to others, intense emotional reports of significant stress/ distress/ discouragement/ isolation, and longitudinal persistence of problematic perfectionism. Another researcher suggested that participants would reference familial pressures related to developing and maintaining perfectionism, with perhaps a dominant parent emerging as the driving force behind the participants’ initial striving toward high standards. Another researcher believed that procrastination would be a pervasive theme accompanied by the participants’ fundamental perception of their inability to change. Remaining assumptions fell into two broad categories: the participants’ perceived benefits from being perfectionistic (e.g., past and present academic success, greater prospects for graduate school and professional development) and the participants’ ambivalent views on coping: Whereas some researchers thought the writings would be generally devoid of coping strategies, others believed that participants would reference exercise or other social strategies in order to help cope with stress related to striving for high standards. In sum, with assumptions spanning a wide gamut, all researchers were enthused by the line of inquiry.

Assumptions explored during this preliminary discussion were revisited throughout the data analysis in order to reduce the likelihood that such biases would unduly influence the research findings. Even though, as Rennie (1997) maintains, “it is impossible for investigators totally to become aware of and transcendent over the influence of their understanding of the phenomena” (as cited in Hill et al., 1997, p. 539), it is of paramount importance that researchers

openly acknowledge their biases so as to better equip themselves to put them aside to the highest degree possible during the analytic process. Thus, the team frequently returned to the content of the initial bracketing of biases discussion in order to ensure that coding proceeded as objectively as possible.

Measures

The Almost Perfect Scale-Revised (APS-R; Slaney et al., 1996; Slaney, Rice, Mobley, Trippi, & Ashby, 2001) was used to measure perfectionism (see Appendix A.) A 23-item, self-report questionnaire, the APS-R includes item responses that are based on a 7-point scale (1 = *strongly disagree* through 7 = *strongly agree*). The APS-R yields the following three subscale scores: the High Standards subscale (7 items) assesses the degree to which respondents endorse high standards and expectations; the Order subscale (4 items) measures preferences for order and organization; and, the Discrepancy subscale (12 items) measures the perceived discrepancy between one's standards and one's self-evaluated ability to reach those standards. Higher scores on the APS-R correspond with greater personal standards, stronger preferences for organization and order, and more self-critical evaluations. The APS-R scores have been shown to be adequately reliable, with Cronbach's coefficient alphas typically in the .85 to .92 range (Slaney et al., 2001) and test-retest reliabilities (from 3 to as many as 10 week intervals) ranging from $r = .72$ to $.87$ (Grzegorek et al., 2004; Rice & Aldea, 2006). Considerable evidence abounds supporting the convergent, concurrent, and predictive validity of the scores with college student samples (Ashby & Rice, 2002; Grzegorek et al., 2004; Mobley, Slaney, & Rice, 2005; Rice & Aldea, 2006; Slaney et al., 2001; Suddarth & Slaney, 2001).

Procedure

Selecting Participants

Hill and colleagues (1997) recommend a criterion-based sampling approach (Goetz & LeCompte, 1984) that sets the criteria for the population prior to data collection. Such an approach allows for greater discernment for when and with whom the results are applicable, thereby providing a “meaningful context for the reader to interpret and understand the results” (Hill et al., 1997, p. 530).

Given the current study’s focus on the emergent themes within the writings of maladaptive perfectionists, the APS-R (Slaney et al., 2001) was utilized to identify those individuals with some depth of experience with the phenomenon under study. Participants in the larger sample completed the APS-R within a battery of other measures at the pretest. Based on the results of the APS-R, participants were classified as adaptive perfectionists, maladaptive perfectionists, or non-perfectionists based on recently developed cutoff criteria (Rice & Ashby, 2007). Consistent with other research and reviews (e.g., Stoeber & Otto, 2006), the present study used the combination of elevated High Standards scores and elevated Discrepancy scores (indicating extreme self-criticism and disappointment with one’s performance) to determine inclusion in the maladaptive perfectionist group. Although the measure was administered in its entirety, the Order scores were not utilized given that current research suggests that the APS-R Order subscale or a construct of organization may not be necessary for classification purposes (Ashby, LoCicero, & Kenny, 2003; Martin & Ashby, 2004; Persiamy & Ashby, 2002; Suddarth & Slaney, 2002).

Although questionnaire data from the larger study are of interest for descriptive purposes, the primary focus of this study is on the rich qualitative data derived from the three writing sessions. To reiterate, inclusion in the current study was limited to those participants who were

categorized as maladaptive perfectionists and completed all three writing sessions in the experimental condition of the larger study (see Appendix A for control and experimental writing prompts). In the experimental condition, in consonance with other expressive writing research (e.g., Pennebaker & Francis, 1996), participants received a sheet of paper with the following written instructions:

“Your task is to write about your very deepest thoughts and feelings about stress, perfectionism, performance expectations, and coping. In your writing, try to let yourself go and to write continuously about your emotions and thoughts related to any or all of these topics. You can write about a recent event that was stressful or some other past experience that you continue to think about these days. You could also focus on classes, your future, your parents’ or your own expectations. The primary task, however, is for you to reflect on your most basic thoughts and emotions about stress, perfectionism, performance expectations, and coping.”

Respondents addressed the preceding prompt for a period of 20 minutes. With a 2-4 day latency period between sessions, there were a total of three writing response periods, each based on the same prompt. The same battery of measures was administered at the posttest, approximately one week after the last writing session. Once the hand-written data were collected, a team of non-primary researchers transcribed the writings verbatim into typed documents. Primary team researchers compared the original hand-written documents with the typed copies to ensure accuracy.

Training of the Research Team

Hill et al. (2005) highlight the importance of training in order to ensure that researchers possess the requisite knowledge to adeptly follow the CQR method. Thus, they recommend that trainees study the paradigm as found in Hill and colleagues’ (1997) guide, the group’s revisions to the approach (Hill et al., 2005), and several exemplar articles (e.g., Knox, Hess, Williams, &

Hill, 2003; Ladany et al., 1997). Training for the current study involved several weeks of meetings focused on qualitative paradigms in general, with a particular concentration on CQR. The total number of training hours ranged from 15 to 20.

Because the researchers and the qualitative process constitute the primary tools utilized to analyze the data, it is imperative that each researcher feels comfortable assertively voicing his or her opinion while arguing to consensus. Hence, the topics of power dynamics and team cohesiveness were emphasized. In the interest of creating an atmosphere conducive to intellectual discovery, researchers were urged to raise issues and concerns related to the project and readings as needed. Finally, the researchers were alerted to the extensive personal involvement and concomitant stress that may result from undertaking qualitative research; given that such research often demands a considerable time commitment devoted to the complex process of sifting through large amounts of data and reducing them to meaningful categories (Creswell, 1998), it is conceivable that the endeavor may be stress-provoking. Consequently, the researchers were urged to support one another throughout the project, and they were invited to engage in reflective journaling in order to track how their affective reactions may impact their personal well-being in addition to the research project.

Data Analysis

Hill et al. (1997) clearly delineate the CQR data analytic procedure in a step-by-step fashion. The following sections briefly summarize each phase of analysis: identification of domains, abstracting core ideas, auditing of domains and core ideas, and cross-analysis.

Identification of domains

Although Hill et al. (2005) assert that it is acceptable to begin with a “start list” (Miles & Huberman, 1994) of primary topic areas which emanate from the interview questions (analogous to the current study’s expressive writing prompt), they add that it is preferable to develop the

domains directly from the data because this method better insulates data interpretation from the researchers' preconceived ideas. Hence, the current study used the latter approach.

To begin, each primary team member independently (i.e., outside the presence of other team members) read a transcript and segmented the data into domains, or primary topic areas. Team members then convened and modified (i.e., added, refined, and eliminated) the domains by discussing and arguing to consensus. The objective throughout the analysis was to continually gain clarity until the most parsimonious and accurate domains were developed.

The next step involved each researcher independently reading through two additional transcripts with the aim of assigning each block of data (i.e., participant statements ranging from a phrase to several sentences reflective of a similar topic) to a domain. The primary team then reconvened to analyze the coding of one of the transcripts in an effort to determine the best possible coding of the data. Again, team members discussed the coding until consensus was achieved and the most accurate depiction of the data was been captured. Next, each team member coded the data from the third transcript into the continually evolving domains. Following another team meeting wherein consensus was achieved, the remaining domain coding was completed by the entire primary team as a unit. Finally, a consensus version including the domains with their corresponding raw material (i.e., excerpts from the writings) was created for each individual transcript.

Abstracting core ideas

Referred to as “boiling down” or “abstracting” (Strauss & Corbin, 1990), this data analytic process involves representing the raw material with more concision and clarity. Hill et al. (2005) emphasize that this stage relies on editing the participants' words with the aim of ensuring that the essential quality of the data remains intact; thus, efforts were made to stay as close as possible to the participants' perspectives (i.e., the explicit meaning of the data) while reducing

redundancies in expression. Each primary team member independently derived core ideas for the same two cases, ideas which were later scrutinized by the entire team and then discussed until consensus was reached. Once a common understanding of the process had been achieved, the remaining cases were divided among the researchers and submitted to the abstraction process. Later, the team examined the core ideas for all cases until arriving at consensus. The final process of seeking a mutually agreed-upon final version allowed for all team members to become sufficiently immersed in all aspects of the data, with team members in effect serving as “internal auditors who edit and challenge the core ideas” (Hill et al., p. 200).

Auditing of domains and core ideas

The primary team created a comprehensive list of the domains from the 14 transcripts and each of the core ideas was categorized within the appropriate domain. This list was submitted to the project’s external auditors who, until that point, had not been involved in any of the prior analytic phases. The auditors scrutinized the analysis with the following objectives: to ensure that the participants’ ideas were categorized appropriately, to ascertain whether the critical material in each domain had been abstracted, and to verify that the phrasing of the core ideas precisely and succinctly reflected the raw data.

The auditors provided the primary researchers with written feedback. Via a process of referencing the original transcripts, the primary team examined the auditors’ comments and determined whether there was sufficient evidence in the transcripts to warrant the proposed modifications. In sum, the auditing process helped clarify the domains and core ideas.

Cross-analysis

As a unit, the primary team compared domains and core ideas across cases to determine a set of categories. Hill and colleagues (1997) refer to the construction of categories as a discovery-oriented process (Mahrer, 1988) wherein researchers strive to draw from the raw data

rather than adhering to preconceived ideas about how categories should be determined. Thus, the process involves the creation of categories based on the clustering of domains and core ideas across cases. Category titles were designed to capture similarities across cases. Cycling back to the original transcripts for clarification purposes, the primary team discussed the refining of category titles in order to capture the essence of the participants' thoughts. The initial development of categories was submitted to the auditors for feedback. Again, the auditors' external perspective challenged the team to think critically about the data, thereby resulting in the modification of categories. Finally, the primary team reconvened to discuss and agree on necessary changes.

Summary

Perfectionism is a complex, multidimensional construct with adaptive and maladaptive features. Maladaptive perfectionism refers to personality characteristics such as persistent self-criticism, chronic and excessive concerns about making mistakes, and a significant perceived gap between one's performance and expectations. Not surprisingly, maladaptive perfectionism has been associated with psychological maladjustment, spanning the gamut from chronic fatigue syndrome to suicidal ideation. Because traditional psychotherapeutic interventions have typically not been linked with positive treatment outcomes, some researchers have concluded that perfectionists may require longer-term, intensive interventions. Thus, alternative modes of psychotherapeutic treatment are sought after, and the expressive writing paradigm appears alluring for both practical and theoretical reasons. Emotional writing is also of immense value in that it offers perfectionists a forum to express their innermost thoughts and feelings, thereby providing rich material for qualitative inquiry. Nevertheless, extant qualitative studies of perfectionism are limited numerically at best and methodologically at worst. Influenced by the keenly descriptive qualitative tradition, the present study utilizes CQR to identify emergent

themes in the written responses of maladaptive perfectionists, and the findings may augment our understanding of perfectionism's insidious effects and, consequently, bolster clinical interventions.

CHAPTER 4 RESULTS

Appendix B includes the number of cases fitting into the identified domains and categories. Hill et al.'s (2005) criteria were used to describe the frequencies of theme occurrence. General refers to themes found in 13 or 14 cases. Typical indicates that 7 to 12 cases included the specified theme, and variant denotes occurrence in 2 to 6 cases. Following a description of the domains in which quotes and core ideas are reported in order to illustrate the results (see Hill et al., 1997, 2005; Ponterotto & Grieger, 2007), a brief narrative write-up of the entire typical pattern is presented as a synthesis of the results across cases. Created from typical themes noted in the cross-analysis, this composite offers a narrative sense of the average participant while preserving anonymity.

Stress

The theme of stress was addressed directly in 13 of the 14 cases. Participants typically wrote that their stress derived from needing to perform well academically in order to enter or remain in their chosen field of study. For instance, one participant reported that the most stressful aspect of her life was concern over not getting accepted to medical school and, consequently, her inability to plan more decisively for the future. Another participant addressed the disappointment and economic implications of falling short academically, two factors which heightened her stress: "Thinking of how I might disappoint myself and my parents and thinking of the risk of loosing [*sic*] my scholarships causes a great deal of stress on me. So much stress in fact that sometimes I think that I could drop out of school right now, not get a degree, and be perfectly happy. I know, however, that I would one day regret it." On a related note, less frequent (variant) themes involved stress related to interpersonal relationships, ranging from

participants' parents to significant others. As illustrated in the previous excerpt, participants expressed how the possibility of not living up to their parents' standards often provoked stress.

Coping

Participants typically (11 out of 14 cases) addressed the topic of coping in their writings, though preferred strategies varied among the writings. Thus, the variant categories of avoidant coping and coping by (a) social interaction, (b) physical activity, and (c) drinking alcohol emerged. Avoidant coping refers to the participants' preference for remaining passive in response to challenges or responsibilities. For instance, one participant indicated that negative feelings toward school often cause her to not attend classes or study. Another participant expressed that it is difficult for her to monitor her grades due to severe anxiety, so she routinely chooses not to check them. Another participant noted that she tends to wait for situations to become "unbearable" before she starts coping, a strategy similar to another participant who tends to procrastinate with school work. Others reported how they are likely to cope through social interaction, citing family, friends, and professional counselors as valuable sources of support. Exercise and sports were also mentioned as helpful coping strategies. Finally, although presented exclusively in a negative light, alcohol consumption was also noted as a utilized coping technique.

Expectations

The domain of expectations surfaced in 11 of 14 transcripts. Personal and parental expectations were most commonly evident, largely in the form of expectations for the participant to perform well academically and, in the future, professionally. Characteristic of personal expectations, one participant shared that she expects to be perfect academically (obtaining only "the A's that I expect out of myself"), but she finds her expectations and motivation are often at odds: "I cannot stand not to perform well, but I am not interested or motivated enough to care to

put forth the extra effort to get the A's. I have to admit, I am really hard on myself." Another participant noted her tendency to put "enormous" pressure on herself to succeed academically, an expectation to perform which has intensified since coming to college. The pressure to succeed beyond the college years also emerged from the writings, as evidenced in the following excerpt from another participant: "I often worry about my future. Will I be successful after college? ...I feel if my expectations were not so high I would be more comfortable." The theme of parental expectations was also typical, and participants shared that their parents expect them to do well academically. One participant indicated that "my parents put a lot of pressure on me to make good grades like my sister. I know they will be disappointed if I don't, and while they never overwhelm me, I know the pressure is there." Another participant expressed the reciprocal nature of academic achievement and stress, noting that his parents are affected negatively by his grades, which in turn distresses the participant: "My parents' expectations of me was [*sic*] much higher and I also get stressed out that I am disappointing them."

Unmet expectations also emerged as a variant category. One participant explained that she had a high GPA upon graduating high school, but she felt it was "never good enough" due to her parents' high expectations. Another participant expressed that her grades are not as high as she believes they should be, self-reported evidence that she is not "living up to her potential." Other writings captured the perception that college is more challenging than anticipated (e.g., "I thought college was going to be different than this, I knew it would be hard but not this hard"), which in turn widened the divergence between projected college grades and proven high school performance: "As of right now stress is overwhelming in my life. My classes are going far worse than I expected they would. I currently have less than passing grades in 3 of my 5 classes which stresses me out on top of the continuous work load that moves to harder material each

week...My expectations for classes like general psychology was [*sic*] different, and I thought that the grades I received would reflect that of my straight A's in high school." Lastly within the domain of expectations, the tendency to be self-critical was also noted. Although a sense of self-criticism arguably pervaded each of the transcripts, only direct evidence of self-critical writings were retained for this category, as reflected in its variant frequency. For instance, one participant explained that she has felt incapable of living up to her expectations, and instead has felt "fat, tired, and unattractive all the time." Another participant wrote the following: "I have always been a little bit hard on myself. Every since I could remember I hated when I wasn't able to achieve something."

Social

This general domain reflects how frequently the participants referred to their interactions with other individuals. Allusions to family were found in 12 of the 14 cases, and thus the category of references to family was created in order to emphasize the salience of familial themes within the writings. Even though familial themes are conveyed in other categories (e.g., parental expectations), the near ubiquity of family references across the narratives compelled us to retain the category in its own right. Family appeared to refer directly to parents, though in rare instances siblings were mentioned. As previously delineated in the parental expectations domain, family references often assumed the form of ascribing a pressuring influence to parents, chiefly in the realm of their impact on the participants' academic strivings. To illustrate, one participant shared that "my father dreads bad grades and shelling out more money for me to live comfortably." Conversely, parental influence also emerged in the variant category of social support. One participant explained that parents are a support system, and another added that friends are also supportive. However, in opposition to the uplifting sentiment engendered by social support, the category of interpersonal problems also surfaced in the narratives. For

instance, in a writing excerpt peppered with expletives, one participant likened her high school experience to a “hell” wherein she was surrounded by people who endeavored to “make her feel stupid.” Another participant recounted an instance where she was offended by an academic advisor with a “hurtful and sexist attitude.” After revealing her ongoing struggle with an eating disorder, another participant explained that she feels like others are always “breathing down her neck” and it is hard for her to live without making an effort to please them. Lastly, another participant shared her difficulty standing out at college because it is “hard to compare” to other “beautiful, skinny, and funny” students.

Perfectionism

Participants typically addressed the topic of perfectionism. Writers of 9 out of 14 transcripts either identified themselves as perfectionists and/or provided their own working definitions of the construct. One writer explained her view on perfectionism as follows: “I am very much a perfectionist. Of course, I cannot really ever be perfect or do anything perfect, therefore, I get upset and stressed out.” Another participant highlighted that she “feels like the pressure to be ‘perfect’ has mounted to an enormous level...and when I don’t succeed at something I become somewhat depressed and moody.” Another participant echoed that sentiment, sharing that “I also tend to be a perfectionist with everything and often find myself staying up all night to complete assignments, which is really taking a toll on my attitude with people.” Beyond merely acknowledging their self-proclaimed perfectionistic nature and its concomitants, some participants provided an unambiguous idea of how they operationalize perfectionism: “I am a perfectionist: I would like everything I do to be perfect, meaning looking good, sounding good, expressing exact and accurate ideas. To do this, I overwork myself trying to fit more and more things into my schedule, expecting my performance to be at the top...well, not merely at the top, but perfect.” Another writer explained that perfectionism is a “drive to

please others,” which she recognized as being at least partly negative: “It makes life challenging but it’s worth it to please others. Isn’t that sick? It’s so true though.”

Variant Domains

The following four variant domains also emerged from the analysis: academic/professional goals, affect, adjustment to college living, and control. Their constituent categories are identically titled. Apart from the emphasis on academic achievement noted more uniformly throughout the narratives, 6 participants communicated the idea of pursuing overarching academic or professional goals, although these goals were not always explicitly defined. In half of these cases, the focus was sharply on a medical career or gaining admission to a different college. The balance of these cases conveyed an allusion to but uncertainty with academic and professional aspirations, made manifest in frequent changes of major or unconcealed doubts about potential fields of study. Regarding the domain of affect, although it was perhaps defensible to identify affect in the overall tenor of any given narrative, we decided to retain only direct statements of participants’ emotions, such as overt recognition of being depressed, anxious, or unhappy with life. Thus, whereas the domain of affect is variant in frequency, this categorization may be partly deceptive given that a strong emotional undercurrent arguably characterized many of the narratives. Adjustment to college living included both relational (i.e., missing family and significant other, making friends) and domestic (i.e., performing activities of daily living such as cooking and washing clothes) aspects. Lastly, the domain of control spanned academic and social areas, as illustrated in one participant’s words: “A recent fight with my girlfriend was very stressful because I felt I was not in control of the situation. This lack of control often stresses me out. I feel bad grades gives me the same feeling.”

Composite Vignette of a Typical Participant Derived from the Cross-Analysis

The participant, “Lisa,” is a 19 year-old, White/European American female who has completed fewer than four college semesters. She acknowledges that school is stress provoking, principally because she tends to strive unceasingly for academic excellence. College classes are more difficult than she anticipated, yet this awareness doesn’t mitigate her feelings of inadequacy when she fails to earn the A’s she had hoped for and was previously accustomed to receiving. She may attempt to cope with her situation, though she’s unclear whether she prefers to shirk responsibility for a while, head to the gym, spend time with friends, or maybe have a few drinks. As an added layer of pressure, she feels like her parents also expect her to succeed. As she sees it, they are invested both financially and emotionally in her academic success. Because of the pressure to not let herself or her parents down, she’s multiply impacted by her lackluster academic performance: Not only are her grades undesirable but she is further stressed by her parents’ resultant disappointment. She describes herself as a perfectionist and she knows she can be her own toughest critic, but she continues to overwork despite her admission of pursuing the unattainable goal of perfection.

CHAPTER 5 DISCUSSION

This chapter will present a description and analysis of the findings discussed in Chapter 4. First, the findings of the qualitative analysis will be considered in light of previous research. Emphasis will be placed on the main findings regarding participants' stress, personal and parental expectations, conceptualizations of perfectionism, and referenced coping techniques. Next, implications for practice will be examined, followed by a review of the study's limitations and directions for future research. Finally, concluding remarks will be offered.

Stress, Expectations, Perfectionism, and Coping

The main findings of this study involve the participants' stress related to academics, their views on personal and parental expectations, their views on perfectionism, and their preferred coping techniques. In most cases, with the exception of coping strategies, each of the previously mentioned areas tended to blend together, resulting in substantial overlap between the domains. That is, stress was often related to either personal and/or parental expectations, which in turn were linked with participants' conceptualizations of perfectionism. To be sure, no causal relationships could be demonstrated in light of the study's design. For uniformity of coding and in an effort to remain faithful to the spirit of CQR, we attempted to remain "as close as possible to the participant's perspective" (Hill et al., 1997, p. 546) and thus formulated core ideas that mirrored the narratives' explicit meanings. Emergent patterns were identified during the final cross-analysis. Due to the shared relationships between domains, the distinctions between them may at time appear chiefly academic and it is therefore advisable to not lose sight of the organic nature of the writings.

Consistent with other perfectionism research (Rice et al., 2003; Slaney et al., 2001), distress and standards emerged as two central features of perfectionism. Although we

predominately chose to use the word *expectations* to convey the idea of high standards, both terms denote the tendency for participants to be markedly demanding of themselves and their performance, contextualized here largely within the realm of academics. Prior qualitative studies demonstrated the centrality of academic achievement for perfectionistic individuals. For instance, Slaney and Ashby (1996) found that perfectionists were motivated to receive praise from others, and Rice and colleagues (2003) concluded that high grades were often construed as a desirable achievement. This information is perhaps not surprising, nor is it surprising that the current analysis revealed stress related to academics in 10 of the 14 cases. Participants typically shared that their need to achieve academically was highly stress-provoking. In fact, one participant shared that her constant pursuit of perfection required her to “constantly revise” her work, until her “mind becomes so overloaded by [her] tasks, wishes, desires, and expectations” that she feels like “exploding.” As if not fazed by her own internal process, she added, “I guess that is what happens when you are under a highly stressful situation.”

Closely linked with the idea of academic stress were personal expectations. Again, prior quantitative (e.g., Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991) and qualitative (Rice et al., 2003; Slaney & Ashby, 1996; Slaney et al., 2000) research has demonstrated the association between high personal standards and perfectionism, and these findings were supported in the current study. Participants expected to perform well academically, and this expectation appeared to emanate at least in part from their own internal high standards, though our study was indeed not designed to test causal relationships. As one participant shared, “ever since I could remember I hated when I wasn’t able to achieve something. My parents never had to put any type of pressure on me to complete my school work b/c [*sic*] they knew I put more than enough pressure on myself...I feel like the pressure to be ‘perfect’ has mounted to an enormous level...I

think my major problem is that I take everything a bit too personally and become way to [sic] tensed and stressed out about achieving everything I want.” Evident in this participant’s writing is the pervasive sense of self-criticism that characterized many of the writings. The astute reader will recall that the category of expectations linked with self-criticism was variant in terms of frequency, although it should be highlighted that rather stringent coding criteria were employed. That is, whereas only directly self-critical remarks (e.g., “I feel fat, tired, and unattractive all the time”) were retained for the category, the spirit of being hard on oneself and not living up to one’s potential seemed to permeate the writings.

Although counterevidence exists in the preceding paragraph, participants expressed their belief that parental expectations constitute a source of added pressure to succeed. This finding coincided with Slaney and Ashby’s (1996) conclusion that most of their participants viewed one or both of their parents as instrumental in their perfectionism. Akin to Frost et al.’s (1990) conceptualization of a Parental Expectations subscale for perfectionism assessment and Hewitt and Flett’s (1991) notion of Socially Prescribed perfectionism (i.e., one believes that others externally impose high standards), some participants described how they wished to meet their parents’ expectations in order to not “disappoint” them. For instance, one participant unambiguously shared that a “drive to please others” is the defining characteristic of perfectionism. Direct evidence such as this further establishes the ecological validity of socially influenced conceptualizations of perfectionism, and it further substantiates previous phenomenological research on perfectionism. Analogously, Rice and colleagues (2003) also noted that the need to live up to others’ standards was a repeated theme in their qualitative analysis.

Half of the participants wrote about their identity as a perfectionist. Given the method of participant selection and the construction of the writing prompt, this is hardly surprising. Although previous qualitative research (Slaney & Ashby, 1996; Slaney et al., 2000) included all or nearly all self-proclaimed perfectionists, such unanimity clearly derives from the respective methodologies (i.e., interviews conducted with self-reported perfectionists). Interestingly, participants recognized that their perfectionistic strivings caused them distress, yet they did not intimate any willingness to abandon such habits. Despite admittedly “overworking” and having a “perfectionistic nature [that] often causes... problems,” none of the participants wrote that they would like to relinquish their perfectionistic tendencies, a finding which parallels Slaney and Ashby’s conclusions. To be sure, the participants were not directly asked whether or not they would give up these tendencies, though their reticence in this area may carry clinical implications, a point that we return to later. On a related note, that half of the participants did not identify as perfectionists is perhaps equally telling.

As a domain, coping themes were noted in 11 out of 14 cases, although a range of disparate strategies was presented. Perhaps most encouragingly, social interaction was cited as a helpful method of counteracting stress, a finding which at first blush appears inconsistent with prior research that suggested that interpersonal aspects of perfectionistic distress could engender increased feelings of isolation (Rice et al., 2003). Participants explained that getting together with family and friends helped diminish stress. Nevertheless, although social interaction as a means of coping did emerge in the current analysis, the overall pattern of results was not entirely optimistic. Interpersonal problems also surfaced in several of the transcripts, indicating that whereas coping through social interaction was of value to some of the participants, it was also by no means attractive to all participants. For instance, one participant shared the following: “When

I don't succeed at something I become somewhat depressed and moody. I really don't want to go out. I beat myself up over the mistakes I've made." Far from a positive coping strategy, this participant expressed her excessive concern for making mistakes and how it translates into self-isolating behavior.

Participants often remained passive in response to challenges or responsibilities, tendencies which were reflected the category of avoidant coping. Given that some participants indicated that negative feelings toward school led to not attending classes and procrastination, these concerns may bear significant clinical relevance. However, Slaney and Ashby's (1996) question seems appropriate: "What degree of procrastination is normal and what constitutes a problem? (p. 396)" One participant's words may be instructive: "When I have assignments that are due in the immediate future I may put them off to the last minute but I never freak out or get too worked up."

The question of normal versus pathological might also be raised in reference to the participants' acknowledgement of drinking alcohol in order to cope. When participants referenced drinking alcohol as a means of coping, frequency of drinking episodes and quantity consumed were not specified. It was equally ambiguous whether the participants felt ashamed by the admission or recognized the possible negative repercussions associated with drinking as a coping mechanism. In reading the transcripts, one gets the impression that both interpretations may be tenable.

Clinical Implications

Counseling-relevant research often responds to the tacit question of what clinicians can do differently in their practices based on a study's results. In fact, Hill et al. (1997) directly listed this guiding concern as one of the chief criteria by which to evaluate CQR-based research.

Echoing the suggestions of prior qualitative researchers of perfectionism (Slaney & Ashby, 1996; Rice et al., 2003), any directions proffered herein are not prescriptive and at best tentative.

As discussed previously, successfully treating such perfectionists has proven to be difficult. The paucity of published research on treatment is in part explained by the slim likelihood that that one would present exclusively to confront her or his perfectionism. Halgin and Leahy (1989) wrote that “experienced mental health professionals know that college students do not seek treatment for perfectionism” (p. 223), and results from this and other studies suggest that individuals plainly may not want to address their perfectionism. Conceivably, a lack of willingness to surrender one’s perfectionism may derive from its positive concomitants (e.g., praiseworthy achievement in school or work). Consequently, as Lundh (2004) observed, conceptualizing a client’s perfectionism as a problem to be solved may evoke resistance given that perfectionists often selectively focus on the benefits of their striving.

A clinician’s awareness of perfectionism’s bittersweet consequences may help guide a more informed and efficacious approach to treatment. In their qualitative study, Slaney and Ashby (1996) concluded that even though participants typically found their perfectionism distressing, not one of those asked said they would abandon it. Our results detected a similar unwillingness to relinquish perfectionistic tendencies, in spite of their deleterious by-products. Recall the participant who explained that perfectionism is a “drive to please others” which “makes life challenging but it’s worth it to please others.” Noting the challenge as well as the value in pleasing others (i.e., the self-perceived benefits of subscribing to perfectionism), she then showed insight into the paradoxical and self-defeating nature of her stance: “Isn’t that sick? It’s so true though.”

The prior participant's insistence on the veracity of her statement is perhaps linked with the tendency for participants to normalize their perfectionistic leanings. To reiterate, one participant divulged that her unceasing pursuit of perfection involves the continual revision of work until her "mind becomes so overloaded by [her] tasks, wishes, desires, and expectations" that she feels like "exploding." She proceeded to normalize this tendency, indicating that her response was natural in the context of a "highly stressful situation." Clinicians should remain vigilant, attempting to detect the perfectionistic client's tendency to normalize otherwise destructive thoughts and behaviors. Through dialogue between therapist and client it may be possible to shift the perfectionistic individual's focus away from the identified precipitating event and toward their own inner process/response.

Another possible clinical implication involves the use of the expressive writing paradigm with perfectionists. With the exception of one individual, our participants shared a range of emotionally resonant topics, ranging from painful relationship issues to deaths of loved ones to unrelenting struggles with eating disorders. For instance, one participant wrote the following: "It's hard when your favorite coping mechanism for all of the stress is so harmful to yourself and your relationships w/ [*sic*] other people. I feel trapped. I really don't want bulimia anymore, but at the same time it's such a part of me that I can hardly stand it." Because this is an isolated case, eating disorders did not numerically qualify for category status. Nonetheless, this excerpt illustrates the power of the expressive writing prompt to elicit deeply emotional responses. Although this study was not designed to determine the efficacy of using the paradigm clinically with perfectionists—and it is conceivable that such writing may have a negative impact because it encourages otherwise perfection-oriented individuals to confront their perceived inadequacies—the richness of the participants' writings demonstrated that the paradigm may be

used to penetrate the inner world of perfectionists. In sum, whereas future research is needed to assess the influence of emotion writing, this study convincingly demonstrated the evocative power of the instrument in our sample of maladaptive perfectionists.

Limitations and Directions for Future Research

Limitations included herein refer principally to sample characteristics and methodological implications. Because Hill et al. (2005) emphasized the importance of addressing bias and testimonial validity in the Discussion section, these topics are also included. Woven throughout the limitations are directions for future research, and additional research ideas are presented in this section's final paragraphs.

Before discussing this study's limitations, it is important to highlight one of its vital strengths, namely the explicit focus on an empirically categorized sample of maladaptive perfectionists. Prior qualitative research has not devoted direct efforts toward this population that clearly needs a great deal of attention. Given that maladaptive perfectionists are known to be particularly vulnerable to a range of psychological maladies, we believe that our circumscribed sample is not only justified but desirable. Nevertheless, the participants may not be a representative sample of maladaptive perfectionists. The participants were college students with a majority having completed four or fewer semesters. Whereas such a truncated range of individuals fits nicely with Hill et al.'s (1997) recommendations that CQR-based studies employ "criterion-based sampling so that we can know to whom the results are applicable and can provide a meaningful context for the reader to interpret and understand the results" (p. 530), the results are not intended to be generalizable to other groups. Thus, the current findings offer the greatest meaning and interpretability in the context of college development, a fertile ground for this line of inquiry and its subsequent application given that as many as 66% of some college

populations can be categorized as perfectionists (Grzegorek et al., 2004). To be sure, inquiry into non-college samples will enhance future perfectionism research.

Also with regard to sample characteristics, Hill and colleagues (1997, 2005) recommend that participants should be randomly selected from an identified population in order to minimize the intrusion of unknown biases into the study. In the current study, inclusion was limited to those participants who were categorized as maladaptive perfectionists and completed all three writing sessions in the experimental condition of the larger study. Adherence to these criteria yielded a final sample of 14 participants (5 men and 9 women) who were all White/European Americans. Because the 14 cases represent what Hill and colleagues have deemed a larger sample (i.e., >12) within the CQR paradigm, in the interest of rigor we opted to examine each case rather than randomly select from the identified population. We based this decision on Hill and colleagues' assertion that samples of this size tend to produce more stable results within a relatively homogenous population. Again, caution is warranted when attempting to generalize results to the larger societal population, and questions of external validity might be better conceptualized only within the limited context of college students, and even these claims would be tentative at best. To reiterate, researchers "cannot make claims that their data is [sic] representative of the target population because it is not possible to prove representativeness to the population with this methodology" (Hill et al., 1997, p. 559). Naturally, randomly selected participants from larger populations of interest will enrich future qualitative research on perfectionism, as will more ethnically diverse samples.

Future research conducted with expressive writing and perfectionism may particularly benefit from modifying the writing prompt and paying closer attention to sample size. Some explanation is necessary. Consistent with the CQR methodology, a priori hypotheses were not

formulated in order to allow the researchers to remain open to themes which would emerge from the data. Nevertheless, the participants were instructed to respond to a particular writing prompt (see Appendix A), which essentially imposed a degree of constraint on the possible responses. Accordingly, participants chiefly did conform to the proposed topics of stress, perfectionism, performance expectations, and coping. Whereas the responses were indeed linked in an overarching thematic fashion, it proved difficult to identify smaller pockets of cohesive variation within the domains.

As previously mentioned, 14 cases constitute a larger sample size within the CQR methodology. Larger is not necessarily synonymous with sufficient. Fifteen out of the 20 identified categories and free-standing domains (e.g., affect, adjustment to college living, and control) yielded a variant frequency designation (i.e., the category applied to 2 to 6 cases). In their CQR methodological update, Hill and colleagues (2005) suggested that a cross-analysis resulting in mostly variant categories may in fact reflect that either the cross-analysis was not performed with adequate precision or that the sample lacked sufficient homogeneity. Either hypothesis is plausible. Another possibility is that the preponderance of variant categories is an artifact of the open-ended expressive writing paradigm. As mentioned earlier, the *tabula rasa* that is the emotional disclosure paradigm elicited a wide expanse of participants' responses, which in turn created a rather amorphous mass of thematically-cohesive-yet-loosely-linked data, thereby explaining the number of variant categories. Future research in the expressive writing tradition may address this issue through employing a more tightly focused prompt or perhaps an even larger sample size. Not surprisingly, each adjustment carries its attendant assets and liabilities.

Next, the discussion on biases is revisited. In accordance with the CQR paradigm, all three primary team members and the auditors explored their biases prior to data analysis by responding to the writing prompt as we expected participants would respond. A full discussion of our bias exploration is included in the Methods chapter. Also in keeping with CQR methodology, researchers are encouraged to provide an “honest assessment of how expectations and biases influenced the data analysis” (Hill et al., 2005, p.198) in their Discussion sections. As planned, the assumptions discussed during our primary bracketing talk were continually revisited throughout all phases of the analysis. We noted a tendency early in the analysis process to unwittingly ascribe genders to the participants. Aware that such conjectures would likely skew our perceptions of the data, we endeavored to point out when such blind attributions were made. Only after all phases of analysis and auditing were completed and the Results section had been written did we then identify the participants’ genders. Another limitation frequently noted in studies pertaining to clinical aspects of psychology is that of restricted focus on the pathological. Given that our aim was to deepen our understanding of an often debilitating side of perfectionism, we may have had greater sensitivity in detecting perfectionism’s less attractive aspects, though it is noteworthy that much effort was devoted to remaining as close as possible to the participants’ explicit meaning, as best as we could perceive it through the consensual process.

Overall, bias is an unavoidable factor within any realm of inquiry. We attempted to mitigate its effects with an open recognition of its nature and an analytical process involving three researchers repeatedly arguing to consensus. In turn, the primary team was kept in check by two external auditors. Nonetheless, some uniqueness of our results clearly derives from how the group functioned collectively and to deny such would be naïve.

In an effort to enhance the trustworthiness of the data, Stiles (1993) endorsed the idea of having the data analyses reviewed by the participants. Referring to the testimonial validity of this practice, Stiles maintained that this step of data checking enhanced qualitative research, in effect providing both researchers and the scientific community with greater confidence in the adequacy of the findings. Nonetheless, Hill et al. (1997) initially argued that researchers are not obliged to engage in such “member checking” (Lincoln & Guba, 1985) practices, in part due to logistical and phenomenological reasons (i.e., the overall results will not likely conform to the specific experience of a single individual). They did, however, recommend that researchers note the lack of testimonial validity as a limitation. Given that Hill et al. (2005) continued to question the utility of member checking based on a critical review of the efficacy of the practice within published research, the limitation here noted should be viewed within its proper context.

Future studies incorporating expressive writing and CQR analysis may be expedited via the use of a “start list” (Miles & Huberman, 1994) of primary topic areas derived directly from the study’s expressive writing prompt. We followed Hill and colleagues’ (2005) directive and opted not to do this. Instead, within the domain identification phase of inquiry, each primary team member independently (i.e., outside the presence of other team members) read a transcript and segmented the data into domains, or primary topic areas. Once the process was generally understood, we then coded material into domains as a group. The process was highly iterative and involved frequent re-analysis of the cases as our understanding deepened. Our decision to subscribe to this process was based on Hill et al.’s assertion that it is advantageous to extract the domains directly from the data because this method better insulates data interpretation from the researchers’ preconceived ideas. Nonetheless, Hill and colleagues admit it is acceptable—though not preferable—to begin with a “start list.” In our experience, a start list would have

been equally effective and more time efficient. Similar studies may consider this input, though we can not dismiss the idiosyncratic nature of this or any study.

Future qualitative research on perfectionism may benefit from employing more constrained writing prompts and/or interviews. The emergent categories from the current study (e.g., stress related to academics, personal and parental expectations) could individually serve as interview topics or exclusive writing themes. Undoubtedly, a sharper research focus would facilitate a deeper exploration of the themes identified in this study, and the resultant data would likely be more conducive to the extraction of more detailed, information-rich categories. Additionally, a juxtaposition of adaptive and maladaptive perfectionists would also be informative and potentially hold considerable clinical significance. Namely, each type of perfectionist could respond to a given topic, such as stress related to academics. Data could be analyzed and examined for both convergent and divergent elements. Possible findings could help shed light on how these individuals conceptualize their stress and academics. Other implications may extend to psychoeducational techniques aimed at helping maladaptive perfectionists move closer toward harnessing their perfectionism adaptively.

Concluding Remarks

This study sought to penetrate the inner world of maladaptive perfectionists via a qualitative analysis of their responses to an emotional writing prompt. Specifically, we wondered what maladaptive perfectionists would choose to share when asked to write about their deepest feelings regarding stress, perfectionism, performance expectations, and coping. Perhaps a more primary question would have been whether or not the participants would choose to reveal anything of personal relevance given the somewhat impersonal nature of the study (i.e., coming to a psychology lab in exchange for course credits). That is, at first blush it would seem more likely that participants were seeking to fulfill a course requirement rather than to expose their

innermost feelings to an unknown audience. Nevertheless, participants did in fact opt to share a wealth of emotionally charged material, thereby lending credence to Pennebaker's (1997) claim: the writing session is "exceptionally powerful . . . [because] participants disclose a remarkable range and depth of traumatic experiences If nothing else, the paradigm demonstrates that when individuals are given the opportunity to disclose deeply personal aspects of their lives, they readily do so" (p. 162). In fact, only one participant chose to write from a detached perspective, opting to use only one first person pronoun in her narrative. Perhaps best characterized as distanced or theoretical, her written response starkly contrasted to the at times highly personal responses of the other participants. Sharing personal material involving amorous and psychological difficulties, the participants' candor and transparency may indicate the potency of the expressive writing paradigm for eliciting maladaptive perfectionists to share their inner struggles.

Results of this study support previous perfectionism research in that distress and high standards emerged as core themes from the participants' writings. Hardly surprisingly in light of sample characteristics, academic pressure was often associated with participants' stress. Parental expectations also played a pivotal role in the participants' experience. Whereas future studies can extend the psychological literature and our understanding of perfectionism via the employment of more directed writing prompts, the current study represents an important preliminary step in exploring the inner world of maladaptive perfectionists, as evidenced in one participant's remarks: "I am a perfectionist: I would like everything I do to be perfect, meaning looking good, sounding good, expressing exact and accurate ideas. To do this, I overwork myself trying to fit more and more things into my schedule but expecting my performance to be at the top... well, not merely at the top but perfect. Deep down I know that perfection can't be

reached and that I will always find something that I do not like about my performance. I keep on aiming for perfection.”

APPENDIX A
MEASURES

APS-R: The following items are designed to measure certain attitudes people have toward themselves, their performance, and toward others. It is important that your answers be true and accurate for you. In the space next to the statement, please enter a number from "1" (strongly disagree) to "7" (strongly agree) to describe your degree of agreement with each item.

STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	NEUTRAL	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
1	2	3	4	5	6	7

- _____ 1. I have high standards for my performance at work or at school.
- _____ 2. I am an orderly person.
- _____ 3. I often feel frustrated because I can't meet my goals.
- _____ 4. Neatness is important to me.
- _____ 5. If you don't expect much out of yourself you will never succeed.
- _____ 6. My best just never seems to be good enough for me.
- _____ 7. I think things should be put away in their place.
- _____ 8. I have high expectations for myself.
- _____ 9. I rarely live up to my high standards.
- _____ 10. I like to always be organized and disciplined.
- _____ 11. Doing my best never seems to be enough.
- _____ 12. I set very high standards for myself.
- _____ 13. I am never satisfied with my accomplishments.
- _____ 14. I expect the best from myself.
- _____ 15. I often worry about not measuring up to my own expectations.
- _____ 16. My performance rarely measures up to my standards.
- _____ 17. I am not satisfied even when I know I have done my best.
- _____ 18. I am seldom able to meet my own high standards for performance.
- _____ 19. I try to do my best at everything I do.
- _____ 20. I am hardly ever satisfied with my performance.
- _____ 21. I hardly ever feel that what I've done is good enough.
- _____ 22. I have a strong need to strive for excellence.
- _____ 23. I often feel disappointment after completing a task because I know I could have done better.

- _____ 24. Using the scale above, please rate the degree to which you agree that you are perfectionistic.

APPENDIX B
CATEGORY FREQUENCIES

Table B-1. Summary of domains and categories from the analysis of 14 expressive writing transcripts

Domain	Category	Frequency
Stress		General
	Stress related to academics	Typical
	Stress related to interpersonal relationships	Variant
Coping		Typical
	Avoidant coping	Variant
	Coping by social interaction	Variant
	Coping by physical activity	Variant
Expectations	Coping by drinking alcohol	Variant
		Typical
	Personal expectations	Typical
	Parental expectations	Typical
Social	Unmet expectations	Variant
	Expectations linked with self-criticism	Variant
		General
	References to family	Typical
Perfectionism	Social support	Variant
	Interpersonal problems	Variant
		Typical
Academic/professional goals	Identifying as a perfectionist	Typical
	Definition of perfectionism	Variant
		Variant
Affect	Committed to goals	Variant
	Uncertain goals	Variant
		Variant
Adjustment to college living		Variant
Control		Variant

Note. General = applies to 13 or 14 cases; typical = applies to 7 to 12 cases; variant = applies to 2 to 6 cases. Domains or categories represented in only one case are not included.

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BIOGRAPHICAL SKETCH

Born and raised in Oak Ridge, New Jersey, Robert S. Merrell graduated *summa cum laude* from Villanova University. He was elected to Phi Beta Kappa and received the university's prestigious medallion for academic excellence in modern languages. Expanding on his international study experiences in Europe and South America, he also completed an MA in Spanish Literature and later went on to teach at Villanova and Bryn Mawr College. Currently, he holds a fellowship at the University of Florida where he's pursuing a doctoral degree in psychology. His interests include guitar playing, running, and beach combing.