

**THE DIMENSIONS OF PERFECTIONISM AND THEIR RELATIONS TO  
HELPLESS EXPLANATORY STYLE**

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**THE DIMENSIONS OF PERFECTIONISM AND THEIR RELATIONS TO  
HELPLESS EXPLANATORY STYLE**

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**ZEYNEP EDA SUN SELİŞİK**

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Approval of the Graduate School of Social Sciences

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## **ABSTRACT**

### **THE DIMENSIONS OF PERFECTIONISM AND THEIR RELATIONS TO HELPLESS EXPLANATORY STYLE**

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This study aimed at examining the association between perfectionism and helpless explanatory style as a function of gender in a Turkish university sample. The sample consisted of 331 undergraduate students from 35 departments of Middle East Technical University. Turkish version of Multidimensional Perfectionism Scale (MPS, Oral, 1999) and Depressive Attribution Style Questionnaire (DASQ, Aydın, 1988a) were used to collect data. Factor analysis was employed to the MPS scores to investigate the dimensions of perfectionism as perceived by the participants. MANOVA was conducted to examine a possible relationship between perfectionism and helpless explanatory style as a function of gender.

Results of the factor analysis revealed four factors, termed self-oriented, socially prescribed, other-oriented perfectionism, and perfectionist

expectations. With regard to the results of the MANOVA no significant associations emerged between perfectionism and helpless explanatory style as a function of gender.

Key words: Perfectionism, Learned Helplessness, Helpless Explanatory Style

## ÖZ

### MÜKEMMELLİYETÇİLİK BOYUTLARININ ÇARESİZLİĞE ÖZGÜ AÇIKLAMA BİÇİMİ İLE İLİŞKİLERİ

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Bu çalışma, bir Türk üniversite örnekleminde, mükemmeliyetçilik ve çaresizliğe özgü yükleme biçimi arasındaki ilişkinin cinsiyete bağlı olarak değişip değişmediğini incelemeyi amaçlamaktadır. Araştırmanın örneklemi, Orta Doğu Teknik Üniversitesi'nin 35 bölümünde öğrenim görmekte olan 331 lisans öğrencisinden oluşmaktadır. Araştırmada veri toplamak üzere daha önce Türkçe'ye uyarlanan Çok Boyutlu Mükemmeliyetçilik Ölçeği (ÇBMÖ, Oral, 1999) ve Depresif Açıklama Biçimi Ölçeği (DABÖ, Aydın, 1988a) kullanılmıştır. Çoklu Varyans Analizi öncesinde, öğrencilerin mükemmeliyetçiliğin boyutlarını algılayışlarını belirlemek için ÇBMÖ üzerinde faktör analizi işlemi uygulanmıştır. Mükemmeliyetçilik ve çaresizliğe özgü açıklama biçimi arasında bir bağlantı olup olmadığı, varsa bu bağlantının

cinsiyete baėlı olarak deėiřip deėiřmediėi ise oklu Varyans Analizi ile incelenmiřtir.

Faktör analizi sonucu, kendine yönelik, başkalarınca belirlenen, başkalarına yönelik mükemmeliyetçilik, ve mükemmeliyetçilik beklentisi olmak üzere kuramsal olarak anlamlı dört faktörün varlığını göstermiştir. Çoklu Varyans Analizi sonuçları mükemmeliyetçilik ve çaresizliğe özgü açıklama biçimi arasında cinsiyete göre anlamlı bir ilişkinin bulunmadığını ortaya koymuştur.

Anahtar kelimeler: Mükemmeliyetçilik, Öğrenilmiş Çaresizlik, Çaresizliğe Özgü Açıklama Biçimi

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I here by declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Date:

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## **CHAPTER I**

### **INTRODUCTION**

In a world of achievement-oriented society, both perfectionism (e.g. Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991b; Lo Cicero & Ashby, 2000) and helpless explanatory style (Peterson & Seligman, 1984; Bodiford, Eisenstadt, Johnson, & Bradlyn, 1988; Hull & Mendolia, 1991; Peterson & Vaidya, 2001) have attracted the attention of many researchers and become fruitful research areas.

Studying these theoretical concepts deemed to be important since both of these constructs found to have influence on one's life in a wide range of areas. For example, with regard to affective domain, perfectionism was found to be associated with psychological distress (Hewitt & Flett, 1991b), depression (Hewitt & Flett, 1993; Hewitt, Flett, Ediger, Norton, & Flynn, 1998; Enns & Cox, 1999; Oral, 1999), low self-esteem and depression (Flett, Hewitt, Blankstein, & O'Brien, 1991; Rice, Ashby, & Slaney, 1998), anxiety (Flett & Hewitt, 1994/1995; Mor, Day, Flett, & Hewitt, 1995; Hewitt, Caelian, Flett, Sherry, Collins, & Flynn, 2002), anxiety disorders (Rheaume, Ladouceur, & Freeston, 2000; Saboonchi, Lundh, & Öst, 1999), and eating disorders (Haase, Prapavessis, & Owens, 1999; Ashby & Kottman, 1998; Zabunoğlu, 1999).

Perfectionism was not only found to be associated with the psychological issues mentioned above but also to impede the successful brief treatments of depression (Blatt, Quinlan, Pilkonis, & Shea, 1995; Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998).

Furthermore, perfectionism was not merely found to have influence on affective domain but on the academic domain as well. Indeed, perfectionism was reported to be associated with procrastination behavior (Ferguson & Rodway, 1994; Frost et al., 1990); problems with resource management strategies like managing the time and the study environment along with maladaptive learning strategies (Mills & Blankstein, 2000); and poorer writing performance (Frost & Marten, 1990).

Similar to perfectionism, helpless explanatory style was found to be associated with difficulties in psychological and other domains. Concerning the psychological domain the association between the explanatory style and depression is rather well documented (e.g., Bodiford et al., 1988; Nolen-Hoeksema, Girgus, & Seligman, 1992; Gotlib, Lewinsohn, Seeley, Rohde, & Redner (1993); Pinto & Francis, 1993; Seligman, Castellon, Cacciola, Schulman, Luborsky, Ollove, & Downing; 1988; Reilly-Harrington, Alloy, Fresco, & Whitehouse, 1999); anxiety (e.g., Johnson & Miller, 1990; Ganellen, 1988; Ralph & Mineka, 1998); low self-esteem (e.g., Kao & Nagata, 1997; Chandler & Lee, 1997).

Helpless explanatory style was also reported to be linked with performance deterioration in problem solving situations (Mikulincer, 1988;

Mikulincer & Nizan, 1988), low academic performance (Petiprin & Johnson, 1991), and procrastination behavior on academic tasks (McKean, 1994).

Considering the research findings in the literature both perfectionism and helpless explanatory style seemed to be correlated with similar psychological and performance variables. This similarity raises a possibility of an association between perfectionism and helpless explanatory style and thus encourages one to investigate that possibility.

Actually, albeit a few, there are studies in the literature which points out this possibility, one of which is directly related with the relationship between perfectionism and helplessness (Chang & Sanna, 2001). However, no study on the possible link between the two variables conducted with Turkish participants has been found. Hence, this study aims at looking into a possible association between perfectionism and helpless explanatory style in a Turkish context.

In the following sections, first, main advances in research on perfectionism will be presented. Second, research about helpless explanatory style will be documented. Finally, the studies that pointed out to the relationship between the two variables will be presented. Moreover, the studies about perfectionism and explanatory style conducted with Turkish participants will be reported.

### **1.1. The Nature of Perfectionism**

The concept of perfectionism has been a topic of interest for many scientists from the early personality theoreticians (Hollender, 1965; Hamachek, 1978; Pacht, 1984; Burns, 1980) to recent researchers (Frost et



al. 1990; Hewitt & Flett, 1991b). Although there are a number of scientists interested in this research area it is not possible to find a commonly accepted definition or conceptualization of the construct. One of the ways that conceptualizations of perfectionism differ from one another is whether the construct is viewed as unidimensional or multidimensional (Hewitt & Flett, 2002).

#### **1.1.1. Perfectionism from the Unidimensional Viewpoint**

Looking from a historical perspective, until 1990's the conceptualization of perfectionism was unidimensional, focusing on self-directed perfectionistic cognitions and thoughts (Ellis, 1962; Burns, 1980; Pacht, 1984). However, Hollender (1965) made implicit references to other dimensions while defining perfectionism. He explained perfectionism as demanding of oneself or others a higher quality of performance than was required for the situation.

Ellis (1962) viewed perfectionism from a cognitive perspective and placed perfectionism among the 11 irrational beliefs that cause and maintain emotional disturbances. Thus, pointing out the irrational and self-defeating nature of perfectionism.

Burns (1980) also referred to self-defeating feature of perfectionism and defined perfectionists as individuals who have standards beyond reach or reason, devote themselves compulsively and unremittingly toward impossible goals, and measure their self-worth entirely in terms of productivity and accomplishment (p.34).

Pacht (1984) also viewed perfectionism as a kind of psychopathology based on his experiences with perfectionists clients (criminal justice

offenders, professionals from mental health field, and individuals from the university community). Pacht (1984) also added that perfectionism was an unreachable and debilitating goal that kept people in turmoil and led to develop number of psychological problems while striving to reach it.

Viewers of perfectionism from a unidimensional perspective (Hollender, 1965; Burns, 1980; Pacht, 1984) converged on some shared characteristics among individuals whom they defined as perfectionists. These characteristics are setting unrealistically high standards and striving to achieve them, evaluating oneself stringently based on “all or none” thinking style, and finally fearing and overgeneralising failure experiences.

“The unidimensional camp” also came to a consensus on the etiology of perfectionism and viewed parental connection as the core of it. According to them, perfectionism usually developed in a family environment where children were provided with non-approval and/or inconsistent or conditional approval (Hollender, 1965; Burns, 1980; Pacht, 1984).

Hamachek’s (1978) view of perfectionism was in the same path with his colleagues from the unidimensional camp with regard to characteristics of perfectionists and the origins of perfectionism. However, he differed from them in making a distinction between normal and neurotic perfectionists. He stated that normal perfectionists set realistic standards for themselves, had pleasure from the painstaking labours, and could be less precise in certain situations, whereas neurotic perfectionists strived for unattainable goals, saw their efforts as unsatisfactory when pursuing these goals and had a serious difficulty in easing their standards.

### **1.1.2. Perfectionism from the Multidimensional Viewpoint**

By the beginning of 1990's there was a shift from unidimensionality to multidimensionality in the conceptualizations of perfectionism. Two groups of researchers (Frost et al., 1990; Hewitt & Flett, 1991b) conceptualized perfectionism as a multidimensional construct and independently developed two separate multidimensional perfectionism scales (MPS) sharing the same name. Although the two multidimensional views of perfectionism differed from one another, the urge to differentiate facets of perfectionistic behavior, the recognition of restrictiveness of focusing solely on the cognitive components thus, the need to consider interpersonal and motivational factors as well were the common motives (Hewitt & Flett, 2002).

Based on what was theorized about perfectionism (e.g. Hollender, 1965; Hamachek, 1978; Burns, 1980; Pacht, 1984), Frost et al. (1990) conceptualized the construct under six dimensions and developed a multidimensional perfectionism scale (MPS) that includes the following six dimensions; Concern over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts About Actions and Organization.

Concern over Mistakes was the degree to which a person would interpret mistakes as indicators of failures, respond negatively to mistakes, and postulate that others would also evaluate their mistakes negatively. Personal Standards reflected the extent to which people establish excessive standards and evaluate themselves on the basis of the accomplishment of those standards. Parental Expectations and Parental Criticism were related to one's perceptions that one's parents set extremely high standards and

highly critical while evaluating one's performance. Doubts About Actions was thought to reflect the degree of confidence people had about their ability to complete tasks. Finally, Organization measured the tendency to place importance on order, organization and orderliness (Frost & Marten DiBartolo, 2002).

The study of Frost et al. (1990) provided support for the presence of six dimensions. It was figured that all subdimensions were highly correlated with one another except the Organization, which portrayed the weakest pattern of intercorrelations with the other dimensions. Therefore, this dimension was perceived as ancillary to the other five primary dimensions (Frost & Marten DiBartolo, 2002). Frost et al. (1990) also found that Concern over Mistakes was central to the concept of perfectionism (contributing to 25% of variance of a total of %64.5) and among the five primary dimensions it was most closely related to psychopathological symptoms.

When these dimensions were examined with regard to their association with psychological issues Concern over Mistakes, Doubts about Actions, Parental Criticism, and Parental Expectations were found to correlate with negative psychological outcomes. Specifically, Concern over Mistakes correlated positively with depression (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Enns & Cox, 1999; Rice & Dellwo, 2001), dysphoria (Brown, Heimberg, Juster, & Leung, 1999); anxiety (Brown et al; Cheng, Chong, & Wong, 1999); obsessive-compulsive experiences, and procrastination behavior (Frost et al., 1990) and correlated negatively with self-esteem (Koivula, Hassmen, & Fallby, 2002). Similarly, Doubts about

Actions was found to be related positively with depression (Frost et al. 1993; Rice & Dellwo, 2001), dysfunctional problem solving styles (Chang, 1998), procrastination behavior (Frost et al., 1990) and negatively with self-esteem (Cheng et al., 1999; Koivula et al., 2002). Parental Criticism and Parental Expectations were also found to be associated most closely with depression (Enns & Cox, 1999), and procrastination (Frost et al., 1990). In contrast to these four dimensions Organization and Personal Standards were found to correlate mostly with positive mental health issues. For example, Organization was associated positively with self-esteem, and negatively with anxiety and depressive symptoms (Cheng et al., 1999). It was also found to correlate with positive affect (Frost et al., 1993). Personal Standards was also found to be associated with positive outcomes both with regard to behavioral domain (e.g., better academic performance; Brown et al., 1999; lower levels of procrastination with regard to severity and frequency; Frost et al, 1990) and psychological domain (e.g., positive affect; Cheng et al.,1999; high self-esteem; Koivula et al., 2002). Conversely, it was also correlated with depression (Frost et al, 1990).

Approximately within the same time period with Frost et al. (1990), focusing on both intraindividual and interindividual aspects, Hewitt and Flett (1991a, 1991b) brought forth their multidimensional approach to perfectionism and concentrated on three major trait components that constituted perfectionism, termed, self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. The three dimensions differed from one another regardless of general tendencies and behaviors

displayed (e.g., motivation to be perfect, having noticeable unrealistic expectations, stringent and critical evaluations, and equalizing self with performance). Nevertheless, they differed in terms of either whom the perfectionistic expectation derived from (e.g., self-oriented and socially prescribed perfectionism), or to whom the perfectionistic behaviors were directed (e.g., self-oriented, other-oriented perfectionism) (Hewitt & Flett, 1991b; Hewitt & Flett, 2002).

Self-oriented perfectionism was described as an intraindividual dimension reflecting perfectionistic behaviors that both stemmed from the self and directed toward the self. The components of this dimension can be described as setting unrealistic standards for oneself, evaluating oneself stringently focusing on one's shortcomings and weaknesses, and generalizing both these unreasonable expectations and stringent evaluations across behavioral domains. Beyond these components, self-oriented perfectionism also included a strong motivational factor for striving to attain perfection and striving to avoid failures. Other-oriented perfectionism was described as an interpersonal aspect of perfectionism also involving unrealistic expectations, overcritical evaluative style, and a strong motivation to attain perfection and avoid failures derived from the self, but this time directed to others. Finally, socially prescribed perfectionism was defined as one's beliefs or perceptions that others had unrealistic expectations for them and evaluated them stringently. Thus, this dimension entailed perfectionistic demands that were perceived to stem from the others and directed to the self (Hewitt & Flett, 1991b; Hewitt & Flett, 2002).

Hewitt and Flett (2002) proposed that these perfectionism dimensions might either play a role on the onset of psychopathology directly or through their interaction with stress as moderators or mediators. Specifically, they can act as moderators in producing psychopathological states by enhancing or aggravating the aversiveness of experienced/perceived stressors or failures (diathesis-stress model of perfectionism). They can also act as mediators in their relations to psychopathology by influencing the generation of stressful failures, the perpetuation of the negative effect of stressors or failures, and the anticipation of future stressors and failures. Perfectionism was especially seen as a stress vulnerability factor in depression. In the literature, a number of studies tested the role of the interaction of perfectionism dimensions and stress factors on depression (e.g., Hewitt & Flett, 1993; Hewitt, Flett, & Ediger, 1996; Chang, 2000; Chang & Rand, 2000).

Hewitt and Flett (1993) found that self-oriented perfectionism interacted only with achievement stressors in both a depressed and general psychiatric sample. However, they indicated that socially prescribed perfectionism interacted with interpersonal stressors in the depressed sample and with achievement stressors in the general sample. Thus, the results of the study provided partial support for the specific vulnerability hypothesis.

Hewitt et al. (1996) also reported similar results. Hewitt and his colleagues found that self-oriented perfectionism interacted with achievement stress to predict depression over time. In contrast, socially

prescribed perfectionism predicted depression symptoms only as a main effect without interacting with any stressors.

Chang (2000) also showed the mediator role of perfectionism (assessed by total score of Frost et al.'s MPS) on life satisfaction.

The study of Chang and Rand (2000), differing from the studies that tested the mediator role of perfectionism (Hewitt & Flett, 1993; Hewitt et al., 1996; Chang, 2000), tested the moderator role (diathesis-stress model) of perfectionism on psychological symptoms and hopelessness. The results of their study provided evidence for diathesis-stress model indicating a significant socially prescribed perfectionism x stress interaction in predicting scores on both of the psychological adjustment measures (psychological symptoms and hopelessness).

In short, all of the studies mentioned showed either the mediator or the moderator role of perfectionism dimensions and psychological issues.

With regard to studies examining the direct association between the dimensions and other mental health issues, socially prescribed perfectionism was found to be the perfectionism dimension which was most closely and broadly related to psychological symptoms and disorders. This dimension correlated positively with depression, anxiety (Hewitt et al., 1998; Hewitt & Flett, 1991a), hopelessness, self-criticism (Donaldson, Spirito, & Farnett, 2000), and suicide threat (Hewitt, Flett, & Turnbull-Donovan, 1991) in a psychiatric sample.

Socially prescribed perfectionism also correlated with basic personality patterns, (e.g., schizoid, avoidant, and passive aggressive), personality



disorders (e.g., schizotypal and borderline), and with a wide range of clinical symptoms (e.g., anxiety, psychotic depression and thinking, dysthymia, somatoform, hypomania, and alcohol abuse) in the psychiatric sample (Hewitt & Flett, Study V, 1991b).

Results of a study that examined the associations between perfectionism dimensions and anxiety disorders revealed that participants with social phobia, panic disorder, and obsessive compulsive disorder scored higher on socially prescribed perfectionism as compared to the individuals from the normal sample. This result indicated an association between socially prescribed perfectionism and anxiety disorders (Antony, Purdon, Huta, & Swinson, 1998).

With regard to the studies conducted with normal sample one could recognize that most of the studies used university students as participants. Taken collectively, the results of these studies carried out with college students showed that socially prescribed perfectionism was correlated with psychological symptoms (e.g., depression, anxiety, and hostility), hopelessness (Chang & Rand, 2000), state and trait anxiety (Flett & Hewitt, 1994/1995), reduced self-esteem (Flett et al., 1991), and anger (Hewitt and Flett, Study IV, 1991b).

On the other hand, findings of the studies examining perfectionism dimensions in relation to other personality variables indicated that socially prescribed perfectionism was associated especially with interpersonal features (Hewitt & Flett, Study III, 1991b; Flett, Hewitt, & De Rosa, 1996; Blankstein, Flett, Hewitt, & Eng, 1993). In their study with college students,

Hewitt and Flett (1991b) found that socially prescribed perfectionism was associated with social behaviors, such as fear of negative social evaluation, a need for approval from others, and an external locus of control. Although socially prescribed perfectionism correlated with interpersonal characteristics it was also associated with self-criticism, overgeneralization of failure, self-blame, and blaming others.

Another study also underlined the interpersonal characteristics of socially prescribed perfectionism by indicating an association of that dimension to a variety of psychosocial adjustment problems (e.g., greater loneliness, shyness, fear of negative evaluation, and lower levels of social self-esteem) and lower self-perceived social skills (Flett et al., 1996).

Blankstein et al. (1993) also portrayed the association of socially prescribed perfectionism to fears reflecting social evaluative concerns (e.g., being criticized, and looking foolish to others).

Although not as closely and broadly as socially prescribed perfectionism, self-oriented perfectionism was also found to be associated with certain personality variables and psychological issues in psychiatric and college samples. Self-oriented perfectionism was found to correlate with unipolar depression (Hewitt & Flett, 1991a) and chronic symptoms of depression (Hewitt et al., 1998) in psychiatric samples. In the studies conducted with college samples it was associated with hopelessness (Chang & Rand, 2000), low self-efficacy (Hart, Gilner, Handal, & Gfeller, 1998), and all of the psychological symptoms assessed by Symptom Checklist 90-Revised subscales (Hewitt & Flett, Study III, 1991b).

Self-oriented perfectionism was also found to be linked with personality variables that reflect the characteristics related to the self (e.g., high self-standards, self-criticism, and self-blame) (Hewitt & Flett, Study III, 1991b) and emotions such as guilt, self-disappointment, and anger (Hewitt & Flett, Study IV).

Self-oriented perfectionism also correlated with specific fears about failure, making mistakes, losing control, and feeling angry (Blankstein et al, 1993) and with some clinical symptoms, namely, somatoform symptoms, hypomania and alcohol abuse (Hewitt & Flett, Study V, 1991b).

Among the three perfectionism dimensions other-oriented perfectionism was detected as the perfectionism dimension which was least associated with psychological symptoms. Stating differently, no significant association were encountered between other-oriented perfectionism and mental health issues (Hewitt & Flett, 1991a; Chang & Rand, 2000; Donaldson et al., 2000; Hewitt et al., 1998). Flett et al. (1991) found that other-oriented perfectionism was positively associated with self-esteem and self-control.

Nevertheless, albeit a few, some unfavourable associations were also encountered between other-oriented perfectionism and psychological symptoms in a college sample (Hewitt & Flett, Study III, 1991b), and personality disorders in a psychiatric sample (Hewitt & Flett, Study V, 1991b). In Study III by Hewitt and Flett, other-oriented perfectionism was associated with symptoms of phobic anxiety and paranoia and, in Study V with hypomania and drug abuse. In addition to these findings, other-oriented perfectionism was found to correlate with low self-efficacy in a college

sample (Hart et al., 1998) and psychoticism in a psychiatric sample (Hewitt, Flett, & Blankstein, 1991).

Furthermore, reflecting its core characteristics, other-oriented perfectionism was found to show associations with personality variables such as blaming others, authoritarianism, and dominance which could lead to interpersonal difficulties (Hewitt & Flett, Study III, 1991b).

In conclusion, all of the studies mentioned above indicated that perfectionism dimensions relate to different personality variables and different psychological traits and/or states, providing evidence for the multidimensionality of the concept. It also appeared that some dimensions of perfectionism (Concern Over Mistakes, Doubts About Actions, Parental Criticism, and Parental Expectations, and socially prescribed perfectionism) were more closely associated with negative psychological outcomes (e.g., Frost et al., 1990; Hewitt & Flett, 1991a, 1991b) whereas others (Personal Standards, Organization, self-oriented, and other-oriented perfectionism) were either less closely or not associated with negative mental health issues or in some cases associated with positive psychological outcomes (e.g., Cheng et al., 1993; Flett et al., 1991).

In the light of the studies portraying the relations of perfectionism dimensions to negative and positive psychological outcomes and based on prior observations of some authors (Adler, 1956; Hamachek, 1978) who perceived perfectionism not only as a total self-defeating personality trait in-and-on itself, another view of perfectionism emerged.

### **1.1.3. Perfectionism from a Categorical Viewpoint**

Adler (1956) asserted that striving for perfection is a healthy pursuit of one's development, however, it becomes neurotic when unrealistic goals that reach to the point of "godlikeness" are set.

As mentioned previously in this section, Hamachek (1978) made a distinction between normal and neurotic perfectionism and indicated that normal perfectionists were motivated by a desire for improvement whereas neurotic perfectionists were motivated by a fear of failure (cited in Pacht, 1984).

Recent researchers who perceived perfectionism under adaptive and maladaptive categories, can be classified under two headings; ones who developed a questionnaire that purports to measure these two distinct features (Terry-Short, Owens, Slade, & Dewey, 1995; Slade & Owens, 1998; Johnson & Slaney, 1996; Slaney, Rice, Mobley, Trippi, & Ashby, 2001) or ones who factor analyzed the dimensions of the two existing MPS (Frost et al., 1993; Enns, Cox, & Clara, 2002).

Terry-Short et al. (1995), viewing perfectionism from a behaviorist perspective, made a distinction between two types of perfectionism. They proposed that adaptive (healthy) perfectionism might be a function of positive reinforcers or outcomes whereas maladaptive (unhealthy) perfectionism might be a function of negative reinforcers or outcomes. Based on that conceptualization they developed a measure of perfectionism that tapped these two dimensions. Their conceptualization of perfectionism was similar to

that of Hamachek (1978) as he also differentiated two types of perfectionists on the basis of the role of the consequences of the perfectionistic behavior.

Slade and Owens (1998) took one step further and offered a “dual process model of perfectionism” based on Skinnerian reinforcement theory. They asserted that consequences of the behavior might be more important than the behavior itself. That is, positive perfectionism refers to cognitions and behaviors that are directed toward the accomplishment of high-level goals to obtain positive consequences whereas negative perfectionism refers to the urge to accomplish high-level goals in order to avoid negative outcomes such as failure. In short, in a similar vein with Hamachek, the authors explained that positive perfectionism is driven by positive reinforcement as well as a desire for success and negative perfectionism is driven by negative reinforcement along with a fear of failure. Slade and Owens (1998) developed a questionnaire (Positive and Negative Perfectionism Scale; PANPS) tapping the two subdimensions of perfectionism (self-oriented and socially prescribed) offered by Hewitt and Flett (1991b) and included items reflecting both negative and positive perfectionism. In the factor analysis of the scale they obtained two dimensions as they hypothesized.

Apart from PANPS, another scale (Almost Perfect Scale; APS) was developed to measure both adaptive and maladaptive perfectionism. Adaptive perfectionism was assessed by one subscale reflecting high personal standards and need for order whereas maladaptive perfectionism

was assessed by three subscales, namely Anxiety, Procrastination, and Difficulty in Interpersonal Relationships (Johnson & Slaney, 1996).

Results of a study using this scale revealed that maladaptive perfectionism was negatively associated with self-esteem and positively associated with depression. However, no significant association was found with regard to adaptive perfectionism (Rice et al., 1998).

Slaney et al. (2001), revised the APS considering the three subscales of the APS that were said to measure maladaptive perfectionism were representing the constructs associated with maladaptive perfectionism rather than being essential components of it. They found a three-factor solution of perfectionism. Specifically, the APS-R included three subscales, two pertaining to adaptive perfectionism (Standards and Order) and one pertaining to maladaptive perfectionism (discrepancy). Standards scale was designed to measure personal standards while Order scale measure organization and need for order. Meanwhile Discrepancy scale was formed to measure distress caused by the discrepancy between perfectionistic standards and performance.

Ashby and Rice (2002), using the APS-R found that adaptive perfectionism was a positive predictor of self-esteem whereas maladaptive perfectionism was a negative predictor.

As mentioned above some researchers (Frost et al., 1993; Enns, Cox, & Clara, 2002) obtained two main distinct factors analysing the subdimensions of the two MPS. Frost et al. (1993) named these factors as maladaptive evaluation concerns (Concern Over Mistakes, Parental Criticism, Parental

Expectations, Doubts About Actions, and socially-prescribed perfectionism) and positive striving (Personal Standards, Organization, self-oriented perfectionism, and other-oriented perfectionism). They found that the former factor was associated with depression and negative affect while the latter one was associated with the positive affect. Similarly, Enns et al. (2002) found that maladaptive perfectionism (Concern Over Mistakes, Doubts About Actions, and socially prescribed perfectionism) was associated positively with depression proneness whereas adaptive perfectionism (Personal Standards, Organization, self-oriented, and other-oriented perfectionism) was negatively associated with depression proneness.

Rice and Dellwo (2002) compared two groups of perfectionists (maladaptive and adaptive) to a group of nonperfectionists with regard to their self-esteem and depression scores. They found that adaptive perfectionists (who scored higher on Personal Standards and Organization) and nonperfectionists had higher self-esteem scores than the maladaptive group (who scored higher on Concern Over Mistakes, Parental Criticism, Parental Expectations, & Doubts About Actions). The researchers also found that maladaptive perfectionists scored the highest and nonperfectionists scored the lowest on a depression scale. Another important and unexpected finding was, although not as high as the maladaptive group, the adaptive perfectionists had higher depression scores than the nonperfectionist group indicating that adaptive aspect of perfectionism was also associated with depression.



In short, most of the studies seem to provide evidence for the two way conceptualization of perfectionism, however, in these studies it appears that there is more clear evidence of the maladaptive type of perfectionism since the results of the some studies indicated that adaptive perfectionism was either not associated with any positive and/or negative psychological outcomes (Frost et al., 1993; Rice et al., 1998) or associated with negative psychological outcomes (e.g. depression; Rice & Dellwo, 2002; posttraumatic stress disorder; Kawamura, Hunt, Frost, & Dibartolo, 2001).

Furthermore, Hewitt and Flett (2002) questioned the adaptive-maladaptive distinction of perfectionism by underlining three issues that remained to be tested. First, they stated that adaptive perfectionism might be confused with conscientiousness and/or achievement oriented work style. The authors also added that comparative research on adaptive perfectionism versus conscientiousness was needed to solve this issue. Second, they questioned the classification of the construct into two distinct categories, reflecting a discontinuity between the two categories. The researchers suggested that before comparing adaptive versus maladaptive perfectionists on certain variables, it is important to compare total levels of perfectionism between the two groups. Otherwise it cannot be possible to talk about only a qualitative distinction between the two groups rather than a quantitative one. Actually, two of the studies indicated differences in dimensions of MPS between two perfectionist groups and a non-perfectionist group that provide evidence of a quantitative distinction between adaptive and maladaptive perfectionists (Parker, 1997; Rice & Mirzadeh, 2000). Third, taking their

standpoint from a diathesis-stress model of perfectionism, they suggested that while examining adaptive and maladaptive perfectionism, environmental factors and life circumstances should also need to be taken into account since a seemingly adaptive dimension might be linked with negative psychological outcomes when combined with negative life circumstances (Hewitt & Flett, 1993; Hewitt et al., 1996).

In conclusion, when the three conceptualizations of perfectionism were considered, multidimensional views of perfectionism seem to be the most comprehensive and applicable to life than either the unidimensional views of perfectionism or categorical views of perfectionism. Because multidimensional views cover both intrapersonal and interpersonal aspects of perfectionism as all of the studies mentioned in the “Perfectionism from a multidimensional viewpoint” subsection provided evidence for the multidimensionality of the concept. When it comes to compare the two multidimensional views of perfectionism (Frost et al., 1990; Flett & Hewitt, 1991b) one can see that a considerable overlap exists between the two MPS (Frost et al., 1993). Specifically, the study of Frost et al. indicated that the total perfectionism score obtained from Frost et al.’s MPS was significantly correlated with Hewitt and Flett’s socially prescribed and self-oriented perfectionism scales and less closely associated with other-oriented perfectionism scale. With regard to the correlations between the sub-dimensions of the two scales, it was found that Personal Standards was most closely associated with self-oriented perfectionism whereas Concern Over Mistakes, Parental Expectations, and Parental Criticism scales were

independently correlated with socially prescribed perfectionism scale of Hewitt and Flett indicating that socially prescribed perfectionism reflected several different dimensions from Frost et al.'s MPS. As can be seen both from the comparison of the two scales and the scale of Frost et al. (1990), MPS of Frost et al. seems to lack an important dimension which includes perfectionistic thoughts and behaviours directed to others.

In short, the MPS of Hewitt and Flett seem to reflect interpersonal dimensions more and contribute to a more comprehensive description of the construct (Stumpf & Parker, 2000). Therefore, in the present study the multidimensional conceptualization of Hewitt and Flett (1991b) was accepted and their scale was used.

## **1.2. Learned Helplessness**

From 1920 to 1965 it was common to explain human behaviour as either being controlled by external factors or unconscious internal drives conveying little if any importance on individual expectation, preference, choice, and control. The awareness that these environmental factors or unconscious processes were not adequate in explaining complex human behaviour led to changes in the perception of individual and his/her behaviour (Seligman, 1992). Changing life style of societies was seen as responsible in vast changes in the exploration of the social sciences about human action. In short, it was as late as 1960's that the field of psychology began to appreciate the role of the individual as both being affected by his/her environment and having influence on his/her and others' lives. The emergence of the original learned helplessness theory coincides to that time.

The original learned helplessness theory basically focuses on the role of personal control and provides a brand new look first to animal behaviours and then to human action (Peterson, Maier, & Seligman, 1993).

In this section first the birth of the original learned helplessness theory and explanation of the theory will be introduced and then the reformulated model of learned helplessness will be presented.

### **1.2.1. The Original Model**

In the 1950s, from a radical behaviorist point of view, even the purposive behavioural acts were being explained on the basis of stimuli-response analysis. (Peterson et al., 1993).

However, in mid 1960's while "avoidance learning" in animals was being tested in laboratory experiments in which a signalling light came before the shock was given, an interesting finding emerged in an experiment carried out by Overmier and Leaf (1965). In that experiment in contrary to the expectation, dogs which were exposed to pairings of light and shock in harness did not learn to jump when they got to the shuttle box. It was the time when the first clues to learned helplessness in animals was encountered.

Building on this experiment various studies were conducted to examine what kept the dogs from learning to avoid shocks (e.g., Overmier & Seligman, 1967; Seligman & Maier, 1967).

The experiment of Overmier and Seligman (1967) replicated the results of Overmier and Leaf's (1965) study. That is, dogs which were exposed to

inescapable and unavoidable shocks failed to escape the shock in a subsequent situation where escape was possible.

Seligman and Maier (1967) also reported same results and demonstrated that the effect in the test situation was due to the uncontrollability of the original shocks. They used the term “learned helplessness” to describe the interference with escape/avoidance learning produced in dogs by prior exposure to uncontrollable electric shock.

Later, Seligman, Maier, and Solomon (1971) suggested that by prior exposure to unescapable shock dog learns that none of his voluntary responses can control the shock and expects that this will be the case on the following experiences. Thus, this expectation of uncontrollability weakens the motivation leading to a deficit in response initiation. It also interferes with his learning the response-shock termination relationship, thus, causes a cognitive deficit (cited in Maier & Seligman, 1976).

Furthermore, Maier and Seligman (1976) stated that an adequate theory of learned helplessness should account for the effect of uncontrollability on three types of consequences (deficits), namely, motivational, cognitive, and emotional.

Seligman (1992) proposed learned helplessness as a model of depression and termed it as “learned helplessness model of depression based on the similarity of those observable outcomes (motivational, cognitive, or emotional) to depressive symptoms and similarity of the cause, cure, and prevention of learned helplessness and depression.

Both learned helplessness theory that emerged and evolved within the animal experiments and learned helplessness model of depression as proposed by Seligman were supported by experiments conducted with human participants (e.g., Hiroto, 1975; Hiroto & Seligman, 1975; Miller & Seligman, 1975; Gatchel & Proctor, 1976; LeUnes, Nation, & Turley, 1980; Allen & Wuench, 1993; Cramer & Nickels, 1997).

The study of Hiroto and Seligman (1975) is worth mentioning since it was the first study that pointed out the generality of learned helplessness (cross-model helplessness). In that study by varying the combinations of pre-treatment and test task situations the researchers found that exposure to uncontrollable events led to deficits regardless of the similarity of the pre-treatment task to the test task. That is, experience with an instrumental test produced deficit with a cognitive test and vice versa. They concluded with that learned helplessness was generalized to other situations by the mediating effect of expectation of response-outcome independence.

Miller and Seligman (1975) replicated the cross-model helplessness encountered by Hiroto and Seligman (1975). Furthermore, by comparing depressed college students with nondepressed students who were exposed to laboratory induced helplessness they pointed at the similarity of impairment in performance between naturally occurring depression and learned helplessness. Thus, provided support for the learned helplessness model of depression.

Both Hiroto and Seligman (1975) and Miller and Seligman (1975) mentioned about a negative cognitive set, resulting from uncontrollability and

leading to a difficulty in perceiving that one's response would affect the outcomes (success and/or failure). Hiroto and Seligman (1975) also found response initiation deficits which were interpreted as a motivational deficit.

Other studies demonstrated the association of learned helplessness to emotional consequences, namely, anxiety, depression, and anger (e.g., Gatchel, Paulus, & Maples, 1975; Teasdale, 1978; Fincham, Hokoda, & Sanders, 1989; Raps, Reinhard, & Seligman, 1980).

The study of Gatchel and Proctor (1976) also pointed out to the similarity of learned helplessness and depression by showing the parallelism of the physiological symptoms (e.g., lower tonic skin conductance levels, smaller phasic skin conductance).

All of the studies cited and/or mentioned above pointed at least one of the three types of negative consequences (motivational, cognitive, and emotional) in the face of uncontrollability. Thus, provided support for the original learned helplessness theory. However, there were some points that cannot be explained by the theory. For instance Peterson et al. (1993) stated that a common problem encountered in most of the studies conducted with human participants was that the model failed to explain why some individuals develop helplessness and why some others do not when faced with the same uncontrollable event such as having low grades from the exams. In such situations it is common to observe that one individual may handle the event with mastery orientation while the others withdraw from tackling the task even when they have the capacity to succeed.

Another limitation of the studies with human participants was about the generality of the learned helplessness. There were studies that showed that helplessness induced in one situation did not generalize to other situations (Cole & Coyne, 1977; Douglas & Anisman, 1975) even in the laboratory setting. For example, Cole and Coyne (1977) examining specificity of laboratory-induced helplessness indicated that when pre-treatment setting was dissimilar to experimental setting performance deficits did not occur.

The above mentioned shortcomings of the original model led a group of researchers, in which Seligman himself was a member, to reformulate the original model using an attributional framework to resolve both the theoretical controversies (Abramson, Seligman, & Teasdale, 1978).

### **1.2.2. Reformulated Model**

The reformulation of the original model has its roots in attributional theories of motivation (Abramson et al., 1978). Abramson and his colleagues seemed to be affected most by Weiner's (1979) attributional theory of motivation in which he offered three causality dimensions people use to give meaning to unexpected events they face. He labelled these three dimensions as stability (stable-unstable), locus (internal-external), and control (controllable-uncontrollable). The researcher also added that these dimensions appear on a continuum and proposed that these three dimensions of causality had links with psychological functioning. More specifically, he suggested that stability dimension was primarily related with the magnitude of expectancy change following success and failure outcome whereas locus dimension of causality had its' linkages primarily with self-



esteem. He focused on the dimension of control primarily centering upon inferences about others and how beliefs about another's responsibility for success and failure influence an actor's reactions toward that person.

The reformulated learned helplessness model of depression assigned causal attributions as a mediating effect in the flow of events leading to symptoms of helplessness and depression. That is, attributions that one makes for noncontingency between his acts and outcomes in the here and now determine one's subsequent expectations for future noncontingency and these expectations affect the generality, chronicity, and intensity of one's helplessness symptoms. The reformulated model suggests that people who made stable, global and internal explanations for uncontrollable events would show more chronic, general and intense symptoms of helplessness and would be more prone to depression. The reformulated model offered that stability of attributions would determine the chronicity; globality of attributions would determine the generality; and internality of attributions would determine both the intensity of the helplessness symptoms and the loss of self-esteem (Abramson et al., 1978).

Peterson & Seligman (1984) used the term "helpless explanatory style" to identify individuals who had this habitual way (pattern) of explaining bad events by internal, stable and global attributions. They stated that when reality was ambiguous enough one might use these habitual explanations and ones who had helpless explanatory style would be at risk for developing depression. Furthermore, they stated these habitual causal explanations were hypothetical constructs rather than real things which could be

measured in a variety of ways, thus, the presence of these causal explanations could only be inferred as a result of these assessments.

Seligman, Abramson, Semmel and von Baeyer (1979) developed the Attributional Style Questionnaire (ASQ), to measure these causal explanations, which consisted of internality, stability, and globality dimensions. Seligman et al. (1979), using the ASQ, found that depression in college students was associated with internal, stable, and global causal explanations for negative outcomes. They also indicated that external, unstable and specific explanations for positive outcomes were associated with depression. However, the relationship between explanatory style for negative outcomes and depression was stronger than the relation between explanatory style for good outcomes and depression.

Alternative way of assessing explanatory style emerged as Peterson, Luborsky, and Seligman (1983) wondered whether the spontaneous causal explanations encountered in life could be rated according to three dimensions proposed by the model. Thus, they developed a new technique, the content analysis of verbatim explanations (CAVE), to analyze a written or spoken sample of verbatim material according to the three dimensions of causality.

Reviewing the literature in the field of explanatory style one can come across with numerous studies conducted to test the reformulated learned helplessness model of depression either by using ASQ (e.g., Golin, Sweeney, & Shaeffer, 1981; Raps, Peterson, Reinhard, Abramson, & Seligman, 1982; Eaves & Rush, 1984; Hull & Mendolia, 1991; Peterson &

Vaidya, 2001) or CAVE technique (Peterson et al., 1983; Satterfield & Seligman, 1994; Peterson, Seligman, Yurko, Martin, & Friedman, 1998)

Raps et al. (1982), comparing the explanatory styles of unipolar depressed patients to those of nondepressed schizophrenics and nondepressed medical patients, found that depressive group was more likely to make internal, stable, and global attributions for negative or bad events than the other two comparison groups. With regard to attributions for good events, depressed patients tended to offer more external, unstable, and specific attributions than the medical comparison group however, they did not differ from undepressed schizophrenic group. Based on these findings the researchers indicated that the association between depression and explanatory style for good events was less strong than the explanatory style and depression association as it was the case in the study of Seligman et al. (1979).

Many studies conducted with a wide range of participants including children, adolescents, and college students that examined the association between explanatory style and depression provided support for the reformulated learned helplessness model of depression (e.g., Bodiford et al., 1988; McCauley, Mitchell, Burke, & Moss, 1988; Brown & Siegel, 1988; Pinto & Francis, 1993; Curry & Craighead, 1990; Hull & Mendolia, 1991; Peterson & Vaidya, 2001).

Bodiford et al. (1988), using the Children's Attributional Style Questionnaire (CASQ) that was developed to assess the explanatory style of children and preadolescents (Seligman, Peterson, Kaslow, Tannenbaum,

Alloy, & Abramson, 1984), found that children with depressive symptoms tended attribute bad outcomes to internal, stable, and global factors and good outcomes to external, unstable, and specific factors. Thus, they indicated the explanatory styles of depressed children were similar to that of depressed adults.

Similarly, McCauley et al. (1988) showed that depressed children relative to nondepressed children tended to have a more helpless explanatory style especially with regard to how they explained positive events.

The study of Curry and Craighead (1990) also indicated that adolescents with a diagnosis of major depression differed from nondepressed adolescents with regard to their explanatory style for positive events. That is, they made significantly fewer internal, stable, and global explanations for positive events.

Both the study of McCauley et al. (1988) and Curry and Craig (1990) supported the role of explanatory style for positive events in relation to depression.

Hull and Mendolia (1991), studying the relations of explanatory style, expectancies and depression in college sample, found that explanatory style for negative events was both indirectly (through expectations) and directly associated with depression. They also found that explanatory style for negative events was indirectly related to depression by means of expectancies.

Similarly, Peterson and Vaidya (2001) in their study with college students indicated that expectations for future outcomes mediated the link between stability and globality of explanatory style and depression.

Thus, both of the studies provided support for the reformulated model's prediction that expectancies for future outcomes mediated the association between explanatory style and depression (Abramson et al., 1978).

Although all of the studies mentioned so far seemed to provide support for the reformulated model, they were cross-sectional in nature, so that the prediction of the reformulated model that helpless explanatory style constituted a risk factor for developing future depression was not adequately tested. Therefore, some researchers stated that a true confirmation to the model would come from longitudinal studies (Abramson et al., 1993; Gotlib & Hammen, 1997).

Longitudinal studies in this field examined the role of helpless explanatory style in predicting depression and also examined whether it was a stable, trait-like character as Peterson et al. (1978) suggested. Most of the studies provided support for both the role of this style in predicting depressive symptoms and its' trait-like nature (e.g., Eaves & Rush, 1984; Nolen-Hoeksema et al., 1986; Metalsky, Halberstadt, & Abramson, 1987; Seligman et al., 1988; Hilsman & Garber, 1995; Robinson, Garber, & Hilsman, 1995; Reilly-Harrington et al., 1999).

For example, Metalsky et al. (1987), examining the interaction of the explanatory style of college students with outcomes received on a midterm exam in predicting depressive mood responses, found that the most

enduring depressive mood reactions occurred after receiving low midterm scores among students who had helpless explanatory style.

In the similar vein, the study of Hilsman and Galber (1995) provided support for the cognitive-diathesis stress model of depression by indicating that helpless explanatory style and perceived unacceptable grades interaction predicted depressive symptoms.

Although most of the studies cited provided evidence for the reformulated learned helplessness model of depression there were also some studies that revealed inconsistent findings with supportive studies (e.g., Cutrona, 1983; Hamilton & Abramson, 1983; Persons & Rao, 1985; Gotlib, Lewinsohn, Seeley, Rohde, & Redner, 1993).

Longitudinal studies' results indicated that one's explanatory style was not a stable trait-like depressive cognitive style that when depression remitted so did the explanatory style (Cutrona, 1983; Hamilton & Abramson, 1983; Persons & Rao, 1985). However, Hamilton and Abramson (1983) were cautious enough in interpreting the results of their study. They stated that they were not clear about which factors caused depressives' explanatory style to return to normal and also they added that negative cognitive styles might reappear when remitted depressive patients experience the stresses of life outside the hospital.

The study of Gotlib and his colleagues (1993) found that helpless explanatory style was not specific to depression by comparing depressed adolescents with psychiatric control adolescents.

Abramson et al. (1993) stated that existing association between helpless explanatory style and a wide range of psychopathologies was not against to the predictions of the model about the specificity since the role of depression in other psychopathologies with regard to explanatory style could not be ruled out.

Indeed, reviewing the literature about explanatory style one can come across with a number of studies that indicated an association between helpless explanatory style and other psychological symptoms such as anxiety (Ganellen, 1988; Ralph & Mineka, 1998; Johnson & Miller, 1990), general distress and psychosomatic complaints (Nezu, Nezu, & Nezu, 1986); and self-esteem (Zautra, Guenther, & Chartier, 1985; Kao & Nagata, 1997; Chandler & Lee, 1997; Ralph & Mineka, 1998).

In the studies examining the association of explanatory style and self-esteem low self-esteem was found to correlate with internal, stable and global attributions (depressive explanatory style) for negative outcomes (Chandler & Lee, 1997; Kao & Nagata, 1997; Ralph & Mineka, 1998), and high self-esteem with internal attributions for positive outcomes (Zautra et al., 1985).

Apart from these studies that showed the association between helpless explanatory style and several psychological variables, the study of McKean (1994) indicated that helpless explanatory style was associated with real world deficits in three domains. That is, students with a helpless explanatory style suffered more dysphoria when faced with negative outcomes (affective

domain), procrastinated more on academic tasks (behavioural domain), and performed more poorly in their studies (cognitive domain).

With regard to affective domain, another psychological variable studied in relation to explanatory style is perfectionism (Flett & Hewitt, 1998; Brown, Heimberg, Frost, Makris, Juster, Leung, 1999; Chang & Sanna, 2001). In the following subsection the studies that either pointed out the possibility of an association between perfectionism and explanatory style or the ones that indicated associations between the two variables will be presented.

### **1.3. Relationship Between Perfectionism and Explanatory Style**

Two studies indicated the possibility of an association between perfectionism and learned helplessness regarding controllability (Hewitt & Flett, 1991b; Flett et al, 1991).

Hewitt and Flett (1991b) mentioned the perceptions of controllability as a factor distinguishing the perfectionism dimensions from one another. The authors stated that “Both self-oriented perfectionism and other-oriented perfectionism are under an individuals control and involve standards that may be changed in a proactive manner. In contrast, socially prescribed perfectionism is derived from the perception of other people’s imposed expectations. As such socially prescribed perfectionism is associated with an external locus of control ... and is reactive rather than proactive” (p. 468).

Hewitt and Flett (1991b) in their study with college students found that socially prescribed perfectionism was associated with external locus of control and concluded that socially prescribed perfectionism might lead to a sense of learned helplessness due to a perceived incontinency between



one's own behaviour and unrealistic standards prescribed by others (Hewitt & Flett, 1991b, Study III).

Flett et al. (1991), examining the role of self-control in relation to perfectionism dimensions found that self-oriented perfectionism was positively associated with self-control. And concluded that while socially prescribed perfectionism might be associated with learned helplessness due to a perceived inability to meet or change perfectionistic social expectations imposed by significant others. Self-oriented perfectionism might be related to learned resourcefulness since it was characterized by an intrinsic motivation and tendency to strive for achievement (Hewitt & Flett, 1991b) and associated with high self-control.

While these two studies indicated a possibility of an association between socially prescribed perfectionism and learned helplessness, some other studies examined directly the association of perfectionism dimensions to attributional style (Flett & Hewitt, 1998; Brown et al., 1999; Chang & Sanna, 2001).

Flett and Hewitt (1998) examined the association between perfectionism dimensions and attributions for success and failure in a college sample. They found that socially prescribed perfectionism was correlated with attributions for external factors (i.e., luck and contextual factors) for both positive and negative achievement and affiliation outcomes. Their finding was consistent with the studies mentioned above in which an association between socially prescribed perfectionism and perceived lack of control was found. The authors also pointed out that socially prescribed perfectionists

might suffer from lack of positive self-reinforcement since they attributed their successes to external factors and this, in turn, might contribute to the association between socially prescribed perfectionism and depression. This finding and interpretation seems to be consistent with the predictions of the reformulated learned helplessness model of depression.

Another important finding of the study of Flett and Hewitt (1998) was the lack of a significant association between the other two dimensions of perfectionism and attributions for the total sample. However, there existed a relationship as a function of gender. However, authors also stated that due to the relative low number of males one needed to be suspicious in interpreting the differences with regard to gender.

Brown et al. (1999) also examined the associations of 2 perfectionism dimensions, namely, Concern Over Mistakes and Personal Standards (assessed by MPS of Frost et al., 1990) and attributions in 90 women college students. Attributions were assessed by an 8-item questionnaire converging under three factors, namely, negative attributions about oneself (e.g., “I never do well on exams”), unstable elements related to performance (e.g., “I did not study enough”), and external situational factors (e.g., “the exam was unfair”). The results of the factor analysis revealed three factors, namely, negative attributions about oneself, unstable elements related to performance, and external situational factors. They found that high Personal Standards in conjunction with exceeding these standards by a greater amount (assessed by subtracting the participants’ actual midterm scores from their prior to midterm exam ratings of the scores that they “should” get

on the midterm) were associated with less attribution of performance to negative factors about oneself. The authors also indicated that Concern Over Mistakes was associated with higher negative attributions about oneself regarding midterm exam performance after the midterm exam. However, as authors also indicated external validity of the study was rather questionable since the study included only female participants.

Although the two studies (Flett & Hewitt, 1998; Brown et al, 1999) showed some associations between perfectionism dimensions and attributions they did not tested the relationship between the dimensions of perfectionism and helpless explanatory style. The study of Chang and Sanna (2001) seemed to be the only study to fill this gap. Thus, it is the one most relevant with the purpose of this thesis.

Chang and Sanna (2001), examining an integrative model, which included perfectionism and attributional style as predictors of depressive symptoms, found that there was a positive correlation between sub-dimensions of perfectionism, helpless explanatory style for negative events which was termed by the researchers as negative attributional style and depression with the exception of other-oriented dimension. They figured out that other-oriented perfectionism was associated negatively both with negative attributional style and depression. Moreover, in support of their model they found that negative attributional style added a significant amount of variance (16 to 24%) in predicting depressive symptoms even after controlling for the variance already accounted for each perfectionism dimension. They also found a Perfectionism x Negative Attributional Style

interaction that accounted for a significant additional variance (7 to 10%) in the prediction of depressive symptoms after controlling for both perfectionism and negative attributional style. Specifically, for both self-oriented and socially prescribed perfectionism, a high compared with a low negative attributional style appeared to increase the positive association with these perfectionism dimensions and depressive symptoms. For other-oriented perfectionism, a high compared with low negative attributional style again increased the negative relation between this perfectionism dimension and depressive symptoms.

In short all the studies mentioned in this subsection provided some evidence for a possible association between perfectionism dimensions and helpless explanatory style. Especially the results of Chang and Sanna's (2001) study showed that both self-oriented and socially prescribed perfectionism were associated with helpless explanatory style. Furthermore, the issue of gender differences in studying the relation between perfectionism and attributions seemed to be questionable since either the studies provided inconsistent results with regards to this variable (Flett & Hewitt, 1998; Chang & Sanna, 2001) or could not be examined at all (Brown et al., 1999), thus pointing to the need of including gender in investigating the perfectionism and explanatory style association.

Searching for the studies conducted in Turkey in which a possible perfectionism and explanatory style association was examined, no studies were found. However, there were studies which examined the two variables

by themselves in relation to several other variables. In the following subsection these studies will be mentioned briefly.

#### **1.4. Studies About Perfectionism and Explanatory Style Conducted in Turkey**

Reviewing the Turkish literature about perfectionism two studies (Oral, 1999; Dinç, 2001) were encountered. Both of the studies were conducted with college students.

Oral (1999), investigated the relationships among three dimensions of perfectionism, life events and depression and found that self-oriented and other-oriented perfectionism were negatively related with depression scores while socially prescribed perfectionism was positively related with depression scores.

Dinç (2001) examined the moderating role of negative events in the predictive role of perfectionism on depressive symptoms and anger. She indicated that both self-oriented and other-oriented perfectionism interacted with achievement related life events in predicting depressive symptoms. On the other hand, the association between socially prescribed perfectionism and depression symptoms was not moderated by social life events. She added that other-oriented perfectionism also interacted with social life events to predict anger.

In comparison to the number of perfectionism studies conducted in Turkey, more studies appear to be carried out in the field of learned helplessness (explanatory style) (e.g., Aydın & Aydın, 1991; Cantekinler,

1997; Uras, 2001; Baş, 1998; Kök, 1992; Gündoğdu, 1994; Oluklu, 1997; Kılıç-Atıcı, 1991; Yıldız, 1997; Koçak, 1998).

In different college samples, learned helplessness (helpless explanatory style) was studied in relation to depression (Aydın & Aydın, 1991; Koçak, 1998), and academic achievement (Kılıç-Atıcı, 1991).

Aydın and Aydın (1991) found a strong relationship between explanatory style and depression with both university students and depressive patients. In the depressed and nondepressed psychiatric groups as the explanations for negative events became more internal, stable and global, the depressive symptoms increased. Similarly, for the positive events while the explanations became more external, unstable and specific, the depressive symptoms increased.

Similarly, Koçak (1998) indicated that helpless explanatory style was associated positively with depression scores both for positive events and negative events in a college sample.

Kılıç-Atıcı (1991), examining the associations between academic achievement (assessed by both their GPA and university entrance exam scores) and helpless explanatory style found a negative correlation between the two variables.

In conclusion, both perfectionism dimensions and explanatory style were separately studied in Turkish samples, however, no studies were encountered in which the association of these two variables were examined. Furthermore, not limiting the search for Turkish participants, only one published study (Chang & Sanna, 2001) on the relationship between

perfectionism and helpless explanatory style was found. Thus, this study aims at clarifying the mentioned possible association in a Turkish sample. The purpose of the study and research questions are stated as follows.

### **1.5. Purpose of The Study**

The purpose of the study is twofold: (1) to determine the dimensions of perfectionism as perceived by the sample of the study, and (2) to investigate the relationship between perfectionism and helpless explanatory style as a function of gender.

The research questions were formulated as follows:

1. What are the dimensions of perfectionism perceived by the students?
2. Are there significant relationships between helpless explanatory style and different dimensions of perfectionism as a function of gender?

## **CHAPTER II**

### **METHOD**

Details of the methodological issues of the study are presented in this chapter. This chapter includes four sections. The first section of the chapter contains the characteristics of the students participated in the study. In the second one, data collection instruments are presented. In the third section, the procedure followed in the study is given. The fourth and the last section provides an explanation of data analysis procedures.

#### **2.1.Participants**

The population of the study was fourteen thousand and five hundred undergraduate students from all the departments of METU. In the selection of the participants the following procedure was pursued.

First, considering that approximately one thousand five hundred students would represent the entire population and randomly picking the very 15<sup>th</sup> student would result in selection of 10% of the student population, every 15<sup>th</sup> student from the METU students' list was selected. The students' lists were taken from student affairs office. For each department, a student list including the names of the selected participants was prepared. By applying this procedure, approximately over two thousand students were selected considering that some missing cases would be inevitable. Indeed, two



departments refused to cooperate in the study and this resulted in a severe decrease in the number of the participants.

Second, the remaining one thousand and three hundred undergraduate students from 35 different departments of Middle East Technical University constituted the participants. The instruments were distributed to these students. However, the return rate was rather low (32%). As a result, 417 filled instruments were returned and when cases with missing values over three were excluded a sample of 331 remained. One hundred and eighty two of the participants (55%) were males and 149 (45%) were females. Their ages ranged between 18-27.

## **2.2. Instrumentation**

Two instruments were used in the study. Turkish version the Multidimensional Perfectionism Scale (MPS) (Oral, 1999) (see Appendix A) was used to measure perfectionism levels of students and Depressive Attribution Style Questionnaire-DASQ (Aydın, 1988a) (see Appendix B) was used to assess explanatory styles of the university students.

### **2.2.1. Measure of Multidimensional Perfectionism**

The MPS is a 45-item instrument which assesses individual differences in perfectionism through three different dimensions (Hewitt & Flett, 1991b). The dimensions are self-oriented perfectionism (i.e. When I am working on something, I cannot relax until it is perfect), other-oriented perfectionism (i.e. It is not important that the people I am close to are successful), and socially prescribed perfectionism (i.e. Success means that I must work even harder to please others). Each dimension is represented in a subscale and each

subscale includes 15 items. Items that converge under self-oriented perfectionism are 1, 6, 8, 12, 14, 15, 17, 20, 23, 28, 32, 34, 36, 40, 42; items that converge under other-oriented perfectionism are 2, 3, 4, 7, 10, 16, 19, 22, 24, 26, 27, 29, 38, 43, 45; and items that converge under socially prescribed perfectionism are 5, 9, 11, 13, 18, 21, 25, 30, 31, 33, 35, 37, 39, 41, and 44.

The MPS uses a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores on all three subscales reflect greater perfectionism. Items 2, 3, 4, 8, 9, 10, 12, 19, 21, 24, 30, 34, 36, 37, 38, 43, 44, and 45 are reverse coded. Therefore, they are reversed before computing the subscale scores.

There are a number of studies that have indicated that three MPS subscales possess adequate reliability and validity for both normal and clinical samples (Hewitt & Flett, 1991b; Flett et al., 1991). In the study of Hewitt and Flett (1991b), conducted with university students, item-to-subscale score correlations ranged between .51 and .73 for self-oriented items, .43 and .64 for other-oriented items, and .45 and .71 for socially prescribed items. The coefficient alphas for the same sample were .86 for self-oriented perfectionism, .82 for other-oriented perfectionism and .87 for socially prescribed perfectionism. In a following study with a student sample, Flett et al. (1991b) also found high coefficient alphas for each subscale. The respective alphas were .89, .79, and .86 for self-oriented, other-oriented and socially prescribed perfectionism. The alphas in the patient sample, in the same study, were .88, .74, and .81 for self-oriented, other-oriented and

socially prescribed perfectionism respectively. To determine the instrument's construct validity, Hewitt & Flett (1991b) conducted two factor analyses, one for the student sample and one for the patient sample. The result of the factor analytic study of the MPS with the student sample revealed that all of the items of self-oriented subscale were converged under the first factor with item loadings ranging between .45 and .66, the items of socially-prescribed subscale under second factor with item loadings between .39 and .63 and finally 13 items of other-oriented one under the third factor with loadings between .38 and .63. The remaining two items had factor loadings of .24 and .32 on the third factor but had slightly higher loadings on the second one. The results of the same study with the patient sample showed that 14 of the 15 self-oriented items loaded highest on the first factor with item loadings ranging between .36 and .77. The remaining item loaded highest on the third factor. Fourteen items of the socially prescribed subscale loaded highest on the second factor with item loadings ranging between .32 and .63 and again one item loading highest on the third factor. Finally, 10 other-oriented items loaded highest on the third factor with item loadings ranging between .33 and .60. The remaining items varied on their loadings on the first and third factors.

The factor analyses of the original scale conveyed that the factor structures were quite similar across the two samples except for a few items measuring other-oriented perfectionism.

In addition, the MPS was compared with other personality measures such as self- and other-blame scale, the authoritarianism scale, fear of

negative evaluation, irrational beliefs test, locus of control scale, the narcissistic personality inventory. The association of MPS with different psychopathological conditions is also examined. The findings have proven that the MPS possesses adequate concurrent validity (Hewitt & Flett, 1991b; Flett et al., 1991; Hewitt & Flett, 1993).

In the present study Turkish version of the MPS (Oral, 1999) was used. In her pilot study, Oral (1999) found that Turkish version had a similar factor structure to the original scale. Most of the items converged under factors that were similar to the original study. Different from the original form, 19 items converged under the first factor four of which were the items of other-oriented (22, 16, 29, 07) and one of which was from socially prescribed perfectionism (30) in the original scale. 15 items converged under the second factor, one of which was the item for other-oriented perfectionism (27) in the original scale. Finally, 10 items one of which was from the self-oriented perfectionism (34) in the original one converged under the third factor. Additionally, Oral (1999) found that one item (22) had a factor loading under 30 and excluded it from the computations. In her reliability analysis of Turkish version of MPS, for overall MPS scale, coefficient alpha was .91 and the respective alphas were .91, .80, and .73 for self-oriented, socially prescribed, and other-oriented perfectionism. Finally item-total-subscale correlations ranged between .20 to .75 for self-oriented, .22 to .60 for socially prescribed, and .31 to .52 for other-oriented perfectionism.

A separate factor analysis was carried out for the present study both for the purpose of obtaining further construct validity evidence of the MPS and to

provide an answer to the first research question which investigates the perceptions of the METU students regarding the dimensions of perfectionism. The detailed findings of this factor analytic study are presented in the results section.

### **2.2.2. Measure of Depressive Explanatory Style**

In the present study the Depressive Attribution Style Questionnaire (DASQ) developed by Aydın (1988 a) was used to assess explanatory styles of university students. The DASQ is composed of 30 items, 15 pertaining to hypothetical good and 15 to hypothetical bad events, and 10 to each of the three explanatory dimensions (internal, stable, and global). It is a forced-choice questionnaire in which hypothetical events are followed by two possible explanations which varies one of the explanatory dimensions while holding the other two constant.

The DASQ is scored by giving a score of 1 to each internal, stable or global response for bad events, and also a score of 1 to each external, unstable or specific response for good events. Each external, unstable or specific response for bad events and each internal, stable or global response for good events is given a 0 score. Thus a total depressive explanatory style score can be obtained by summing these scores across 30 items. The highest possible score to be obtained is 30 and the lowest is 0, with higher scores indicating helpless explanatory style. Two separate explanatory scores can be obtained from the instrument by summing internal, stable and global responses for negative outcomes and by summing external, unstable and specific responses for good outcomes (Aydın & Aydın, 1991).

The validity and reliability studies of the DASQ showed that content, concurrent and construct validity of the questionnaire was satisfactory (Aydın, 1988 b; Aydın & Berberoğlu, 1990). With a clinically depressed population of 31, Aydın (1988 b) found that the correlation coefficient between the DASQ and the Turkish version of Multiscore Depression Inventory scores was significant ( $r = .58$ ;  $p < .001$ ). With a group of 51 normal subjects, the 4-week test-re-test reliability of the instrument calculated by Pearson product moment correlation was also significant ( $r = .65$ ;  $p < .001$ ) and the questionnaire had alpha coefficient of .62 which points out to a significant internal consistency at a level of  $p < .001$ .

The results of the study of Aydın and Berberoğlu (1990) indicated that items of DASQ were reflecting and discriminating the levels of attribution style of the students. The results were also found to be supportive to the existence of internality, stability, and globality dimensions of the DASQ.

### **2.3. Procedure**

A booklet containing an explanation of the present study, demographic questions and the two scales (MPS and DASQ) were prepared to collect data. For each department, a student list including the names of the selected participants was prepared. Each list was attached on the announcement boards of the related department. Booklets were distributed to the student affairs offices or the departments' secretary offices for the selected students to take. A week was given to fill the booklet. Students who had filled the booklet returned it back to the related offices. They were then collected from the departments by the researcher.

## **2.4. Analysis of Data**

First to examine the students' perceptions about the dimensions of perfectionism a separate factor analysis was carried out for the present study which also provided further validity evidence of the MPS.

Second, in order to investigate a possible relationship between perfectionism and helpless explanatory style and to assess whether this relationship vary as a function of gender, a 2 (gender), x 2 (helpless-non-helpless) MANOVA was employed to the self-oriented, other-oriented, socially prescribed, and perfectionistic expectations subscale scores of the Perfectionism Scale. A cut-off point of +1 and –1 standard deviation above and below the mean of the Depressive Attribution Style Scale scores of the participants was established to distinguish the helpless and non-helpless groups. Although taking the cut-off point of +1 and -1 standard deviation above and below the mean limited the sample size, it was regarded as the most appropriate way to distinguish the helpless group (high scored) from the non-helpless (low scored) one. Besides, in the present study, the number of the remaining participants were enough to run the MANOVA without violating the assumptions.

The analyses were carried out by using the related subprograms of SPSS, version 8.0.

## **CHAPTER III**

### **RESULTS**

In this chapter, the results of the statistical analyses were presented. First, factor analysis that was employed to the MPS was given. Secondly, the results of the MANOVA that investigated a possible relationship between perfectionism and helpless explanatory style was presented.

#### **3.1. The Results Regarding the Dimensions of Perfectionism As Perceived by Turkish University Students**

Factor analysis was employed to investigate the perceptions of students about the dimensions of perfectionism through examining the factor structure of the MPS. The analysis was carried out with 331 students which were also the research sample. The dimensionality of the 45 items from the MPS was analyzed using maximum likelihood factor analysis. Three criteria were used to determine the number of factors to rotate: the a priori hypothesis stemming from the previous studies that the measure was three-dimensional, the scree-test together with the eigenvalues and the interpretability of the factor solution. The scree plot and eigenvalues indicated that the initial hypothesis of three-dimensionality was incorrect. Consequently, four factors were rotated using a varimax rotation procedure. The rotated solution as shown in Table 1 yielded four interpretable factors with eigenvalues of 6.1, 3.38, 2.45, 1.82 for self-oriented, socially prescribed, other-oriented and a



new factor named as perfectionistic expectations respectively. The self-oriented perfectionism factor accounted for 13.5% of the item variance, socially prescribed perfectionism factor accounted for 7.5% of the item variance, other-oriented perfectionism factor accounted for 5.4% of the item variance, and finally perfectionistic expectations factor accounted for 4.1% of the item variance. Fifteen items converged under the first factor named self-oriented perfectionism with factor loadings ranging between .34 and .86. covering all the items in both the original and Turkish version. Twelve items converged under the second factor titled socially prescribed perfectionism with factor loadings ranging between .27 and .64. Thirteen items converged under the third factor termed other-oriented perfectionism with factor loadings ranging between .11 and .51. Finally, five items converged under an additional fourth factor named perfectionistic expectations with factor loadings ranging between .29 and .47. This fourth factor did not exist in both the original form and Turkish form of MPS that was adapted by Oral (1999).

Eight items that had factor loadings lower than .30 so they were excluded before conducting the MANOVA. Two of the excluded items (03 and 05) were items of socially prescribed perfectionism (factor II), 5 of them (02, 22, 37, 43, and 30) were items of other-oriented perfectionism (factor III) and one of them (32) was an item of perfectionistic expectations subscales (factor IV). Item 27 converged under both second and third factor with similar loadings and it was included in the third factor as it was theoretically meaningful to belong to this factor. Similarly, item 24 converged under both

third and fourth factor but it was included in the latter factor because it had more empirical and theoretical connotations with the fourth factor.

For the reliability analysis of the scale Cronbach alpha coefficients were computed for each subscale. It was computed twice; before and after excluding the items with lower factor loadings than .30. Before excluding 8 items and including item 27 in the third factor, the alpha reliability for overall MPS was .86. The coefficient alphas were .88 for self-oriented perfectionism, .77 for socially prescribed perfectionism, .56 for other oriented perfectionism, and .43 for perfectionistic expectations. In the second analysis, the alpha reliability for overall MPS was .88. The coefficient alphas were .88 for self-oriented perfectionism, .79 for socially prescribed perfectionism, .64 for other-oriented perfectionism, and .57 for perfectionistic expectations. Additionally, correlations between the perfectionism items and perfectionism factors were calculated. The results of this analysis are presented in Table 3.1.

**Table 3.1.** Factor Loadings of the MPS Subscales

Items	Factors			
	1	2	3	4
1. Self-Oriented				
15. It is very important that I am perfect in everything I do.	<b>.86</b>	.25	.14	.01
06. One of my goals is to be perfect in everything I do.	<b>.77</b>	.18	.11	.17
17. I strive to be the best at everything I do.	<b>.77</b>	.14	.12	.22
20. I demand nothing less than perfection of myself.	<b>.70</b>	.22	.20	-.11
28. I am perfectionist in setting my goals.	<b>.70</b>	.09	.16	.13
42. I must always be successful at school or at work.	<b>.63</b>	.18	.18	.30
12. I seldom feel the need to be perfect.	<b>.58</b>	-.01	.34	-.05
34. I do not have to be best at whatever I am doing.	<b>.58</b>	.11	.35	-.08
01. When I am working on something, I cannot relax until it is perfect.	<b>.57</b>	.02	.02	.25
08. I never aim for perfection in my life.	<b>.56</b>	-.09	.23	.10
36. I do not have very high goals for myself.	<b>.47</b>	-.15	.23	.18
40. I set very high standards for myself.	<b>.46</b>	-.01	.12	.09
07. Everything others do must be of top-notch quality.	<b>.41</b>	.23	.16	.12
14. I strive to be as perfect as I can be.	<b>.40</b>	.04	.02	.21
23. It makes me uneasy to see an error in my work.	<b>.34</b>	.07	.04	.25

(Table 3.1. cont.)

Items	Factors			
	1	2	3	4
2. Socially Prescribed Items				
13. Anything I do that is less than those will see excellent is poor work around me.	.07	<b>.64</b>	.16	-.04
41. People expect more from me than I am capable of giving.	.04	<b>.57</b>	.00	.08
39. People expect nothing less than perfection from me.	.24	<b>.55</b>	.10	.04
35. My family expects to be perfect.	.08	<b>.54</b>	.10	.18
11. The better I do, the better I am expected to do.	.08	<b>.52</b>	-.02	.20
18. The people around me expect me to succeed at everything I do.	.24	<b>.51</b>	.09	.31
31. I feel that people are too demanding of me.	.12	<b>.51</b>	-.01	.24
25. Success means that I must work even harder to please others.	.13	<b>.46</b>	.10	-.04
21. Others will like me even if I do not excel at everything.	-.03	<b>.36</b>	.26	-.37
27. I cannot stand to see people close to me make mistakes.	.21	<b>.35</b>	.32	.11
05. I find it difficult to meet others' expectations of me.	-.12	<b>.27</b>	.01	-.17
33. Although they may not show it, other people get very upset with me when I slip up.	-.06	<b>.27</b>	.06	-.06

(Table 3.1. cont.)

Items	Factors			
	1	2	3	4
3. Other-Oriented Items				
03. It is not important that the people I am close to are successful.	.13	.04	<b>.51</b>	.17
45. I seldom expect others to excel at whatever they do.	.18	.08	<b>.44</b>	-.03
10. It does not matter that someone close to me does not do their absolute best.	.15	-.10	<b>.44</b>	.20
09. Those around me readily accept that I can make mistakes, too.	.01	.28	<b>.38</b>	-.06
38. I respect people who are average.	.09	.04	<b>.37</b>	-.08
19. I do not have very standards for those around me.	.21	.14	<b>.35</b>	.08
04. I seldom criticize my friends for accepting second best.	.07	.12	<b>.32</b>	-.07
44. People around me think I am still competent even if I make a mistake.	-.12	.19	<b>.31</b>	-.28
02. I am not likely to criticize someone for giving up too easily.	.22	-.05	<b>.28</b>	.07
22. I cannot be bothered with people who won't strive to better themselves.	.14	.07	<b>.26</b>	.12
37. My parents rarely expected me to excel in at all aspects of my life.	.17	.12	<b>.25</b>	.12
43. It does not matter to me when a close friend does not try their hardest.	.02	-.02	<b>.24</b>	.16
30. Other think I am okay, even when I do not succeed.	.03	.02	<b>.10</b>	-.04

**(Table 3.1. cont.)**

Items	Factors			
	1	2	3	4
4. Perfectionistic Expectations Items				
16. I have high expectations for the people who are important to me.	.21	.17	.13	<b>.47</b>
26. If I ask someone to do something, I expect it to be done flawlessly.	.14	.05	-.06	<b>.43</b>
29. The people who matter to should never let me down.	.17	.30	.16	<b>.34</b>
24. I do not expect a lot from my friends.	.19	.11	.30	<b>.32</b>
32. I must work to my all potential all the time.	.07	.06	.02	<b>.29</b>

### **3.2. Results Regarding the Relationship between Perfectionism Dimensions and Helpless Explanatory Style as a Function of Gender**

To investigate a possible relationship between perfectionism and helpless explanatory style and to assess whether this relationship varies as a function of gender, a 2 (gender), x 2 (helpless-non-helpless) MANOVA was employed to the self-oriented, socially prescribed, other-oriented, and perfectionistic expectations subscale scores of the MPS.

Table 3.2. presents the means and standard deviations of the MPS subscale scores of the male and female helpless and non-helpless university students.

**Table 3.2.** Means and Standard Deviations of the MPS Subscale Scores of Helpless and Non-Helpless Male and Female Students

	Helpless/Non-Helpless	Gender	M	SD	N
Self-oriented	Non-Helpless	Male	70.61	20.86	28
		Female	71.46	15.33	28
	Helpless	Male	74.38	16.20	21
		Female	67.17	14.00	12
Socially prescribed	Non-Helpless	Male	36.28	7.15	28
		Female	37.36	10.52	28
	Helpless	Male	36.04	7.07	21
		Female	31.25	9.74	12
Other-oriented	Non-Helpless	Male	33.78	7.66	28
		Female	32.39	7.34	28
	Helpless	Male	33.67	8.21	21
		Female	31.00	7.52	12
Perfectionistic Expectations	Non-Helpless	Male	18.71	4.17	28
		Female	19.86	3.79	28
	Helpless	Male	20.19	3.93	21
		Female	16.58	4.21	12

The results of the MANOVA yielded no significant main effect regarding the helplessness levels of students ( $Wilks' \Lambda = .96$ ,  $F(4, 82) = .65$ ,  $p > .05$ ) and a gender main effect ( $Wilks' \Lambda = .97$ ,  $F(4, 82) = .65$ ,  $p > .05$ ). The results of the MANOVA analysis also showed no interaction effect of level of helplessness and gender ( $Wilks' \Lambda = .91$ ,  $F(4, 82) = 1.98$ ,  $p > .05$ ).

## **CHAPTER IV**

### **DISCUSSION**

The present study aimed at both examining the dimensions of perfectionism as perceived by university students and the relationship between perfectionism dimensions and helpless explanatory style as a function of gender in the same sample. Before examining the possible association between the two variables, a factor analysis was conducted to clarify the dimensions of perfectionism as the university students perceive them. Throughout this section findings of the study which were presented in the previous section will be discussed in relation to relevant literature. Discussion of the findings follows the same order as does the results section.

#### **4.1. Dimensions of Perfectionism as Perceived by University Students**

Factor analysis was employed to explore the factor structure of the Multidimensional Perfectionism Scale (MPS). The factor analysis yielded a four-factor solution. This finding was somewhat inconsistent with the studies in which a three-factor solution of the scale was accepted (Hewitt & Flett, 1991b; Oral, 1999).

For instance, Hewitt and Flett (1991b) conducted two separate factor analyses for college and psychiatric patient samples. For the college sample, the researchers reported that all items of the self-oriented subscale and the socially prescribed scale converged under the factors that they belong to



(self-oriented items under the first factor; socially prescribed items under the second factor). Similarly, thirteen items of other-oriented subscale converged under the third factor. However, two items of other-oriented subscale had higher loadings on the second factor (socially prescribed perfectionism). For the factor structure of MPS in the patient sample they indicated that while self-oriented and socially prescribed items loaded highest on the factors that they belong, 5 other-oriented items loaded complexly on the first and third factors. Considered together, these findings regarding both the college and the patient sample point out to a complexity about other-oriented perfectionism items.

Suddarth and Slaney (2001) also questioned the conceptual clarity of other-oriented perfectionism scale, indicating that this scale was associated moderately with all three subscales of Almost Perfect Scale-Revised (APS-R; Slaney et al., 1996) reflecting both adaptive and maladaptive aspect of perfectionism.

Oral (1999) conducted a factor analysis on the Turkish version of MPS with university students and found a three-factor solution as did Hewitt and Flett (1991b). However, she reported that 20 items converged under the first factor, 5 of which were from the other-oriented (07, 16, 22, 26, 29) and one of which was from socially prescribed perfectionism subscales (30). Furthermore, she indicated that one of the 10 items that formed the other-oriented perfectionism (34) was an item that originally belonged to self-oriented perfectionism subscale. Thus, the findings of the study of Oral

(1999) also reflected a complexity with regard to items of other-oriented perfectionism.

As for the present study, the most striking finding was the emergence of the fourth factor which was formed by the four items representing other-oriented perfectionism dimension (16, 26, 29, 24) and one item representing self-oriented perfectionism dimension (32; excluded from the computations due to its lower loading) in the original scale. A similar result which was found in both the present and Oral's study was the convergence of three items (16, 26, 29) under irrelevant factors. Both the suspicion regarding the conceptual clarity of other-oriented dimension (Suddarth & Slaney, 2001; Hewitt & Flett, 1991b) and the findings of Oral's (1999) study supporting this lack of conceptual clarity seem to explain why these three items did not converge under the third factor (other-oriented perfectionism dimension) in the present study as well. However, it is still questionable why they loaded on a different factor that was not obtained in the previous studies (Hewitt & Flett, 1991b; Oral, 1999). Cox, Enns, and Clara's (2002) study on college student and clinical samples might provide a cue for the emergence of the fourth factor. The researchers tested the three-factor model proposed by Hewitt and Flett (1991b) on the samples by applying confirmatory factor analysis to the MPS items. Cox and his colleagues indicated that support for the three factors was not found in either sample including all of the items (45) in the analysis and added that support for three-factor conceptualization was only found for an empirically derived 15-item subset of the original scale.

Although the study of Cox et al. (2002) can be taken as a standpoint for explaining the results of the present study it is not sufficient to illuminate the difference between the number of the factors found in the present and Oral's (1999) study. Since both in the present study and in Oral's study Turkish students from the Middle East Technical University (METU) constituted the participants, it will not be feasible to describe the difference with culture-specific issues. However, one difference between the two studies appears to lie in the process of the studies, that is the data collection procedure.

As mentioned in the method section, in the present study participants were selected randomly from METU students' list and these selected students took the questionnaires from either the student affair offices or the departments' secretary offices and returned them back on completion. Thus, the students in the present study did not fill the questionnaires in a class setting while the students in Oral's study filled them in their classes. The absence of the researcher while students were filling out the questionnaires might have affected the responses of the participants. For example, respondents might have needed a verbal explanation of the study (e.g., purpose, significance) or some of the items and how they would respond to them. "Verbal explanation" might be the key component reflecting a culture-specific issue. That is, it might be proposed that although participants in the present study were provided with a detailed written explanation of the study (see Appendix C) the students might not have read it carefully or not have read it at all. As far as the Turkish students are concerned in exam situations, one may observe that most of them start answering the questions

immediately without paying much attention to written instructions, which might stand as an illustrative evidence of that possibility. The students' not filling out the questionnaires in a class setting might have led to another shortcoming; that is, lack of motivation to continue alone while the group might have provided such a motivation in responding.

Reliability analysis of the scale has shown that MPS is a reliable measure. Especially, after excluding 8 items both for the overall MPS and subdimensions of MPS the alpha coefficients were higher. The coefficient alphas of overall MPS, self-oriented, socially prescribed, and other-oriented perfectionism were similar to those in Oral's (1999) study. However, the coefficient alphas in Oral's study were slightly higher. The higher coefficient alphas in Oral's study seem to be interpretable as her study comprises three factors with more items under each subscale and higher number of items brings forth higher reliability (Kratwohl, 1998).

Up to this point the results of the factor analysis and reliability of MPS were interpreted. In the next subsection the results of the MANOVA that investigated the association between perfectionism dimensions and helpless explanatory style will be discussed.

#### **4.2. Relationship Between Perfectionism Dimensions and Helpless Explanatory Style as a Function of Gender**

No significant associations were found between the helplessness level of students and perfectionism. Further, no significant interaction effect of helplessness and gender on MPS dimensions was encountered.

The lack of direct evidence in the literature regarding the association between perfectionism and helpless explanatory style made it difficult to interpret the result of the present study. Although in one study (Chang & Sanna, 2001) the relationship between perfectionism and helpless explanatory style has been investigated holding the explanatory style as a moderator, the results revealed an inconsistent finding indicating that there was a positive association between both subdimensions of perfectionism (self-oriented and socially prescribed perfectionism) and helpless explanatory style but a negative association emerged with other-oriented dimension.

The findings of the present study, however, can be explained by the cultural issues involved in both perfectionism and explanatory style.

Chang (1998), examining the cultural differences in perfectionism between Asian American and Caucasian American college students, pointed out that Asian Americans had higher scores from Frost et al.'s (1990) Concern Over Mistakes, Parental Expectations, Parental Criticism, and Doubts About Action scales (scales correlated positively with the socially prescribed dimension of the MPS; see Frost et al., 1993) than the Caucasian American college students. However, they indicated that none of these subscales were found to be associated with hopelessness and suicidal probability in Asian Americans while a positive relationship was found for Caucasian Americans.

The study of Kao and Nagata (1997) showed the importance of cultural differences in examining the associations between explanatory style and

self-esteem in college students. Specifically, Kao and Nagata found that internal explanatory style was associated with low self-esteem in European American college students whereas it was not associated with low self-esteem in Asian Americans.

Based on these findings it can be speculated that these two constructs might be confounded with the same personality variables along with the cultural factors that require further investigation. In conclusion, the results of the present study showed that participants perceived perfectionism in four dimensions. This appears to be due to the limitations of the instrument which cannot be explained by the cultural factors. Indeed, the psychometric properties of the original version of the MPS do not seem to be empirically sound enough as discussed above. Similar shortcomings have arisen in the Turkish version of the MPS. It seems that these drawbacks along with the some other possible confounds might have effected the results of the study. Possible confounds may also be related with the psychometric properties of DASQ. The results of a factor analytic study by Aydın and Berberoğlu (1990) has shown that the internality dimension is clearly evident but there exists some overlap between globality and stability dimensions although this overlap do not seem to interfere with the validity of the whole instrument where composite scores are calculated. These drawbacks, in turn, might have led to the failure to find a meaningful association between helplessness and perfectionism. Stating differently, the lack of the relationship between the two variables do not actually seem to indicate a real paucity of a relationship. Further, some studies in the literature provided some evidence for the role of

cultural factors on perfectionism and helpless explanatory style which might contribute to the interpretation of the results of the present study.

In the two subsections above results of the present study were discussed however, there are also some limitations that need to be addressed in interpreting these results. In the next subsection limitations of the study will be presented.

#### **4.3. Limitations**

Regarding the data collection procedure, the use of random sampling method within 35 departments of METU can be thought as a good start. However, as mentioned in the sub-section 4.1., the most serious limitation still seems to be some parts of the data collection process. Due to the absence of the researcher the lack of verbal explanation, in the test situation might have caused the students not to give serious consideration to the scale on the whole. Since there is a possibility that students did not read the instructions carefully, they might not have understood the purpose, significance and necessary details while responding.

As mentioned in the preceding subsection, still another limitation might be related with the factor structure of scales used in the study.

Taking these limitations into consideration some suggestions for future research were presented in the following subtitle.

#### **4.4. Recommendations for Future Research**

Since the factor analysis of the MPS in the present study revealed inconsistent findings with that of Oral's (1999) it might be beneficial to reinvestigate the dimensions of perfectionism using a confirmatory factor

analysis in Turkish samples. In the present study, although the researcher was aware that this analysis should also be carried out, confirmatory factor analysis could not be conducted as this program was not available in SPSS 8.0 version.

Furthermore, including the present study in all of the studies (Oral, 1999; Dinç, 2001) related with perfectionism METU students constituted the participants reflecting a threat to the generalizability of the results. Therefore, future studies might be conducted with samples from different universities and also with diverse samples.

An important suggestion with regard to the measurement of perfectionism might be shortening the original MPS as offered by Cox et al. (2002). As mentioned before, Cox et al. (2002) pointed out that the length of the original MPS might be reduced to an empirically derived 15-item subset to better support the three-factor conceptualization of perfectionism. Reducing the number of items might be useful not only for better capturing the perfectionism dimensions but also for practical purposes in data collection procedure.

Another suggestion for future researchers might be made about the data collection procedure. Future research should consider both the assets and limitations of the data collection procedure used in the present study and try to provide the participants with relevant verbal instructions.

An additional suggestion might be offered to researchers who are interested in studying perfectionism. As mentioned in the introduction section, perfectionism has been found to be associated with a wide range of



difficulties regarding affective domain (e.g., psychological distress, depression, low self-esteem, anxiety, eating disorders) and academic domain (e.g., procrastination behavior, problems with resource management strategies, and maladaptive learning strategies). All of these variables may be studied in relation to perfectionism in Turkish samples. However, considering the observed limitations of the MPS it deems important to make the necessary modifications before conducting future studies.

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## APPENDICES

### APPENDIX A

#### MULTIDIMENSIONAL PERFECTIONISM SCALE

#### (ÇOK BOYUTLU MÜKEMMELİYETÇİLİK ÖLÇEĞİ)

Aşağıda kişilik özellik ve davranışlarına ilişkin bir dizi ifade bulunmaktadır. Her ifadeyi okuduktan sonra o maddede belirtilen fikre katılma derecenizi 7 (kesinlikle katılıyorum) ve 1 (kesinlikle katılmıyorum) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. (Örneğin; kesinlikle katılıyorsanız 7 'yi, katılıyorsanız 6'yı, biraz katılıyorsanız 5'i, kararsızsanız 4'ü, bir miktar katılmıyorsanız 3'ü, katılmıyorsanız 2'yi ve kesinlikle katılmıyorsanız 1 rakamını işaretleyiniz). Bu ölçek kişisel görüşlerinizle ilgilidir, bunun için “doğru” ya da “yanlış” cevap vermek söz konusu değildir. Önemli olan işaretlediğiniz rakamın sizin gerçek düşüncenizi yansıtmasıdır.

1) Bir iş üzerinde çalıştığımda iş kusursuz olana kadar rahatlayamam.	1	2	3	4	5	6	7
2) Genelde kişileri, kolay pes ettikleri için eleştirmem.	1	2	3	4	5	6	7
3) Yakınlarımla başarılı olmaları gerekmez.	1	2	3	4	5	6	7
4) En iyisinden aşağısına razı oldukları için arkadaşlarımı nadiren eleştiririm.	1	2	3	4	5	6	7
5) Başkalarının benden beklentilerini karşılamakta güçlük çekerim.	1	2	3	4	5	6	7
6) Amaçlarımdan bir tanesi yaptığım her işte mükemmel olmaktır.	1	2	3	4	5	6	7
7) Başkalarının yaptığı her şey en iyi kalitede olmalıdır.	1	2	3	4	5	6	7
8) İşlerimde asla mükemmelliği hedeflemem.	1	2	3	4	5	6	7
9) Çevremdekiler benim de hata yapabileceğimi kolaylıkla kabullenirler.	1	2	3	4	5	6	7
10) Bir yakınımın yapabileceğinin en iyisini yapmamış olmasını önemli görmem.	1	2	3	4	5	6	7

11) Bir işi ne kadar iyi yaparsam çevremdekiler daha da iyisini yapmamı beklerler.	1	2	3	4	5	6	7
12) Nadiren mükemmel olma ihtiyacı duyarım.	1	2	3	4	5	6	7
13) Yaptığım bir şey kusursuz değilse çevremdekiler tarafından yetersiz bulunur.	1	2	3	4	5	6	7
14) Olabildiğim kadar mükemmel olmaya çalışırım.	1	2	3	4	5	6	7
15) Girdiğim her işte mükemmel olmam çok önemlidir.	1	2	3	4	5	6	7
16) Benim için önemli olan insanlardan beklentilerim yüksektir.	1	2	3	4	5	6	7
17) Yaptığım her şeyde en iyi olmaya çalışırım.	1	2	3	4	5	6	7
18) Çevremdekiler yaptığım her şeyde başarılı olmamı beklerler.	1	2	3	4	5	6	7
19) Çevremdeki insanlar için çok yüksek standartlarım yoktur.	1	2	3	4	5	6	7
20) Kendim için mükemmelden daha azını kabul edemem.	1	2	3	4	5	6	7
21) Her konuda üstün başarı göstermesem de başkaları benden hoşlanacaktır.	1	2	3	4	5	6	7
22) Kendilerini geliştirmek için uğraşmayan kişilerle ilgilenmem.	1	2	3	4	5	6	7
23) Yaptığım işte hata bulmak beni huzursuz eder.	1	2	3	4	5	6	7
24) Arkadaşımdan çok şey beklemem.	1	2	3	4	5	6	7
25) Başarı, başkalarını memnun etmek için daha da çok çalışmam gerektiği anlamına gelir.	1	2	3	4	5	6	7
26) Birisinden bir şey yapmasını istersem, işin yapılmasını beklerim.	1	2	3	4	5	6	7
27) Yakınlarımdan hata yapmasını görmeye tahammül edemem.	1	2	3	4	5	6	7
28) Hedeflerimi belirlemede mükemmeliyetçiyimdir.	1	2	3	4	5	6	7
29) Değer verdiğim insanlar beni hiç bir zaman hayal kırıklığına uğratmamalıdır.	1	2	3	4	5	6	7
30) Başarısız olduğum zamanlar bile başkaları yeterli olduğumu düşünürler.	1	2	3	4	5	6	7
31) Başkalarının benden çok şey beklediğini düşünüyorum.	1	2	3	4	5	6	7

32) Her zaman yapabileceğimin en iyisini yapmaya çalışmalıyım.	1	2	3	4	5	6	7
33) Bana göstermeseler bile, hata yaptığım zaman diğer insanlar çok bozulurlar.	1	2	3	4	5	6	7
34) Yaptığım her şeyde en iyi olmak zorunda değilim.	1	2	3	4	5	6	7
35) Ailem benden mükemmel olmamı bekler.	1	2	3	4	5	6	7
36) Kendim için yüksek hedeflerim yoktur.	1	2	3	4	5	6	7
37) Annem ve babam nadiren hayatımın her alanında en başarılı olmamı beklerler.	1	2	3	4	5	6	7
38) Sıradan insanlara saygı duyarım.	1	2	3	4	5	6	7
39) İnsanlar benden mükemmelden aşağısını kabul etmezler.	1	2	3	4	5	6	7
40) Kendim için yüksek standartlar koyarım.	1	2	3	4	5	6	7
41) İnsanlar benden verebileceğimden fazlasını beklerler.	1	2	3	4	5	6	7
42) Okulda veya işte her zaman başarılı olmalıyım.	1	2	3	4	5	6	7
43) Bir arkadaşımın elinden gelenin en iyisini yapmaya çalışmaması benim için önemli değildir.	1	2	3	4	5	6	7
44) Hata yapsam bile, etrafımdaki insanlar yeterli ve becerikli olduğumu düşünürler.	1	2	3	4	5	6	7
45) Başkalarının yaptığı her şeyde üstün başarı göstermelerini nadiren beklerim.	1	2	3	4	5	6	7



## APPENDIX B

### DEPRESSIVE ATTRIBUTIONAL STYLE

#### (DEPRESİF AÇIKLAMA BİÇİMİ ÖLÇEĞİ)

Bu ölçek, kişilerin çeşitli konulardaki düşünce biçimlerini saptamak amacıyla hazırlanmıştır. Ölçeğin, her maddesinde bir durum verilmiş ve bu durum karşısında kalan bir kişinin seçebileceği “a” ve “b” harfleri ile gösterilen iki seçenek sunulmuştur.

Sizden istenen, eğer böyle bir durumla **siz** karşılaşmış olsaydınız bu seçeneklerden hangisini seçeceğinizi belirtmenizdir. Lütfen her durumu dikkatlice okuyunuz ve eğer “a” seçeneği sizin düşüncenize daha uygun ise a’yı, b seçeneği sizin düşüncenize daha uygun ise b’yi daire içine alınız.

Verilen durumlarda doğru ya da yanlış cevap vermek söz konusu değildir. Önemli olan işaretlediğiniz seçeneğin sizin gerçek düşüncenizi yansıtmasıdır. Bazı maddelerde her iki seçenek de size uygun görünmemiş olabilir. Böyle durumlarda iki seçenek arasında size daha uygun geleni işaretleyiniz. Lütfen hiç bir maddeyi boş bırakmayınız.

1. Katıldığınız bir sınavda en yüksek puanı aldınız.
  - a. Ben her sınavda başarılı olurum.
  - b. En iyi bildiğim konuda sınava girdiğim için başarılı oldum.
2. Arkadaşlarınızla bir oyun oynadınız ve siz kazandınız.
  - a. Birlikte oynadığım arkadaşlar bu oyunu iyi bilmedikleri için ben kazandım.
  - b. Bu oyunu iyi oynamasını bildiğim için ben kazandım.

3. Bir grup arkadaşınızla birlikte geziye gittiniz ve çok eğlendiniz.
  - a. Gezi sırasında ben diğerlerini neşelendirdiğim için eğlendim.
  - b. Gezi sırasında daha ziyade birlikte olduğum arkadaşlar neşeli olduğu için eğlendim.
4. Son zamanlarda tüm arkadaşlarınız grip oldu, bir tek siz olmadınız.
  - a. Son zamanlarda sağlığım yerinde olduğu için gribe yakalanmadım.
  - b. Ben her zaman sağlıklı olduğum için gribe yakalanmadım.
5. Beslediğiniz hayvanı araba ezdi.
  - a. Ben dikkatsiz olduğum için ezildi.
  - b. Şöför dikkatsiz olduğu için ezildi.
6. Derslerinizde/işinizde başarılı oluyorsunuz.
  - a. Dersler/işim kolay olduğu için başarılı oluyorum.
  - b. Ben çalışkan olduğum için derslerimde/işimde başarılı oluyorum.
7. Bir arkadaşınızla karşılaştınız ve size iyi görüldüğünüzü söyledi.
  - a. O gün arkadaşıma herkes iyi görüldüğü için böyle söylemiştir.
  - b. Arkadaşım her zaman herkese iyi göründüklerini söyler. Bunun için bana da söylemiştir.
8. Yürüyen merdivenden inerken az daha düşecektiniz.
  - a. Her zaman dikkatsiz olduğum için az daha düşecektim.
  - b. O an dikkatsiz davrandığım için az daha düşecektim.
9. Tanıdığınız bazı kimseler sizden hoşlanmadıklarını söylediler.
  - a. Bu kimseler beni çekemedikleri için böyle söylemişlerdir.
  - b. Ben bu kimselere kötü davrandığım için böyle söylemişlerdir.

10. Bir arkadaşınızı sizinle birlikte sinemaya gitmek için kandırmaya çalıştınız ama o gelmedi.
- a. O gün canı hiçbir şey yapmak istemediği için gelmedi.
  - b. O gün canı sinemaya gitmek istemediği için gelmedi.
11. Anlattığınız bir fıkra ya hiç kimse gülmedi.
- a. Ben hiç iyi fıkra anlatamadığım için kimse gülmedi.
  - b. Fıkra'yı anlamadıkları için kimse gülmedi.
12. Bir salon oyununda siz kazandınız.
- a. Özellikle bu tür oyunlarda başarılı olmak için çok çaba gösterdiğim için ben kazandım.
  - b. Hemen hemen her konuda başarılı olmak için çok çaba gösterdiğim için ben kazandım.
13. Kilo aldınız ve oldukça şişman görünmeye başladınız.
- a. Yemek zorunda olduğum yiyecekler şişmanlatıcı olduğu için şişmanladım.
  - b. Ben şişmanlatıcı yiyecekler sevdiğim ve yediğim için şişmanladım.
14. Kapiya çarptınız ve burnunuz kanadı.
- a. O an önüme bakmadığım için kapiya çarptım.
  - b. Genelde dikkatsiz olduğum için kapiya çarptım.
15. Bir grup arkadaşınızla bir çalışmaya katıldınız ve başarısız oldunuz.
- a. O gruptaki kişilerle iyi anlaşmadığım için başarısız oldum.
  - b. Grup çalışmalarında hiç bir zaman iyi olmadığım için başarısız oldum.

16. Bulunduğunuz bir toplulukta size bir soru soruldu ve siz yanlış yanıt verdiniz.
- a. Bana soru sorulduğunda hep heyecanlandığım için yanlış yanıt verdim.
  - b. O gün heyecanlandığım için yanlış yanıt verdim.
17. Yeni bir arkadaş edindiniz.
- a. Rahat ilişki kurabilen bir insan olduğum için kolayca arkadaş edinebiliyorum.
  - b. Karşılaştığım insanlar rahat ilişki kurabildikleri için benimle kolay arkadaş oluyorlar.
18. Top oynarken bir hata yaptınız ve takım kaybettiler.
- a. O gün iyi oynamak için fazla uğraşmadım.
  - b. Bu tür oyunlarda iyi oynamak için fazla uğraşmam.
19. Ailenizle deniz kıyısına gittiniz ve çok eğlendiniz.
- a. O gün orada her şey çok iyi olduğu için çok eğlendim.
  - b. O gün orada deniz güzel olduğu için iyi vakit geçirdim.
20. Jimnastik salonunda çalışırken ayağınızı burktunuz.
- a. Son zamanlarda salonda çalışırken tehlikeli hareketler yaptırıldığı için burkuldu.
  - b. Son zamanlarda ben salonda beceriksiz davrandığım için burkuldu.
21. Kız/ erkek arkadaşınız ya da eşiniz sinemaya bilet aldığını söyledi.
- a. Genellikle beni gezmeye götürmekten hoşlanır.
  - b. Genellikle beni sinemaya götürmekten hoşlanır.
22. Oynadığınız takım bir oyunu kaybettiler.
- a. Takımdaki oyuncular hiç bir zaman anlaşamadıkları için oyunu kaybettik.
  - b. Takımdaki oyuncular o gün iyi anlaşamadıkları için oyunu kaybettik.

23. Gazinoya/ diskoya gidip çok eğlendiniz.
- a. Genellikle bu tür yerlerde çok eğlenirim.
  - b. Genellikle her gittiğim yerde eğlenirim.
24. Doğum gününüzde istediğiniz eşyalar armağan edildi.
- a. Yakınlarım her doğum günümde iyi bir seçim yaparlar.
  - b. Yakınlarım yalnızca bu doğum günümde iyi bir seçim yaptılar.
25. Uzun süredir samimi olan iki arkadaşınız birbirleriyle ilişkiyi kestiler.
- a. Arkadaşlıkta kişilerin uyuşması zor olduğu için.
  - b. O kişinin uyuşması zor olduğu için.
26. Hasta oldunuz, bunu duyan komşularınız size yemek getirdi.
- a. Komşularım bazen böyle nazik ve düşünceli davranırlar.
  - b. Komşularım her zaman böyle nazik ve düşüncelidirler.
27. Bir derneğe üye olmak istediniz ama sizi almadılar.
- a. İnsanlarla hiç iyi geçinmediğim için kabul edilmedim.
  - b. O derneğin üyeleriyle iyi geçinmediğim için kabul edilmedim.
28. Arkadaşlarınız sizinle birlikte çok iyi vakit geçirdiklerini söylediler.
- a. Her zaman neşeli bir insan olduğum için iyi vakit geçirmişlerdir.
  - b. O gün neşeli olduğum için iyi vakit geçirmişlerdir.
29. Köşedeki bakkal size çay ikram etti.
- a. O gün bakkala kibar davrandığım için ikramda bulunmuştur.
  - b. O gün bakkalın iyiliği üzerindeydi.
30. Yanlış otobüse bindiniz ve kayboldunuz.
- a. O gün çevreme dikkat etmediğim için kayboldum.
  - b. Genellikle çevreme dikkat etmediğim için kayboldum.

## APPENDIX C

### INSTRUCTION OF THE SCALES

#### (ÖLÇEKLERE İLİŞKİN YÖNERGE)

Sevgili Öğrenci,

Öncelikle sizin için hazırlanmış olan bu zarfı alıp açtığınız için teşekkür ederim. Siz, Orta Doğu Teknik Üniversitesi öğrencilerinin akademik çalışmalar konusundaki düşüncelerini belirleme amacıyla yürütülen bu çalışmaya katılmak üzere adı rasgele seçilmiş olan 1000 öğrenciden birisiniz.

Elinizdeki zarfta yüksek lisans tezi çalışmam için kullanacağım iki adet ölçek yer almaktadır. Sizden ricam, bu ölçekleri, her bir ölçeğin başında yer alan açıklamaları okuduktan sonra dikkatli olarak yanıtlamanızdır. Sorulara vermiş olduğunuz tüm cevaplar gizli tutulacak ve bu çalışmanın sonunda elde edilen verilere dayalı olarak yazılacak olan tez, rapor veya makalelerde sizin kimliğinizi belirten herhangi bir bilgi kesinlikle yer almayacak, tezde sadece grup sonuçlarıyla ilgili istatistiksel bulgular rapor edilecektir. Bu nedenle ölçeklerin üzerinize adınızı yazmayınız ve cevaplandırdıktan sonra size gönderilmiş olan zarfın içine koyup, lütfen en geç 8 Mayıs'a kadar bölüm sekreterliğine iletiniz.

Bu ölçeklere verdiğiniz cevaplar çalışmanın amacına ulaşması açısından büyük önem taşımaktadır. Ölçekleri cevaplandırmak için ayıracağınız zaman ve katkılarınız için şimdiden teşekkür ederim.

Bu çalışma ile ilgili sormak istediğiniz herhangi bir şey olursa benimle iletişim kurmaktan çekinmeyiniz.

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