A QUALITATIVE SURVEY OF THE ORIGINS OF MULTI-DIMENSIONAL

PERFECTIONISM AND THE EXPERIENCES OF PERFECTIONISTS AND NON-

PERFECTIONISTS

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Abstract

Perfectionism is a complex construct with numerous implications for understanding and treating the emotional distress seen in many college students. Existing literature provides fairly consistent descriptions of the characteristics of individuals with perfectionism; however, it lacks causal explanations for questions such as: (a) why some individuals develop perfectionism but not others, (b) why perfectionism manifests in a multi-dimensional nature, or (c) why the emotional and behavioral correlates of perfectionism co-occur and correlate with the dimensions of perfectionism as they do. This exploratory study investigated these questions in order to generate hypotheses for future empirical studies designed to further understand the construct. Participants were 58 undergraduate and graduate students, 46 women and 12 men, with a mean age of 21.9 years. Participants completed an online survey consisting of the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991); a qualitative questionnaire exploring participant attitudes about goals and success, experiences with success and failure, relationships with caregivers, and self-perceptions; and a demographic questionnaire. Responses were grouped into one of four categories based on participant MPS scores—Self-Oriented Perfectionists (14 participants), Socially Prescribed Perfectionists (13 participants), High Self-Oriented/High Socially Prescribed Perfectionists (16 participants), and Non-Perfectionists (15 participants)—and then analyzed using an abbreviated version of grounded theory (Corbin & Strauss, 2014; Willing, 2013). Findings were largely consistent with existing literature, particularly related to self-oriented perfectionists' focus on personal standards, how heavily attitudes and expectations of others influenced socially prescribed perfectionists, and the differential impact of parental flexibility and

support versus harsh demands and criticism. The inclusion of non-perfectionists and

individuals high in both types of perfectionism allowed for novel findings including

strong similarities in the attitudes and experiences of non-perfectionists and self-oriented

perfectionists, and that self-oriented characteristics may mitigate socially-prescribed

characteristics for individuals high in both types of perfectionism resulting in less distress

than typically assumed. Areas for future exploration were also identified, including how

the development of perfectionism is impacted by having caregivers who were raised

outside of the U.S., by being able to experience pride or ownership in successes, or by the

degree of personal and caregiver acceptance in response to failures.

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Introduction

University counseling centers across the country have seen a steady increase in the number of students seeking mental healthcare services at the undergraduate and graduate level, with 12.06 percent of eligible students seeking counseling in 2016 compared to 11 percent in 2014, 10.8 percent in 2010, and 9 percent in 2005 (American College Counseling Association (ACCA), 2005; ACCA, 2010; ACCA, 2015; Association for University and College Counseling Center Directors (AUCCCD), 2016). In 2014, counseling center directors nationally reported that 51.63 percent of students seen in the prior year were treated for severe emotional distress compared to just 16 percent in 2000 (ACCA, 2014; Eiser, 2011). Additionally, in 2016, 57.1 percent of counseling center directors reported seeing an increase in the severity of student mental health concerns on their campuses in the prior year (AUCCCD, 2016). Studies have reported that over one-third of students seek assistance for emotional distress during the course of their time in college, and that of those 53 percent need assistance with depression and 30 percent are struggling with concentration, fears, and nervousness (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000).

Additionally, when undergraduate and graduate students were surveyed about their feelings in the prior 12 months regardless of treatment utilization, 39.1 percent reported feeling so depressed that it was difficult to function and 60.8 percent reported overwhelming anxiety, compared to 32.6 percent and 54 percent, respectively, in 2014 (American College Health Association (ACHA), 2014; ACHA, 2017). Data also showed that 51.1 percent of students reported feeling hopeless, 62.2 percent reported feeling very lonely, 67.3 percent reported feeling very sad, and 87 percent reported feeling

overwhelmed with all that they had to do (ACHA, 2017). Such a high degree of reported distress, both in students who seek treatment and in those who do not, raises questions regarding the impact that these struggles have on students' academic performance. Many studies have shown that psychological distress has a detrimental effect on academic achievement (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Kilbert, Langhinrichsen-Rohling, Saito, 2005; Svanum & Zody, 2001; Van Amerigen, Mancini, & Farvolden, 2003; Walsh & Ugumba-Agwunobi, 2002)—with depression and anxiety often referenced. However, when looking specifically at the literature on anxiety and achievement, there are discrepant findings—with some studies showing achievement deficits as a result of distress and some showing that no deficits exist. However, the fact that 47.5 percent of students reported that their academics have been difficult to handle in the past year, and that 72 percent reported that counseling helped with their academic performance, supports the idea that emotional distress does interfere to some degree with academic achievement (ACHA, 2017; AUCCCD, 2016).

Ultimately, this data makes clear that there are a significant number of students who experience emotional distress during their academic careers, but that there are also many students who do not. It also stands to reason that those students who do experience distress are not necessarily impacted in the same ways, particularly as evidenced by the significant discrepancy between the numbers of students reporting distress and the numbers of students actually seeking treatment (ACCA, 2014; ACHA, 2014). Thus, in attempting to understand the nature of the impact of emotional distress on academic functioning, and in working to treat students who are struggling, it becomes important to explore factors that are related both to academic achievement and psychological distress.

The construct of perfectionism is perhaps best known for its link to academic achievement—particularly high achievement (Mills & Blankstein, 2000; Webb, 1995). High academic achievement or ability has been linked to emotional distress; however, it frequently appears to moderate the impact of distress such that students perform well despite their subjective emotional experiences (Brown et al., 1999; Cassady & Johnson, 2002; Chapell et al., 2005; Hembree, 1988; Kilbert et al., 2005; Mills & Blankstein, 2000; McIlroy & Bunting, 2002; Svanum & Zody, 2001; Van Ameringen et al., 2003; Webb, 1995). As a result, the emotional experience of high achieving students is often overlooked. However, perfectionism has been consistently and strongly associated with psychological distress—particularly anxiety, depression, and general negative affect (Blankstein & Winkworth, 2004; Brown et al., 1999; Cox, Enns, & Clara, 2002; Enns & Cox, 2005; Flett et al., 1989; Flett et al., 2002; Flett, Greene, & Hewitt, 2004; Flett, Hewitt, & Dyck, 1989; Flett, Madorsky, Hewitt, & Heisel, 2002; Hewitt, Caelian, Flett, Sherry, Collins, et al., 2002; Mills & Blankstein, 2000; Reis & Grenyer, 2002). This clear link to emotional distress indicates that there may be significant value in a greater understanding of perfectionism and how its presence or absence may be impacting the emotional and academic lives of students.

Perfectionism is also useful in exploring the diverse experiences of students, as well as discrepancies in the literature, because it has a multidimensional nature (Hamacheck, 1978, in Walsh & Ugumba- Agwunobi, 2002). In other words, it allows for individuals to have a similar "condition" (i.e., perfectionism), but to experience comparable events in drastically different ways (i.e., negatively or positively) resulting in a variation of symptoms (i.e., distress or a lack thereof) (Norman, Davies, & Nicholson,

1998; Terry-Short, Owens, Slade, & Dewey, 1995). There is a significant amount of research distinguishing the factors that relate to the various dimensions of perfectionism and identifying the emotional and behavioral correlates of each (e.g. Brown et al., 1999; Frost, Heimberg, Holt, Mattia, and Neubuer, 1993; Kilbert, Langhinrichsen-Rohling, Saito et al., 2005; Mills & Blankstein, 2000). As such, it is possible to use the perfectionism literature to explain why some students experience psychological distress while others do not. However, gaps remain in the perfectionism literature itself that, if filled, would help to further clarify the relationship between emotional distress and academic functioning.

This paper will (a) present a general review of the literature on perfectionism, its relationship to emotional distress and academic functioning, and its origins; (b) highlight the gaps in the literature that warrant further exploration; and (c) propose a qualitative study that will serve as a preliminary investigation into these areas with a goal of generating hypotheses that can lead to further empirical research.

Literature Review

What is perfectionism?

Perfectionism is defined as "a dispositional tendency to set excessively high performance standards and to then evaluate one's performance in an overly critical manner" (Frost, Marten, Lahart, & Rosenblate, 1990). Discussed in the literature for years, perfectionism was originally considered to be a one-dimensional construct that was purely negative (Suddarth & Slaney, 2001; Walsh & Ugumba-Agwunobi, 2002). However, there are two branches of theory and research that have resulted in a multi-dimensional view of the condition.

The earliest branch of research identified two types of perfectionism—one with positive characteristics and effects and one with negative characteristics and effects (Bieling, Israeli, & Anthony, 2004; Mills & Blankstein, 2000). Hamacheck (1978, as cited in Kilbert, Langhinrichsen-Rohling, & Saito, 2005) is often cited in the literature as having been responsible for the first distinction between "normal" and "neurotic" perfectionism (Walsh & Ugumba-Agwunobi, 2002). He asserted that "normal" perfectionists have the ability to take on a task and strive to do their best without having too much concern about absolute perfection, resulting in pleasure and satisfaction from accomplishing their goals. On the other hand, "neurotic" perfectionists take on the same task but are overly concerned about doing the task exactly right, resulting in a lack of satisfaction because they never feel that they do anything well enough. Stemming from this, other researchers have distinguished between (a) "adaptive" versus "maladaptive" perfectionism (Norman, Davies, & Nicholson, 1998); (b) "positive" versus "negative" perfectionism (Terry-Short, Owens, Slade, & Dewey, 1995); and (c) "healthy" versus "unhealthy" perfectionism (Stumpf & Parker, 2000). Despite such a wide-range of

terminologies, all of the dichotomies are in line with the general distinction made by

Hamacheck (1978 as cited in Kilbert et al., 2005)—"normal," "adaptive," "positive," and

"healthy" perfectionism are all associated with feelings of self-esteem, self-worth,

accomplishment, and satisfaction; whereas, "neurotic," "maladaptive," "negative," and

"unhealthy" perfectionism are associated with a lack of self-esteem, poor feelings of self-

worth, anxiety, depression, and an inability take pleasure in accomplishments (Kilbert et

al., 2005).

The second branch of perfectionism research is based primarily on two main

bodies of work and is focused on two measures of perfectionism. In 1990 and 1991 two

groups of researchers published two perfectionism scales. Frost, Marten, Lahart, and

Rosenblate (1990) published the Multidimensional Perfectionism Scale (MPS-F) which

addresses the nature and potential origins of perfectionism using six dimensions: (a)

Concern over Mistakes—overly critical evaluation of one's own performance; (b)

Personal Standards—setting high standards for one's own performance; (c) Doubts About

Actions—uncertainty about the quality of one's performance; (d) Organization—

emphasis on organization and order; (e) Parental Expectations—beliefs about the

standards that parents hold for the individual; and (f) Parental Criticism—the belief that

failing to meet parental standards would result in a loss of acceptance (Cox, Enns, &

Clara, 2002). Hewitt and Flett (1991) also published a Multidimensional Perfectionism

Scale (MPS-H) that established three dimensions of perfectionism: (a) self-oriented

perfectionism—setting excessively high standards for the self; (b) other-oriented

perfectionism—setting excessively high standards for others; and (c) socially prescribed

perfectionism—believing that others impose excessively high standards on oneself

(Hewitt et al., 2002). Although more empirical work has been done using the MPS-H, both multidimensional measures are generally accepted and supported in the literature (Cox et al., 2002).

Despite the fact that Frost et al. (1990) and Hewitt and Flett (1991) both developed their multidimensional perfectionism scales based on the view that perfectionism was purely pathological (Kilbert et al., 2005; Suddarth & Slaney, 2001), subsequent researchers have consistently utilized the measures to look for positive and negative correlates to the various dimensions. For the MPS-F, Concern over Mistakes and Personal Standards are most related to the definition of perfectionism (Brown et al., 1999). Concern over Mistakes has been the dimension primarily associated with negative attributes—such as dysfunction, psychopathology, negative reactions to mistakes, interpretation of mistakes as failure, negative affect, and low self-confidence, among others (Cox et al., 2002; Neumeister, 2004a). However, Personal Standards has been associated with both positive attributes—adaptive work habits, self-efficacy, positive affect—and negative attributes—depression and hostility. For the MPS-H, socially prescribed perfectionism has consistently been found to be negative, resulting in lower levels of intrinsic motivation and higher extrinsic motivation, submissive behavior, depression, lower self-esteem, and suicidal ideation (Mills & Blankstein, 2000). Self-oriented perfectionism, on the other hand, is generally associated with positive qualities, such as resourcefulness, positive affect, assertiveness, and higher intrinsic motivation.

In light of the body of research contradicting the idea that perfectionism is purely pathological, Hewitt and Flett (1991) have responded differently than Frost et al. (1990). Hewitt and Flett continue to maintain the view that perfectionism, while

multidimensional, is completely maladaptive (Hewitt et al., 2002). However, Hewitt and

Flett (1993) proposed a stress-diathesis model of the relationship between perfectionism

and depression, stating that: "dimensions of perfectionism can act as vulnerability factors

in depression by enhancing the aversiveness of experienced stress. And, Besser, Flett, and

Hewitt (2004) published the results of a study that found that self-oriented perfectionism

was "not necessarily adaptive" but represented "a vulnerability factor that is activated

when negative outcomes are experienced." The maintenance of a purely pathological

view of perfectionism contradicts the relevant literature. However, the stress-diathesis

view of perfectionism and depression, while not directly acknowledging the adaptive

aspects of self-oriented perfectionism, is useful in that it does provide a resource for

reconciling some of the discrepant findings.

Frost, Heimberg, Holt, Mattia, and Neubauer (1993) conducted a factor analysis

on the six dimensions of the MPS-F and the three dimensions of the MPS-H in order to

evaluate their conception of perfectionism. The results revealed two higher-order factors

that the researchers termed "Positive (Achievement) Striving" and "Maladaptive

Evaluation Concerns." The maladaptive evaluation concerns factor (a) consisted of

Concern over Mistakes, Doubts about Actions, and Parental Criticism from the MPS-F

and socially prescribed perfectionism from the MPS-H, and (b) was significantly

correlated with negative affect. The positive striving factor (a) consisted of Personal

Standards and Organization from the MPS-F and self-oriented perfectionism from the

MPS-H, and (b) was significantly correlated with positive affect. Thus, Frost et al. (1993)

altered their view of perfectionism to include the potential for adaptive and maladaptive

aspects, and, since their study, several other factor analyses on measures of perfectionism

have demonstrated similar results (Bieling, Summerfeldt, Israeli, & Antony, 2004; Cox et al. 2002; Slaney, Ashby, & Trippi, 1995). Ultimately, these types of analyses bridge the gap between the two strains of theory and research on perfectionism—positive versus negative and one-dimensional versus multidimensional. Establishing the positive and negative aspects of the dimensions of perfectionism allows for a much more nuanced understanding of perfectionism which, in turn, contributes to an increased ability to understand how the condition interacts with other behaviors, attitudes, and disorders.

The emotional and behavioral correlates of the dimensions of perfectionism

The idea that there is a relationship between perfectionism and psychological distress—as it relates to both anxiety and depression—is well supported in the literature (Sumi & Kanda, 2002). For example, perfectionism has been linked to several different types of anxiety: trait anxiety, state anxiety, and test anxiety (Brown et al., 1999; Flett, Hewitt, & Dyck, 1989; Flett, Greene, & Hewitt, 2004; Flett, Madorsky, Hewitt, & Heisel, 2002), as well as to depression (McGrath et al., 2012; Rice & Aldea, 2006). In addition, it is also believed to be a factor in the development and maintenance of anxiety disorders, including: generalized anxiety, panic disorder, social phobia, and obsessive-compulsive disorder (Antony, Purdon, Huton, & Swinson, 1998; Bieling et al., 2004; Handley, Egan, Kane, & Rees, 2012). Research has found links between perfectionism, worry, and two cognitive processes: (1) anxious thinking reported to maintain anxiety and (2) ruminative thoughts related to the maintenance of depression (Flaxman, Menard, Bond, & Kinman, 2012; Flett, Hewitt, Blankstein, & Gray, 1998; Kawamura, Hunt, Frost, & DiBartolo, 2001; Stober & Joorman, 2001). In other words, frequent, automatic, and ruminative thoughts relating to perfectionism have been linked to symptoms of both anxiety and

depression. Worry has also been independently linked to perfectionistic fears of evaluation, discrepancy between expectations and actual achievement, anxiety, and depression (Brown et al., 1999). Discrepancy, by itself, is thought to have a direct positive relationship with depression and anxiety (Sherry, MacKinnon, Macneil, & Fitzpatrick, 2013): as individuals perceive an increase in the discrepancy between perfectionistic demands and their performance, their level of depression increases in response to past failures and anxiety levels increase as a result of the fear of future failure.

Given this, research has also shown that students with perfectionism display higher levels of anxiety and distress than non-perfectionists, leading up to and during evaluation situations such as tests (Brown et al., 1999; Mills & Blankstein, 2000; Stober & Joorman, 2001). Along these lines, another cognitive relationship associated specifically with perfectionism and anxiety is related to appraisals—specifically, primary appraisal in which an individual determines whether or not an event poses a threat (Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000). Individuals with perfectionism tend to appraise more situations, such as testing, as threats and thereby generate stress that elevates their levels of distress. There is also evidence that aspects of perfectionism may interact with life events (e.g. stress and hassles) to result in increased depression and negative affect (Dunkley, Mandel, & Ma, 2014; Rice & Van Arsdale, 2010), which provides support for the stress-diathesis model of perfectionism proposed by Hewitt and Flett (1993).

While it is clear that there is a strong relationship between anxiety, depression, and perfectionism, there is also the belief that some aspects of perfectionism are more

detrimental to mental health than others (Kilbert et al., 2005). This debate is parallel to

the debate within the perfectionism literature and is vital to the debate over whether or

not the dimensions of perfectionism should be divided into the higher-order categories of

"maladaptive evaluative concerns" and "positive striving." Despite the conflict that exists

in many facets of the perfectionism literature, there is consensus among researchers that

perfectionists do display consistent and distinct attitudes and behaviors—many of which

relate to achievement, success, or failure.

Individuals with perfectionism have been found to be motivated by mastery goals

(the desire to develop competence), performance avoidance goals (the desire to avoid

failure), and performance-approach goals (the desire to achieve relative to peers)

(Dunkley et al., 2000). In addition, the drive of individuals to avoid failure is of particular

importance in the research. Evaluation is a consistent part of life and, therefore, it plays

an important role in the relationship between perfectionism and achievement or success

(Brown et al., 1999; Mills & Blankstein, 2000)—both in the academic lives of students

and for other individuals in the "real" or "working" worlds. For instance, despite the fact

that students with perfectionism often do not make any more academic mistakes than

non-perfectionists (Ablard & Parker, 1997), they engage in "all-or-none" thinking—in

which they expect total success and if they do not achieve it feel as though they have

failed completely—and tend to over-generalize failure in one situation into potential

failures in other situations (Flett & Hewitt, 1998; Walsh & Ugumba-Agwunobi, 2002).

This combination results in a tendency to set even higher standards prior to the next time

they will be evaluated—standards which they may or may not be able to meet (Bieling,

Israeli, Smith, & Antony, 2003). Research has also demonstrated that individuals with

perfectionism have specific patterns of internal and external attributions, or tendencies to associate outcomes to factors inside themselves (e.g. ability) or factors external to themselves (e.g. effort) (Brownlow & Reasinger, 2000; Neumeister, 2004b). Despite the consistency of this research, such an overall level of consensus does not truly account for the multi-dimensional nature of perfectionism as it has been established.

Though the definition of perfectionism is well established, there are still questions regarding the exact nature of the relationship between perfectionism and emotional distress. Additionally, the literature shows that there are complex relationships between the dimensions of perfectionism and cognitive and behavioral factors, especially in relation to achievement, success, and failure. Thus, while the literature shows a strong relationship between anxiety, depression, and perfectionism, there is conflict regarding which dimensions of perfectionism are related to anxiety, to depression, to particular thoughts and behaviors, and to what degrees. These discrepancies pose a potential need for researchers to reevaluate their assumptions about the nature of the adaptive and maladaptive perfectionism constructs, in order to account for a possible overarching level of negativity associated with perfectionism independent of any adaptive or exceptionally maladaptive aspects.

Explanations for perfectionism

In addition to the need for clarity regarding the relationships between perfectionism and its emotional and behavioral correlates, the perfectionism literature is decidedly lacking in causal explanations for (1) perfectionism in general, (2) the multi-dimensional nature of perfectionism, or (3) the specific emotional and behavioral correlates to the various dimensions. Clearly, some of the factors themselves attempt to

denote some of the reasons perfectionism exists—high Personal Standards, extreme

Concern over Mistakes, or doubts about the qualities of one's performance—however, it

is not really clear whether these factors are related to the *cause* of perfectionism or are

simply *results* of being perfectionistic. Additionally, the dimensions of perfectionism—

adaptive or maladaptive, self-oriented or socially prescribed—indicate descriptive

characteristics of the dimensions but do not provide insight into *why* the dimensions exist.

In fact, the distinctions between the "types" of perfectionism exist primarily because of

observations and research (e.g. Cox et al., 2002; Frost et al. 1993) that has shown that

certain emotional and behavioral responses seem to co-occur and appear to either be

"good" or "bad" or related to "personal standards" or "meeting the standard of others."

Again, however, acknowledging the fact that these factors occur together does not

establish reasons for their coexistence. For example, knowing that maladaptive evaluative

concerns perfectionists make internal attributions for their failures does not indicate *why*

they blame themselves. Similarly, knowing that they blame themselves does not address

why they experience anxiety and depression instead of one emotion or the other or even a

different emotion altogether (McGrath et al., 2012). This presents a significant gap in the

literature that warrants some address.

       Given this, there are some researchers who have attempted to go beyond the

descriptions of perfectionism presented above to explore the roots of perfectionism—

particularly as they relate to the development of maladaptive or adaptive perfectionism.

This research has primarily attributed the development of positive striving perfectionism

or maladaptive evaluative concerns perfectionism to early interactions between children

and parents (Ablard & Parker, 1997; Neumeister, 2004a). It is believed that some parents

force their children into performing at high levels and therefore to develop perfectionistic

tendencies (Soenens et al., 2005). However, this has not been a consistent finding, at least

among gifted students (Ablard & Parker, 1997). Nevertheless, there are areas of research

that appear promising for understanding the role that parents play in the development of

perfectionism—research on parents' achievement goals for their children, parenting

styles, and early academic experiences are examples. The results of two studies relating

to these factors are presented below.

Achievement goals. Ablard and Parker (1997) conducted a study to determine

how parents' own perfectionism related to their achievement goals for their children and

how these goals related to their gifted teenagers' perfectionism. Parents were classified as

having performance goals—focusing on their child's competence and the attainment of

socially set standards—, learning goals—focusing on their child's understanding of

material and improving performance—, both, or neither. Ablard and Parker (1997)

reported that Concern over Mistakes was significantly higher in mothers who held

performance goals for their children, and Doubts about Actions was higher in fathers who

held learning goals. They also reported that children of performance goal parents had

significantly higher total perfectionism scores, were less likely to report low or non-

perfectionism, and were significantly more likely to have dysfunctional perfectionism

than children of learning goal parents. In other words, children of performance goal

parents demonstrated high concern about mistakes, parental expectations, parental

criticism, and doubts about actions. Additionally, the findings indicated that children of

learning goal parents were most often healthy perfectionists or non-perfectionists.

From these results, it can be stated that the performance goals of parents contribute to the development of maladaptive evaluative concerns perfectionism in some children and that learning goals contribute to the development of positive striving perfectionism in some children. This is decidedly useful information in that it sheds some light on why certain factors co-occur—for example, it is possible that Concern over Mistakes and Parental expectations co-occur with socially prescribed perfectionism because children's first exposure to these standards stem from their parents, an external "social" source. However, not all children of parents with performance or learning goals demonstrated the related type of perfectionism. Therefore, while this research addresses why the multi-dimensional nature of perfectionism exists, it does not answer the question of why perfectionism develops in general. It is also silent on the reasons behind specific emotional and behavioral correlates of the dimensions of perfectionism.

Parenting styles and early academic experiences. Neumeister (2004a, 2004b, 2004c) conducted an in-depth interview study with high-achieving, perfectionistic college students. Neumesiter (2004a) focused specifically on the factors that influenced the development of perfectionism in the students interviewed. For students with socially prescribed perfectionism, Neumeister (2004a) reported that they considered parental perfectionism, authoritarian/rigid parenting, stringent expectations, having self-worth tied to achievement, and fears of disappointing others to have all contributed to their development of perfectionism. More specifically, several students felt that observing their parents' perfectionistic tendencies and being held to their perfectionistic standards had resulted in their own development of perfectionism. Along these lines, authoritarian parenting—which includes an emphasis on controlling behavior and attitudes, obedience,

respect for authority, order, and punishment for failure to meet standards—was

experienced by all but one of the socially prescribed perfectionistic interviewees. In

addition to the expectations held by parents, these students also felt that teachers and

classmates had held stringent expectations for them—therefore they had experienced

academic as well as social pressures. These expectations also related to students reporting

that their early academic successes established expectations in the minds of their parents

and peers that they had to continue to meet. Regarding identity and self-worth, the

socially prescribed perfectionists reported feeling required to meet the standards of others

in order to feel good about themselves, to maintain their reputation with parents and

among peers, and to avoid disappointing parents, teachers, and friends. As a result, many

of the students reported very stringent beliefs that they could not excuse themselves for

failing to meet any of the standards set for them.

Self-oriented perfectionists, on the other hand, reported that their own

personalities, early academic experiences, parental perfectionism,

authoritative/supportive parents, and high self-standards contributed to their

perfectionism. Many of the self-oriented perfectionistic students interviewed could not

report a time at which they did not feel that they had tendencies towards perfectionism—

in other words, they considered perfectionism to be an inherent quality of their

personalities. Self-oriented perfectionists reported examples of early high-achievement

similar to those reported by socially prescribed perfectionists, and reported feeling a

similar need to continue to meet the standards of their early success—this also related to

feelings of a need to maintain a reputation among peers. However, they additionally

reported that a lack of experience of coping with failure prompted them to set higher

standards to avoid future failure. Again, similar to the socially prescribed perfectionists, the self-oriented perfectionists felt that their parents' perfectionism had influenced them. Unlike socially prescribed perfectionists, however, self-oriented perfectionists reported attempting to model their parents rather than attempting to conform to their parents' perfectionistic expectations. They also reported authoritative parents, who were demanding and responsive, encouraged self-expression, demonstrated warmth and supportiveness, recognized their opinions, and used non-punitive discipline when standards were not met. Lastly, they reported personal high standards and an internal drive for achievement and success that prompted their perfectionism.

Much like the Ablard and Parker (1997) study presented above, the results of Neumeister (2004a) demonstrate that parent-child relationships can play a significant role in whether children develop adaptive or maladaptive perfectionism. It is evident that socially prescribed perfectionists feel driven to meet the standards of others due to the extreme "other" standards that were placed on them by their parents and, potentially, those assumed to be coming from teachers and friends. Self-oriented perfectionists, on the other hand, felt that their perfectionism was an inherent part of them that, while not necessarily "inborn," clearly indicates feeling internally driven to excel from a young age. One caution is that this does not necessarily indicate that the standards of parents and significant others were not involved in their development of perfectionism, it only indicates that they were not, or are no longer, aware of the impact of these external, social forces. Additionally, the results show that many of the factors included in the perfectionism constructs—for example, Personal Standards, Concern over Mistakes, or Parental Expectations—are influential in what perfectionists believe to have caused their

perfectionism. However, it is still not entirely possible to clearly determine whether these factors caused the perfectionism seen in these students or whether the students have and exhibit these characteristics because they are perfectionistic. Neumeister (2004a) also only dealt with students who were either self-oriented perfectionists or socially prescribed perfectionists; therefore, her results preclude the ability to explore why these factors result in, or are related to, perfectionism in some individuals and not in others or why they are related to the type of perfectionism to which they are related. This research is also silent on the issue of why certain emotions and behaviors correlate to certain dimensions of perfectionism.

Summary

While not exhaustive, a significant amount of research has been presented related to perfectionism, its emotional and behavioral correlates, and its origins. It is clear that perfectionism is a multi-dimensional construct and that there are two main dimensions— maladaptive evaluative concerns and positive (achievement) striving. Research clearly indicates that there are specific emotional and behavioral responses related to these dimensions. Maladaptive evaluative concerns perfectionism is very generally negative— it results in high levels of anxiety and depression, as well as maladaptive behaviors related to achievement, success, and failure. Positive (achievement) striving perfectionism has both positive and negative factors: it can be related to low levels of psychological distress, high levels of positive affect and self-esteem, and adaptive achievement related behaviors; but, it can also be related to depression and anxiety in certain circumstances. It is evident that these associations are well-supported and

consistent overall. Research has also placed the source of perfectionism somewhere in childhood, purportedly related to early parent-child interactions.

Ultimately, in making the claims and presenting evidence to support the statements above, the perfectionism literature does not provide clear answers to several important questions. *Why does perfectionism develop in some individuals and not others?* The literature does not provide an answer. *Why does perfectionism manifest in a multidimensional nature?* The literature reports some relation to factors of early parent-child interactions and early experiences with achievement, but it does not necessarily indicate why these factors result in the dimensions of perfectionism in which they do. *Why do the emotional and behavioral correlates of perfectionism co-occur and correlate with the dimensions of perfectionism in the way that they do?* The literature does not provide a sufficient answer. Thus, as stated, these questions represent a significant gap that needs to be addressed in order to reach a more complete and comprehensive understanding of perfectionism and its impact on the emotional well-being and academic functioning of students.

Current study and research questions

Much of the existing perfectionism literature consists of quantitative studies that add to the body of research describing the features and characteristics of perfectionistic individuals. This represents a significant deficit in the literature because there is very little research that attempts to identify causal factors for the behavioral and emotional correlates that are repeatedly seen. Gathering such causal information is critical both to understanding the condition and establishing effective means of intervention with, and treatment for, those individuals who may be experiencing significant distress as a result of their perfectionism. However, there is also a lack of research proposing suggestions for target factors to include in causal studies on the origins of perfectionism. One way to address this deficit is by conducting qualitative interview studies that provide an in-depth exploration into the experience of a group or target population and thus offer an opportunity to generate causal hypotheses that can then be empirically tested (Groenwald, 2004; King, 2004).

Neumeister (2004a, b, c) attempted to address this gap in her qualitative study; however, her ability to generate hypotheses was severely limited by her sample, which was limited to 12 gifted students, in their first year of college, who were predominantly white (11 of 12), and who scored at least 1 standard deviation above the mean in either self-oriented or socially prescribed perfectionism, only. As a result, her sample precluded the ability to explore comparisons of individuals with one of the two main types of perfectionism with individuals without perfectionism, individuals who may be low-achieving, and individuals who have both types of perfectionism. Her study was also limited by an inability to explore any aspects of the origins, development, or experience

of perfectionism that may differ across ethnic groups or age. As a result, the experiential and developmental themes presented were not generalizable to the larger population of individuals with perfectionism.

The objective of the current study is to initiate a mixed-method, phenomenologically-influenced exploration into some of the questions that remain unanswered in order to fill some of the gaps that exist in the literature, and to begin to generate hypotheses for future empirical studies (Groenwald, 2004). The study is designed to elicit in-depth responses from participants in an anonymous, online format similar to that used by Woods, Jones, Alderson-Day, Callard, and Fernyhough (2015) in a large-scale online study on voice hearing. This method is intended to generate a much larger and more diverse sample than what would be possible in an in-person interview study, and than what has been utilized in previous qualitative studies on perfectionism. Survey responses will be analyzed and compared to identify themes and to highlight similarities and differences that exist between participant groups across the dimensions of perfectionism.

This study aims to begin to explore the following questions:

A. Why does perfectionism develop in some individuals and not others?

B. Why does perfectionism manifest in a multidimensional nature?

C. Why do the emotional and behavioral correlates of perfectionism co-occur and correlate with the dimensions of perfectionism in the way that they do?

It will do so by gathering data to answer to the following research questions:

1. Are there between- or within-group differences in responses or experiences of self-oriented perfectionists, socially prescribed perfectionists, high self-

oriented/high socially prescribed perfectionists, and non-perfectionists across gender, age, ethnicity, or other demographic categories?

2. How do self-oriented perfectionists, socially prescribed perfectionists, high self-oriented/high socially prescribed perfectionists, and non-perfectionists differ in their relationship to setting goals and standards for achievement?

3. How do self-oriented perfectionists, socially prescribed perfectionists, high self-oriented/high socially prescribed perfectionists, and non-perfectionists differ in their approach to completing tasks or meeting standards?

4. To what or whom do self-oriented perfectionists, socially prescribed perfectionists, high self-oriented/high socially prescribed perfectionists, and non-perfectionists attribute their achievement standards?

5. How do self-oriented perfectionists, socially prescribed perfectionists, high self-oriented/high socially prescribed perfectionists, and non-perfectionists differ in their responses to perceived success or failure?

6. How do self-oriented perfectionists, socially prescribed perfectionists, high self-oriented/high socially prescribed perfectionists, and non-perfectionists differ in their early developmental experiences, relationships with caregivers, and significant academic experiences?

7. How do self-oriented perfectionists, socially prescribed perfectionists, high self-oriented/high socially prescribed perfectionists, and non-perfectionists differ in their perceptions of their overall emotional lives and mental health?

Method

Participants

The participants for this study were recruited from the Rutgers University undergraduate and graduate student population at any level of academic study. Students were recruited broadly through multiple methods, including: an online research pool of undergraduate psychology students, undergraduate and graduate student listservs, and flyers. Data was collected on a rolling basis and the number of responses collected was not limited in advance, due to an inability to predict how many participants would provide answers that were complete enough to be included in the survey data.

Overall demographics. Of the 98 individuals who began the study, 60 participants completed the questionnaire and 58 of those response sets were sufficient for use in the data analysis. Of the final participants, 46 identified as female (79.3%) and 12 identified as male (20.7%). Participant ages ranged from $18 - 33$ years, with a mean age of 21.9 years and a mode of 21 years. Of the final participants, 28 identified as White/Caucasian (48.3%), 12 as Asian (20.7%), 4 as Black/African-American (6.9%), 4 as Hispanic/Latino (6.9%), 4 as Middle Eastern (6.9%), 3 as Egyptian (5.2%), 2 as Biracial (3.4%), and 1 as Indian (1.7%). The participants who identified as Hispanic/Latino also reported their ethnicity as Hispanic/Latino origin, all other participants reported their ethnicity as Not Hispanic/Latino origin. Of the participants, 43 indicated that they were born in the US (74.1%) while 51 indicated that they were raised in the US (87.9%), and 29 indicated that their primary caregivers were born in the US (50%) while 30 indicated that their primary caregivers were raised in the US (51.7%). Additionally, 46 participants identified as undergraduate students (79.3%) and 12 identified as post-graduates (20.7%), and 42 reported a psychology major or minor

(72.4%). A number of participants did not report GPA in one or more categories (12 high

school, 5 undergraduate, 1 graduate), but, of those reported, high school GPA ranged

from 2.5 – 4.1 (on a 4.0 scale), undergraduate GPA ranged from 2.0 – 3.9 (on a 4.0

scale), and graduate GPA ranged from 3.8 – 4.0 (on a 4.0 scale).

Demographics by category. The 58 participants included in the final data

analysis were divided into 4 groups based on their perfectionism scores, using the process

described below. The demographics of each group were as follows:

- Self-Oriented Perfectionists: This group consisted of 14 participants, of

  which 13 identified as female (92.9%) and 1 identified as male (7.1%).

  Participant ages ranged from 18 – 28 years, with a mean age of 21.71

  years and a modal age of 21 years. Of the individuals in this category, 9

  identified as White/Caucasian (64.3%), 1 as Asian (7.1%), 1 as Biracial

  (7.1%), 1 as Egyptian (7.1%), 1 as Hispanic/Latino (7.1%), and 1 as

  Middle Eastern (7.1%). For this group, 8 individuals indicated that they

  were born in the US (57.1%) while 11 indicated that they were raised in

  the US (78.6%), and 6 indicated that their primary caregivers were born in

  the US (42.9%) while 8 indicated that their primary caregivers were raised

  in the US (57.1%). Additionally, 11 participants identified as

  undergraduate students (78.6%) and 3 as post-graduate students (21.4%),

  and 9 identified as psychology majors or minors (64.3%). Of those who

  reported GPA, high school GPA ranged from 3.5 – 4+ (median 3.77 on a

  4.0 scale), undergraduate GPA ranged from 2.97 – 3.8 (median 3.46 on a

4.0 scale), and graduate GPA ranged from 3.883 – 4.0 (median 3.96 on a

4.0 scale).

- Socially prescribed Perfectionists: This group consisted of 13 participants,

  of which 9 identified as female (69.2%) and 4 identified as male (30.8%).

  Participant ages ranged from 20 - 33 years, with a mean age of 23.3 years

  and a modal age of 20 years. Of the individuals in this category, 6

  identified as White/Caucasian (46.2%), 4 as Asian (30.8%), 1 as

  Black/African-American (7.7%), 1 as Egyptian (7.7%), and 1 as

  Hispanic/Latino (7.7%). For this group, 9 individuals indicated that they

  were born in the US (57.1%) while 11 indicated that they were raised in

  the US (78.6%), and 7 indicated that their primary caregivers were born

  and raised in the US (42.9%). Additionally, 9 participants identified as

  undergraduate students (69.2%) and 4 as post-graduate students (30.8%),

  and 10 identified as psychology majors or minors (76.9%). Of those who

  reported GPA, high school GPA ranged from 2.9 – 4.1 (on a 4.0 scale),

  undergraduate GPA ranged from 2.6 – 3.917 (on a 4.0 scale), and graduate

  GPA ranged from 3.958 – 4.0 (on a 4.0 scale).

- High Self-Oriented/High Socially prescribed Perfectionists: This group

  consisted of 16 participants, of which 14 identified as female (87.5%) and

  2 identified as male (12.5%). Participant ages ranged from 18 - 24 years,

  with a mean age of 20.6 years and a modal age of 20 years. Of the

  individuals in this category, 5 identified as Asian (31.3%), 3 as

  White/Caucasian (18.8%), 2 as Black/African-American (12.5%), 2 as

Hispanic/Latino (12.5%), 2 as Middle Eastern (12.5%), 1 as Biracial

(6.2%), and 1 as Egyptian (6.2%). For this group, 13 individuals indicated

that they were born in the US (81.3%) while 15 indicated that they were

raised in the US (93.8%), and 6 indicated that their primary caregivers

were born and raised in the US (37.5%). Additionally, all 16 participants

identified as undergraduate students (100%), and 13 identified as

psychology majors or minors (81.3%). Of those who reported GPA, high

school GPA ranged from 3 – 3.9 (on a 4.0 scale), and undergraduate GPA

ranged from 2 – 3.9 (on a 4.0 scale).

- Non-Perfectionists: This group consisted of 15 participants, of which 10

  identified as female (66.7%) and 5 identified as male (33.3%). Participant

  ages ranged from 20 - 27 years, with a mean age of 22.5 years and a modal

  age of 21 years. Of the individuals in this category, 10 identified as

  White/Caucasian (66.7%), 2 as Asian (13.3%), 1 as Biracial (6.7%), 1 as

  Black/African-American (6.7%), and 1 as Middle Eastern (6.7%). For this

  group, 13 individuals indicated that they were born in the US (86.7%)

  while 14 indicated that they were raised in the US (93.3%), and 10

  indicated that their primary caregivers were born in the US (66.7%) while

  9 indicated that their primary caregivers were raised in the US (60%).

  Additionally, 10 participants identified as undergraduate students (66.7%)

  and 5 as post-graduate students (33.3%), and 10 identified as psychology

  majors or minors (66.7%). Of those who reported GPA, high school GPA

  ranged from 2.5 – 4.0 (on a 4.0 scale), undergraduate GPA ranged from

2.92 – 4.0 (on a 4.0 scale), and graduate GPA ranged from 3.9 – 4.0 (on a

4.0 scale).

Materials

The survey utilized The Multidimensional Perfectionism Scale (MPS) (Hewitt &

Flett, 1991a), an online qualitative questionnaire, and a demographic questionnaire. A

qualitative follow-up interview protocol was developed, but was not used for this study.

The researcher constructed the qualitative questionnaire, demographic questionnaire, and

follow-up protocol, and a copy of each measure can be found in Appendices A and B.

Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991a). The

MPS is a 45-item, 3-subscale measure of self-oriented, other-oriented, and socially

prescribed perfectionism. Each subscale consists of 15 items; with 4, 9, and 5 items being

reverse scored, respectively. Participants are asked to rate their agreement with such

items as "When I am working on something, I cannot relax until it is perfect" (self-

oriented), "I have high expectations for the people who are important to me" (other-

oriented), and "I feel that people are too demanding of me" (socially prescribed) on a 7-

point scale ranging from "disagree" (1) to "agree" (7). The reverse scored items are

distributed randomly throughout the measure, and the range of possible scores was 15 to

105 for each subscale. Hewitt and Flett (1991) presented extensive data to support the

reliability, dimensionality, and validity of the MPS in both clinical and non-clinical

samples (see Hewitt et al., 1991). In this sample, scores for the 15-item socially

prescribed perfectionism subscale (α=.816), 15-item other-oriented perfectionism scale

(α=.852), and 15-item self-oriented perfectionism subscale (α=.861) were found to be

highly reliable, and thus appropriate to use in further analysis.

Qualitative questionnaire. The bulk of the study data was drawn from responses to the qualitative section of the survey. The survey was untitled and consisted of both closed- and open-ended questions written by the researcher to gather information pertaining to participants' attitudes, experiences, and beliefs related to goals, standards, achievement, academics, and their early development. Close-ended questions were used to gather initial information, and to then direct participants to answer the open-ended questions that followed-up on the response given. Accordingly, several of the open-ended questions were designed so that they could be answered by individuals who self-identified as having high standards or utilizing goal attainment in their approach to their academics or lives, as well as by individuals who did not identify as such.

The close-ended survey questions were also designed to serve as response prompts, such that they asked a question and provided participants with choices that also served as examples of information that could be discussed in the context of an open-ended response. All examples were intended to avoid leading participants to specific responses, while also indicating that a range of responses was possible (King, 1994). For example, a question asking participants to describe the messages received from significant others in response to an experience of not meeting a goal, provided examples of possible responses that were both positive and negative, and also indicated that other responses were possible (i.e., accepting, critical, dismissive, normalizing, etc.). The examples were also intended to resemble verbal probes that might be used in an in-person interview to clarify a question or to elicit more detailed responses. It was the goal that including similar prompts in the online survey would also serve to promote more detailed responses, and, as such, there was no word limit imposed on participant responses.

An effort was also made to organize and word survey questions in a way that would be minimally triggering or emotionally distressing for participants (King, 1994). For example, the phrase "not successful" was used in several places as opposed to the word "failure" when asking participants to recall what may have been difficult experiences or memories. Additionally, questions addressing perceived instances of failure preceded questions addressing perceived instances of success in an effort to avoid leaving more distressing questions until the end of the interview, and to also help bracket such questions with ones that are neutral or that may generate positive emotions and memories (King, 1994). Survey questions were also designed to avoid the use of the word "perfectionism" in order to disguise the target concept of the study, to avoid any automatic associations that participants might have with the term, and to also make it possible to gather relevant responses from individuals who may not self-identify as perfectionistic. The overall goal of the questionnaire was to generate sufficiently detailed responses from enough participants to warrant conducting the data analyses described below.

Demographic questionnaire. A brief, optional questionnaire was used to collect the demographic information of participants. Participants were asked to provide gender, age, ethnicity, undergraduate or graduate status, class or program year, GPA, and academic major or degree program. They were also asked to provide their email address and phone number if they wanted to have their responses considered for inclusion in a drawing for one (1) of five (5) $100 prizes selected from those participants who completed the survey with sufficient detail to be used in the analysis of the results. The demographic questionnaire was untitled in the online survey.

Design and procedure

The survey was designed using Qualtrics online survey software provided through Rutgers University. Questions and instructions were input by the researcher, published online, and were accessible to participants via a web link. Prior to beginning the survey, participants were given information about the nature of the study and were asked to provide consent. After providing consent, participants began the full study where they moved through the questions following the instructions included in the body of the survey. Participants first completed the MPS questions, followed by the qualitative questionnaire, and lastly the demographic questions. After completing the survey, participants were debriefed, reminded that participants with sufficiently complete responses would be entered into a raffle, and informed that their responses had been received.

Data collection

Participants responded to the survey online, and their responses were collected and stored in the Qualtrics online system. The researcher had ongoing access to the number of responses received, as well as to the content of those responses, through a web-based administrative platform. In order to ensure that the qualitative questionnaire was generating the intended responses from participants, the researcher piloted the measure by reviewing the first 10 sets of responses, 17.2 percent of the final sample size, to determine whether or not adjustments should be made to the wording of instructions or questions (Connelly, 2008). It was determined that no changes needed to be made to the study design or content, and the survey remained open for participants. Once a sufficient number of responses were collected, the web-based system stripped identifying data from

participant responses, except for contact information that was voluntarily provided, and

the remaining data was downloaded for the analysis.

Data Analysis

      Quantitative analysis. A combination of quantitative and qualitative data was

collected from the participants. The primary quantitative data was gathered by scoring the

MPS. Participant responses to the measure were scored using the Qualtrics web-based

software, according to scoring guidelines provided by the testing company. Subsequently,

participant raw scores for each subscale were converted to T-scores, normed based on age

and gender, using conversion tables provided by the testing company (Hewitt & Flett,

2004).

      Participants were grouped into 4 categories based on the T-scores: self-oriented

perfectionists, socially prescribed perfectionists, high self-oriented/high socially

prescribed perfectionists, and non-perfectionists. Participants were categorized based on

their scores on both the self-oriented perfectionism factor and the socially prescribed

perfectionism factor. Though an other-oriented perfectionism score is also generated by

the MPS, this factor is less correlated with the other two factors and, thus, was not

included as a target in this study (Hewitt & Flett, 1991).

      According to measure norms, T-scores of 50 or below indicate no concern, scores

from 50 – 54 represent average levels of perfectionism, scores from 55 – 59 indicate

moderate levels of perfectionism, and scores above 60 represent elevated levels of

perfectionism. As a result, categories were defined as follows:

1. Self-Oriented Perfectionists (Self-Ps): Individuals with a T-score above 55 for self-oriented perfectionism, and less than 54.5 for socially prescribed perfectionism.

2. Socially Prescribed Perfectionists (Soc-Ps): Individuals with a T-score above 55 for socially prescribed perfectionism, and less than 54.5 for self-oriented perfectionism.

3. High Self-Oriented/High Socially Prescribed Perfectionists (Both-Ps): Individuals with a T-score above 55 for self-oriented perfectionism and above 55 for socially prescribed perfectionism.

4. Non-Perfectionists (Non-Ps): Individuals with T-scores below 49.5 for self-oriented perfectionism and below 49.5 for socially prescribed perfectionism.

While splitting the data along a mid-point is not considered an ideal method for analyzing quantitative data, it is a commonly used technique for dichotomizing responses along a variable (MacCallum, Zhang, Preacher, & Rucker, 2002). As such, it offered the most straightforward approach to creating the target categories necessary for the qualitative analyses to be conducted in the current study. Making use of T-scores and basing the split criteria on interpretive guidelines provided by the MPS researchers also served to strengthen the rationale and value of the categories for organizing the qualitative data. Additional inferential statistical methods were also used to further analyze the data, as discussed in the results section, to explore the quantitative data more fully.

Qualitative analysis. After categorizing participant responses based on the quantitative responses to the MPS, the focus of data analysis shifted to a qualitative approach in order to identify thematic similarities and differences between, and within,

the groups. The qualitative questionnaire was structured to generate in-depth descriptions of the attitudes and experiences of individuals who may or may not self-identify as part of the perfectionism category into which they are classified; as such, it was difficult to anticipate the degree to which responses would cluster together. Grounded theory, a form of qualitative analysis originally defined by Glaser and Strauss (1967), is ideally suited for making effective use of this type of data by approaching the material without any preconceived ideas about findings while working within the content to identify concepts and develop theories about existing phenomena. In accordance with procedures outlined by Corbin and Strauss (2014), broad research concerns were used to generate the questions presented to participants, and participant responses were then analyzed and coded to identify descriptive labels and underlying issues in the data. These codes were then compared and combined into higher level concepts and categories which were evaluated in response to additional data, refined, and further combined to generate theories about the origins of perfectionism in relation to participants' early caregiver interactions and experiences with success and failure.

Ideally in grounded theory, data is coded and analyzed after each individual interview so that the researcher can use ideas generated from one participant to inform the selection and questioning of subsequent participants, and in this way take full advantage of theoretical sampling to broadly and robustly explore a concept and "saturate"—or fully exhaust all facets of—a theory. This approach focuses on collecting data in small batches and requires flexibility to continually adapt, adjust, and change the study questions, as well as the population sampled, in response to new information (Corbin & Strauss, 2014; Willing, 2013). However, the nature of Institutional Review

Board (IRB) procedures requiring formal approval of any study modifications, as well as the online nature and speed of data collection for the current study did not allow for this approach. As a result, an abbreviated version of grounded theory was employed which involved analyzing a fixed set of data using traditional procedures (e.g., coding, constant comparison, etc.) with an emphasis on a line-by-line level of depth (Willing, 2013).

Results

Quantitative Findings

Scale scores for self-oriented and socially prescribed perfectionism.

Independent t tests were used to test whether the t scores for socially prescribed and self-oriented perfectionism varied based on gender, being born and raised in the US, or having a caregiver born and raised in the US. Males and females did not significantly differ in their socially prescribed perfectionism t scores, $t(58) = 0.36$, $p = 0.724$. However, there was marginal significance between self-oriented perfectionism t scores for males and females, $t(58) = -1.79$, $p = 0.078$. Females ($M = 55.50$, $SD = 9.00$) reported higher t scores for self-oriented perfectionism than did males ($M = 50.50$, $SD = 6.90$). Between participants who were born in the US and those who were not, there was no statistical difference in t scores for socially prescribed perfectionism, $t(58) = -0.48$, $p = 0.635$, or self-oriented perfectionism, $t(58) = -0.25$, $p = 0.802$. Between participants who were raised in the US and those who were not, there were no significant differences in t scores for socially prescribed perfectionism, $t(6.50) = -0.83$, $p = 0.438$, or self-oriented perfectionism, $t(58) = -0.20$, $p = 0.839$. Similarly, between participants who had primary caregivers born in the US and those who do not, there was no statistical difference in t scores for socially prescribed perfectionism, $t(57) = 1.44$, $p = 0.154$, or self-oriented perfectionism, $t(57) = 0.87$, $p = 0.390$. Between participants who had primary caregivers raised in the US and those who did not, there was no statistical difference in t scores for socially prescribed perfectionism, $t(56) = 1.36$, $p = 0.180$, or self-oriented perfectionism, $t(56) = 0.45$, $p = 0.652$.

One-way Analysis of Variance was conducted to test for differences in t scores for socially prescribed and self-oriented perfectionism based on race and class year.

There were significant differences in t scores for socially prescribed perfectionism based on race, $F(5, 54) = 3.49$, $p = 0.008$. Tukey's HSD was used post hoc for pairwise comparisons to control for inflated Type I error. There was marginal significance observed in the pairwise comparisons; the "other" category ($M = 58.75$, $SD = 6.96$) had higher socially prescribed perfectionism t scores than Caucasians ($M = 50.10$, $SD = 7.06$), $p = 0.093$. There were no other significant pairwise comparisons, $ps > 0.05$. There were no significant differences in t scores for self-oriented perfectionism based on race, $F(5, 54) = 0.78$, $p = 0.566$. There were no significant differences in t scores for socially prescribed perfectionism based on class year, $F(4, 52) = 1.27$, $p = 0.295$. However, there was a difference in t scores for self-oriented perfectionism based on class year, $F(4, 52) = 3.07$, $p = 0.024$. Post hoc tests using Tukey's HSD revealed that sophomores ($M = 63.75$, $SD = 7.14$) had higher t scores for self-oriented perfectionism compared to individuals taking graduate courses ($M = 49.55$, $SD = 8.85$), $p = 0.040$. There were no other significant pairwise comparisons, $ps > 0.05$.

Pearson's Product Moment Correlations were used to test for relations between t scores for socially prescribed perfectionism and high school GPA, college GPA, age of first success, and age of first failure. There was no significant relation between t scores for socially prescribed perfectionism and high school GPA, $r = -0.106$, $p = 0.470$, age of first success, $r = -0.050$, $p = 0.726$, or age of first failure, $r = -0.004$, $p = 0.975$. However, there was a significant relation between these t scores and college GPA, $r = -0.305$, $p = 0.024$. Higher t scores for socially prescribed perfectionism were related to lower college GPA.

Pearson's Product Moment Correlations were also used to test for relations between t scores for self-oriented perfectionism and high school GPA, college GPA, age of first success, age of first failure, and socially prescribed perfectionism. There was no significant relation between t scores for self-oriented perfectionism and high school GPA, r = 0.059, p = 0.688, college GPA, r = -0.139, p = 0.310, age of first success, r = 0.049, p = 0.731, or age of first failure, r = 0.170, p = 0.225. There was a significant positive relation between t scores for self-oriented perfectionism and socially prescribed perfectionism, r = 0.329, p = 0.010.

Types of perfectionism. Pearson's Chi-Square tests were used to explore differences in the four categories of perfectionists (Self-Ps, Soc-Ps, Both-Ps, and Non-Ps) based on gender, race, being born in the US, being raised in the US, having a caregiver born in the US, or having a caregiver raised in the US. There were no differences in the four categories of perfectionism based on gender, $\chi^2 = (3) = 4.38$, $p = 0.224$, race, $\chi^2 = (15) = 15.03$, $p = 0.449$, being born in the US, $\chi^2 = (3) = 4.44$, $p = 0.218$, being raised in the US, $\chi^2 = (3) = 2.48$, $p = 0.480$, having a caregiver born in the US, $\chi^2 = (3) = 3.48$, $p = 0.323$, or having a caregiver raised in the US, $\chi^2 = (3) = 1.68$, $p = 0.642$.

One-way Analysis of Variance was conducted to test for differences in high school GPA, college GPA, age of first success, and age of first failure among the 4 types of perfectionists. There was no significant difference among the 4 types of perfectionism for high school GPA, $F(3, 45) = 1.09$, $p = 0.362$, college GPA, $F(3, 51) = 2.00$, $p = 0.126$, age of first success, $F(3, 48) = 1.65$, $p = 0.190$, and age of first failure, $F(3, 49) = 0.36$, $p = 0.780$.

Of the 4 groups, Self-Ps reported the highest average high school GPA (3.77) followed by Non-Ps (3.65), while Both-Ps reported the lowest average (3.43). At the college level, Non-Ps reported the highest average GPA (3.55) and Both-Ps reported the lowest average (3.22). Graduate GPAs were similar for 3 groups, but it was notable that no graduate students were Both-Ps. Additionally, the Both-P group had the fewest number of White/Caucasian participants (3, 18.8%), and was the only group in which White/Caucasian participants were not the majority of the group. This group also had the highest total percentage of individuals who identified as racial minorities (81.2%).

Patterns were also present in regard to participants and their parents being raised in the US. Non-Ps and Both-Ps included a similarly high percentage of members who were raised in the US (93.3% and 93.8% respectively); however, Non-Ps reported a higher percentage of parents who were raised in the US than did Both-Ps (60% vs 37.5%). Both-Ps reported the lowest percentage of caregivers being raised in the US across all 4 groups. Self-Ps and Soc-Ps had a lower percentage of members who were raised in the US (78.6% for both), and differed in the percentage of caregivers raised in the US as well (57.1% vs 42.9%).

Qualitative Findings[1]

Goal setting. Overall, 98.28% of participants reported setting goals for themselves.

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[1] Direct quotes from participants are included in this section. Because participants typed their responses into the survey, their statements are copied as written. Errors in wording, grammar, punctuation, etc. are included verbatim and denoted by [*sic*] either immediately following the error or at the end of the quote. Corrections were made in instances where maintaining the error would have a significant impact on meaning or clarity, and are noted by brackets within the quoted material.

Areas of goals. Participants were able to select multiple areas in which they set goals—academics, relationships, social, physical/appearance, career/professional, hobbies, exercise/fitness, athletics/sports, and other. Both-Ps endorsed setting goals in 66.67% of all possible areas, Self-Ps in 57.14%, Soc-Ps in 48.72%, and Non-Ps in 45.24%. Primary areas of goals endorsed were: academic by 96.5% of participants, career/professional by 80.7%, physical/appearance by 61.4%, exercise/fitness by 57.89%, relationships by 57.89%, and social by 54.39%. Of note, 100% of Both-Ps and Non-Ps endorsed academic goals, which was the only place that this occurred in the data. Participants who endorsed "other" goals (8.77%) provided religious/spiritual goals and self-care/personal development goals as additional areas.

Attitudes about goals. Participants were asked to write about their thoughts, attitudes, and approach to setting goals.

Both-Ps. Themes that emerged for this group indicated that participants viewed setting goals as essential to defining a purpose in life and providing motivation to challenge themselves to excel or be the best in areas of importance. For example,

> I set goals for myself because I want to feel that I have purpose in my life…it makes me feel a sense of pride and self-worth. It is the greatest feeling when you have dreams for yourself, set goals so that you can see those dreams play out in the real world, and actually accomplish those goals so that the fruits of your labor becomes [*sic*] tangible. When I set goals, I feel a surge of hope and positivity for my present and future selves.

Both-Ps also described setting goals as a significant part of strengthening social relationships, and improving their personal qualities and standing in life. Avoiding a

sense of laziness and experiencing the feeling of accomplishment were also highlighted for this group.

Self-Ps. Participants in this group reported setting goals as motivation to improve themselves and their lives, and to reach personal standards of success. They reported a tendency to strive for perfection, while also recognizing the need for realistic goals that take circumstance and ability into account, having flexibility to adjust standards, and practicing and learning from failures to improve subsequent performance. Participants also discussed the importance of the feeling of accomplishment and increased sense of confidence and control when successful, as well as a desire to avoid embarrassment or disappointment in the self when goals were not met. As one participant shared,

> I set goals because it is satisfying to meet them, and satisfying to feel competent in things I do. While I don't expect myself to be perfect in everything, or to learn rapidly, failure to improve after engaging with something for a time is both socially embarrassing and personally disappointing...I am careful to set realistic goals and try to be flexible in changing goals. Ultimately I want to be happy and satisfied with myself.

There was also a notable focus for this group on the importance of the strategy and planning involved in reaching goals, and breaking large tasks up into smaller, more manageable steps. Individuals in this group stated, "…setting short term goals…keeps me motivated in the activity and working towards the goals…if I write them down on a check list and get to cross them off it feels like I have done something," and "If I make a plan, I can create a clear picture in my mind of what or how to do that specific thing."

Soc-Ps. The majority of participants in this group reported modeling their goal setting behavior after examples set by their parents, and referenced familial expectations as key components of their efforts toward success. For example, one participant stated, "When setting my goals, I consider my family and what they want for me in the future. That's the most significant factor when it comes to setting my goals..." while another stated, "I want to do something meaningful with my life and do not want all the sacrifices that my parents made for me…to go to waste." There was a significant future-orientation to the goals, as well as tendency to establish long-term goals years in advance. One notable response stated,

> At the age of 8 I started to create a five year plan every year. In the five year plan I write what I hope to have accomplished by then and what I want to accomplish five years from now. This five year plan gives me a sense of security because I always know what I am going to do in the future.

> Monetary gain, career success, and the ability to provide for family in the future were key motivations, as well as the desire to excel or be the best. Participants also referenced the importance of gaining respect through success, and avoiding significant emotional distress in response to failure. As one participant shared, "If I don't succeed here, I will never succeed in anything else and that's why I keep pushing myself to get more and more degrees so that I can use them to build a platform for success."

Non-Ps. Participants in this group reported setting goals to feel challenged and motivated toward personal desires for self-improvement. There was a significant focus on setting small, realistic, practical, and easily achievable goals based on a consideration of circumstances (e.g., competence, workload, previous performance). As several

participants stated, "I choose goals I know I can handle," "The factors I consider…are exams, projects, and what other activities I have going on," and "I consider factors like my workload, my level of competence..., my interest in the specific subject and my desire to want to achieve the goal."

Participants also described setting present-focused or day-to-day goals, and a sense of pleasure, happiness, and self-reward when tasks were accomplished. For example, one participant stated, "I set goals because they give me something to look forward to…and guide my day to day decisions and actions," while another stated:

I consider where I would like to be in the future and set small, easily achievable goals to bring me to that ultimate destination. I choose goals based on what I "need" to do and also what I would 'like" to do.

Experiences leading to attitudes about goals. When asked if they believed there were specific experiences that led to their attitudes on goal setting, 78.9% of Soc-Ps, 78.6% of Self-Ps, 56.3% of Both-Ps, and 46.7% of Non-Ps responded "yes." These participants were then asked to describe those experiences.

Both-Ps. Participants in this group reported experiences of personal feelings of pride and accomplishment after successes, as well as high caregiver expectations and intolerance for mistakes as strong influencing factors in the development of their attitudes towards setting goals. One participant shared, "Receiving my diploma after four years of hard work made me feel a sense of ultimate pride and accomplishment. My self-esteem skyrocketed because I was able to achieve the certificate as a sign of and reward for my hard work." However, another stated:

Growing up, my father placed a heavy emphasis on success. He was not very

tolerant of mistakes and frequently punished me when I did [make mistakes]. I

think that my experiences with my father from my childhood have made me also

less tolerant of mistakes and more of a perfectionist. I now do not tolerate my own

mistakes and sometimes the mistakes of others.

Members of this group also reported basing their definition of success on their perception

of the success of others, and learning from personal experiences of failure to set more

attainable goals at times.

Self-Ps. Participants in this group identified personal desires to be their best selves

as the foundation of their attitudes about goals. They reported that experiences of success

lead to efforts to set goals that would allow them to experience the same feeling again,

and that experiences of failure lead to attempts to avoid the feeling in the future. For

example, "If I am successful on hitting a goal, I will set a higher one. Or if I fail, I will

lower the requirements a bit," and "…the sense of achieving is very rewarding and

encourages me to set more goals to achieve." Encouragement from others, as well

experiences of comparing themselves to the success or failure of others around them were

reported as significant factors as well. One person in the group indicated that the

expectations and demands of parents had been influential.

Soc-Ps. The majority of participants in this group referenced high parental

expectations, a history of harsh treatment or punishment for lack of perfection, and

experiences from childhood and the ways they were raised as the most influential factors

leading to their attitudes about goals. One participant stated,

Whenever I did poorly, my mom would yell at me or if it was in homework, she

would rip it up and force me to start over. I made it a goal to get things perfect the

first time to please her…

Having experienced failure or struggling in the past were also referenced as motivating

factors to set higher goals and standards. The importance of establishing goals based on

meeting the expectations and demands of religion and faith was also mentioned by

several participants in this group.

Non-Ps. Over 50% of this group did not provide responses to this question

because they denied specific experiences that influenced their attitudes. Of those who

provided responses, a personal desire and need to set goals to remain motivated and on

track was identified as a common underlying reason for setting goals. As one participant

stated,

I realized I needed to use goal setting in my life because if not I will just sit in my

bed and do nothing. [I'm] a very big procrastinator and so I use goal setting and

rewards to complete my work…

A desire to avoid similarities to the perceived failures of other individuals in their lives

was also an important factor. One participant in this group referenced parental

expectations of perfection as well.

Role of others in influencing attitudes about goals. When asked if there were

specific individuals who influenced their attitudes on goal setting, 92.31% of Soc-Ps,

81.25% of Both-Ps, 71.43% of Self-Ps, and 66.67% of Non-Ps responded "yes." These

participants were then asked to indicate who influenced them—father, mother, friends,

peers, grandparents, teachers, or other.

Influential people. Across all groups, 81.3% of participants endorsed their mother as an influential person, 72.9% endorsed their father, 50% endorsed friends, 33.33% endorsed peers and teachers, 20.83% endorsed grandparents, and 18.75% endorsed other. Both-Ps as a group reported the highest total number of influential people in their lives (45.5%), while Non-Ps reported the lowest number (33%). Soc-Ps reported 100% of their mothers as influential and 83.33% of their fathers, but then showed a notable decline in the influence of friends (50%) and even less for teachers (25%) and peers (16.67%). Non-Ps also showed a notable difference between the influence of parents (72.72% for mothers and fathers) and that of friends (36.36%), teachers (27.27%), and peers (18.18%). Both-Ps and Self-Ps reported their friends as similarly influential (57.14% and 54.55% respectively), and indicated a much greater influence of peers than the other two groups (50% and 45.45% respectively). Of individuals who endorsed other influential people, siblings (8.33%) and romantic partners (4.17%) were the most commonly noted.

Ways others influenced attitudes about goals. Participants were then asked to describe how these individuals influenced their attitudes about goals.

Both-Ps. Participants in this group reported that their parents influenced their attitudes through a mix of early messages about the need for success or being better than others, an intolerance of mistakes, and encouragement and support in setting goals. One example stated,

> My father always spoke about the importance of having goals. He was a very
>
> successful man and always strove to be better for himself and his family.
>
> However, he usually put most of his effort in trying to be better for others first,

and himself second. This has influenced me to do the same because I try to do

well in school for my family first and then myself second.

Another participant shared,

>…my father …always encouraged me to ace all my classes and tests and get 100
>
>on assignments, but sometimes he pushed this goal onto me too strongly- and was
>
>not happy with, for example, a 90. He would notice the missing 10 percent but not
>
>the 90 I managed to earn. He was very intolerant of mistakes.

Individuals in this group also reported experiencing their parents as models of sacrifice

and hard work. Similarly, participants who referenced siblings reported that they set high

standards and served as models of success and hard work. Participants also reported that

teachers set high standards, rewarded or praised success, and were neutral or negative

toward failures. Comparison to the success or failure of others was also noted as an

important influence.

Self-Ps. Participants in this group indicated that their parents influenced them

through messages highlighting their potential for success, the need to persevere over

challenges, the importance of setting high goals while also being flexible, and that it was

okay not to succeed as long as they tried as hard as they could. For example, one

participant stated,

>My mother always emphasized the importance of academics and doing well,
>
>however she also allowed us a lot of flexibility in what we were interested in and
>
>pursued…it was less that we had to meet certain goals and more that we had to
>
>have our own goals. I feel like I was raised to be curious in things and to pursue

whatever I wanted to [be] the best that I could, so "doing well" was emphasized

but I got to choose what I wanted to be good at.

While others reported experiences such as, "My dad is very successful and influenced me

to set goals because he always believed in me and saw the potential in me that I never

saw. My mother influenced me to be a better version of myself," and "…my

mom…instilled in me that I am not a quitter. She says its completely fine if I do not make

it in at the end but only if I tried and gave my full potential." [*sic*]

Some participants also reported that their parents served as role models and

examples of sacrifice and hard work. Participants indicated that their friends and peers

primarily served as sources of competition, motivation, and examples of how to

successfully approach or not approach tasks. Teachers were referenced as influential in

learning how to set realistic and reasonable goals, and other individuals served as models

for establishing personal standards.

Soc-Ps. Participants in this group reported that their parents influenced them

through setting high expectations and exhibiting harsh responses to failure. Several

participants described feeling that their parents' love was conditional, experiencing

significant fear of not being good enough, and feeling unable to make any choices that

differed from those of their parents. Along these lines, one participant stated,

[My father] now makes over six figures a year and I feel like if I do not do the

same then I will not only be disappointing him, but not living up to my own

capabilities. My father motivates me through my fear of not being good enough.

… I know my father's love is conditional.

While another shared, "Even though my parents seem to give me freedom in choosing my future career, they have certain career in mine that they think are suited for me. They would slowly 'brain wash' or talk me into the career." [*sic*] However, some participants did describe their parents as offering support and encouragement while focusing on their potential to succeed. Parents were also seen as both models of success and hard work, and also as examples of failure to avoid.

Participants indicated that their friends and peers served as sources of competition and points of comparison for success or failure. Teachers were highlighted as another source of expectations and standards to meet. Participants also reported being influenced to increase efforts to maintain high performance standards in response to their perceptions of other individuals' expectations of them.

Non-Ps. Participants in this group reported that their parents influenced their goals by being supportive and encouraging them to follow their dreams, praising success, and framing failure and setbacks as opportunities for acceptance and perseverance. As one participant shared, "…they always encouraged me to do well in school and praised me for my talents in a way that was uplifting. Whenever I did less than As or Bs, they would frame it positively telling me that I could do better." Participants also reported feeling loved unconditionally, and experiencing little sense of pressure toward certain outcomes. For example, one participant stated,

> I didn't feel pressured into being a goal-driven person, but there were many
>
> people in my life, like my parents, who are also goal-driven people. Their
>
> example led to me wanting to set and achieve goals, too. My parents are very

supportive of my goals, but I know that their love for me is not based on my

success."

Parents also served as models of success and hard work. Participants reported that friends

served as points of comparison, particularly in terms of having similar attitudes about

performance. They also indicated that teachers served as role models for success, offered

support, and highlighted potential.

Changes in attitudes about goals. When asked if there had ever been a time when

they had very different attitudes about setting goals, 78.6% of Self-Ps, 76.9% of Soc-Ps,

62.5% of Both-Ps, and 40% of Non-Ps answered "yes." Additionally, 69.2% of Soc-Ps,

64.3% of Self-Ps, 62.5% of Both-Ps, and 33.3% of Non-Ps reported that the change

occurred gradually over time, while 7.7%, 7.3%, 6.3%, and 0%, respectively, reported

that the change was sudden.

Previous attitudes and experiences leading to changes. Participants who reported

a change in attitude were asked to describe their previous attitudes and the reasons or

experiences that led to a change.

Both-Ps. Participants in this group identified increased age and maturity level as

factors that lead to both an increase in goal setting, as well as increasing flexibility and

acceptance of change in their goals. One participant shared,

> I feel that growing up and maturing, I definitely set higher and more goals for
>
> myself. I know where I want to be in 5 years, 10 years, etc. I feel that being so
>
> close to graduation definitely helps me set more and more goals.

Another stated, "I grew older and wiser which led me to think outside the box and really

dedicate myself to things I love."

Group members also reported that going through periods of hardship (e.g., academic, emotional) led to changes in attitudes, values, and awareness of personal potential. For example,

> I had little academic drive and eventually was placed on academic probation. Through the assistance of various advisors and professors, I realized I was not working to my full potential. Their continual encouragement and belief in my academic abilities in me greatly changed my own belief in my abilities.

Individuals in this group who reported no change in goals over time indicated that demands placed on them had not decreased, so their goal setting attitudes and behaviors could not change or decrease.

Self-Ps. Participants in this group primarily reported two trends to the changes in their goals. A number of participants (45.45%) reported a tendency toward increased perfectionism, indicating that they recognized that they were not meeting their goals or potential and needed to make changes in their approach, work harder, or set new goals in order to be more successful. As one individual shared,

> My feelings regarding goal setting…did change a little once I got into Rutgers because I realized that I can actually make something of myself, and I need to motivate myself to work hard every day if I want to achieve my goal.

Conversely, 36.36% of participants in this group reported a tendency toward decreased perfectionism over time, indicating that they learned to recognize the value of small successes, that perfection was not possible, that it was important to focus on effort and set realistic goals, and to evaluate and adjust goals over time. One participant stated,

I used to be much more perfectionistic, however as I have become an adult I've

learned that not only is perfection unachievable, but that there is no one

definition. So I've changed to have the goal of trying hard in things I do to

develop skills, but…perfection is no longer a measurement to critique myself

against.

Individuals in this group who reported no change in goals over time reported

beliefs that perfectionism is the only way to success and that hard work and effort are not

enough if goals are not met. For example:

In my mind, success is success. The definition has never changed because I only

see it one way. One can try and put so much effort, but not succeed. Others might

call their attitude and effort as success, but I see success in one way. Perfection.

Perfection is success.

Soc-Ps. Participants in this group also reported trends of increasing or

decreasing/maintaining perfectionism over time. The majority of individuals reporting

increased perfectionism indicated that periods of struggle and lack of motivation or focus

were followed by clarifying goals and circumstantial improvement. They reported that

this led to increased motivation, goal setting, and effort toward, and importance placed

on, achieving success. As one participant stated,

I used to consider effort to be a waste of time, and that life would turn out

basically the same regardless of effort. This way of thinking led me to have a

lower motivation and I ended up experiencing some major difficulties in my work

and relationships because I was so unmotivated. I figured I had to [do] something

different, so I took on more responsibilities, went to college and began to form

goals for what my new life would be like.

In contrast, 20% of participants reported decreased perfectionism over time,

indicating that experiences of failure or not meeting goals led to setting more realistic and

measurable goals, separating their self-worth from achievement, and recognizing that

goals did not need to define them. For example,

Before the age of 20 or so, a large part of my self worth was tied up in meeting if

not exceeding any goals that I set for myself. When I decided to leave West Point

and a career in the military, it was very painful because graduating and having a

successful career in that area was the most important goal of my life… it took

about 5 or 6 years of being disappointed and angry with myself to realize that

completing what were mainly arbitrary goals should not be the source of my self

worth.

Individuals who reported no change indicated that their goals remained the same due to a

lack of change in parental messages, feeling set in their ways and afraid of change, and

having always felt driven to succeed.

Non-Ps. All of the participants in this group who reported a change indicated an

increase in goal setting behavior over time. They primarily reported a pattern of initial

"laziness" or lack of focus that changed after getting to college and solidifying career

paths that required goal setting to move forward successfully. For example, one

participant stated, "I just didn't set goals, I knew I had things that needed to be done but I

just told myself they'd be done eventually." Similarly, another stated,

I had a lazy approach to academics. In high school, I barely studied but would

always pass with A's, but when it came to college I realized very quickly that I

would need to put in the effort to get the A's.

Individuals who reported no change indicated feeling comfortable and successful with

their current approaches largely due to a lack of negative experiences warranting change.

One participant in this group reported internalized parental attitudes as a reason for the

lack of change.

   Possibility of future changes in attitudes about goals. Of the participants who

responded when asked if they believed something could change their attitude or approach

toward setting goals in the future, 66.67% of Soc-Ps, 57.14% of Self-Ps, 50% of Both-Ps,

and 44.44% of Non-Ps responded "yes."

   Factors leading to future changes. Participants who indicated that something

could change their goals were asked to discuss what they believed could have that

impact.

   Both-Ps. Participants who reported that their future attitudes on goal setting could

change indicated that major life changes (e.g., moving from college to a career or a

change in environment) could impact their perspective, as well as religious influences or

anything that might cause a change in work ethic. Individuals who reported having had a

change in the past reported that such change was inevitable and constantly occurring, and

also that major setbacks had contributed to changes over time. Individuals who denied the

possibility for change in the future indicated that personal values and unchanging

environments would prevent any possible change.

Self-Ps. Participants who reported that their future attitudes on goal setting could change indicated that their goal setting might increase or become more challenging over time as they got older, or as they developed professional skills/competencies that impacted their sense of goals. A change in the style of goals (e.g., more value oriented) was also mentioned as a reason that attitudes might change. One participant reported that attitudes of friends or parents and religious expectations might lead to a change in their attitudes as well. Individuals in this group who denied the possibility for change in the future indicated that they did not see a need to change their goals because they were currently working, and that they did not see a need to change personal goals to match those of others.

Soc-Ps. Participants who reported that their future attitudes on goal setting could change indicated that failure with their current approach would lead to change, while success and achievement would also result in a refinement of goals. Individuals who denied the possibility for change in attitudes indicated that satisfaction with their current attitudes and approach would prevent change or being influenced by anyone who would interfere with achieving goals.

Non-Ps. Participants in this group who reported that their future attitudes on goal setting could change indicated that observing the failures of others, increased stability in life, and significant life events could impact their perspective and priorities about goals. Individuals who denied the possibility for change indicated that their current approach was working and that they did not see any need for future change.

Success. Participants were next asked questions relating to their definition and attitudes about success.

Definition of success. Participants were asked to provide their personal definition of what it means to be successful.

Both-Ps. Definitions of success for participants in this group included reaching goals (43.7%), being happy or content (31.25%), being the best (18.75%), bettering themselves (18.75%), financial security or wealth (18.75%), being a good person (12.5%), reaching full potential (12.5%), and persevering over challenges (6.25%). As one participant shared:

> To be successful… is fulfilling one's goals they have set for themselves.
> Everyone has a different definition of successful. … I know where I want to be in my future and in order to consider myself successful, it is getting to that place or remotely close."

Another stated, "Successful means that you have accomplished what you have set and continue to make other goals so that the achievements are locked in place and you are still ameliorating or striving to ameliorate your life."

Self-Ps. Definitions of success for participants in this group included being happy (50%), reaching goals (28.57%), financial security or wealth (21.43%), being the best (14.29%), persevering over challenges (14.29%), building competence (7.14%), and maintaining balance while making progress (7.14%). For example, one definition from this group was:

> What it means to be successful is feeling good about what you do and what you're [*sic*] goals are in life, and if there are obstacles preventing you from achieving them, that only means you try harder and do your best in everything you do.

Soc-Ps. Definitions of success for participants in this group included reaching goals (53.84%), being happy (46.15%), making themselves proud (15.38%), making others proud or happy (15.38%), meeting religious expectations (15.38%), and earning status or recognition (15.38%). One participant defined success as,

> …having enough money to spend it without wondering if it is the smart thing to do. It means coming home after work to a family that loves and appreciates you. It means being respected in your field, whatever it may be, and having others idolize you. Being successful means achieving your goals in most or all areas of your life.

Another participant stated, "To me, being successful has two components. The internal component is being content with your progress and achievements in a certain area. The external component is being recognized by others for your progress and achievements in a certain area." Participants in this group were the only ones to reference making others proud and earning status or recognition.

Non-Ps. Definitions of success for participants in this group included being happy or content (40%), working hard (33.33%), financial security or wealth (13.33), positive relationships (13.33%), reaching goals (13.33%), accepting themselves (6.67%), earning rewards (6.67%), and having control over their lives (6.67%). According to one participant, "To be successful is to accomplish all the things you set out to do with hard work and [to be] happy with your outcome."

Impact of context on definitions of success. When asked if their definition of success changed based on context, 26.67% of Non-Ps, 25% of Both-Ps, 23.08% of Soc-

Ps, and 15.38% of Self-Ps responded "yes." These participants were then asked to describe how their definitions changed across contexts.

Both-Ps. Participants who reported change across context indicated that the subjective nature of definitions of, and the constantly evolving societal standards for, success led to variations in their definitions of success. Individuals who denied a change based on context reported that achieving a goal remained the definition regardless of the area or situation.

Self-Ps. Participants who reported a change across context reported different definitions for the areas of academics, professional, relationships, and athletics. They indicated that academic success involved understanding material and doing one's best. Professional success was defined as having an enjoyable job and being successful with clients. Relationship success involved mutual support, good communication, a high degree of affection, and minimal conflict. Athletic success involved increasing ability.

Soc-Ps. Participants who reported a change across context reported different definitions for the areas of academics, spiritual life, and athletics. They indicated that academic success involved achieving good grades, performing well on tests, and doing one's best. Spiritual success was defined as pleasing God. Athletic success involved increasing endurance.

Non-Ps. Participants who reported a change across context reported different definitions for the areas of academics and athletics. They indicated that academic success involved earning good grades and having control over courses. Athletic success was defined as improving over time and focusing on the learning process. Additionally, participants reported that changes in their personality and mood in different settings could

lead to changes in definitions, and also that varying degrees of control in different

situations could lead to different ideas of success.

     Experiences leading to definition of success. When asked if they believed there

were specific experiences that led to their definition of success, 69.23% of Soc-Ps,

57.14% of Self-Ps, 42.86% of Both-Ps, and 41.67% of Non-Ps responded "yes." These

participants were then asked to describe those experiences.

     Both-Ps. Participants in this group reported a variety of experiences that led to

their definitions of success. The majority of participants referenced the influence of, or

examples set by, family members and friends. For example, "Seeing where my brother

and sister are in their lives showed me the type of success I wanted to have." Two

participants also referenced experiences in college that changed their definitions, with

one participant reporting a broader understanding of success while the other reported

greater specificity and focus in the definition. The former stated:

> …I was rushing to catch up in a very short period of time during a stressful time
>
> of the semester, I realize that I did the best I could. As a result, I felt a sense of
>
> success from the grades that I earned, even though they were not as great as I
>
> wanted them to be because I still passed despite the numerous and hard obstacles I
>
> encountered. To me, I succeeded and prevailed. On paper, though, others may see
>
> my grades as my barely succeeding.

The latter stated,

> Initially when I entered college, I felt that success would be simply to graduate.
>
> Since then, I have adopted much more specific goals for myself. I have pushed
>
> myself to strive for academic excellence. I have not satisfied if I perform at an

average level. Success to me is performing above average rather than just getting

by or meeting the minimum requirements. [*sic*]

Other participants in this group referenced being exposed to leadership roles and

increasing responsibility as helping to form their definitions of success.

Self-Ps. In this group, three participants referenced seeing, and modeling after,

success in others as the most influential factor in their definition of success. For example,

…my brother has led to my definition of success. I see someone who never gives

up and continually strives for perfection. His efforts and attitude give me an

example of who I want to become. Because I see his work being valued and

honored, it makes me want to be the same or even better."

Another shared,

My father immigrating from Egypt years ago, although he had a degree as an

architect, he worked at a dry cleaners office for many years while studying more

in the US and working many long hours. … Once he graduated his first goal was

achieved and he worked a very simple job with a architect company. … He now is

very successful and is involved in many big projects overseas as well. …These

step like success moments really formed my definition of what success is. [*sic*]

Experiences of overcoming obstacles and challenges were also referenced as influential

in defining success. As one participant stated,

I used to think being successful meant being rich and living in a big house but that

is no longer my personal definition of success. I have grown up and have

overcome many challenges that contribute to who I am as a person, and I think

that all leads to what success truly is.

Another shared, "Struggling academically my first semester made me realize

that…nothing comes easy and there will be obstacles along the way, but if you put your

mind to it and give it your all, I think it will lead to success." Other participants

referenced experiences such as reading influential books and articles, or becoming

religious as factors in their definition of success. One participant referred to a direct

message from a parent about success, stating "My mom always emphasized

wellroundedness." [*sic*]

     Soc-Ps. Participants in this group referenced early parental messages and

expectations as leading to their definitions of success. According to one participant,

> Growing up there was emphasis on contentment and achievement, but also on
>
> consistent efforts to reach ones goal. "Always try your best" was more important
>
> than always earning a specific grade or scoring a number of goals. Thus the
>
> process of working to[w]ard goals [is] important, as is the person's subjective
>
> contentment with the outcome of their work.

Self-reflection and learning from experiences of failure were also noted by several

participants. For example,

> There has been no single experience or 'aha!' moment, only a large collection of
>
> random thoughts that have come together over time to form a cohesive idea of
>
> what I would like to happen in my life. My definition of success was born of
>
> anxiety and fear of failure.

Another shared, "a few years ago I was definitely focused more on outward indicators of

success. However, not meeting important goals and analyzing my responses to those

failures made me realize the existence and importance of the inner component."

Modeling definitions after others perceived as successful and religious obligations were also referenced as significant influences for participants in this group.

Non-Ps. Of the participants who responded in this group, life changes and experiences over time were noted as important factors. For example,

> ...I would have said previously that success was more future oriented like growing up, owning a house, having a family etc. I realized overtime success can be in anything and the most important part of success is being happy with your outcome and where you ended up" [*sic*].

Observing and modeling after others was also referenced. One participant stated, "You see family and friends that live well and you want to live like them. Even celebrities and athletes make you want to be like them, so you try as hard as you can to mimic their good qualities." Another shared,

> I have formed my definition of success by observing others. I have seen very successful stay-at-home parents, successful artists, tradesmen, military personnel, etc. These people are not wealthy, but seem passionate and satisfied with what they do. I have seen wealthy business men and women who are miserable, and I'm not sure that this means that they are successful. Success seems to be more about balance.

The impact of being supported and praised by family members and friends was also highlighted as helping to establish a personal definition of success.

Role of others in influencing definitions of success. When asked if there were specific individuals who influenced their definitions of success, 100% of Self-Ps, 81.25% of Both-Ps, 61.5% of Soc-Ps, and 40% of Non-Ps responded "yes." These participants

were then asked to indicate who influenced them—father, mother, friends, peers, grandparents, teachers, or other.

Influential people. Across all groups, 74.42% of participants endorsed their mother as an influential person, 69.77% endorsed their father, 46.51% endorsed their friends, 27.91% endorsed teachers, 25.58% endorsed peers and grandparents, and 23.26% endorsed other. Both-Ps reported the highest percentage of influential people in their lives (41.35%), while Self-Ps reported the lowest percentage (32.14%). Soc-Ps reported 70% of their mothers and fathers as influential, and showed a decline for friends (50%), teachers (40%, and peers (30%). Non-Ps also reported their mothers and fathers as equally influential (100% each), and showed a notable decline for grandparents 50%) and even less for friends and teachers (16.67%). Mothers were reported as more influential than fathers for Self-Ps (64.29% vs 57.14%) and Both-Ps (76.92% vs 69.23%), and friends were notably more influential for Both-Ps (61.54%) than for any other group. Of individuals who endorsed other influential people, siblings (9.3%), partners (4.65%), and religious leaders (4.65%) were the most commonly noted.

Ways others influenced definitions of success. Participants were then asked to describe how these individuals influenced their definitions of success.

Both-Ps. The majority of participants in this group reported that others influenced their definition of success by serving as models or examples. For example,

I've seen my parents having been successful through going to college & graduating and receiving amazing jobs. Therefore, my definition of success aligns to academics as well because with a proper well [*sic*] education you are able to be successful.

Another participant stated, "My brother influences my definition of success by showing me no mater what the struggles, hardships, difficult times, it is still possible to complete tasks and succeed in life." [*sic*]

Other participants indicated that messages they received from these individuals were influential. Some Both-Ps referenced strict, high expectations such as "My parents raised me to believe that success is marrying someone from my Coptic Orthodox religion, starting a family, going into a field of either medicine, law, or engineering, and having a career with an annual income greater than 80K/year." Others described more flexible messages, for example:

> My parents always tell me that if I gave something my all, then I should be proud
> of myself despite the outcome. It is better to have tried and failed, and then to
> learn from your mistakes than it is to not give it your all or to not try at all.

One participant highlighted messages from friends equating success with happiness as a contrast to other messages received in life, and another referenced the opinions of "society" in addition to other influences.

Self-Ps. Participants in this group also heavily indicated that individuals in their lives served as models for their definition of success. As one participant stated,

> My father started his own business, so in my eyes, he was very successful. But he
> also loved me very much and I know that I was the most important thing to him
> when he was alive. I really think I was the most amazing thing he ever knew, and
> to me, that also made him successful.

Another participant described both modeling after, and comparing to, others to arrive at a definition:

If I see someone very successful, I want to be like them so I try to analyze their

personality, attitude, etc.. The same thing can go for the opposite. If I see

someone that isn't trying their best and continually fails, it makes me take note of

what not to do to reach my own definition of success.

Messages from influential others were also cited as important factors for many

participants in establishing their definition of success. For example, "My father always

taught me that success comes through hard work and dedication. To be successful is to

finally win at something you have been working so hard on." Another shared,

my mother has always emphasized a flexible definition of success, but

encouraged striving for success in everything i do, while my partner has helped

me focus in on what is important to me, and to forgive myself for what I do

poorly in if it's not important to me. [*sic*]

Additionally, two participants referenced being "pushed" by influential others toward

what they considered successful.

Soc-Ps. Participants in this group also highlighted the role of influential

individuals as models for success and leading "by example." One participant shared, "by

seeing them being successful of their careers, it made me want to do the same. I want to

be like them. they get to go or do whatever they want." [*sic*]. Another stated, "The people

who surround me are successful people in different aspects, and from them I learn what

the key to success and joy is." A third shared,

Career-wise [my father] i[n]fluenced me by example; I've seen him work his way

up the corporate ladder at a couple of different companies, I've witnessed the

hours he puts in and the hard work he does. He is incredibly successful in his professional life, and I'd like to be the same.

Some participants also identified the messages they received about success from important individuals as most significant. For example, "These individuals emphasized the important [*sic*] of putting forth consistent effort and working in a diligent and conscientious manner. They encouraged myself and others to work beyond 'good enough' rather than settling." Another indicated, "…my father came from a poor family and made out very well. He has influenced my definition of success in a plethora of ways. Academically he influenced me by pounding the idea of perfection into my head." Two participants also referenced comparisons to the failures of others as factors in defining personal success.

Non-Ps. Participants in this group most notably highlighted the role of messages from important individuals about values in determining their definitions of success. One participant shared,

My parents…are not rich, but encouraged my brothers and I to follow our passions, to try our best, and to be okay with not being the best at something. It wasn't being the "best" that mattered, but being the best "you."

Another stated, "My parents and teachers have highlighted the importance of hard work and effort. My parents never criticized me for outcomes, but rather for how hard I tried. Teachers usually accounted for effort when grading tests…".

Modeling after influential others was significant for this group as well. As one participant stated, "My grandparents were missionaries, and they never had a lot of money. I saw them as successful people, though, who followed their passion and were

generous with others. They worked hard and loved others." And another shared, "My parents and grandparents influenced my definition of success because they are all such hard working individuals who started with nothing and built themselves up to where they wanted to be by hard work and dedication." Competition was also identified by one participant as a way that friends were influential in helping to define success.

Changes in definitions of success. When asked if there had ever been a time when they had a very different definition of success, 57.14% of Self-Ps, 46.15% of Soc-Ps, 37.5% of Both-Ps, and 25% of Non-Ps responded "yes." Additionally, 50% of Self-Ps, 46.15% of Soc-Ps, and 31.25% of Both-Ps and Non-Ps reported that the change occurred gradually, while 7.14% of Self-Ps, 6.25% of Both-Ps, and 0% of Soc-Ps and Non-Ps reported that the change was sudden.

Previous definitions and experiences leading to change. Participants who reported a change in definition were asked to describe their previous definition and the reasons or experiences that led to a change.

Both-Ps. Participants who reported change attributed it to factors such as experiencing failure, gaining maturity, being exposed to different types of success, and meeting the demands of college. Some participants reported moving from a strict view to a more flexible one, for example:

> Previously, I had an unattainable and unrealistic view of success. I used to view success as being able to be "perfect in all things" and to never "slip up," but as I have been faced with numerous failures in my life, I changed my views on success. I realized that being faced with failure is not the end of the world and does not mean that you are not a success; failure is essential in our lives and must

challenge us to grow and learn from our past mistakes. Failure only truly occurs

when you give up when something could have been done to fix things.

Others reported adopting a much narrower definition,

Earlier on, I don't think I really had a definition. Or if I did it was focused on

achieving minimum requirements. College has definitely changed my views

particularly as I am gaining a more realistic view of the competition of the job

market. Working to achieve excellence is critical.

Moving from an external view of success to an internal one was also highlighted as a way

in which definitions changed for some participants.

Of the participants who denied having changed their definition, four indicated that

family values about success prevented change. As one stated, "Growing up in a

traditional, conservative household where education is top priority has prevented me from

changing my definition of success." Additionally, three participants referenced strong

personal attitudes that have not changed, such as "I believe I have always been a strong

advocate of being successful" and "It has been my mindset since I was young to be head

strong about being successful." Two participants also reported never having had a reason

to change their definition.

Self-Ps. A number of participants who reported change in this group referenced

age and maturity as important factors in changing their definition of success. For

example,

I used to define success by others' standards of success - e.g. going to a good

school, getting a respectable high-paying job, etc. As I grew up and matured, I

learned that happiness and contentment came from how I defined success for

myself, rather than others.

And, as another shared,

I believe that as I got older, I began to appreciate different aspects of life more.

When I was young, I really thought that material items are [*sic*] all that mattered

in the world, but I appreciate my family so much more now.

Other participants attributed change to being exposed to new options for defining success

and increased self-compassion. The participant who reported a sudden change in

definition attributed it to adopting values associated with a new religion.

Self-Ps reported a number of specific ways in which their definitions changed as

well. Five participants indicated that their definition changed from a focus on material

possessions or monetary gains to a focus on prioritizing happiness, other values, or other

avenues for achieving success. One reported moving from indifference about success to

having a much more defined sense of the concept.

Of the participants who denied having changed their definition, one reported that

messages from childhood prevented change, stating "i was raised in such way so it [is]

more like an unconscious thing rather than an opinion or a thought that can be changed"

[*sic*]. Another indicated that there was no perceived need to make a change in definition.

Soc-Ps. The majority of participants who reported a change in definition

referenced age and maturity as key factors. For example,

When I was younger I used to think that successful people are the ones with who

[*sic*] had money. My definition has changed over the years as I have grown up.

Through my experiences I have learned that money is not everything.

Another participant stated,

> I used to think success was just not failing or getting praise. Now I realize success
>
> is a very personal thing and not dependent on others. I think growing up led to
>
> that change, realizing that I can't please everyone but I can please myself."

Others referenced increased self-reflection, as well as messages received from influential

people, such as "reminders to focus on my own effort and progress have helped me to

become more process oriented than outcome oriented."

One participant highlighted the significant impact that overcoming depression had

in a change of definition:

> I had very bad major depression when I was younger. The idea of success to me
>
> was barely scraping by. I didn't have the desire to actually do well in life, all I
>
> wanted to do was get through it. After years of therapy I broke out of my
>
> depressive episode and my idea of success gradually transformed from just barely
>
> getting by to what I'd ideally like to happen in every aspect of my life. I realized
>
> that I have the capability to make what is now my own definition of success
>
> happen to myself, to some extent, and that I should go for it.

The nature of change for participants in this group primarily moved from an external

focus (e.g., money, praise) to an internal focus (e.g., happiness, personal values). One

other participant also referenced moving from a focus on outcomes to a focus on process.

Of individuals who denied any change in definition, the majority indicated that

basing their definition on the model set by others prevented change. For example, "I just

always saw what people older then [*sic*] me did," and "From a very young age I respected

people with high academic success." Other participants reported being satisfied with their

definitions.

      Non-Ps. All of the participants in this group who reported a change in definition

attributed it to age and experiences over time. The nature of change most referenced was

moving from a monetary focus to a broader definition including things like personal

betterment and happiness. For example,

> I used to think that success meant rich. As I started making more money, I
>
> realized that buying material things doesn't make me successful. I'm successful
>
> because I like what I do and I try to better myself each and every time.

Similarly, another participant shared,

> I think before, I didn't think that being happy had to do with success. Because I've
>
> seen so many 'successful' people with a lack of happiness in their disposition.
>
> Time made me realize that happiness and success do go hand in hand.

Another participant reported a change in orientation toward the timing of success, stating

"I used to think of success as something in the future and not the here and now. I think

my current definition of success is great because it includes accomplishing, hard work,

and happiness."

      Of the participants who denied a change in definition, a number of participants

indicated that they had no reason to make a change or trusted their own definition the

most. One individual stated,

> I think that my definition and understanding of success is solid- I have heard
>
> others define success in similar ways, and I think that I was brought up to believe

in this definition of success and that it holds true most of the time. I don't think

my definition of success needs to be changed.

Another indicated, "I know right from wrong and I can trust myself that I have very good

judgement." A lack of exposure to different definitions or experiences necessitating

change was also mentioned. For example:

I have always had the same definition of success throughout my life, thinking that

success always granted some benefit to my life. I have not had an experience with

success that has proven me wrong and I think this is what prevents any change.

One participant also reported that their definition was set based on messages from

childhood and has not changed as a result.

Possibility of future change in definitions of success. Of the participants who

responded when asked if they believed something could change their definition of

success in the future, 20% of Non-Ps, 14.29% of Self-Ps, 6.25% of Both-Ps, and 0% of

Soc-Ps responded "yes."

Factors leading to future changes. Participants who indicated that something

could change their definition of success in the future were asked to discuss what they

believed would have that impact.

Both-Ps. There were no clear responses or themes for this group.

Self-Ps. One participant in this group indicated that changes in attitudes toward

success could result in a change, for example "Maybe in the future I will be less hard on

myself and judge my success by reaching my goals rather than competing with others."

One other participant indicated that religious factors could result in a change in definition

as well.

Soc-Ps. All participants in this group denied the possibility of future change in definition.

Non-Ps. Two participants in this group indicated that exposure to alternative definitions or views of success could influence their future definition. For example,

I want to leave the possibility open that my definition and understanding of success may change, even if I don't know how it would change. Perhaps if I see examples of alternative views of success that make sense I may change my view. I don't want to be closed-minded about my definitions of concepts such as success.

One participant also highlighted that age could impact a future definition, stating "I feel like as you grow up many factors can change your definition of anything! I hope my definition stays pretty similar and I think it will, Im [*sic*] sure things will just be added to make it more specific."

Areas impacted by definition of success. Participants were asked to select areas in which they felt their definition of success had impacted them—attitudes/approach to setting goals, past academic performance/experiences, current academic performance, course/trajectory of academic path, other, and no impact. Goal-setting was endorsed by 67.24% of participants, with the most Soc-Ps reporting an impact (76.92%) followed by Both-Ps (75%), and Self-Ps (67.24%). Notably fewer Non-Ps reported that their definition impacted their goal setting (53.33%).

Both past and current academic performance were endorsed by 63.79% of participants; however, the distribution of responses differed across the groups. Self-Ps had the most participants who endorsed past academic performance (71.4%), followed by

Soc-Ps (68.75%) and Both-Ps (69.23%). Notably fewer Non-Ps reported that their definition impacted past academic performance (46.67%). For current academic performance, Soc-Ps endorsed the most influence (84.62%), followed by Self-Ps (71.43%) and Both-Ps (62.5%). Again, notably fewer Non-Ps reported an impact of their definition on current academic performance (40%).

Academic path/trajectory was endorsed by 56.9% of participants, with Soc-Ps having the highest number (69.23%). Self-Ps and Both-Ps had similar levels of endorsement (64.29% and 62.5% respectively), followed by notably lower endorsements for Non-Ps (33.33%). Only 6.9% of participants denied any impact of their definition of success on any of the areas above, with Non-Ps having the highest endorsement (13.33%) followed by Both-Ps (12.5%).

Experiences of failure.

Memorable experience of not meeting a goal. Participants were asked to describe a situation in which they had a strong desire to reach a goal, achieve a standard, or accomplish an important task but were unsuccessful.

Both-Ps. The majority of participants in this group (43.75%) referenced goals related to performing in some way across a wide-range of areas (e.g., producing a product, learning a skill, being accepted into a school/major, competing in a sport, etc.). For example, one participant shared,

> I am an artist, so sometimes I begin paintings and set myself a goal to paint an object very realistically. Sometimes, I find it extremely difficult, and since there is no due date and I am not required to finish it, if I find it too difficult I end up giving up.

Another stated,

> When I was younger, I had difficulty learning english. I am a first generation
>
> college student with parents who did not speak english when I was young. I was
>
> in speech classes in school and it took me a really long time to understand the
>
> language. Even now, i have a strong accent and I don't like it [*sic*].

And a third reported, "It was when I was playing soccer and had to take the penalty kick

at the end to win but I missed by an inch."

Academic performance, both on large and small scales, was the theme referenced

by the second highest number of participants (37.5%). One participant shared a large-

scale academic goal stating,

> I had a desire to be successful in college as soon as I came in. I had certain
>
> expectations with myself that I would work hard and succeed. But the reality was
>
> that College was very different from what I was used to and hard to keep up with.

And another stated, "Going into college, my goal was to graduate with a perfect or nearly

perfect GPA and go into Johns Hopkins Medical School." Others referenced smaller-

scale goals, including "I wanted to get an A in organic chemistry, but I did not do as well

as I desired," or "In school when i study for days and nights on ends and burning the

candle at both ends but still not getting the A on my exam" [*sic*].

Other participants provided examples of social goals (e.g., making friends),

experiential goals (e.g., enjoying time studying abroad), physical goals (e.g., weight loss),

and religious goals (e.g., avoiding sin).

Self-Ps. The majority of participants in this group (50%) referenced academic

goals, both on large- and small-scales. For example, one participant shared,

> During my first semester at school, I struggled academically and did not do as
> well as I would have liked. In a way I knew it was bound to happen because I was
> not prepared for what was going to be thrown at me, but I also wish that I could
> have done better.

Another stated,

> Taking organic chemistry last semester. I was determined to get an A because I
> wanted to show a big turn around due to me attitude change from freshman year.
> However, I barely passed and really wanted to quit with this medical path; but I
> couldn't just quit. [*sic*]

> Performance goals were endorsed by the second highest number of participants
> (31.75%), and were related to a number of areas (e.g., competing in a sport, being
> accepted into a school/major, meeting personal expectations, etc.). As one participant
> stated,

> I always wanted to be one of the strong players on my basketball team. I tried and
> listened to everything I was being told, but ended up on the bench most of the
> times [*sic*]. I felt that the coaches were not listening to me or considering my
> input.

Another reported being unsuccessful at "manag[ing] my time effectively," and one
participant shared, "I wanted to place higher than my friend in an audition but was not
successful in doing so."

Of the remaining participants, one reported a goal related to employment,

> I was determined to get a paid RA position because I felt that I should be
> financially compensated for the skills I had acquired through unpaid internships

as an undergrad. Unfortunately, despite a lot of effort and job applications, I

couldn't acquire a paid position and had to take an unpaid RA position while

taking a part-time job on the side.

One participant also denied having had an experience of not meeting a strongly held goal.

Soc-Ps. An equal number of participants in this group shared goals related to

academics (46.15%) and performance (46.15%). Academic goals were both large- and

small-scale. One participant shared,

I just transferred into Rutgers University from my previous school…this past fall.

At…I had a bit above a 3.2 GPA, but it was wiped going into Rutgers, which I

initially thought was a blessing. Then my social life fell apart. I had a goal of

getting at least a 3.5 last term and instead I ended with a 2.8."

Another stated, "When I was taking Organic Chemistry class, it was very frustrating

because even though I spend [*sic*] lots of time to study for it, I still did not receive the

grades that I wanted."

Performance goals for this group also encompassed a number of areas (e.g., being

accepted into college/major, earning scholarships, competitions, learning skills, etc.) For

example, one participant shared, "I remember that I studied for weeks for a spelling bee

so that I could win in my school and failed on my second word." Another reported,

In the military, one of the tasks was land navigation…I tried very hard to learn,

and … I kept failing the task. …Well, after 3 tries I failed each time … It was

doubly worse because … it also meant I couldn't be promoted with the rest of my

class to the next rank. It also led to some people doubting my

mental/physical/leadership capabilities….

One participant in this group also shared a goal related to employment,

> I wanted to become kitchen manager at my job and doing some [*sic*] required me
>
> to exceed in doing grill work. It turns out while I was good interacting with
>
> customers, I was horrible working the grill. Because of this, I could not go for the
>
> promotion.

Non-Ps. An overwhelming majority of participants (66.67%) in this group

endorsed performance-related goals in a wide-range of areas (e.g., being accepted into a

college/major, sports, auditions, competitions, earning scholarships/fellowships, etc.). For

example;

> When I was fifteen i was on a travel baseball team. We all had goals of making it
>
> to the world series. We fell short and everyone took it pretty hard. … i knew that
>
> would be the last year we had together. It was sad when we fell short of even
>
> making the World Series because we were on the same team since we were ten.
>
> [*sic*]

Another participant shared,

> I always wanted to be a Rockette. I think they are the most beautiful dancers ever,
>
> I set out to become one and went to Rockette camp for 3 summers. But was not
>
> successful in becoming one because I never got myself to audition for the
>
> Rockettes. I went to college and school suddenly became more important than my
>
> dreams.

A third stated,

When I was 12 years old, I applied to a local magnet high school in my county

that many of my friends were also applying to. They only took a certain amount

of students from each town. I truly believed that this was my "ticket to success."

Equal numbers of participants endorsed academic-related (13.33%) and

employment-related (13.33%) goals. Academically, one participant shared,

A situation that I had a strong desire to reach a goal in was freshman year of

college when I was taking General Biology 1. I knew this class would be hard and

at that time, I was on the Biology major track and science always interested me. I

set my goal for this class to be at least a B or above. By the end of the class and

countless hours of studying and practice, I received a C.

An employment-related goal one participant provided was,

I took a strong interest in neuropsychology and began an externship, but the

externship lasted only one semester and involved a long commute. I was unable to

continue pursuing this interest. It was disappointing, but I also realize that the

logistics did not work out.

 One participant also declined to provide an answer.

      Thoughts and feelings during efforts to meet a memorable goal. Participants

were then asked to describe their thoughts and feelings during the process of working

toward their desired goal. Most participants listed multiple feelings in their descriptions

for each group.

      Both-Ps. Feeling upset/frustrated was mentioned most often (25%) in this group.

For example, "I get frustrated with myself and the painting if I don't see results

immediately. I begin to doubt my abilities and try to improve but some times I do not succeed," and "I was really overwhelmed, frustrated & disappointed."

Stressed, anxious, and discouraged/defeated/disappointed were mentioned equally (18.75% each). One participant shared, "I struggling during the interview process. I could tell I was not performing as well as I would have hoped. This was stressful for me as I am no used to entering arenas where I am not successful" [*sic*]. Another stated, "I was very nervous and panicky through out [*sic*] the process of applying to this university. I knew it was definitely a reach school and was worried with the outcome." And a third reported, "I felt very much discouraged by my grades, family, peers, and so forth. I felt as though I was not cut out for medicine or that I wasn't smart at all. It was very difficult to reach my goals with such weight on me."

Feeling hurt/rejected, overwhelmed, positive/confident, and the need to work harder were also mentioned equally (12.5% each). Additionally, feelings of doubt, acceptance, and not being good enough were all mentioned by at least one participant. One example from these participants was,

> It hurt me a lot that I had invested so much time in people that did not reciprocate my feelings or actions back. For a while, I thought that there was something wrong with me, but now I just know that some things are not meant to be. It took me a while to cope with feeling rejected and unaccepted.

Others shared things such as, "I was nervous but I was confident because I had scored on every single penalty I had ever taken before," and "I thought that I wasnt biologically or gentically good enough to attain my goal" [*sic*].

Self-Ps. Feeling upset/frustrated as well as stressed were mentioned equally by the most participants (21.42% each). Participants shared examples such as, "I was very upset because I felt like I wasn't being listened to. The coaches weren't reciprocating the same respect for me and it made me feel invaluable as a player" and,

> I felt frustrated and helpless. I was always in a position of waiting to hear back about my applications - and many of them never got back to me. As time went on I also began to feel like something was wrong with me.

Another shared, "I put a lot of stress and pressure on myself to get to where I wanted to be and in the end, that was hurtful. I thought that if I did not succeed, I was a failure and that I wouldn't be able to do well at all."

Feelings of being discouraged/disappointed, overwhelmed, and the need to work harder were mentioned equally by participants as well (14.29% each). One participant stated, "At first I was disappointed but I had to remind myself that just successfully auditioning into the group is an accomplishment." Another shared, "Definitely a bit overwhelmed by the whole situation as it was freshman year and a totally different academic experience than grade school…I was very frustrated and really disliked the college experience at that point." A third reported,

> I would study many hours for this class, but somehow not be able to show how much I really learned. It really discouraged me and as I result, I would try to work harder but without achieving the results I desired all through the end.

A number of other feelings were reported by at least one participant, including anxious, helpless, flawed, confused, invaluable/disrespected, accepting, motivated, determined, and confident. Some other examples included, "I was determined to reach

my goal," and "'This is confusing but I'm sure I'm really qualified.'" One participant reported no prior experience with not meeting a goal.

Soc-Ps. Feeling hopeful/confident was mentioned most often (30.77%) by participants in this group. As one student shared, "I was confident and hopeful and I felt good about myself and prepared to take on new challenges." Another stated, "I remember thinking that I would be able to compete in the process, and I wondered what it would be like to studying abroad…I was very hopeful and confident." Disappointed/crushed and anxious/worried were mentioned equally (23.01% each). For example,

> During each of the tests, I was pretty nervous at the start and slighly [*sic*] panicked while doing the tests. This worked against me as I developed a sort of tunnel vision, and I'm sure that I would have noticed more about the terrain if I didn't have stress induced tunnel vision.

Others shared, "I really had a hard time recovering from what happened because i would think about it a lot. I was disaoppointed [*sic*]," and "I was extremely disappointed when my parents told me that applying to an Ivy League college was not an option because they were too expensive."

Feelings of anger and powerlessness/lack of control were also mentioned by an equal number of participants (15.38% each). As one participant shared,

> I felt like I had a total loss of control and did not know how to handle it. This is one of the only times in my life that I had failed a goal this badly. There was a lot going on in my life at the time, but that is no excuse for my own inability to reach my goal.

Other feelings mentioned by at least one participant were stressed, incompetence, depression, frustration, sadness, motivation, and that they had worked hard. Feelings of being ashamed and pressured were notably only mentioned by members of this group. For example, "I was pretty angry with myself and a little ashamed. My coworkers and managers always thought highly of me and I felt incompetent when I let them down."

Non-Ps. Feeling hopeful/confident was mentioned most often (40%) by participants in this group. One participant stated, "During the process I was confident, I felt like I had a chance, I was optimisic [*sic*] and hopeful. I thought my essays looked good and I had worked hard. I thought about my plan for the money." Another shared,

> I went into the season thinking we were going to do fine. we started the season pretty well, but we all fell apart after the last couple of games. My confidence went down in the team and we just didnt play well. My goals were still high the whole time… [*sic*].

Anxious and excited feelings were mentioned equally (20% each). For example, "I was a little nervous and anxious because I wasn't sure what I wanted to do anymore." Additionally, one participant stated, "I was so excited about the fellowship, and I was pretty confident that I would receive it. I worked hard on my essay, I was called in for an interview, and I thought that the interview went very well." Feelings of having worked hard, being frustrated/annoyed, or disappointed/crushed were also mentioned equally (13.33% each). One participant shared, "Going to Rockette camp was one of the most wonderful but hard experiences I have ever been put in. I loved the structure the hard work and dedication that was needed to be put in." Another stated, "I was heart broken to see everything I worked so hard for to just blow away because of my injury" [*sic*]. Other

feelings mentioned by at least one participant included stress, powerlessness, and courageousness.

Thoughts and feelings after memorable failure experience. Participants were then asked to describe their thoughts and feelings after failing to meet their desired goal. Most participants listed multiple feelings in their descriptions for each group.

Both-Ps. Feeling upset/frustrated was mentioned most often (37.5%) by participants. For example, "I was extremely upset initially. I do not handle academic failure well. It took me quite awhile to accept that I did not have the qualifications or experience that the program was looking for." Another participant shared, "I feel upset that I was not able to accomplish this, not because I failed, but because I know I could have achieved it if I had worked harder, which I did not do." Feeling discouraged/disappointed/devastated was also mentioned frequently (31.25%). As one participant stated,

> I felt heartbroken for a while, but I tried to move on with my life. I decided that I wanted to make true friends and only give my heart to people that deserve it and who would do the same for me.

Feeling sadness, like a failure, and a sense of acceptance were all mentioned equally (12.5% each). As an example, "I was very upset for awhile I did not get in to a certain school. I felt that I have failed myself and my parents and my siblings. I felt that I did not try as hard as I should have" [*sic*]. Feeling depressed, not good enough, preoccupied, happy, and motivated were all mentioned by at least one participant. One notable example was, "I was completely happy about my outcome because [it] taught [me] how to be strong even when things don't go my way."

One participant in this group referenced an impact of the opinions of parents or important others on the emotions reported. Three participants reported a trajectory of moving from an experience of initial negative affect to a place of acceptance and positive affect.

Self-Ps. Feeling upset/frustrated was mentioned most often (42.86%) by participants in this group. As one participant shared, "I was very frustrated. I came home after the final exam sat down and told my mom I can't do this… I told her that I failed…" Another reported feeling, "Frustrated, annoyed, hated my roommate, disliked the teacher, disengaged from college." Feelings of anger and hope were reported equally (28.57% each), at times together. For example, "I felt angry that I did not do well. But I still felt hopeful that next time around would be better." Feeling satisfied, disappointed/discouraged, like a failure, happy, and accepting were all mentioned equally (14.28% each). At least one participant mentioned feelings of doubt, embarrassment, or relief.

No participants in this group referenced an impact of the opinions of parents or important others on the emotions they reported. Seven participants described the experience of moving from initial negative affect to a place of acceptance and more positive affect. For example, "Once my disappointment disappeared I was satisfied with, but not necessarily proud of my accomplishments." Similarly, another participant shared,

> I was upset but I knew I could just try another class and hopefully pass. I was strong and I didn't have any negative ideations. I just knew there was nothing to do about it after final grades were posted so I had to move on and do well in other courses.

Soc-Ps. Feeling upset/frustrated was mentioned most often (46.15%) by participants in this group. As one participant shared, "I was upset that I did not reach the desired outcome. My parents are strict Chinese parents who do not tolerate low grades. As a result, it was more upsetting that I could not tell them what I got." Disappointment was mentioned by a number of participants as well (38.46%), particularly for participants who also mentioned having made their "best effort" (23.08%). For example, "I was disappointed in myself as a result of the outcome, because I feel like I tried my best," or "i felt angry and disappointed. I thought i would do better, and promised myself that i should do better" [*sic*].

Acceptance was also frequently noted by participants (30.77%). According to one participant, "After not reaching my desired outcome I came to terms with not going to an Ivy League college. I realized that I was not ready to move so far for my undergraduate degree." Another shared, "I'm pretty accepting of it now. I was offered a position in my desired field so I'm glad all my time does not have to be spent managing my other job." Feeling angry or stupid/worthless was mentioned equally (15.38% each). For example:

> It hurt because I could spell a lot of big words and screwed up on a smaller easier word. I felt stupid and that everything was unfair. I was humiliated and didn't want to put myself through something like that again.

Feeling hurt, humiliated, like a failure, and motivated were also mentioned by at least one participant.

One participant in this group referenced an impact of the opinions of parents or important others on the emotions they reported. Four participants reported moving from feelings of initial negative affect to a place of acceptance or positive affect.

Non-Ps. Acceptance and devastation/disappointment/heartbreak were referenced equally by the highest number of participants (40% each) in this group. One participant stated,

> Going to college and realizing that I can no longer set out in pursuing my goal was heartbreaking….School is important and its what I need to do though, therefore I try to tell myself its okay that it didn't work out how I wanted it to... [*sic*].

Another shared,

> I was disappointed at first…I really did try to stay positive, though. I thought that maybe it wasn't meant to be, or that some other opportunity might come my way. I tried to stay optimistic about the situation, even though my parents were disappointed.

Feeling upset/frustrated was also commonly mentioned by participants (26.67%). As an example, "I felt frustrated and confused after not reaching my desired outcome…It did not make sense to me, especially after all the time and effort I put into studying."

> Sadness (20%) and confusion (13.33%) were also feelings referenced by multiple participants. One participant shared,

> I felt really sad and disappointed. I felt like I had let my team down…Most of them were sad because of the loss, but I was sad because I believed in the team and had thought really far into the future about how things would change for us when we won.

Other feelings mentioned by at least one participant were anger, hopelessness, depression, inadequacy, guilt, embarrassment, hope, and relief.

One participant in this group referenced an impact of the opinions of parents or important others on the emotions they reported. Five participants described moving from initial negative affect to a place of positive affect and acceptance.

Messages received after memorable failure experience. Participants were asked to endorse what types of messages they received from others after not reaching their desired outcome—accepting, critical, demanding, disapproving, dismissive, encouraging, normalizing, supportive, or other. They also had the option of providing examples of messages in each category.

Supportive and accepting messages were each endorsed by 57.14% of participants, the highest numbers of all of the options. Non-Ps were the group in which most members reported supportive messages (80%), while Both-Ps had the least by far (21.43%). The numbers of participants reporting supportive messages were similar for Self-Ps and Soc-Ps (69.23% and 66.67% respectively). Self-Ps were the group in which most members reported accepting messages (76.92%) while Both-Ps had the least (42.85%). A similar number of Soc-Ps and Non-Ps reported accepting messages (58.33% and 50% respectively).

Encouraging messages were endorsed by 44.9% of participants, with the number of Self-Ps (76.92%) endorsing these messages notably higher than the other groups (50% for Soc-Ps, 30% for Non-Ps, and 21.43% for Both-Ps). Critical messages were endorsed by 30.61% of participants, with the highest number reported by Both-Ps (42.86%) and the lowest by Self-Ps (23.08%). Non-Ps and Soc-Ps fell between the other two groups (30% and 25% respectively). Disapproving messages were endorsed by 20.41% of participants, and followed a similar pattern to critical messages. Both-Ps reported the highest numbers

(42.86%) followed by Non-Ps (30%). Notably fewer Soc-Ps reported disapproving messages (8.33%), and no Self-Ps reported receiving disapproving messages. Dismissive (18.37%), normalizing (14.29%), demanding (8.16%), and other (2.04%) messages were endorsed less frequently across all groups.

Participants, across groups, only provided a few examples of messages they received. Examples of accepting messages included, "It's okay you can get into any other medical school (Both-P)," "It's not the end of the word (Self-P)," "These are really competitive, sometimes you won't be able to win (Soc-P)," or "Friends in the class also got a C (Non-P)." Supportive examples included, "You will go where you are supposed to be (Self-P)," and "You can try again (Soc-P)." Some encouraging examples were, "You did great and you can do even better next time (Self-P)," "I didn't need to go to an Ivy League to be successful (Soc-P)," and "It was a hard class anyway (Non-P)."

Critical examples included, "You'll be lucky to get into medical school (Both-P)," "You should've went [sic] to more class (Self-P)," "Well you did better before. Maybe you should have walked faster (Soc-P)," and "You all didn't put enough emotion (Non-P)." Examples of disapproving messages included, "I could've done better (Both-Ps)," and "I thought you were supposed to be smart (Soc-Ps)." A dismissive example was "Suck it up at least no one died (Soc-P)," while a normalizing example was "Most people have to apply twice (Non-P)."

Earliest memory of not meeting a goal. Participants were asked to describe their earliest memory of not successfully meeting a goal or accomplishing an important task. Reported experiences across groups were similar to those previously reported for general

experiences of not meeting goals. As a result, summary information, with limited direct quotes, is provided for groups below.

Both-Ps. Most participants in this group (37.5%) reported early goals related to academics, both large-scale (e.g., overall performance in high school, becoming valedictorian, mastering academic subjects, etc.) and smaller-scale (e.g., exam grades, completing assignments, etc.). Early performance goals were also reported by a number of participants (31.25%) in a wide-range of areas (e.g., sports, learning skills, singing, etc.). One participant endorsed an experiential goal (e.g., studying abroad), and one reported a social goal (e.g., not following values). Two participants declined to respond.

Self-Ps. Most participants in this group (50%) reported early goals related to performance in a wide-range of areas (e.g., learning skills, being accepted on teams/programs, competitions, etc.). Academic goals were also frequently reported by participants (28.5%), primarily on a smaller-scale (e.g., class performance, exam grades, etc.). One participant indicated being unable to recall an experience, one provided an unclear response, and one declined to respond.

Soc-Ps. An overwhelming majority of participants (69.2%) reported early goals related to performance in a wide-range of areas (e.g., being accepted into schools/colleges, making sports teams, learning skills, competitions, etc.). Early academic goals and social goals were equally reported (15.38% each). Academic goals were primarily on a smaller-scale (e.g., exam performance). Social goals related to not receiving desired responses from caregivers. For example, one participant shared "When I was in elementary school, my mom never complement [*sic*] me after exams which made me feel like my school life was unsuccessful." Another stated,

I was pretty young, no older than 5, and I was trying to convince my mother that I

hadn't done something that she thought I had done. …Unfortunately she kept

getting madder because she thought I was lying even more. Eventually I decided

to switch gears and do something that I'd seen my younger brother do when she

was angry, which was to hug her, but that didn't work. I think she took it as an

admission of guilt and did not return the hug.

Non-Ps. The majority of participants (66.67%) reported early goals related to

performance in a wide-range of areas (e.g., sports performance, learning skills,

competitions, being accepted into schools/programs, etc.). Early academic goals were

also reported by some participants (20%). Academic goals were both larger-scale (e.g.,

academic year performance) and smaller-scale (e.g., exam grades). One participant

notably referenced parental response to not meeting academic goals,

I was doing "homework" and going through my backpack with my father at home.

The teacher had accidentally sent home a graded paper of mine and a classmate's.

The classmate received a "smiley face" on her homework while I got a "needs

improvement face". [*sic*] My dad angrily stated, "why can't you get grades like

her?!"

Additionally, one participant reported being unable to recall an experience, and one

declined to respond.

Age at earliest memory of not meeting a goal. Participants were also asked to

provide their age during the memory that they described. Both-Ps reported an average age

of 12 years (range: 5 – 20), which was notably older than other groups. Self-Ps reported

an average age of 10.67 years (range: 5 – 19), Soc-Ps reported an average age of 10.54

years (range: 4 – 20), and Non-Ps reported an average age of 10.29 years (range: 4 – 18).

Thoughts and feelings during efforts to meet early goal. Participants were then

asked to describe their thoughts and feelings during the process of working toward their

desired outcome. Responses were limited, less detailed, and less consistent within groups.

Those provided listed multiple feelings in each description, and referenced similar

emotions to those previously reported for general experiences of working toward goals.

As a result, summary information, with limited direct quotes, is provided for groups

below.

Both-Ps. Feeling stressed was reported most often (25%) by participants in this

group; followed by feeling defeated/disappointed, upset/frustrated, guilty, and lacking

confidence (18.75% each). Feeling shame/embarrassment and stupid were reported

equally (12.5% each). Feeling anxious, confused, and hurt were each also reported by at

least one participant. Three participants chose not to respond.

Of note in this group were the number of participants (25%) who cited an impact

of the opinions of parents or important others on the emotions they reported. For

example, "Somewhere deep down I knew that my mother wasn't going to be pleased so I

tried to delay showing her the grade which brought guilt, minor shame and

disappointment." Other participants shared, "I remember very vividly that I thought I was

a loser, and I always wondered if my parents were disappointed to have me as their

daughter," and "Hearing my parents say negative comments in regards to my singing

really hurt my feelings. They shattered my dreams and led me to give up on my dream

back in 5th grade."

Self-Ps. The most consistent feelings referenced in this group were the idea of having worked hard (21.43%), followed by feeling anxious (14.29%). Other feelings referenced by at least one participant were sadness, confusion, upset, embarrassment/shame, feeling like a disappointment to others, excitement, confidence, positivity, and competitiveness. Two participants chose not to respond. One participant in this group referenced an impact of the opinions of parents or important others on the emotions reported

Soc-Ps. Feeling optimistic/hopeful was referenced by the highest number of participants (30.77%) in this group, followed by feeling upset/frustrated (23.1%). Feeling angry, sad, and weak/inferior were referenced equally (15.38% each). Feeling ashamed, disappointed, stressed, anxious, excited, and having worked hard were each referenced by at least one participant. Two participants in this group referenced an impact of the opinions of parents or important others on the emotions they reported

Non-Ps. Feeling anxious, upset/frustrated, not good enough, and confident were referenced equally by participants in this group (13.33% each). Other feelings referenced by at least one participant were indifference, sadness, motivation, positivity, and having tried hard. Three participants chose not to respond. No participants in this group referenced an impact of the opinions of parents or important others on the emotions they reported

Thoughts and feelings after early failure experience. Participants were then asked to describe their thoughts and feelings after failing to reach their desired goal. Responses were limited, less detailed, and less consistent within groups. Those provided listed multiple feelings in each description, and referenced similar emotions to those

previously reported for general experiences of not meeting goals. As a result, summary

information, with limited direct quotes, is provided for groups below.

Both-Ps. Feeling upset was mentioned by the highest number of participants in

this group (25%), followed by feeling motivated and disappointed/discouraged (18.75%

each). Feeling ashamed and sad were referenced equally (12.5% each), and at least one

participant mentioned feeling angry, self-critical, weak, strong, or accepting. Three

participants chose not to respond. No participants in this group referenced an impact of

the opinions of parents or important others on the emotions they reported. Three

participants described moving from negative affect to a place of acceptance or positive

affect.

Self-Ps. Feeling upset/frustrated/annoyed was mentioned most often (50%) by

participants in this group, followed by acceptance and the desire to work harder (21.43%

each). Feeling angry, anxious, and disappointed/devastated were referenced equally

(14.23% each). Feeling embarrassed, sad, hurt, and exhausted were each mentioned by at

least one participant. Two participants chose not to respond. No participants in this group

referenced an impact of the opinions of parents or important others on the emotions they

reported. Four participants described moving from initial negative affect to a place of

acceptance or positive affect.

Soc-Ps. Feeling dejected/disappointed/devastated was mentioned most often by

participants in this group (38.46%), followed by feeling upset (30.77%). A number of

participants reported feeling motivated (23.08), while feeling embarrassed, like a failure,

confused, and angry were mentioned equally (15.38% each). At least one participant

reported feeling ashamed, sad, acceptance, and the need to work harder. Three

participants in this group referenced an impact of the opinions of important others (e.g., siblings, peers) on the emotions they reported. For example, "I was dejected and felt like a failure in comparison to my sister." Two participants described moving from initial negative affect to a place of acceptance or positive affect.

Non-Ps. Feeling sad was mentioned most often by participants in this group (26.67%), followed by feeling embarrassed (20%). Feeling disappointed/devastated, motivated, and accepting were mentioned equally (13.33% each). At least one participant mentioned feeling upset, defeated, indifferent, anxious, and disbelieving. Two participants chose not to answer. No participants in this group referenced an impact of the opinions of parents or important others on the emotions they reported. Three participants described moving from initial negative affect to a place of acceptance or positive affect.

Messages received after early failure experience. Participants were asked to endorse what types of messages they received from others after not reaching their desired outcome—accepting, critical, demanding, disapproving, dismissive, encouraging, normalizing, supportive, or other. They also had the option of providing examples of messages in each category.

Supportive and accepting messages were each endorsed by 55% of participants, the highest numbers of all the options. Self-Ps were the group in which most participants reported supportive messages (72.72%), while other groups had notably fewer (55/56% for Soc-Ps, 45.45% for Both-Ps, and 44.44% for Non-Ps). Non-Ps were the group in which most participants reported accepting messages (66.67%), while Both-Ps had the least (45.45%). The number of participants reporting accepting messages were similar for Soc-Ps and Self-Ps (55.56% and 54.55% respectively).

Encouraging messages were endorsed by 35% of participants, with the number of Non-Ps (44.44%) higher than the other groups (36.36% for Both-Ps, 33.33% for Soc-Ps, and 27.27% for Self-Ps). Critical messages were endorsed by 25% of participants, with the highest number reported by Soc-Ps and the lowest by Non-Ps (11.11%). Self-Ps and Both-Ps reported critical messages equally (27.27% each). Disapproving messages were only endorsed by 12.5% of participants, but a notably higher number of Both-Ps (27.27%) reported receiving them compared to the other groups (11.11% of Soc-Ps, 2% of Non-Ps, and 0% of Self-Ps). Dismissive (10%), demanding (10%), and normalizing (2.5%) messages were endorsed less frequently across all groups.

Participants, across groups, only provided a few examples of messages they received; however, examples did not differ notably from those referenced above following general memorable failure experiences. The exception were two examples in which participants indicated that responses differed as a result of their age. One participant stated, "My parents had to pander to me because I was only 4 (Soc-P);" while another reported, "My mom…helped to make me feel like I was still a smart little girl (Self-P)."

Experiences of success.

Memorable experience of meeting a goal. Participants were asked to describe a situation in which they had a strong desire to reach a goal, achieve a standard, or accomplish an important task and were successful in doing so.

Both-Ps. The largest number of participants (31.25%) in this group referenced goals related to academics, both on large and small scales. One example of a larger-scale goal was, "After my father died, I tried my very hardest to do well in school. I worked

hard and studied harder to the point where I achieved a 4.0 and dean's list for my very first semester." Examples of smaller-scale goals referenced individual grades, such as "Studying for an exam in which I got an A," or "I did well in my animal behavior exam."

Performance goals in a wider-range of areas (e.g., producing a product, learning a skill, athletic performance, being accepted into school, etc.) were referenced by the second highest number of participants (25%). As one participant shared,

> In class, I was required to finish my paintings in full. I was successful in finishing them because I did not have the option of giving up because it would cost me my grade. When I encountered a difficulty, like not being able to capture realism, I would keep working at it until I got it right.

Another stated, "A situation where I had a strong desire to reach a goal was getting in to Rutgers University. I applied as a transfer student from an out of state university, and was very scared I would not be admitted."

Employment goals were referenced by a number of participants (18.75%), including "I had been assigned to lead worship for an annual coffeehouse on campus. I had a strong desire to use my talents of music and leadership to do so." Social goals were also noted (12.5%), and focused on relationships with important others. For example,

> More recently, one of my goals was to establish a strong connection with my newest born niece, Elena. … I have been away at college, so I was unable to spend as much time with her as I was able to when my other niece was born. I felt a sense of guilt and wanted my niece to know how much I love her … However… my niece really loves me a lot … She has recently started walking now, and

sometimes she will come over to me and give me hugs and kisses. I think that I

have been a successful aunt to both of my nieces.

Two participants reported being unable to identify an experience or strong enough goal.

Self-Ps. The majority of participants (50%) referenced performance goals in a

wide-range of areas (e.g., being accepted into schools/programs, competitions, producing

a product, learning a skill, etc.). For example,

I wanted to enter a reading competition in my church for the summer and have

been delaying it for years. One year, I finally decided I was going to enter. I

studied and worked hard and in the end, my team made it to the finals with a

second place finish.

Another participant shared,

I was very bad at basketball but I wanted to prove myself so everyday [*sic*] after

school I would practice three point shots by myself … finally I started making

them until I got really good at it … It felt rewarding when I made a couple three

point shots in gym class … but mastering the three point shot inspired me to take

on basketball as a hobby as I got older and play with my school team up until

college.

Employment goals were referenced by the second highest number of participants

in this group (21.43%). As one participant shared, "I am graduating college in May one

of my biggest goals was to get a job after graduation. After many interviews I was

offered a position as a consultant upon graduation and I was very excited to accept the

offer." Other participants shared large-scale academic goals (e.g., graduating from a

degree program), experiential goals (e.g., studying abroad), social goals (e.g., having a

family), and physical goals (e.g., weight loss). An example from these participants was, "A few years ago I had a strong desire to reach a weight goal. I put in many hours in the gym, ate well, and did not give in to any cravings or bad habits."

Soc-Ps. The majority of participants (57.14%) in this group referenced goals related to performance in a wide-range of areas (e.g., being accepted into colleges/programs, producing a product, completing tasks, etc.). Of these responses, being accepted into a higher education institution was mentioned most often (62.5%). One participant shared,

> I was very happy when I was accepted into Rutgers. As a immigrant, I was always worried that my English communication would stop me from being successful. I think that by accepting into college, it was in a way a recognition for me. [*sic*]

Another performance example was,

> I wanted to transcribe and partially analyze 3 focus group interviews before a conference … I came in 2 or 3 hours before work to transcribe and worked through my lunch as well. I got it done, and was able to have some preliminary results before the conference. I even finished the transcribing a day ahead of schedule.

Academic goals, both large and smaller-scale, were also mentioned by a number of participants (30.77%) in this group. For example, "I wanted to be the best student in my high school in my AP psych class. At the end of the year I won an award for having the highest grade." One participant also referenced an employment goal, "I had a strong desire to become a peer mediator. … I really wanted to become a peer mediator to make

my brother and mother proud. I trained very hard and I was extremely determined to become one."

Non-Ps. Performance goals in a wide-range of areas were referenced by the majority of participants (53.33%) in this group (e.g., being accepted into school/program, making sports teams, competitions, etc.). One participant stated,

> This might be a silly goal, but in high school I was really into video games. I was so invested in video games, that I actually started attending local tournaments and signed up on websites for professional gamers. One game that I invested so much time in was a Call of Duty game, and I had an extremely strong desire to be the best of my friends and of the local tournaments.

Another shared, "I was president of my a cappella group and we performed at a competition and got first place."

One participant shared an employment related goal, "I was asked to evaluate a complicated student with multiple psychiatric/family/social issues and was able to do a thorough job that led to an appropriate placement decision." One participant also shared a large-scale academic goal (e.g., making dean's list).

Thoughts and feelings during efforts to meet a memorable goal. Participants were then asked to describe their thoughts and feelings during the process of working toward their desired goal. Most participants listed multiple feelings in their descriptions for each group.

Both-Ps. Feeling anxious/nervous was mentioned most often (25%) in this group. For example, as two participants shared "I was nervous because I was not sure what the

outcome would be" and "I was again nervous applying and had some doubts in my mind but I knew I was putting my best foot out there."

Feeling upset/frustrated, stressed, and confident were mentioned equally (18.75% each). One participant shared, "I was overwhelmed by the amount of work required and also frustrated by the other people involved in this event or team. This did not just depend on me but the cooperation of everyone else." Another reported,

> While I was very stressed as I adjusted to a new school, new classes and environment I knew I was educationally equipped to succeed. While at my previous school I had practiced time management and study skills which allowed me to achieve my goals at Rutgers.

Feeling impatient and amazing/ecstatic were also mentioned equally (12.5%). Feelings of doubt, guilt, sadness, and faithfulness were mentioned by at least one participant. For example, "I felt frustrated because I was not patient with myself. I felt myself improving because I could compare my current work to past work." Additionally, one participant shared, "I was ecstatic and I couldn't wait to start school." A third shared, "I remember feeling guilty and sad that my niece and I were not as close as I would like us to be." Two participants chose not to respond.

Self-Ps. Feeling anxious/worried/nervous was mentioned the most by participants (64.29%) in this group. For example, as one participant shared "I was worried because I wasn't used to speaking in front of a lot of people. I was also nervous that I might get something wrong and be the reason my team would be eliminated from the competition." Excitement was the second most frequently mentioned feeling (28.57%), often included

with anxiety. As two participants stated, "During the process, I was anxious and nervous but also excited and ready," and "I feel excited and worry that it won't be fulfilled [*sic*]."

A number of participants (21.43%) noted feeling that what they were doing was "worth it." For example,

> The whole process was very stressful because I was doing schoolwork, working on the side, and preparing for interviews. I was going through a lot of stress but I knew it would all be worth it in the end when I received a position.

Another shared, "My thoughts and feelings during this process was that it was overwhelming for me and took longer than expected but I knew it was going to be worth it in the end." Feeling stressed, exhausted, hopeful, and determined were all mentioned equally (21.43% each), with one participant stating,

> A part of me always tried to stay positive but it was very exhausting always working out, or a little frustrating if I could not eat what I wanted. I was constantly tired but knew at the end of this process, it would be worth it.

At least one participant also mentioned feeling overwhelmed, proud, frustrated, confused, and impatient.

Soc-Ps. Feeling confident and anxious were mentioned equally and most often (23.08% each) by participants in this group. Confidence was both referenced positively and at times connected with over-confidence. For example, one individual reported thoughts such as, "I know I can be the best if I stay up every night and study because I'm smarter than everyone else." Another stated,

I had been through the application process for the Mitchell scholarship… I had a

lot of support and was able to hone my essays and my interview skills. I was very

confident, even to the point of being a bit cocky in interviews.

Another participant shared, "There was a lot of anxiety, especially as it came closer to

when I would find out whether or not I was accepted. I had recognized that … I had no

idea what I would do if I did not get in."

Feelings of stress, excitement, and persistence were also mentioned equally

(15.38%). For example, "I was excited, hopeful, and somewhat stressed, but I was

persistent in working toward this goal. I stuck to a timeline and remained motivated to get

work done well and on time." Another participant shared, "When I was training to

become a peer mediator I did not slack off like some of the other kids. … Becoming a

peer mediator was the only thing on my mind at all times." At least one participant

mentioned feeling happy, proud, motivated, supported, hopeful, regretful, and lacking

confidence. One participant stated, "I was extremely happy and proud of myself. I

thought I was the happiest person;" while another shared, "I was very nervous and

obsessively checking my emails for news. I don't think I've ever had so little confidence

in myself in my life."

Non-Ps. Feeling anxious/nervous/worried was mentioned most often by

participants (33.33%) in this group. For example, "I was so stressed and anxious about

getting into this program…I set out my whole college career preparing to get into the

program. If I didn't then I would be lost with a Psychology major and not knowing what

to do after graduation." Another shared,

I actually felt nervous…This was our last competition for the year and so much

recognition, money and acceptance was at fame [*sic*] that I couldn't stop thinking

about it while I was performing. I felt my hands shake at certain points during our

set…

Confident, motivated, happy, and stressed were mentioned equally by participants

(13.33% each). As one participant shared,

I felt extremely motivated throughout the entire process. Each tournament that I

participated in fueled my desire more, and actually seeing success just sent my

ego through the roof. Eventually I controlled my ego and let the support of my

friends turn my ego into pure happiness.

Another stated,

I felt pretty confident but was unsure of the outcome. I thought I would need to

work pretty hard and study for the GRE but also thought it wasn't that serious. I

thought that it was worth a shot despite some people telling me I wasn't ready

coming straight out of undergrad.

At least one participant mentioning feeling proud, excited, competent, and ambitious.

One participant reported being unable to think of an experience, and two chose not to

respond.

> ***Thoughts and feelings after memorable success experience.*** Participants were

then asked to describe their thoughts and feelings after successfully meeting their desired

goal. Most participants listed multiple feelings in their descriptions for each group.

> *Both-Ps.* Feeling happy/thrilled/ecstatic was mentioned most often (43.75%) by

participants. One participant stated, "I was overly thrilled with getting my acceptance

letter. It was the greatest feeling in the world and I will forever remember the day."

Another shared, "At the end of the semester my GPA had dropped approximately only

0.2 after transferring….I was thrilled that I would not 'become another statistic.' My

preparation had paid off." Feeling accomplished/proud and satisfied/relieved were

mentioned equally (25% each). For example, "I felt proud of myself. I felt like I

accomplished something important and that I had improved." Feeling

confident/competent was also mentioned by several participants (18.75%). As one

participant stated, "I believed in myself a lot more and felt happy." Feeling blessed as

also mentioned by participants (12.5%), for example

> For me faith is really important so I contributed [*sic*] all my success as a miracle
>
> from God. It wasn't just about how great I was at this task rather a blessing from
>
> God to allow everything to go smoothly.

Other feelings mentioned by at least one participant included surprise and excitement.

Two participants chose not to respond. One participant in this group referenced an impact

of the opinions of parents or important others on the emotions reported, "I felt like the

best player on the pitch and NYC coach took me out to dinner and [c]ongratulated me

making me feel ecstatic."

   Self Ps. Feeling happy/elated/ecstatic/overjoyed and accomplished/proud were

mentioned equally and most often (57.14% each) by participants in this group. As one

participant shared, "I was speechless and overjoyed. To set out a goal and accomplish it

is extremely rewarding. I felt proud and told myself that I wanted to have this feeling

many more times in the future." Another stated, "After reaching the desired outcome, I

felt great about myself. I realized how far I could push myself and it was great seeing all

of my hard work pay off." Excitement was also mentioned by a number of participants (21.43%), followed by relief and satisfaction (14.28% each). For example,

> After receiving my acceptance, I felt ecstatic. I also experienced relief and
>
> satisfaction and pride and excitement. It made me think that all of the challenges I
>
> had faced up to that point had been worth it. I felt so validated.

At least one participant mentioned feelings of confidence or worry.

One participant in this group referenced an impact of the opinions of parents or important others on the emotions reported, "I was very excited and happy for myself. I received a lot of praise from family and friends which was also very exciting for me. I felt very accomplished that I was able to get a job…."

Soc-Ps. Feeling ecstatic/happy and accomplished/proud were mentioned equally and most often (46.15% each) by members of this group. As two participants shared, "I was ecstatic! It was a huge relief off of my shoulders," and "I was happy to do everthing [*sic*] on schedule, but I think I was too hard on myself." Feeling relieved was mentioned by a number of participants (36.77%), as was feeling motivated/the need to do better (15.38%). For example, "I was proud and excited. I was also motivated to set similar goals moving forward," and "I felt like i have to do [be]tter next time." [*sic*] At least one participant mentioned feelings of excitement or being respected.

Six participants in this group referenced an impact of the opinions of parents or important others on the emotions they reported. As one participant shared, "After becoming a peer mediator the gratification that I had was amazing. I was so proud of myself for accomplishing my goal. Also I was so happy that I made my older brother and mother proud." Another stated, "I was happy because I felt like people respected me, if

only briefly." A third reported, "I felt really proud and happy to be done and glad I could

say I succeeded in something others in my family couldn't."

Non-Ps. Feeling happy/elated was mentioned most often (53.33%) by participants

in this group. For example, "I felt elated and on top of the world when they announced

our names. I felt surprised at first, then extremely happy and finally, really excited for the

future of my team." Excitement was also mentioned by a number of participants

(26.67%), followed by feeling proud (20%). As one participant shared, "I was so excited,

proud and happy. I couldn't believe I actually got in and wanted to tell the world! My

dream of becoming a teacher was actually going to come true!" And another indicated, "I

was elated and proud of myself. I thought about it being the next step in my life and

looked forward to new experiences." Feelings of satisfaction and surprise were each

mentioned by at least one participant.

One participant denied having an experience, and two chose not to respond. Three

participants in this group referenced an impact of the opinions of parents or important

others on the emotions they reported. As an example,

> I was very excited when I received the acceptance letter for graduate school. It
>
> reaffirmed my belief that going to graduate school was a good path for me to take.
>
> Everyone around me was very proud of this accomplishment, and that felt good.

Others shared, "After proving to others that I was a competitive gamer in local

tournaments, I felt happy that I received such great support for a hobby such as game,"

and being "gratified by feedback from the team and pleased with the report I had

produced."

Messages received after memorable success experience. Participants were asked

to endorse what types of messages they received from others after successfully reaching

their desired outcome—accepting, critical, demanding, disapproving, dismissive,

encouraging, normalizing, supportive, or other. They also had the option of providing

examples of messages in each category.

Encouraging messages were endorsed by 69.39% of participants, followed closely

by accepting messages which were reported by 67.35%. Non-Ps were the group with the

highest number of members reporting encouraging messages (80%), with notably fewer

messages reported by Both-Ps and Self-Ps (69.23% each) and Soc-Ps (61.54%). Both-Ps

were the group in which the highest number of members reported accepting messages

(84.62%) while Non-Ps had the least (50%). A similar number of Soc-Ps and Self-Ps

reported accepting messages (69.23% and 61.54% respectively).

Supportive messages were reported by 57.14% of participants, with the highest

number reported by Self-Ps (84.62%). Soc-Ps reported the fewest messages (30.77%),

while Non-Ps and Both-Ps were similar (60% and 53.85% respectively). Critical and

normalizing messages were each reported by 4.08% of participants. Both-Ps reported

both critical and normalizing messages (7.69% and 15.38% respectively), while Non-Ps

only reported critical (10%).

Participants across groups only provided a few examples of messages they

received. Examples of encouraging messages included, "That's great, you are going to

keep doing well! (Soc-P)," or "We knew we didn't stand a chance against you guys after

ya'll performed (Non-P)." Accepting examples included, "Good job, that was pretty

impressive (Soc-P)," You didn't get your top pick, but you got a good program and some

financial assistance (Soc-P)," or "That's awesome, just the job you wanted (Self-P)."

Some supportive examples were, "I think what you're doing is great, I wish I could be

this dedicated (Self-P)," or "You guys deserved to win (Non-P)." Examples of critical or

normalizing messages were not provided.

Early memory of meeting a goal. Participants were asked to describe their

earliest memory of successfully meeting a goal or accomplishing an important task.

Reported experiences across groups were similar to those previously reported for general

experiences of meeting goals. As a result, summary information, with limited direct

quotes, is provided for groups below.

Both-Ps. Most participants (50%) in this group reported early goals related to

performance in a wide-range of areas (e.g., producing a product, competitions, sports,

learning a skill, etc.). Early academic goals were also reported by several participants

(25%), primarily related to mastering learning milestones (e.g., alphabet, math, spelling

name, etc.). For example,

> When I was in pre-school I had a very hard time spelling my name because it's
>
> eight letters long. Even at such a young age I was very hard on myself and
>
> struggled with it for a while. I was one of the last people in my class to spell my
>
> name.

One participant endorsed an experiential goal (e.g., attending a retreat), and one reported

a social goal (e.g., giving parent a gift). One participant denied having an early memory

of a success, and one participant chose not to respond.

Self-Ps. Most participants (50%) in this group endorsed early goals related to

performance in a wide-range of areas (e.g., producing a product, competitions, learning a

skill, etc.). Several of the performance goals referenced making performance teams (e.g., band, drama club, school play, etc.), for example "My earliest memory of successfully meeting a goal was in high school when I got into Concert Choir." Early academic goals were also endorsed by a number of participants (21.43%), primarily on a larger-scale (e.g., grades during a semester or school year). One participant endorsed a physical goal (e.g., weight loss), and one participant reported a social goal (e.g., receiving parental praise). One participant provided an unclear response, and one chose not to respond.

Soc-Ps. Most participants (53.85%) in this group reported early goals related to academics, both larger scale (e.g., grades during an academic year, earning academic honors) and smaller scale (e.g., exam grades, course performance). Early learning milestones were also referenced (e.g., learning to read). Early performance goals were also referenced by a number of participants (38.46%) in a wide-range of areas (e.g., following values, competitions, learning skills, etc.). One participant also noted a physical goal,

> My earliest memory of successful meeting a goal or accomplishing an important task was when I was for lazy eye therapy. I was four years old and I need lazy eye therapy to correct my left eye. After a year of therapy I saved my left eye from going blind. [*sic*]

Non-Ps. Most participants (53.33%) in this group reported early goals related to performance in a wide-range of areas (e.g., learning skills, completing applications, sports, competitions, etc.). Several participants (20%) also reported academic goals on a larger-scale (e.g., grades during a school year, earning academic honors). For example, "In third grade I was very focused on my academics. In fourth grade we were split into

three groups based on our grades. I made it to the green (advanced) group." Two

participants reported being unable to recall an experience, and two chose not to respond.

       Age at earliest memory of meeting a goal. Participants were also asked to provide

their age during the memory that they described. Self-Ps reported an average age of 11.62

years (range: 3 – 21) which was similar to Soc-Ps average age of 11.31 years (range: 4 –

20). Both-Ps reported an average age of 8.75 years (range: 2 – 20), and Non-Ps reported

an average age of 8 years (range: 5 – 17).

       Thoughts and feelings during effort to meet early goal. Participants were then

asked to describe their thoughts and feelings during the process of working toward their

desired outcome. Responses were limited, less detailed, and less consistent within groups.

Those provided listed multiple feelings in each description, and referenced similar

emotions to those previously reported for general experiences of working toward goals.

Thus, summary information, with limited direct quotes, is provided for groups below.

       Both-Ps. Happiness was the feeling reported most often (18.75%) by participants

in this group, followed by anxiety, doubt, or upset/frustration (15.38% each). Feeling

stressed, self-critical, determined, relieved, and accomplished were each also reported by

at least one participant. One participant reported being unable to recall thoughts/feelings

due to young age, and two participants chose not to respond.

       Of note for this group were the five participants (31.25%) who referenced an

impact of the opinions of parents or important others on the emotions they reported. For

example, one participant shared "I felt like I knew people would be proud of my drawing,

I was more determined and less discouraged." Another stated, "I was happy that I was

smarter than people I knew," and a third shared "It was a stressful process because I knew I was not accepted by the other dancers."

Self-Ps. Excitement was the feeling referenced most often (28.5%) by participants in this group, followed by anxiety (21.43%) and doubt (14.29%). At least one participant also reported feeling aggravated, distracted, discouraged, frustrated, challenged, stressed, indifferent, focused, happy, and motivated. One participant chose not to respond. No participants referenced an impact of the opinions of parents or important others on the emotions they reported

Soc-Ps. Excitement was the feeling referenced most often (23.08%) by participants in this group, followed equally by anxiety, confidence/competence, determination, and the sense of having worked hard (15.38% each). Other feelings mentioned by at least one participant were frustration exhaustion, happiness, and pride. Two participants provided unclear answers. Two participants referenced an impact of the opinions of parents or important others on the emotions they reported.

Non-Ps. Excitement was the feeling referenced most often (20%) by participants in this group, followed equally by anxiety, motivation, and the sense of having worked hard (13.33% each). Other feelings mentioned by at least one participant included indifference, determination, intelligence, and happiness. Two participants reported not having an experience, one reported being unable to recall feelings from the experience, and two chose not to respond. Two participants referenced an impact of the opinions of parents or important others on the emotions they reported.

Thoughts and feelings after early success experience. Participants were then asked to describe their thoughts and feelings after successfully reaching their desired

goal. Responses were limited, less detailed, and less consistent within groups. Those

provided listed multiple feelings in each description, and referenced similar emotions to

those previously reported for general experiences of not meeting goals. As a result,

summary information, with limited direct quotes, is provided for groups below.

Both-Ps. Feeling happy was mentioned by the highest number of participants in

this group (37.5%), followed by feeling competent/confident (25%). Relief was also

mentioned by a number of participants (18.75%), and anxiety and the sense of having

worked hard were also mentioned equally (12.5% each). At least one participant also

mentioned feeling accepted, blessed, and supported. One participant also reported feeling

dismissive/critical, "After I accomplished it i thought it was easy and i thought i could

have learned it faster." [*sic*] Two participants reported no experience, and one chose not

to respond. Five participants in this group (31.25%) referenced an impact of the opinions

of parents or important others on the emotions they reported. For example, "I remember

being very happy because I saw my mom was happy and I knew I did something good."

Self-Ps. Feeling happy was mentioned by the highest number of participants in

this group (42.86%), followed by feeling accomplished/proud (21.43%). Excitement,

satisfaction, and feeling rewarded were mentioned equally (14.29%). Feeling confident

and shocked were also each mentioned by at least one participant. One participant chose

not to respond. Two participants referenced an impact of the opinions of parents or

important others on the emotions they reported. As one participant shared, "Once I lost

weight…I felt very accomplished because people started complimenting me."

Soc-Ps. Feeling happy was mentioned by the highest number of participants in

this group (53.85%), followed by feeling proud (23.08%) and feeling confident (15.38%).

At least one participant also mentioned feeling satisfied, rewarded, smart, relieved, excited, and embarrassed. As one participant shared,

> I felt proud of my hard work and efforts to study the night before … I was satisfied with the results and final product and the way my efforts paid off for me and my team. I was both embarrassed and excited by the positive attention I received.

Of note in this group, several participants (23.08%) reported feelings related to a need to do better or overcome related challenges in the future. For example, "I was pretty relieved. But I could not relax because it was only just beginning." Five participants (38.46%) also referenced an impact of the opinions of parents or important others on the emotions they reported, both in increasing and minimizing positive emotions. One participant shared, "I was really proud of myself for reading…and I was thrilled that my parents were proud of me, too. However, another reported feeling, "proud" and also trying "...to keep it low key because [he] did not want to sound like a bragging nerd."

Non-Ps. Feeling happy was mentioned by the highest number of participants in this group (40%), followed by feeling accomplished/proud (26.67%) and feeling excited (13.33%). Feeling relieved and accepted were each also mentioned by at least one other participant. Two participants reported not having an experience, and two chose not to respond. Two participants also referenced an impact of the opinions of parents or important others on the emotions they reported.

Messages received after early success experience. Participants were asked to endorse what types of messages they received from others after successfully reaching their desired outcome—accepting, critical, demanding, disapproving, dismissive,

encouraging, normalizing, supportive, or other. They also had the option of providing examples of messages in each category.

Encouraging messages were endorsed by 72.5% of participants, with the highest number reported by Self-Ps (90.91%) and the lowest by Soc-Ps (55.56%). A similar number of Non-Ps and Both-Ps reported encouraging messages (71.43% and 69.23% respectively). Supportive messages were endorsed by 62.5% of participants, with the highest number reported by Non-Ps (85.71%) and the lowest by Soc-Ps (44.44%). A similar number of Self-Ps and Both-Ps reported supportive messages (63.64% and 61.54% respectively).

Accepting messages were endorsed by 52.5% of participants, with the highest number reported by Both-Ps followed by Soc-Ps (69.23% and 66.67% respectively). The number decreased notably for Non-Ps (42.86%), and was the least for Self-Ps (27.27%). Normalizing (10%) and disapproving (2.5%) messages were only endorsed by Both-Ps (30.77% and 7.69% of the group, respectively).

Participants, across groups, only provided a few examples of messages they received; however, examples did not differ notably from those referenced above following general memorable success experiences.

Primary caregivers. Participants were given blank fields to list the title (e.g., mother, father, grandmother, etc.) of individuals that they considered to be significant caregivers growing up. When asked to identify a primary caregiver, 82.76% of participants identified their mother and 17.24% identified their father.

Personality of primary caregiver. Participants were given a list of 39 personality characteristics (e.g., absent, caring, intense, kind, etc.; see Appendix A for full list) and

were asked to select any that they would have used to describe their primary caregiver when growing up. They were also given space to write in additional descriptors.

As shown in Table 1, the majority of participants described their primary caregiver as loving (82.46%), caring (77.19%), supportive (64.91%), compassionate (59.65%), friendly (59.65%), trustworthy (59.65%), honest (52.63%), kind (52.63%), understanding (52.63%), and warm (52.63%). However, some less positive characteristics were also endorsed, including emotional (36.84%), stressed (31.58%), demanding (24.56%), picky/particular (24.56%), intense (22.81%), worried (21.05%), bossy (19.3%), and depressed (15.79%).

Some characteristics were endorsed similarly across the four perfectionism groups; for example, compassionate was endorsed by 64.29% of Self-Ps, 61.54% of Soc-Ps, 56.25% of Both-Ps, and 57.14% of Non-Ps. However, there were also instances where one or more groups differed notably from the others. For example, while 93.86% of Self-Ps identified their primary caregiver as caring, this dropped for Soc-Ps (76.9%), Non-Ps (71.42%), and Both-Ps (68.75%). Similarly, 85.71% of Non-Ps endorsed supportive, but only 64.29% of Self-Ps and even fewer Both-Ps (56.25%) and Soc-Ps (53.85%) did. Understanding was endorsed by similar percentages of Self-Ps (57.14), Non-Ps (57.14), and Both-Ps (56.25) but was notably lower for Soc-Ps (38.46%). Warm was also notably lower for Soc-Ps (30.77%) compared to the other groups (64.29% Self-Ps & Non-Ps, 50% Both-Ps). It was also notable that of the 16 more positive characteristics frequently endorsed, Soc-Ps had the lowest percentage of endorsement for 9 characteristics and second lowest for 2 others, while Both-Ps had the lowest for 4 and second lowest for 8 others.

Similar patterns emerged for the more negative characteristics, for example, stressed was endorsed similarly for Self-Ps (42.86%), Soc-Ps (38.46%), and Both-Ps (31.25%) but was notably lower for Non-Ps (14.29%). While demanding was only endorsed by 24.56% of participants overall, it was selected by 53.85% of Soc-Ps compared to 21.43% of Self-Ps, 10.75% of Both-Ps, and only 7.14% of Non-Ps. Worried was also chosen by a notably higher percentage of Self-Ps (35.71%) and Soc-Ps (30.77%) than Both-Ps (12.5%) and Non-Ps (7.14%). Additionally, several characteristics were only endorsed by individuals in the perfectionist groups: bossy and indifferent (Soc-Ps, Self-Ps, and Both-Ps), hostile (Soc-Ps and Both-Ps), and negative (Soc-Ps). Overall, Non-Ps had the lowest endorsements for all 11 of the more negative characteristics, while Soc-Ps had the highest for 7 and second highest for 3.

Summary profiles of primary caregivers for each group are provided below, based on characteristics most commonly selected (more than 50%), as well as characteristics that were notably present or absent when compared to other groups.

Both-Ps. The most prevalent characteristics of primary caregivers for participants in this group were caring (68.75%), friendly (62.5%), honest (62.5%), loving (62.5%), patient (62.5%), compassionate (56.25%), happy (56.25%), supportive (56.25%), trustworthy (56.25%), and warm (50%). Caring, loving, and compassionate were endorsed the least by Both-Ps when compared to all other groups. Supportive, friendly, trustworthy, kind, understanding, and warm were endorsed second lowest by Both-Ps compared to all other groups. Both-Ps endorsed happy and honest the second highest compared to all other groups; while patient was the highest percentage of all four groups.

It was notable that bossy (18.75%), depressed (18.75%), hostile (12.5%) and indifferent (12.5%) were endorsed for this group but were absent or low for Non-Ps. Indifferent was also selected most often by Both-Ps than members of any other group. Worried was endorsed less often by Both-Ps (12.5%) compared to Self-Ps and Soc-Ps, and responsive (31.25%) and empathic (18.75%) were endorsed the least of all groups.

Self-Ps. The most prevalent characteristics of primary caregivers for this group were caring (92.86%), loving (92.86%), compassionate (64.29%), friendly (64.29%), honest (64.29%), supportive (64.29%), trustworthy (64.29%), warm (64.29%), happy (57.14%), kind (57.14%), understanding (57.14%), and responsive (57.14%). Caring, compassionate, honest, warm, happy, understanding, and responsive were endorsed the highest by Self-Ps compared to all other groups. Their endorsements of loving, supportive, friendly, trustworthy, and kind were the second highest percentages compared to all four groups. Self-Ps also had the highest endorsements for stressed (42.86%), worried (35.71%), and depressed (21.43%) compared to all four groups, and the second highest for emotional (42.86%), picky/particular (28.57%), and bossy (28.57%).

Soc-Ps. The most prevalent characteristics of primary caregivers for this group were loving (100%), caring (76.92%), attentive (61.54%), compassionate (61.54%), supportive (53.85%), and demanding (53.85%). Loving, attentive, and demanding were endorsed the highest by Soc-Ps compared to all other groups. Their endorsements of caring and compassionate were the second highest compared to all other groups, and supportive was the lowest.

It was notable that Soc-Ps had the highest endorsements of any group for emotional (46.15%), picky/particular (30.77%), intense (30.77%), bossy (30.77%), and

hostile (15.38%), and were also the only group to endorse negative (7.69%). They also

had the lowest endorsements of any group for friendly (38.46%), trustworthy (46.15%),

honest (38.46%), kind (38.46%), understanding (38.46%), warm (30.77%), happy

(30.77%), and patient (23.08%).

Non-Ps. The most prevalent characteristics of primary caregivers for this group

were supportive (85.71%), loving (78.57%), caring (77.19%), trustworthy (71.43%), kind

(64.29%), warm (64.29%), compassionate (59.65%), understanding (57.14%), happy

(50%), and patient (50%). Supportive, friendly, trustworthy, and kind were endorsed the

highest by Non-Ps compared to all other groups. They also had the second highest

endorsements for understanding, warm, and patient compared to the other four groups.

Empathic (42.86%) was also endorsed most Non-Ps compared to other groups. Non-Ps

had the lowest endorsements compared to all other groups for attentive (35.71%),

emotional (28.7%), stressed (14.29%), picky/particular (14.29%), intense (14.29%),

demanding (7.14%), worried (7.14%), depressed (7.14%), bossy (0%), hostile (0%), and

indifferent (0%).

TABLE 1

PRIMARY CAREGIVER PERSONALITY CHARACTERISTICS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
LOVING (82.46)	Soc-Ps (100)	Self-Ps (92.86)	Non-Ps (78.5)	Both-Ps (62.5)
CARING (77.19)	Self-Ps (92.86)	Soc-Ps (76.9)	Non-Ps (71.42)	Both-Ps (68.75)
SUPPORTIVE (64.91)	Non-Ps (85.71)	Self-Ps (64.29)	Both-Ps (56.25)	Soc-Ps (53.85)
COMPASSIONATE (59.65)	Self-Ps (64.29)	Soc-Ps (61.54)	Non-Ps (57.14)	Both-Ps (56.25)
FRIENDLY (59.65)	Non-Ps (71.43)	Self-Ps (64.29)	Both-Ps (62.6)	Soc-Ps (38.46)
TRUSTWORTHY (59.65)	Non-Ps (71.43)	Self-Ps (64.29)	Both-Ps (56.25)	Soc-Ps (46.15)
HONEST (52.63)	Self-Ps (64.29)	Both-Ps (62.5)	Non-Ps (42.85)	Soc-Ps (38.46)
KIND (52.63)	Non-Ps (64.28)	Self-Ps (57.14)	Both-Ps (50)	Soc-Ps (38.46)
UNDERSTANDING (52.63)	*Self-Ps (57.14)*	*Non-Ps (57.14)*	Both-Ps (56.25)	Soc-Ps (38.46)
WARM (52.63)	*Self-Ps (64.29)*	*Non-Ps (64.29)*	Both-Ps (50)	Soc-Ps (30.77)
HAPPY (49.12)	Self-Ps (57.14)	Both-Ps (56.25)	Non-Ps (50)	Soc-Ps (30.77)
RESPONSIVE (40.35)	Self-Ps (50)	Both-Ps (43.75)	Soc-Ps (38.46)	Both-Ps (31.25)
ATTENTIVE (45.61)	Soc-Ps (61.53)	Self-Ps (50)	Both-Ps (37.5)	Non-Ps (35.71)
PATIENT (45.61)	Both-Ps (62.5)	Non-Ps (50)	Self-Ps (42.86)	Soc-Ps (23.08)
EMOTIONAL (36.84)	Soc-Ps (46.15)	Self-Ps (42.86)	Both-Ps (31.25)	Non-Ps (28.57)
EMPATHIC (31.58)	Non-Ps (42.86)	Self-Ps (35.71)	Soc-Ps (30.80)	Both-Ps (18.75)
STRESSED (31.58)	Self-Ps (42.86)	Soc-Ps (38.46)	Both-Ps (31.25)	Non-Ps (14.29)
DEMANDING (24.56)	Soc-Ps (53.85)	Self-Ps (21.43)	Both-Ps (18.75)	Non-Ps (7.14)
PICKY/PARTICULAR (24.56)	Soc-Ps (30.77)	Self-Ps (28.57)	Both-Ps (25)	Non-Ps (14.29)
INTENSE (22.81)	Soc-Ps (30.77)	Both-Ps (25)	Self-Ps (21.43)	Non-Ps (14.29)
WORRIED (21.05)	Self-Ps (35.71)	Soc-Ps (30.77)	Both-Ps (12.5)	Non-Ps (7.14)
BOSSY (19.3)	Soc-Ps (30.77)	Self-Ps (28.57)	Both-Ps (18.75)	Non-Ps (0)
DEPRESSED (15.79)	Self-Ps (21.43)	Both-Ps (18.75)	Soc-Ps (15.38)	Non-Ps (7.14)
HOSTILE (7.02)	Soc-Ps (15.38)	Both-Ps (12.5)	*Self-Ps (0)*	*Non-Ps (0)*
INDIFFERENT (7.02)	Both-Ps (12.5)	Soc-Ps (7.69)	Self-Ps (7.14)	Non-Ps (0)
NEGATIVE (1.75)	Soc-Ps (7.69)	*Both-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*

Note. Characteristic percentages are of the total sample. Group percentages are of each perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Relationship with primary caregiver. Participants were given a list of 32 relationship characteristics (e.g., beneficial, close, distant, intense, etc.; see Appendix A for full list) and were asked to select any that they would have used to describe the relationship with their primary caregiver when growing up. They were also given space to write in additional descriptors.

As shown in Table 2, the majority of participants described their relationship with their primary caregiver as loving (73.68%), comfortable (63.16%), safe/secure (63.16%), positive (59.65%), supportive (59.65%), close (57.89%), encouraging (56.14%),

motivating (56.14%), friendly (54.39%), and trusting (50.88%). Overall, more negative

characteristics such as conflicted (17.54%), dysfunctional (12.28%), and difficult

(10.53%) were only endorsed by a small percentage of participants.

Some characteristics were endorsed similarly across the four perfectionism

groups; for example, loving was endorsed by 76.92% of Soc-Ps, 75% of Both-Ps, and

71.42% of Self-Ps and Non-Ps. However, there were also instances where one or more

groups differed notably from the others. For example, while Non-Ps (71.43%) and Soc-Ps

(69.23%) had similar endorsements for comfortable, this dropped for Self-Ps (57.14%)

and Both-Ps (56.25%). Friendly was endorsed similarly by Self-Ps and Non-Ps (57.14%),

as well as Both-Ps (56.25%), but dropped for Soc-Ps (46.15%). While trusting was

endorsed by 64.29% of Non-Ps, this dropped notably to 50% of Self-Ps and Both-Ps, and

only 38.46% of Soc-Ps. Some characteristics also showed a notable split between the two

highest and two lowest endorsements across groups; for example, collaborative was

endorsed by 37.5% of Both-Ps and 28.57% of Non-Ps compared to only 15.38% of Soc-

Ps and 14.29% of Self-Ps. It was also notable that of the 13 more positive characteristics

frequently endorsed, Soc-Ps had the lowest percentage of endorsement for 7

characteristics and second lowest for 2 others, while Both-Ps had the lowest for 1 and

second lowest for 7 others.

There were few similarities in the endorsements for more negative items across

the groups. However, there were several characteristics that were endorsed by one or

more groups more highly than the overall sample. For instance, while conflicted was only

endorsed by 17.54% of the sample, it was endorsed by 30.77% of Soc-Ps and 18.75% of

Both-Ps. Similarly, dysfunctional was only endorsed by 12.28% overall, but by 25% of

Both-Ps and 15.38% of Soc-Ps. It also was only endorsed by individuals in one of the perfectionist groups. Overall, Non-Ps had the lowest endorsements of 6 of the 7 more negative characteristics, and Self-Ps were second lowest for 6 of the 7.

Summary profiles of the relationships with primary caregivers for each group are provided below, based on characteristics most commonly selected (more than 50%), as well as characteristics that were notably present or absent when compared to other groups.

Both-Ps. The most prevalent characteristics of relationships with primary caregivers for participants in this group were loving (76.92%), safe/secure (68.75%), positive (62.5%), close (56.25%), comfortable (56.25%), encouraging (56.25%), friendly (56.25%), motivating (56.25%), supportive (56.25%), and trusting (50%). Both-Ps had the second highest endorsement for loving, safe/secure, and positive compared to all other groups; the second lowest for close, encouraging, friendly, motivating, supportive, and trusting; and the lowest compared to all other groups for comfortable. Collaborative (37.5%), dysfunctional (25%), and difficult (18.25%) were also endorsed the most by Both-Ps compared to all other groups. Though endorsed by very few participants overall, Both-Ps had the second highest endorsement of avoidant (12.5%) and broken (6.25%).

Self-Ps. The most prevalent characteristics of relationships with primary caregivers for this group were loving (71.43%), safe/secure (71.43%), supportive (71.43%), close (64.29%), encouraging (64.29%), comfortable (57.14%), friendly (57.14%), motivating (57.14%), positive (57.14%), beneficial (50%), and trusting (50%). Safe/secure, supportive, close, friendly, and beneficial were endorsed the highest by Self-Ps compared to all other groups; while encouraging, motivating, and trusting were

endorsed the second highest. Self-Ps also had the highest endorsements of fulfilling

(35.71%) and uplifting (28.57%), and the lowest endorsement of collaborative (14.29%),

compared to all other groups. They also only endorsed two of the more negative

relationship characteristics—conflicted (14.29%) and difficult (7.69%).

Soc-Ps. The most prevalent characteristics of relationships with primary

caregivers for this group were loving (76.92%), comfortable (69.23%), close (61.54%),

safe/secure (61.54%), and positive (53.85%). Soc-Ps had the highest endorsement for

loving compared to all other groups, the second highest endorsement for comfortable and

close, and the lowest endorsement for positive. They also had the lowest percentage of

endorsement for supportive (46.15%), encouraging (30.76%), friendly (46.15%),

motivating (46.15%), trusting (38.46%), encouraging (30.76%), collaborative (15.38%),

and uplifting (0). Additionally, Soc-Ps had the highest percentage endorsement of

conflicted (30.77%), avoidant (15.38%), and broken (7.69%) compared to all other

groups; and were the only group to endorse unsafe (23.07%) and demanding (15.38%).

Non-Ps. The most prevalent characteristics of relationships with primary

caregivers for this group were comfortable (71.43%), encouraging (71.43%), loving

(71.43%), motivating (64.29%), positive (64.29%), supportive (64.29%), trusting

(64.29%), friendly (57.14%), close (50%), and safe/secure (50%). Comfortable, positive,

encouraging, and trusting were endorsed the highest by Non-Ps compared to all four

groups; supportive and friendly were endorsed second highest; and loving, safe/secure,

and close were the lowest. Non-Ps also had the second highest endorsements compared to

all other groups for fulfilling (35.71%), collaborative (28.57%), uplifting (28.57%), and

difficult (14.29%). They did not endorse 5 of the 7 more negative characteristics, and had

the lowest endorsement for conflicted (7.14%)

TABLE 2

PRIMARY CAREGIVER RELATIONSHIP CHARACTERISTICS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
LOVING (73.68)	Soc-Ps (76.92)	Both-Ps (75)	*Self-Ps (71.42)*	*Non-Ps (71.42)*
COMFORTABLE (63.16)	Non-Ps (71.43)	Soc-Ps (69.23)	Self-Ps (57.14)	Both-Ps (56.25)
SAFE/SECURE (63.16)	Self-Ps (71.43)	Both-Ps (68.75)	Soc-Ps (61.54)	Non-Ps (50)
POSITIVE (59.65)	Non-Ps (64.29)	Both-Ps (62.5)	Self-Ps (57.14)	Soc-Ps (53.84)
SUPPORTIVE (59.65)	Self-Ps (71.42)	Non-Ps (64.29)	Both-Ps (56.25)	Soc-Ps (46.15)
CLOSE (57.89)	Self-Ps (64.29)	Soc-Ps (61.53)	Both-Ps (56.25)	Non-Ps (50)
ENCOURAGING (56.14)	Non-Ps (71.43)	Self-Ps (64.29)	Both-Ps (56.25)	Soc-Ps (30.76)
MOTIVATING (56.14)	Non-Ps (64.29)	Self-Ps (57.14)	Both-Ps (56.25)	Soc-Ps (46.15)
FRIENDLY (54.39)	*Self-Ps (57.14)*	*Non-Ps (57.14)*	Both-Ps (56.25)	Soc-Ps (46.15)
TRUSTING (50.88)	Non-Ps (64.29)	*Self-Ps (50)*	*Both-Ps (50)*	Soc-Ps (38.46)
BENEFICIAL (45.61)	Self-Ps (50)	Soc-Ps (46.15)	Both-Ps (43.75)	Non-Ps (42.85)
FULFILLING (29.82)	*Self-Ps (35.71)*	*Non-Ps (35.71)*	Both-Ps (25)	Soc-Ps (23.08)
COLLABORATIVE (24.56)	Both-Ps (37.5)	Non-Ps (28.57)	Soc-Ps (15.38)	Self-Ps (14.29)
CONFLICTED (17.54)	Soc-Ps (30.77)	Both-Ps (18.75)	Self-Ps (14.29)	Non-Ps (7.14)
UPLIFTING (17.54)	Self-Ps (28.57)	Non-Ps (28.57)	Both-Ps (12.5)	Soc-Ps (0)
DYSFUNCTIONAL (12.28)	Both-Ps (25)	Soc-Ps (15.38)	Self-Ps (7.14)	Non-Ps (0)
DIFFICULT (10.53)	Both-Ps (18.25)	Non-Ps (14.29)	Soc-Ps (7.69)	Self-Ps (0)
AVOIDANT (7.02)	Soc-Ps (15.38)	Both-Ps (12.5)	*Self-Ps (0)*	*Non-Ps (0)*
UNSAFE (5.26)	Soc-Ps (23.07)	*Both-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*
BROKEN (3.51)	Soc-Ps (7.69)	*Both-Ps (6.25)*	*Self-Ps (0)*	*Non-Ps (0)*
DEMANDING (3.51)	Soc-Ps (15.38)	*Both-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*

Note. Characteristic percentages are of the total sample. Group percentages are of each
perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Expectations of primary caregiver. Participants were given a list of 10 possible

messages that they may have received from caregivers about performance expectations

(e.g., "It's important to do what you love," or "Always do your best;" see Appendix A for

full list) and were asked to select any that they received from their primary caregiver

growing up. They were also given space to write in additional phrases.

As shown in Table 3 (phrases abbreviated), the majority of participants reported

receiving messages to "always do your best" (80.70%), "the harder you work at

something, the better it will be" (61.4%), and "do what you love" (57.79%). Some

harsher messages were also endorsed to a lesser degree, for example "B's are not good enough, you have to get A's" (33.33%), and "you have to become a doctor/lawyer/engineer/etc., nothing else is good enough" (17.54%).

There were few similarities in the percentage endorsements of each statement across groups. However, there were several statements that were endorsed very differently between groups or in which one or more groups endorsed a statement more highly than the overall sample. For example, "always do your best" was endorsed by 93.75% of Both-Ps, dropped to 84.61% for Soc-Ps and 78.57% for Non-Ps, and down to 64.29% for Self-Ps. "It's important to do what you love" was endorsed much more often for Non-Ps (71.42%) and Self-Ps (64.29%) than it was for Both-Ps (50%) or Soc-Ps (46.15%). Similarly, "as long as you're happy, that's fine" was endorsed by 71.42% of Self-Ps and Non-Ps%, but dropped significantly to only 30.77% of Soc-Ps and 25% of Both-Ps.

Additionally, for three of the harsher statements notably endorsed, Both-Ps and Soc-Ps were the two groups with the highest percentages for each one, while Self-Ps and Non-Ps had the lowest. For example, "B's are not good enough, you have to get A's" was endorsed by 50% of Both-Ps and 38.46% of Soc-Ps, compared to 28.57% of Self-Ps and 14.29% of Non-Ps.

Summary profiles of the messages received from primary caregivers for each group are provided below, based on statements most commonly selected (more than 50%), as well as statements that were notably present or absent when compared to other groups.

Both-Ps. The most prevalent messages reported for this group were "always do your best" (93.75%), "it's important to do what you love" (50%), "the harder you work at something, the better it will be" (50%), and "B's are not good enough, you have to get A's" (50%). "Always do your best" and "B's are not good enough…" were endorsed the highest by Both-Ps compared to all other groups, while "the harder you work…the better…" and "….do what you love" were endorsed the second lowest. Both-Ps also had the highest endorsement compared to all other groups for "you have to become a doctor/lawyer/engineer…" (31.25%) and "if you don't win, it's not good enough" (37.5%). Additionally, they had the lowest endorsement for "as long as you're happy, that's fine" (25%) in comparison to all other groups.

Self-Ps. The most prevalent messages reported for this group were "the harder you work…the better" (85.71%), "as long as you're happy…" (71.43%), "…do what you love" (64.29%), and "always do your best" (64.29%). "The harder you work…the better…" and "as long as you're happy…" were endorsed the highest by Self-Ps compared to all other groups, "…do what you love" was endorsed second highest, and "always do your best" was the lowest in comparison to all other groups. Self-Ps also had the lowest percentage of endorsements for "you have to become a doctor/lawyer/engineer…" (7.14%) and "if you don't win, it's not good enough" (0%) compared to all other groups.

Soc-Ps. The most prevalent messages reported for this group were "always do your best" (84.61%) and "the harder you work…the better…" (69.23%). Both of these messages were endorsed by Soc-Ps the second highest compared to all other groups. Soc-Ps had the lowest percentages endorsed compared to all other groups for "…do what you

love" (46.15%) and "as long as you try…" (15.38%), as well as the second lowest for "as long as you're happy…" (30.77%).

Non-Ps. The most prevalent messages reported for this group were "always do your best" (78.57%), "…do what you love" (71.43%), "as long as you're happy…" (71.43%), and "as long as you try…" (57.14%). Non-Ps had the highest percentage endorsement compared to all other groups for "…do what you love," "as long as you try…," and "as long as you're happy…". Additionally, in comparison to other groups, Non-Ps also had the second lowest for "always do your best," as well as the lowest for "the harder you work…the better" (42.46%) and "B's are not good enough…" (14.29%).

TABLE 3

PRIMARY CAREGIVER EXPECTATIONS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
DO YOUR BEST (80.70)	Both-Ps (93.75)	Soc-Ps (84.61)	Non-Ps (78.57)	Self-Ps (64.29)
HARDER YOU WORK THE BETTER (61.4)	Self-Ps (85.71)	Soc-Ps (69.23)	Both-Ps (50)	Non-Ps (42.46)
DO WHAT YOU LOVE (57.79)	Non-Ps (71.42)	Self-Ps (64.29)	Both-Ps (50)	Soc-Ps (46.15)
HAPPY IS FINE (49.12)	*Self-Ps (71.43)*	*Non-Ps (71.43)*	Soc-Ps (30.77)	Both-Ps (25)
TRYYING IS ENOUGH (40.35)	Non-Ps (57.14)	Both-Ps (43.75)	Self-Ps (42.86)	Soc-Ps (15.38)
B'S NOT GOOD ENOUGH (33.33)	Both-Ps (50)	Soc-Ps (38.46)	Self-Ps (28.57)	Non-Ps (14.29)
ONLY DR/ESQ/ENGINEER (17.54)	Both-Ps (31.25)	Soc-Ps (15.38)	Non-Ps (14.29)	Self-Ps (7.14)
DON'T WIN/NOT GOOD (14.04)	Both-Ps (37.5)	Soc-Ps (7.69)	Non-Ps (7.14)	Self-Ps (0)

Note. Characteristic percentages are of the total sample. Group percentages are of each perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Descriptions of primary caregiver. Participants were asked to elaborate on any of the items they selected about their primary caregiver, the relationship, or messages. They were also asked to discuss any significant changes that occurred in any of the areas as they got older.

Both-Ps. Participants in this group largely restated many of the items they had selected throughout the questions above. The supportive nature of the primary caregiver was mentioned most often (31.25%), for example:

My Dad has always been one of my best friends; I love him to pieces. He has

always been present, supportive of me, and loving. We do not always agree, but

he still supports me even when he disagrees with me.

Another participant shared, "My mom always told me to do my best. She was always

proud of me no matter what and if [I] did not succeed, she would encourage me to do my

best. My mom is a great supporter." Participants also highlighted complex or nuanced

relationships with their primary caregivers. One participant stated,

The relationship I had with my mother was strong but sometimes difficult. She is

honest and strong but sometimes demanding and picky. She expects lots from me

but is more tolerant when I make mistakes and more relaxed in that way. She has

not changed a lot as I have grown.

Another indicated,

My mother really isn't the most responsible person. I love her dearly, but she

never really wanted to be a mother. This influenced her to take a role that wasn't

consistently authoritative and she really didn't push for me to do well.

Additionally, there was a mix of responses indicating that some relationships had

changed over time, while others remained the same. For example, "The expectations are

definitely higher since I am the only one going to college as of now." in contrast to "My

mother was always very supportive of me and while she did want me to do my best, she

did not push me much. This relationship has not changed much."

Self-Ps. Participants in this group primarily highlighted the supportive (35.71%)

and encouraging (28.57%) nature of their relationships with primary caregivers. As one

participant shared,

My mother was always very open and encouraging. She pushed me to do what I

love and to do my best at it. If my best was a B and I truly tried my hardest she

was okay with that and would praise me for trying my hardest.

Another stated,

She was very supportive but at the same time encouraged and pushed me to strive

for more or a deeper level of success. I know those two seem to contradict but she

always had the wisdom to know how much to push and how much to reward

giving your best.

Participants also highlighted closeness in the relationships that have developed into

friendships over time, for example "My mom and I have always been close. I like talking

to my mom because she talks to me as a friend, from my point of view," and "Now that I

am older, I feel like my first care giver [*sic*] is my best friend." Another participant

shared "I don't think things have changed so much but she definitely treats me like an

adult now…she values and asks for my opinion on things and confides in me," while

another indicated that the caregiver is "much more hands off now."

    Soc-Ps. Participants in this group highlighted relationships that were supportive

(38.46%), but at times also characterized by high demands/expectations (46.15%). As

two participants shared, "he was always supportive in what we do as long as we are

happy. he wants me to feel like i want to do it without any influence from others," [sic]

and "My mother was very demanding but very kind at the same time. good balance."

Participants also described relationships in which the expectations overshadowed supportive qualities, for example:

> The thing about my mother is that she was very emotional, and she had (and still has) very particular expectations about what I as her daughter should be like. Unfortunately, I am not as upfront with my emotions, which is one of the many ways in which I failed to meet her expectations. So although she could be a kind and loving mother, our relationship became extremely strained up through high school, even to the point of her threatening to un-adopt me.

Conflict within relationships and a sense of demands or expectations being understood as examples of parental love also came up in this group. One participant stated,

> She is not a very expressive person. She would not say "I love you", but you can tell from everything that she did for me. She is the most important person in my life and yet sometimes I hate her so much because she is just giving me so many pressure. I think I love her a lot, and I really want her to be happy …. I always worried that I cannot meet up her expectation as her daughter which sometimes stressed me out. [*sic*]

Another shared, "I always take my mom's desire for me to do my best as the way she demonstrated her love and care for me." Overall, participants also shared examples of relationships that continue to remain close, ones that have not had significant change, and ones that have shifted to allow for more independence and distance with time.

Non-Ps. Participants in this group restated much of what they selected in their responses to the previous questions. However, there was a notable theme of a lack of

pressure from primary caregivers for a number of participants (46.67%). As one

participant shared,

> I feel that I always put more pressure on myself than my mom ever did. I would
>
> set high standards for myself in school, and it was my mom who would tell me
>
> that I didn't have to be perfect and that as long as I tried and did my best, it was
>
> okay. I tended to be a perfectionist, and she was, too, but she encouraged me to be
>
> less of a perfectionist.

Another stated,

> As a child, when I was sad about not doing well in a class, she always cheered me
>
> up and told me that it's not always possible to get good grades, and that it's ok to
>
> slip up sometimes. We've always had a trusting and loving relationship. Now that
>
> I'm older, she actually tells me to stop working, to take a breather and sometimes
>
> even to put in less effort.

The supportive (33.33%) and encouraging (20%) nature of the relationships was also

highlighted, for example "My mother has always been there for me. She is happy in

everything that I do and encourages me no matter what." Additionally, one participant

shared, "My mother was always supportive and encouraged me to do my best at

everything I tried. She always encouraged me to aim high and to persevere until I achieve

my goals."

The value of happiness was also mentioned more often by Non-Ps (33.33%) than

other groups. Participants stated, "My mother always wanted me to be happy in whatever

I do. I don't have to work so hard to become a doctor if I didn't like it," and "My mom

always told me as long as I try that's [*sic*] the most important thing. .... She told me it was

important to do what I love … and she always encouraged me … and made sure I was happy." Of participants who referred to the nature of the relationship over time, most indicated that it had remained consistent; however, one participant did report a primary caregiver becoming "less demanding" as the participant got older.

    Secondary caregivers. Participants were given blank fields to list the title (e.g., mother, father, grandmother, etc.) of individuals that they considered to be significant caregivers growing up. When asked to identify a secondary caregiver, 73.6% of participants identified their father, and 14.04% identified their mother, 5.26% identified their grandmother, 5.26% identified another individual (e.g., sibling, aunt, housekeeper), and 1.75% identified their grandfather.

    Personality of secondary caregiver. Participants were given the same list of 39 personality characteristics (see Appendix A) and were asked to select any that they would have used to describe their secondary caregiver when growing up. They were also given space to write in additional descriptors.

    Overall, there was less consensus across participants in their descriptions of secondary caregivers when compared to primary caregivers. As shown in Table 4, the majority of participants described their secondary caregiver as loving (63.84%), caring (58.18%), supportive (56.36%), and friendly (50.91%). Additional positive characteristics were endorsed frequently as well, including happy (47.27%), motivating (45.45%), compassionate (43.64%), kind (41.82%), and trustworthy (41.82%). Some less positive characteristics were also endorsed, including intense (29.09%), demanding (27.27%), picky/particular (25.45%), and stressed (25.45%), difficult (21.82%) and emotional (21.82%).

Some characteristics were endorsed similarly across the four perfectionism groups, for example kind was endorsed by 46.67% of Both-Ps, 46.15% of Non-Ps, 38.46% of Soc-Ps, and 35.71% of Self-Ps. However, there were also instances where one or more groups differed notably from the others. For example, while 85.71% of Self-Ps identified their secondary caregiver as caring, this dropped for Non-Ps (69.23%), Both-Ps (40%), and Soc-Ps (38.46%). Similarly, 60% of Both-Ps endorsed happy, but only 53.85% of Non-Ps, 50% of Self-Ps, and even fewer Soc-Ps (23.08%). Trustworthy was endorsed by a similar percentage of Non-Ps (53.85%), Both-Ps (46.67%), and Self-Ps (42.86%) but was notably lower for Soc-Ps (23.08%). Patient was also notably lower for Soc-Ps (7.69%) compared to other groups (46.67% Both-Ps, 38.46% Non-Ps, and 28.57% Self-Ps). Notably, of the 14 more positive characteristics frequently endorsed, Soc-Ps had the lowest percentage endorsement for 10 characteristics and second lowest for 3 others.

Similar patterns emerged for more negative characteristics, for example, demanding was endorsed similarly across groups (33.33% Both-Ps, 30.77% Soc-Ps, 23.08% Non-Ps, and 21.43% Self-Ps). However, intense was endorsed by 61.54% of Soc-Ps and dropped notably to 30.77% for Non-Ps, and even further to 14.29% for Self-Ps and 13.33% for Both-Ps. Additionally, while bossy was only endorsed by 16.36% of participants overall, it was selected by 30.77% of Soc-Ps compared to 13.3% of Both-Ps, 7.14% of Self-Ps, and 0% of Non-Ps. Several characteristics were also only endorsed by individuals in the perfectionist groups: angry, bullying, and harsh (Both-Ps, Soc-Ps, & Self-Ps), cold (Soc-Ps & Both-Ps), and indifferent (Soc-Ps). Overall, of the 16 more negative characteristics, Non-Ps had the lowest endorsement for 8 characteristics and

second lowest for 5 others compared to all other groups, while Soc-Ps had the highest for 9 and second highest for 4.

Summary profiles of secondary caregivers for each group are provided below, based on characteristics most commonly selected (more than 50%), as well as characteristics that were notably present or absent when compared to other groups.

Both-Ps. The most prevalent characteristics of secondary caregivers for participants in this group were friendly (60%), happy (60%), loving (60%), motivating (60%), compassionate (53.33%), and supportive (53.33%). Happy and motivating were endorsed the highest by Both-Ps when compared to all other groups, friendly and compassionate were endorsed the second highest, and loving and supportive were endorsed the second lowest. Both-Ps had the highest endorsement of honest (46.67%), patient (46.67%), kind (46.67%), demanding (33.33%), emotional (33.33%), and empathic (26.67%) compared to all other groups. Hostile, angry, bullying, and harsh (20% each) were also selected most often by Both-Ps and were absent for Non-Ps. Though Both-Ps frequently endorsed caring (40%), similar to Soc-Ps (38.46%), they did so notably less than Self-Ps (85.71%) and Non-Ps (69.23%).

Self-Ps. The most prevalent characteristics of secondary caregivers for this group were caring (85.71%), supportive (64.29%), loving (57.14%), and happy (50%). Caring was endorsed the highest by Self-Ps compared to all other groups, supportive was endorsed second highest, happy was endorsed the second lowest, and loving was endorsed the lowest of all groups. Self-Ps also had the highest endorsement of attentive (35.71%) and stressed (35.71%) compared to all other groups, and the lowest endorsement of friendly (35.71%), kind (35.71%), motivating (28.57%), demanding

(21.43%), and picky/particular (7.14%). Additionally, while they had the second lowest endorsement of honest and trustworthy (42.86%), they were also the only group that did not endorse dishonest.

Soc-Ps. The most prevalent characteristics of secondary caregivers for this group were intense and loving (61.54% each). Intense was the highest endorsement compared to all other groups, and loving was the second highest endorsement compared to all other groups. Soc-Ps also had the highest endorsement compared to all other groups for picky/particular (38.46%), bossy (30.77%), absent (23.08%), dishonest (23.08%), rigid (23.08%), and cold (15.38%). They were also the only group to endorse indifferent (15.38%). Additionally, they had the lowest endorsement compared to all other groups for caring (38.46%), supportive (38.46%), happy (23.08%), compassionate (23.08%), trustworthy (23.08%), understanding (15.38%), responsive (23.08%), warm (15.38%), patient (7.69%), and empathic (0%).

Non-Ps. The most prevalent characteristics of secondary caregivers for this group were loving (76.92%), caring (69.23%), supportive (69.23%), friendly (69.23%), warm (61.54%), compassionate (53.85%), happy (53.85%), trustworthy (53.85%), and understanding (53.85%). Loving, supportive, friendly, compassionate, trustworthy, understanding, and warm were all endorsed highest by Non-Ps compared to all other groups; while caring and happy were endorsed second highest. Non-Ps also had the highest endorsement compared to all other groups for responsive (46.15%), and second highest endorsement compared to all other groups for kind (46.15%), honest (46.15%), motivating (46.15%), patient (38.46%), intense (30.77%), stressed (30.77%), and empathic (23.08%). They had the lowest endorsements compared to all other groups for

difficult (7.69%) and rigid (7.69%), and were the only group that did not endorse angry, bullying, or harsh.

TABLE 4

SECONDARY CAREGIVER PERSONALITY CHARACTERISTICS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
LOVING (63.84)	Non-Ps (76.92)	Soc-Ps (61.54)	Both-Ps (60)	Self-Ps (57.14)
CARING (58.18)	Self-Ps (85.71)	Non-Ps (69.23)	Both-Ps (40)	Soc-Ps (38.46)
SUPPORTIVE (56.36)	Non-Ps (69.23)	Self-Ps (64.29)	Both-Ps (53.33)	Soc-Ps (38.46)
FRIENDLY (50.91)	Non-Ps (69.23)	Both-Ps (60)	Soc-Ps (38.46)	Self-Ps (35.71)
HAPPY (47.27)	Both-Ps (60)	Non-Ps (53.85)	Self-Ps (50)	Soc-Ps (23.08)
MOTIVATING (45.45)	Both-Ps (60)	*Soc-Ps (46.15)*	*Non-Ps (46.15)*	Self-Ps (28.57)
COMPASSIONATE (43.64)	Non-Ps (53.85)	Both-Ps (53.33)	Self-Ps (42.86)	Soc-Ps (23.08)
HONEST (43.64)	Both-Ps (46.67)	Non-Ps (46.15)	Self-Ps (42.86)	Soc-Ps (38.46)
KIND (41.82)	Both-Ps (46.67)	Non-Ps (46.15)	Soc-Ps (38.46)	Self-Ps (35.71)
TRUSTWORTHY (41.82)	Non-Ps (53.85)	Both-Ps (46.67)	Self-Ps (42.86)	Soc-Ps (23.08)
UNDERSTANDING (36.36)	Non-Ps (53.85)	Both-Ps (40)	Self-Ps (35.71)	Soc-Ps (15.38)
RESPONSIVE (34.55)	Non-Ps (46.15)	Self-Ps (35.71)	Both-Ps (33.33)	Soc-Ps (23.08)
WARM (32.73)	Non-Ps (61.54)	Self-Ps (28.57)	Both-Ps (26.67)	Soc-Ps (15.38
PATIENT (30.91)	Both-Ps (46.67)	Non-Ps (38.46)	Self-Ps (28.57)	Soc-Ps (7.69)
INTENSE (29.09)	Soc-Ps (61.54)	Non-Ps (30.77)	Self-Ps (14.29)	Both-Ps (13.33)
ATTENTIVE (27.27)	Self-Ps (35.71)	Both-Ps (26.67)	*Soc-Ps (23.08)*	*Non-Ps (23.08)*
DEMANDING (27.27)	Both-Ps (33.33)	Soc-Ps (30.77)	Non-Ps (23.08)	Self-Ps (21.43)
PICKY/PARTICULAR (25.45)	Soc-Ps (38.46)	Both-Ps (33.33)	Non-Ps (23.08)	Self-Ps (7.14)
STRESSED (25.45)	Self-Ps (35.71)	Non-Ps (30.77)	Both-Ps (20)	Soc-Ps (15.38)
DIFFICULT (21.82)	Soc-Ps (30.77)	Both-Ps (26.67)	Self-Ps (21.43)	Non-Ps (7.69)
EMOTIONAL (21.82)	Both-Ps (33.33)	Self-Ps (28.57)	Non-Ps (15.38)	Soc-Ps (7.69)
BOSSY (16.36)	Soc-Ps (30.77)	Both-Ps (13.33)	Self-Ps (7.14)	Non-Ps (0)
EMPATHIC (16.36)	Both-Ps (26.67)	Non-Ps (23.08)	Self-Ps (14.29)	Soc-Ps (0)
ABSENT (14.55)	Soc-Ps (23.08)	Both-Ps (20.00)	Non-Ps (7.69)	Self-Ps (7.14)
RIGID (14.55)	Soc-Ps (23.08)	Self-Ps (14.29)	Both-Ps (13.33)	Non-Ps (7.69)
DISHONEST (10.91)	Soc-Ps (23.08)	Non-Ps (7.69)	Both-Ps (6.67)	Self-Ps (0)
HOSTILE (10.91)	Both-Ps (20)	*Soc-Ps (7.69)*	*Non-Ps (7.69)*	Self-Ps (7.14)
ANGRY (9.09)	Both-Ps (20)	Soc-Ps (7.69)	Self-Ps (7.14)	Non-Ps (0)
BULLYING (9.09)	Both-Ps (20)	Self-Ps (7.69)	Soc-Ps (7.14)	Non-Ps (0)
HARSH (9.09)	Both-Ps (20)	Soc-Ps (7.69)	Self-Ps (7.14)	Non-Ps (0)
COLD (5.45)	Soc-Ps (15.38)	Both-Ps (6.67)	*Self-Ps (0)*	*Non-Ps (0)*
INDIFFERENT (3.63)	Soc-Ps (15.38)	*Both-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*

Note. Characteristic percentages are of the total sample. Group percentages are of each perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Relationship with secondary caregiver. Participants were given the same list of 32 relationship characteristics (see Appendix A for full list) and were asked to select any

that they would have used to describe the relationship with their secondary caregiver when growing up. They were also given space to write in additional descriptors.

Overall, there was a similar lack of consensus across participants in their descriptions of relationships with secondary caregivers when compared to primary caregivers. As shown in Table 5, loving (56.36%) and supportive (54.55%) were the only characteristics endorsed by a majority of participants. However, comfortable (45.45%), friendly (45.45%), motivating (45.45%), positive (41.82%), close (43.64%), and safe/secure (40%) were endorsed frequently. Overall, more negative characteristics such as difficult (20%), conflicted (14.55%), demanding (14.55%), and intense (14.55%) were only endorsed by a small number of participants.

Some characteristics were endorsed similarly across the four perfectionism groups, for example safe/secure was endorsed by 42.86% of Self-Ps, 40% of Both-Ps, and 38.46% of Non-Ps and Soc-Ps. However, there were also instances where one or more groups differed notably from the others. For example, while Non-Ps (61.54%), Both-Ps (60%), and Self-Ps had similar endorsements for loving, this dropped for Soc-Ps (46.15%). Additionally, though close was only endorsed by 43.64% of participants overall, it was endorsed by 64.29% of Self-Ps; this decreased notably to 46.15% of Non-Ps, 40% of Both-Ps, and even fewer Soc-Ps (23.08%). A similar pattern of close percentages for the second highest and second lowest groups, with more extreme scores for the highest and lowest groups was also present for other characteristics such as friendly, positive, and encouraging. Notably, of the 13 more positive characteristics frequently endorsed, Soc-Ps had the lowest percentage endorsement for the 9

characteristics and the second lowest for 1 other, while Both-Ps had the lowest

percentage endorsement for 2 and second lowest for 3 others.

There were few similarities in the endorsements for more negative items across

the groups. However, there were several characteristics that were endorsed by one or

more groups more highly than the overall sample. For instance, while conflicted was only

endorsed by 14.55% of the overall sample, it was endorsed by 23.08% of Soc-Ps and

20% of Both-Ps. Demanding was also only endorsed by 14.55% of the overall sample,

but was endorsed by 23.08% of Non-Ps and 21.43% of Self-Ps; it was also one of the

only negative characteristics for which Non-Ps or Self-Ps had the highest or second

highest endorsement. Overall, of the 12 more negative characteristics, Self-Ps had the

lowest percentage endorsement for 8 characteristics and the second lowest for 1 other,

and Non-Ps had the lowest for 5 characteristics and second lowest for 2 others.

Summary profiles of the relationships with secondary caregivers for each group

are provided below, based on characteristics most commonly selected (more than 50%),

as well as characteristics that were notably present or absent when compared to other

groups.

Both-Ps. The most prevalent characteristics of relationships with secondary

caregivers for participants in this group were friendly (60%), loving (60%), motivating

(60%), and supportive (53.33%). Both-Ps had the highest endorsement for friendly and

motivating compared to all other groups, the second highest for loving, and the second

lowest for supportive. Collaborative (33.33%), uplifting (26.67%), difficult (26.67%),

intense (20%), dysfunctional (20%), and broken (13.33%) were endorsed the highest by

Both-Ps compared to all other groups. They were also the only group to endorse hostile

(13.33%) and negative (13.33%), and had the second lowest endorsement for close (40%) in comparison to the other groups. Encouraging (26.67%), beneficial (20%), and demanding (7.69%) were also endorsed the least by Both-Ps compared to all other groups.

Self-Ps. The most prevalent characteristics of relationships with secondary caregivers for participants in this group were close (64.29%), supportive (64.29%), loving (57.14%), positive (57.14%), and comfortable (50%). Close, supportive, and positive were endorsed the highest by Self-Ps compared to all other groups, while loving was the second lowest compared to all other groups. Self-Ps also had the highest endorsement compared to all other groups for safe/secure (42.86%) and beneficial (42.86%), and the lowest endorsement of motivating (28.57%), collaborative (14.29%), uplifting (14.29%), conflicted (7.14%), and dysfunctional (7.14%). They also only endorsed three other more negative characteristics—difficult (21.43%), demanding (21.43%), and intense (15.38%).

Soc-Ps. The only characteristic of relationships with secondary caregivers endorsed by a majority of participants in this group was encouraging (53.85%), which was also the highest endorsement compared to all other groups. Soc-Ps also had the highest endorsement compared to all other groups for conflicted (23.08%), distant (15.38%), inconsistent (30.77%), ambivalent (7.69%), and harsh (7.69%). They had the lowest endorsement compared to all other groups for loving (46.15%), supportive (38.46%), comfortable (30.77%), friendly (23.08%), positive (30.77%), close (23.08%), safe/secure (38.46%), trusting (30.77%), fulfilling (7.69%), difficult (15.38%), and intense (7.69%).

Non-Ps. The most prevalent characteristics of relationships with secondary caregivers for participants in this group were comfortable (61.54%), loving (61.54%), and supportive (61.54%). Loving and comfortable were endorsed highest by Non-Ps compared to all other groups, while supportive was endorsed the second highest in comparison to all other groups. Non-Ps also had the highest endorsement compared to all other groups for trusting (46.15%), fulfilling (30.77%), and demanding (23.08%). They had the second highest endorsement compared to all other groups for intense, ambivalent, and distance (7.69% each), and the second lowest endorsement for collaborative (15.38%), difficult (15.38%), conflicted (7.69%), and dysfunctional (7.69%).

TABLE 5

SECONDARY CAREGIVER RELATIONSHIP CHARACTERISTICS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
LOVING (56.36)	Non-Ps (61.54)	Both-Ps (60)	Self-Ps (57.14)	Soc-Ps (46.15)
SUPPORTIVE (54.55)	Self-Ps (64.29)	Non-Ps (61.54)	Both-Ps (53.33)	Soc-Ps (38.46)
COMFORTABLE (45.45)	Non-Ps (61.54)	Self-Ps (50)	Both-Ps (40)	Soc-Ps (30.77)
FRIENDLY (45.45)	Both-Ps (60)	Self-Ps (50)	Non-Ps (46.15)	Soc-Ps (23.08)
POSITIVE (41.82)	Self-Ps (57.14)	Both-Ps (40)	Non-Ps (38.46)	Soc-Ps (30.77)
CLOSE (43.64)	Self-Ps (64.29)	Non-Ps (46.15)	Both-Ps (40)	Soc-Ps (23.08)
MOTIVATING (45.45)	Both-Ps (60)	Soc-Ps (46.15)	Non-Ps (46.15)	Self-Ps (28.57)
SAFE/SECURE (40)	Self-Ps (42.86)	Both-Ps (40)	Non-Ps (38.46)	Soc-Ps (38.46)
ENCOURAGING (36.36)	Soc-Ps (53.85)	Self-Ps (35.71)	Non-Ps (30.77)	Both-Ps (26.67)
TRUSTING (36.36)	Non-Ps (46.15)	Self-Ps (35.71)	Both-Ps (33.33)	Soc-Ps (30.77)
BENEFICIAL (32.73)	Self-Ps (42.86)	Soc-Ps (38.46)	Non-Ps (30.77)	Both-Ps (20)
COLLABORATIVE (21.82)	Both-Ps (33.33)	Soc-Ps (23.08)	Non-Ps (15.38)	Self-Ps (14.29)
UPLIFTING (21.82)	Both-Ps (26.67)	Non-Ps (23.08)	Soc-Ps (23.08)	Self-Ps (14.29)
FULFILLING (20)	Non-Ps (30.77)	Both-Ps (26.67)	Self-Ps (14.29)	Soc-Ps (7.69)
DIFFICULT (20)	Both-Ps (26.67)	Self-Ps (21.43)	*Non-Ps (15.38)*	*Soc-Ps (15.38)*
CONFLICTED (14.55)	Soc-Ps (23.08)	Both-Ps (20)	Non-Ps (7.69)	Self-Ps (7.14)
DEMANDING (14.55)	Non-Ps (23.08)	Self-Ps (21.43)	*Soc-Ps (7.69)*	*Both-Ps (7.69)*
INTENSE (14.55)	Both-Ps (20.0)	*Non-Ps (15.38)*	*Self-Ps (15.38)*	Soc-Ps (7.69)
DISTANT (10.91)	*Soc-Ps (15.38)*	*Non-Ps (15.38)*	Both-Ps (13.33)	Self-Ps (0)
DYSFUNCTIONAL (10.91)	Both-Ps (20)	Soc-Ps (7.69)	Non-Ps (7.69)	Self-Ps (7.14)
INCONSISTENT (10.91)	Soc-Ps (30.77)	*Both-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*
BROKEN (5.45)	Both-Ps (13.33)	Soc-Ps (7.69)	*Self-Ps (0)*	*Non-Ps (0)*
AMBIVALENT (3.64)	Soc-Ps (7.69)	Non-Ps (7.69)	*Both-Ps (0)*	*Self-Ps (0)*
HARSH (3.64)	Soc-Ps (7.69)	Both-Ps (6.67)	*Self-Ps (0)*	*Non-Ps (0)*
HOSTILE (3.64)	Both-Ps (13.33)	*Soc-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*
NEGATIVE (3.64)	Both-Ps (13.33)	*Soc-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*

Note. Characteristic percentages are of the total sample. Group percentages are of each

perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Expectations of secondary caregiver. Participants were given the same list of 10 possible messages that they may have received from caregivers about performance expectations (see Appendix A for full list) and were asked to select any that they received from their secondary caregiver growing up. They were also given space to write in additional phrases.

As shown in Table 7 (phrases abbreviated), the majority of participants again reported receiving messages to "always do your best" (72.22%), "the harder you work at something, the better it will be" (64.81%), and "do what you love" (53.70%). As was seen with primary caregivers, some harsher messages from secondary caregivers were also endorsed to a lesser degree, for example "B's are not good enough, you have to get A's" (37.04%) and "you have to become a doctor/lawyer/engineer/etc., nothing else is good enough" (18.52%).

There were few similarities in the percentage endorsements of each statement across groups. However, there were several statements that were endorsed very differently between groups or in which one or more groups endorsed a statement more highly than the overall sample. For example, "always do your best" was endorsed by 85.71% of Self-Ps, dropped to 73.33% for Both-Ps, 66.675 for Non-Ps, and 61.54% for Soc-Ps. "It is important to do what you love" was endorsed much more often for Both-Ps than it was for Self-Ps (50%), Non-Ps (50%), or Soc-Ps (46.15%). Similarly, "you have to become a doctor/lawyer/engineer…" was endorsed by 26.67% of Both-PS and 23.08% of Soc-Ps, but dropped notably for Non-Ps (16.67%) and Self-Ps (7.14%). Both-Ps and

Soc-Ps were also more likely to have the highest or second highest percentage

endorsements for the more negative statements compared to Non-Ps and Self-Ps.

Summary profiles of the messages received from secondary caregivers for each

group are provided below, based on statements most commonly selected (more than

50%), as well as statements that were notably present or absent when compared to other

groups.

Both-Ps. The most prevalent messages reported for this group were "always do

your best" (73.33%), "it's important to do what you love" (66.67%)," and "the harder you

work at something, the better it will be" (53.33%). Both-Ps had the highest percentage

endorsement for "…do what you love" compared to all other groups, the second highest

endorsement for "always do your best," and the lowest endorsement for "the harder you

work…the better…" compared to all other groups. They also had the highest

endorsement compared to all other groups for "you have to become a

doctor/lawyer/engineer…" (26.67%), and second highest for "B's are not good

enough…" and "as long as you try, that's enough" (40%). Additionally, Both-Ps had the

lowest endorsement compared to all other groups for "as long as you're happy, that's

fine" (26.67%).

Self-Ps. The most prevalent messages reported for this group were "always do

your best" (85.71%) and "the harder you work…the better…" (64.29%). Self-Ps had the

highest percentage endorsement compared to all other groups for "always do your best,"

and the second lowest for "the harder you work…the better…". They also had the second

highest endorsement compared to all other groups for "it's important to do what you

love" (50%), and the lowest endorsement for "you have to become a doctor/lawyer/engineer…" (7.14%).

   Soc-Ps. The most prevalent messages reported for this group were "the harder you work…the better" (69.23%) and "always do your best (61.54%). Soc-Ps had the second highest endorsement compared to all other groups for "the harder you work…the better…" and the lowest endorsement compared to all other groups for "always do your best." They also had the highest endorsement compared to all other groups for "B's are not good enough…" (46.15%), second highest for "as long as you're happy, that's fine" (38.46%) and "you have to become a doctor/lawyer/engineer…" (23.08%), and lowest endorsement for "it's important to do what you love" (46.15%) and "as long as you try, that's enough" (7.69%).

   Non-Ps. The most prevalent messages reported for this group were "the harder you work…the better…" (75%), "always do your best" (66.67%), "as long as you try…" (58.33%), and "as long as you're happy, that's fine" (50%). Non-Ps had the highest endorsement compared to all other groups for "the harder you work…the better...," "as long as you're happy…," and "as long as you try…;" and second lowest for "always do your best." They also had the lowest endorsement compared to all other groups for "B's aren't good enough…" (25%), and second lowest for "you have to become a doctor/lawyer/engineer…" (16.67%).

TABLE 6

SECONDARY CAREGIVER EXPECTATIONS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
DO YOUR BEST (72.22)	Self-Ps (85.71)	Both-Ps (73.33)	Non-Ps (66.67)	Soc-Ps (61.54)
HARDER YOU WORK THE BETTER (64.81)	Non-Ps (75)	Soc-Ps (69.23)	Self-Ps (64.2)	Both-Ps (53.33)
DO WHAT YOU LOVE (53.70)	Both-Ps (66.67)	*Self-Ps (50)*	*Non-Ps (50)*	Soc-Ps (46.15)
B'S NOT GOOD ENOUGH (37.04)	Soc-Ps (46.15)	Both-Ps (40)	Self-Ps (35.71)	Non-Ps (25)
HAPPY IS FINE (35.19)	Non-Ps (50)	Soc-Ps (38.46)	Self-Ps (28.57)	Both-Ps (26.67)
TRYING IS ENOUGH (33.33)	Non-Ps (58.33)	Both-Ps (40)	Self-Ps (28.57)	Soc-Ps (7.69)
ONLY DR/ESQ/ENGINEER (18.52)	Both-Ps (26.67)	Soc-Ps (23.08)	Non-Ps (16.67)	Self-Ps (7.14)
DON'T WIN/NOT GOOD (18.52)	Both-Ps (26.67)	Self-Ps (21.43)	Soc-Ps (15.38)	Non-Ps (8.33)

Note. Characteristic percentages are of the total sample. Group percentages are of each perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Descriptions of secondary caregiver. Participants were asked to elaborate on any of the items they selected about their primary caregiver, the relationships, or messages. They were also asked to discuss any significant changes that occurred in any of the areas as they got older.

Both-Ps. Participants in this group primarily highlighted the high demands and expectations placed on them by their secondary caregivers (43.75%), particularly related to career expectations. For example, one participant stated "I have to be a doctor and nothing else is what my father seemed to imply. I do not feel this way, although I used to believe that." Another reported "Now my second care giver [*sic*] wants me to succeed in school and become a lawyer or doctor."

Several participants (31.25%) indicated that while their secondary caregiver had high expectations, there was also a great deal of support. As one participant shared, "My dad always cared about my happiness. He supported every crazy decision I have made because he wants me to be an individual and be happy. He also encourages me to work very hard in order to succeed." Additionally, another stated, "My father was also loving and supporting but he wanted me to always win and do the best I possibly could in

everything." Participants also noted that the intensity of the demands overshadowed the

supportiveness at times and felt harsh. For instance, one participant stated "My father has

been supportive but shows it in a different way. He means well but sometimes is harsh

and very demanding. He is very intolerant of me making mistakes." Another shared, "My

Dad definitely pushed me for excellence much more than my mother. He continues to do

so today. But sometimes it comes across as harsh or unaccepting of anything other than

excellence."

One participant also highlighted a mixed relationship characterized by friendship

and closeness as well as conflict,

I hope to be a lot like my mother in the future; she is my hero. However, my

mother and I do fight a lot; I think this is because we are very similar individuals

and annoy each other. Despite our fights and disagreements, she has always been

there for me and there is no one else that makes me feel so loved, other than my

Dad.

Additionally, another participant described a relationship that became closer over time,

while another reported a relationship based on "core values and morals" that did not

change.

Self-Ps. Participants in this group primarily highlighted relationships that were

motivating (21.43%), supportive (14.28%), and loving/caring (14.28%). For example,

"My dad is my motivator. He constantly stresses the importance of working hard and

achieving my goals. He's very good at setting the right picture I need in my mind to move

forward." Another participant described their second caregiver as, "Definitely my best

friend, who motivated me to do so much for myself and I am the person I am because of him." A third participant shared,

> My dad was very loving and caring… He was never someone to tell us we had to do our homework or to push us in any way or direction - rather he wanted to be liked by us and often tried to 'buy' our love with gifts and fun activities. He also was avoidant of my mother, who did have expectations…

> Participants also highlighted a number of relationships characterized by criticism (28.57%) and strict demands (21.42%). As one participant stated, "My dad was very similar to my mom however he was more honest with me which led to him being a bit more critical." Additionally, another participant shared,

> He was a good father but has always been very busy. He also wanted all of his kids to follow in his footsteps and be engineers and was kind of upset when that didn't happen. I just don't think he knew what to do with children and got frustrated easily.

A third participant reported,

> The relationship with my father was always been difficult growing up. I was always forced to do school work and rarely socialize because I had to be the best in school. We have a good relationship but it's hard to forget his critical words growing up.

> When describing changes in relationships, some participants described gaining a greater appreciation for their secondary caregivers over time. As one stated "I feel that I appreciate my second caregiver that I listed now that I am older and how much he has done for me growing up." Others reported experiences of having to learn how to grow

closer to their caregiver and develop better relationships, for example, "My father is stubborn and reserved. He is very strict and cold sometimes. There is always a tense relationship between us. Now I learn to understand him more and try to express my love and care towards [him]." One participant also described increased autonomy, responsibility, and balance within the relationship, "Mostly she was patient and supportive. She also gave me a lot of respect and expressed how she was impressed with me. Now it's more of a balanced relationship where we encourage each other."

Soc-Ps. The majority of participants in this group (69.23%) described relationships characterized by high demands and expectations of perfection that interfered with connection at times. For example,

> My dad is kind of an intense person who always wants what is best for us, however sometimes he has high expectations. … My dad has always been very involved in my education and because of this I was not that close to him growing up. Growing up I always kind of saw my dad as a second teacher.

Another participant shared, "I got very mixed messages from my dad but he meant well. He wanted the best grades but for me to be happy and do my best. He thought A's were my best." A third participant stated,

> My father was always very distant. It almost seemed at times that he would only really appear in my life when I had not done good enough. He was very much so an authoritarian, and what he said went. He expected perfection from me at all times. This led to me rebelling from him once I was old enough. I hated him for a very long time and our relationship was not a pleasant one. It wasn't until my mother divorced him and I was no longer living with him that we began to have

what was even a semblance of a normal relationship. Though even then, he was

overbearing. He would not accept anything less than what he decided I was

capable of, even though oftentimes his thoughts did not correctly align with my

actual capabilities.

Some participants (23.08%) did describe more supportive or positive relationships,

particularly with mothers or with fathers who were physically distant or absent in some

way. For example, one participant described their mother stating, "She is like my dad.

She was always there for me even at rough times. She always supports me in everything i

do." Another participant shared, "The second caregiver was less present. He modeled a

passionate and diligent work ethic and encouraged my pursuit of a satisfying and

rewarding career." Additionally, a third participant stated,

> My memories of my father are more vague, he was frequently gone for work. He
>
> was the fun one, very attentive and encouraging and taught me a lot. He died
>
> when I was 13 years old, so he was not around for my adolescence. I still think of
>
> him now and this memory encourages me to keep trying.

One participant described a change in relationship over time, but indicated that the

changes were somewhat mixed,

> There have been many significant changes in our relationship over time. At this
>
> point in time I can say I have a healthy business relationship with him as well as
>
> something resembling a father-son relationship. When I need career or academic
>
> advice I go to him and he helps me when he can. He sees me as his legacy and
>
> wants me to do well for his own selfish reasons, but nonetheless he wants to help
>
> me do well because of it.

Non-Ps. Participants in this group primarily highlighted the supportive and encouraging nature of relationships with secondary caregivers (33.33%). For example, one participant stated, "My father is a very understanding human being. He will support me no matter what." And, another participant shared, "Father spent time one-on-one to engage in activities I enjoyed (e.g., crafts) and showed off the results to family members to highlight my unique contributio[ns] to the family."

However, a number of participants (26.67%) also highlighted relationships characterized primarily, or at least in part, by high demands or expectations. According to one participant, "my father is a good guy but sometimes he comes off a little demanding with all the things he wants done." Another participant stated,

> My grandmother would always say to do my best, but then go around and say that I could always do better when I got B's or didn't do well on a test. She was very demanding and picky about things that I did, said, listened to, watched, anything really.

Additionally, a third participant shared, "My father was a lot more achievement-oriented than my mother. It was very important that I succeed and that I make a lot of money and be successful."

Two participants described relationships with secondary caregivers that were close and supportive but also characterized by distrust or lack of connection. For example,

> My dad and I were always close although sometimes he would be away for extended periods of time and travel. He made a lot of false promises around

money which caused me to trust him a bit less and respect him a bit less as I got

older. He always encourages me and wants me to do my best.

The second participant stated,

[my dad] was supportive … and encouraged me to work hard, but we didn't do a

lot of things together, so it seemed like we were more distant. But it wasn't

negative, it just wasn't the close, trusting…relationship I had with my mom.

Only one participant described the nature of change in their relationship with a secondary

caregiver over time, stating "As of late his demands are starting to get less as we are

growing up and im [*sic*] in school."

Participant self-descriptions.

Personality characteristics. Participants were given a list of 21 personality

characteristics (e.g., angry, cheerful, guilty, hopeful, etc.; see Appendix A for full list)

and were asked to select at least five (5) qualities that described a sense of how they

usually or often feel. They were also given space to write in additional descriptors.

As shown in Table 7, the majority of participants described themselves as hopeful

(70.18%), happy (61.4%), anxious (57.89%), and overwhelmed (50.88%). Other

frequently endorsed characteristics included pleasant (49.12%), cheerful (40.35%),

nervous (38.6%), and neutral (26.32%). Nervous was the only characteristic endorsed

somewhat consistently across the four groups—42.86% for Self-Ps and Non-Ps, 37.5%

for Both-Ps, and 30.77% for Soc-Ps. For other characteristics, one or more groups tended

to differ noticeably from the others. As an example, hopeful was endorsed by 85.71% of

Non-Ps, but dropped consistently across groups down to 71.43% for Self-Ps, 69.23% for

Soc-Ps, and only 56.25% for Both-Ps. Pleasant was endorsed by similar numbers of Self-

Ps (57.14%), Both-Ps (56.25%), and Non-Ps (50%) but decreased notably for Soc-Ps (30.77%). Similar patterns were found for the more negative characteristics as well. For instance, overwhelmed was endorsed similarly by 62.5% of Both-Ps and 61.54% of Soc-Ps, but dropped to 50% for Self-Ps and only 28.57% for Non-Ps.

Of the 4 more positive characteristics frequently endorsed, Soc-Ps had the lowest percentage endorsement for 3 and the second lowest for 1, while Both-Ps had the lowest for 1 and second lowest for 2 others. The highest endorsements were split between Self-Ps (2) and Non-Ps (2). Conversely, of the 10 more negative characteristics, Non-Ps had the lowest percentage of endorsements for 7 and the second lowest for 2, while Self-Ps had the lowest for 3 and second lowest for 4. Both-Ps had the highest percentage of endorsements for 6 negative characteristics and the second highest for 1 other, while Soc-Ps had the highest for 2 and second highest for 6 others.

Summary profiles of participants in each group are provided below, based on characteristics most commonly selected (more than 50%), as well as characteristics that were notably present or absent when compared to other groups.

Both-Ps. The most prevalent personal characteristics endorsed by members of this group were anxious (75%), overwhelmed (62.5%), happy (56.25%), and pleasant (56.25%). Anxious and overwhelmed were endorsed the highest by Both-Ps compared to all other groups; pleasant was endorsed the second highest compared to all other groups; and happy was endorsed the second lowest compared to all other groups. Notably, while distressed, panicky, and empty/numb were only endorsed by a few participants overall (15.79% each), Both-Ps had the highest endorsements for each characteristic compared to all other groups (37.5%, 25%, and 25% respectively). They were also the only group in

which participants endorsed enraged (12.5%). They also endorsed neutral (6.25%) notably less than any other group.

Self-Ps. The most prevalent personal characteristics endorsed by members of this group were happy (78.57%), hopeful (71.43%), anxious (64.29%), pleasant (57.14%), and overwhelmed (50%). Happy and pleasant were endorsed the highest by Self-Ps compared to all other groups; hopeful and anxious were endorsed the second highest; and overwhelmed was endorsed the second lowest compared to all other groups. Self-Ps also had the highest percentage endorsement for nervous (42.86%), neutral (42.86%), and guilty (21.43%) compared to all other groups; and the second highest for cheerful (42.86%). They were also the only group not to endorse depressed (0%) or hopeless (0%), and had notably lower scores than Both-Ps and Soc-Ps for distressed (7.14%), panicky (7.14%), and empty/numb (7.14%).

Soc-Ps. The most prevalent personal characteristics endorsed by members of this group were hopeful (69.23%), overwhelmed (61.54%), and anxious (53.85%). Overwhelmed was endorsed the highest by Soc-Ps compared to all other groups, while anxious and hopeful were endorsed the second lowest. Soc-Ps also had the highest percentage endorsement for depressed (46.15%) and hopeless (23.08%) compared to all other groups, and the second highest endorsement for neutral (30.77%), panicky (23.08%), empty/numb (23.08%), and guilty (15.3%). They had the lowest endorsement of nervous (30.77%), happy (38.46%), pleasant (30.77%), and cheerful (23.08%) compared to all other groups.

Non-Ps. The most prevalent personal characteristics endorsed by members of this group were hopeful (85.71%), happy (71.43%), cheerful (57.14%), and pleasant (50%).

Hopeful and cheerful were endorsed the highest by Non-Ps compared to all other groups; happy was endorsed the second highest; and pleasant was endorsed the second lowest compared to all other groups. Non-Ps had the highest endorsement for nervous (42.86%), and second lowest endorsement for neutral (28.57%). They also had the lowest endorsements for anxious (35.71%) and overwhelmed (28.57%); and had notably lower endorsements than Both-Ps and Soc-Ps for distressed (7.14%), panicky (7.14%), and empty/numb (7.14%).

TABLE 7

PARTICIPANT PERSONALITY CHARACTERISTICS OVERALL & BY GROUP (%)

CHARACTERISTIC (%)	Highest (%)	2nd Highest (%)	2nd Lowest (%)	Lowest (%)
HOPEFUL (70.18)	Non-Ps (85.71)	Self-Ps (71.43)	Soc-Ps (69.23)	Both-Ps (56.25)
HAPPY (61.40)	Self-Ps (78.57)	Non-Ps (71.43)	Both-Ps (56.25)	Soc-Ps (38.46)
ANXIOUS (57.89)	Both-Ps (75)	Self-Ps (64.29)	Soc-Ps (53.85)	Non-Ps (35.71)
OVERWHELMED (50.88)	Both-Ps (62.5)	Soc-Ps (61.54)	Self-Ps (50)	Non-Ps (28.57)
PLEASANT (49.12)	Self-Ps (57.14)	Both-Ps (56.25)	Non-Ps (50)	Soc-Ps (30.77)
CHEERFUL (40.35)	Non-Ps (57.14)	Self-Ps (42.86)	Both-Ps (37.5)	Soc-Ps (23.08)
NERVOUS (38.60)	*Self-Ps (42.86)*	*Non-Ps (42.86)*	Both-Ps (37.5)	Soc-Ps (30.77)
NEUTRAL (26.32)	Self-Ps (42.86)	Soc-Ps (30.77)	Non-Ps (28.57)	Both-Ps (6.25)
DEPRESSED (15.79)	Soc-Ps (46.15)	Both-Ps (12.5)	Non-Ps (7.14)	Self-Ps (0)
DISTRESSED (15.79)	Both-Ps (37.5)	Soc-Ps (7.69)	*Self-Ps (7.14)*	*Non-Ps (7.14)*
PANICKY (15.79)	Both-Ps (25)	Soc-Ps (23.08)	*Self-Ps (7.14)*	*Non-Ps (7.14)*
EMPTY/NUMB (15.79)	Both-Ps (25)	Soc-Ps (23.08)	*Self-Ps (7.14)*	*Non-Ps (7.14)*
GUILTY (10.53)	Self-Ps (21.43)	Soc-Ps (15.3)	Both-Ps (6.25)	Non-Ps (0)
HOPELESS (10.53)	Soc-Ps (23.08)	Non-Ps (14.29)	Both-Ps (6.25)	Self-Ps (0)
ENRAGED (3.51)	Both-Ps (12.5)	*Soc-Ps (0)*	*Self-Ps (0)*	*Non-Ps (0)*

Note. Characteristic percentages are of the total sample. Group percentages are of each perfectionism group. Percentages in italics indicate that they were equal for two or more groups.

Descriptions of typical mood. Participants were also asked to provide more detail about any of the personality characteristics selected.

Both-Ps. Responses from participants in this group tended to highlight a prevalent sense of being overwhelmed (31.25%), accompanied by general happiness or positivity (37.5%). For example, "Overall I'm a pretty happy person. I do have a lot of commitments (school, work, volunteering) and am often short on time which leads to

feeling overwhelmed often," or "I'm a very happy and joyful person but I always get stressed out about everything in my life." Participants also described trying to mask their distress with positivity. As one participant shared, "I am an overall anxious person. I try to be as positive as possible but naturally i overthink and this drives me to be more panicked." [*sic*] Another stated, "I am very cheerful and upbeat kind of person. I feel that I always have so much going on so I can be overwhelmed at times but I never let that show on my face." [*sic*]

Several participants (25%) also described their moods as "mixed" or fluctuating based on circumstance. For example, "my moods depend on my interactions with people," or "I feel pleasant when everything in my life is going well according to the way I want it to." Another shared, "As a college student there is a lot we deal with from peers, family, school, and so forth. My emotions usually bounce back and forth between the ones listed above- some days one is stronger than another." One person also referenced the impact of high standards on their mood, "I always need to meet this high standard that I wanna set but then I feel like I am not capable of meeting it." [*sic*]

Self-Ps. A number of participants did not provide more detailed responses, but 42.85% of the group described significant happiness and hopefulness mixed with anxiety and a sense of being overwhelmed. For example, one participant stated, "I am happy and hopeful. I always look at the positive side of everything and try to be positive to others." Other participants also shared, "I am usually happy, content, and focused on my work and goals, however I do experience some anxiety over work and social situations," and "I am always an optimistic person. But I am easy to get nervous."

Two participants referenced a sense of letting themselves down or not living up to personal potential. As one stated, "Although I am a happy person, I feel stressed almost all the time with school. I am overwhelmed because I want to succeed and when I get a bad grade, I feel as though I have failed myself." Another shared, "I think the quality I most feel is hopeful. However, at times I may feel stressed and overwhelmed that I am not giving 100% of what I am capable of giving." One participant also shared that the sense of being happy is not always genuine: "While I always have a smile on my face, not many people realize how good I am at hiding something that's been bothering me."

Soc-Ps. Responses from participants in this group highlighted significant anxiety (53.84%), particularly about the future. For example, "I'm just unsure about the future," or "I get very nervous about my future and what I want to accomplish. I have many goals that I want to accomplish and sometimes I get nervous that I won't be able to accomplish them." Another participant shared,

> I am anxious about my future. I feel guilty that I do not put in enough effort to achieve the future I want. I am depressed because it's just my general disposition. I am distressed because of my anxiety about my future. I am cautiously hopeful about my future, as I think I have what it takes to do well in life. I am nervous that I am not going to be able to achieve the goals that I have set for myself. I feel overwhelmed because there is so much in my life that I have to/want to do/get done and I do not know how I am going to do it all.

Several participants (23.08%) described a similar sense of being overwhelmed, for example "I someitmes get overwhelmed in school and felt unhappy in what im doing. But [I am] trying to resolve it now by exploring what i want." [*sic*]

There was also a notable sense of unhappiness (30.77%). As one participant shared, "Life is a struggle, and I often feel fear that the work that I have done will be undone. I am sad because life is not [what] I wished it would be, and I am often embarrassed because I am not the person I wish I was." Only one participant described generally positive feelings,

> I would say that I am more content than happy, and am generally excited to wake up and tackle my responsibilities for the day. I do set high standards for myself, and often overwork, but I enjoy the challenge and am confident that I can accomplish my tasks well.

Concerns about disappointing parents or important others were also mentioned by a few participants (15.38%), "I am really lost in what my future is going to be. My parents made me feel like if I cannot be a doctor, I am a unsuccessful individual." [*sic*].

Non-Ps. Responses from participants in this group tended to highlight feeling happy and cheerful. For example, one participant reported being "happy to have what I have, my health, happiness, family, friends, education, roof over my head," while another shared, "I'm a pretty easy going guy I don't really let things get to me." However, one participant reported that the positive mood was not always genuine, "I try to be cheerful as often as I can. I don't like letting people know that there is something bothering me."

The prevalence of nervousness and anxiety was also mentioned by some participants (31.25%), but remained mixed with descriptions of happiness and optimism. As one stated, "I'm usually anxious or nervous when it comes to the future and how my life will end up. This then turns into optimistic thoughts and I tell myself that I am content with how I am doing and everything will work out." Another shared,

i have anxiety as my future is defined by what i do now. I am a cheerful person

and easy to get along with. Ive always been a happy person, very hopeful that

what i do is the right thing. With anxiety comes nervousness, which is stemmed

from what i listed under anxiety. I feel overwhelmed with all the work and trying

to maintain a healthy social life. I am also somewhat panicky when exams come

around. But usually not about most over things. [*sic*]

Another shared, "im generally in a happy, positive mood. However, i am plagued by

anxiety and nervousness." [*sic*] Other participants referenced feeling "easily annoyed" at

times, as well as a sense of "almost always feeling motivated because I have a lot of goals

ahead and I am hopeful about achieving them all as soon as I can..."

    Impact of goal striving on typical mood. Participants were asked to indicate

whether they had noticed, or anyone had ever reported, a change in their typical mood or

emotional well-being while they were attempting to reach a goal or accomplish an

important task. They were given options of "my mood worsens," "my mood intensifies,"

"my mood improves," "my mood remains the same," or "I do not know."

    Both-Ps. Of participants in this group, 37.5% reported that their mood intensified

when working toward a goal, 31.25% reported that it worsened, 18.75% reported not

knowing, and 6.25% reported that it remained the same or improved. One participant

chose not to respond.

    Participants who indicated that their mood intensified reported themes of

increasing hostility, anxiety, or determination. For example, "I get angrier and more cut

throat," or "People always tell me that I become very serious, determined, focused, and

driven when I am pursuing one of my goals." Worsening moods referred to the

development of lower moods, withdrawing, and feeling stressed or agitated. One

participant shared, "My mood worsens because I become discouraged and hopeless in

myself," and another indicated "While I am still pretty happy overall, I do have less

patience with those around me. I can also become a bit more irritable (especially if the

stress of the goal is long-term."

Participants who reported not knowing how their mood changed referenced an

increase in stress, but no sense of becoming more positive or negative. Improved mood

was associated with efforts to "stay as positive as I can." Additionally, the participant

who reported no change in mood stated, "I cant be emotional, I need to focus on my

goal." [*sic*]

Self-Ps. For participants in this group 42.86% reported that their mood intensified

when working toward a goal, 42.86% reported not knowing, and 14.28% reported that it

remained the same.

Participants who indicated intensified mood primarily reported themes of

becoming motivated or absorbed in a task (28.57%), feeling more intense (14.29%), and

increased anxiety (14.29%). For example, "I feel more intense and nervous because I

know how important this step could be. Occasionally, my mood affects my point of view

towards everything at that specific moment," or "My mood changes because I just

become very consumed with the idea of succeeding." Another participant stated, "My

mood intensifies depending on how anxious I am when I am in the process of trying to

achieve this goal." A third shared, "I have [the] desire to achieve and I will be more

nervous/ motivated to do it."

Several participants who reported not knowing how their mood changes indicated that their mood depended on the task or situation. For instance,

Depends on the task, if it's something I don't really want to be doing then I feel neutral or sometimes annoyed by it. But if it is something I enjoy doing then often I am really enjoying myself and feeling good. It just depends.

Another shared, "I do not know. I think I'm more focused but I think it varies between improving and worsening, depending on where I am in the process." Another participant referenced uncertainty about whether or not she appeared "any different on the outside to…peers." Participants who reported that their mood remained the same associated it with being "very strict" and also "pretty stable."

Soc-Ps. For participants in this group 38.46% reported that their mood worsened when working toward a goal, 38.46% reported that it intensified, and 7.69% reported that it remained the same, improved, or that they did not know.

Participants who indicated that their mood worsened primarily reported themes of becoming more irritable (30.77%), anxious (15.38%), and angry (15.38%). For example, "I become very anxious and irritable … my entire focus is on my task and nothing else. … I like to be left alone … and I become really angry when someone interrupts me." Another participant shared, "Usually I become flustered, anxious, angry and impatient when I am pursuing a goal. Working is [an] unpleasant feeling, and I must strive to push myself to work." Additionally, one participant described improved mood in some instances, but worsening mood in others, "My mood improves when I'm focused, motivated, and cheerful when working on clear and achievable goals. If many tasks are lingering but there are no clear goals for achieving them, then my mood worsens."

Intensified emotion was associated with increased stress (15.38%), anxiety (15.38%), and excitement (15.38%). One participant stated, "given that I'm usually on an even keel emotionally being a bit more stressed and/or excited probably counts as an intensified mood." Another indicated, "I get more stressed and worry less about my surroundings when I am trying to accomplish an important task because I do not want any distractions." A desire to avoid distractions/interruptions was mentioned by several other participants (23.07%) as well.

Non-Ps. For participants in this group 40% reported that their mood intensified when working toward a goal, 26.67% reported that it remained the same, 13.33% reported not knowing, and 6.67% reported that it worsened or improved. One participant chose not to respond.

Participants who indicated that their mood intensified reported becoming more determined/focused (28.57%), more aggressive/assertive, or more anxious. For example,

> When I'm attempting to achieve a goal, I feel more determined until I'm done with it. I always want to submit my best work, and I can't rest until I have done so. That being said, I don't put too much pressure on myself. I do the best I can based on my circumstances.

Another reported a heightened experience of emotions,

> My mood intensifies in the sense that my emotions are more sharply defined. When I am set on accomplishing a task, happy things are joyful, and sad things seems [*sic*] depressing. It's like everything is at the extreme end of the spectrum. If I am determined, I am very determined. If I am tired, I am very tired. There is no apathy when I am trying to succeed at something.

Stable mood was associated with being "focused, yet still the same person," and being "able to cope with changes pretty well." Worsening mood was associated with "becoming more irritable and competitive."

  Reflections on experience of study. Participants were asked to share any relevant thoughts or information that occurred to them as they thought about and answered questions in the survey.

  Both-Ps. Participants in this group highlighted the ability to recognize growth, changes in attitudes, and success over time. As one participant shared, "This survey has made me realize how much I have grown and changed over the years. My views on success and my attitudes/beliefs have changed over the years to adapt to my evolving character." Increased self-reflection and awareness were also reported, such as "I think this survey was a good way for me to reflect back on my life and my attitudes toward life," and "it made me realize more about myself and my support system." Participants also reported recognizing the importance of reflecting on the reasons for their behaviors and goals, as well as on the influence of goals and past experiences. For example, "I really enjoyed filling this survey out. I think that we need to take into consideration how goals and influences affect people, especially young students that are in the process of figuring their lives out."

  Self-Ps. Participants in this group highlighted increased reflection on their own expectations, desires, values, and future plans. For example, "I haven't thought of myself in the context of how I seek to achieve my goals. This has made me think about and even reassess how I approach meeting goals and what my values are." Another participant

shared, "The survey made me think of who I want to be and how to improve myself academically, socially, etc."

Participants also reported reflecting more on their relationships with important others, and the impact that those relationships have had over time. One participant stated, "It's interesting to see that I put expectations on myself and have high standards even though I see that people would be ok with/prefer if I made mistakes sometimes." Another shared, "I think if have a good relationship with my parents [now] but it has really made me think about how they impacted my childhood by being very critical. It essentially helped me be disciplined but at what psychological cost." [*sic*]

Soc-Ps. Participants in this group primarily reported increased awareness of the impact of their relationships with, and the expectations of, others on their mood, goals, and definitions for success. For example, "I never realized how much is really expected from me from my coworkers, family, and friends. I realize I am probably so driven because of my fear of publically failing." Another participant shared,

> I've realized that my own happiness somewhat relies on others being jealous of me. One of my definitions of success involves others idolizing me. I honestly don't know why this is, but it's something that I intend to think on. I've also come to the conclusion that I might have some unresolved feeling about my father that I should probably work out at some point. I feel a need to do better than him, and I know I won't be happy unless I do.

Additionally, one participant stated, "I do not want to work something to perfection, just good enough to get by, but I often fear what may happen if the thing is not good enough for others." One participant also shared increased reflection on personal goals, stating "I

am thinking more of what i want to do to be successful and happy, made me realize that I got to try to better myself." [*sic*]

Non-Ps. Participants in this group reported a sense of increased reflection. Some participants reported ways in which they wanted to change, for example "i need to be a little more serious about my goals. And the goals i have accomplished i should prize more." [*sic*]. Others, however, reported being happy with what they recognized. As one participant shared,

> I am proud of my balance as a high-achiever but not perfectionist. I recently did a
>
> social skills [lesson] developed on the fly that was wildly successful but lacked
>
> the polished touch of a more perfection-oriented person … But the fact that I
>
> could produce the presentation so quickly and creatively was, to me, more
>
> important.

Participants also reported an increased recognition of the impact that goals can have on mood and ways of approaching tasks.

Discussion

The goal of this study was to serve as a preliminary, in-depth exploration of the experiences of individuals with and without perfectionism in order to generate potential research questions and hypotheses for future empirical studies that could provide a greater causal understanding of questions that are currently unanswered in the perfectionism literature. While there is significant literature describing characteristics of the dimensions of perfectionism, existing research does not answer broader questions such as: a) why does perfectionism develop in some individuals and not others; b) why does perfectionism manifest in a multidimensional nature, or c) why do the emotional and behavioral correlates of perfectionism co-occur and correlate with the dimensions of perfectionism in the ways that they do. Seven original research questions were identified in order to gather more in-depth qualitative data related to these broader questions. Results consisted of patterns and themes largely consistent with existing literature, and highlighted numerous avenues for further exploration.

This chapter will discuss a) prominent patterns and themes that emerged from the data in light of the research questions and existing literature, b) potential research questions and hypotheses for future studies, c) the contributions of this study to the existing literature, d) the implications of the results for clinical practice, and e) study limitations.

Demographic differences

The first research question asked if there were between- or within-group differences in the perfectionism groups across gender, age, ethnicity, or other demographic categories.

Between groups. Statistical analyses revealed no significant differences between the four perfectionism groups in terms of gender, race, high school GPA, college GPA, age of first success or failure, or the numbers of participants or caregivers born or raised in the U.S. However, there were some notable trends in these areas. For example, while graduate GPAs were similar for 3 of the 4 groups, there were no graduate students in the Both-P group. Both-Ps also stood out as having the highest percentage of individuals who identified as a racial minority, the fewest number of participants who identified as White/Caucasian, and as the only group where White/Caucasian participants were not the majority. Additionally, while Non-Ps and Both-Ps reported a very similar percentage of members who were raised in the U.S., Non-Ps reported a much higher percentage of parents who were raised in the U.S. compared to Both-Ps. In fact, Both-Ps reported the lowest percentage of caregivers raised in the U.S. of all four groups. Self-Ps and Soc-Ps also had fewer members raised in the U.S. compared to Non-Ps, and Soc-Ps also reported notably fewer caregivers raised in the U.S. compared to Non-Ps.

These patterns raise questions such as: 1) why did graduate students not display high levels of both types of perfectionism, 2) does being raised, or cared for, by individuals raised in the U.S. have an impact on the development of perfectionism, and 3) does identification as a racial/ethnic minority or international student lead to an increased likelihood of being high in both types of perfectionism. The existing literature does not address differences in perfectionism between undergraduate and graduate students, nor does it point to differences in perfectionism types based on racial/ethnic identity.

However, as described below, results from this study point to a notable effect of increasing age or maturity leading to broader definitions of success and reduced

tendencies toward perfectionism in some instances. As a result, it is possible that, by the

time many individuals reach graduate school, they have had experiences that shifted their

attitudes such that they score more highly as Non-Ps or as Self-Ps or Soc-Ps only.

Additionally, the fact that individuals whose parents were not raised in the U.S. had

higher/more negative levels of perfectionism could be reflective of higher levels of

authoritarian parenting which has been associated with parents from non-

European/Western cultures and with the development of perfectionism (Ablard & Parker,

1997; Bornstein, 2012). If so, this could highlight the importance of understanding

protective or mitigating factors that exist in other parenting styles, as well as in exploring

whether there are other aspects of U.S. culture that may play a role in the difference.

Within groups. Within each type of perfectionism, a few notable patterns

emerged as well. For example, women were more likely than men to be self-oriented

perfectionists, while sophomores were also more likely to be self-oriented perfectionists

than were graduate students. Individuals who reported their ethnic identity as "other" also

reported higher levels of socially prescribed perfectionism than individuals who

identified as "White/Caucasian." Lastly, higher t scores for socially prescribed

perfectionism were related to lower college GPA.

The findings related to gender and GPA differences in perfectionistic individuals

are supported by the existing literature (Hewitt & Flett, 2004). Though individuals with

perfectionism tend to have high levels of academic achievement, there is evidence that

the associated emotional distress can lead to poorer outcomes overall. Thus, given that

socially prescribed perfectionism is associated with a high degree of distress, it is

possible that the lower GPA is reflective of that impact for individuals in this sample.

Alternatively, it could be possible that having a lower GPA heightens academic concerns

and worry about the attitudes or reactions of important others (e.g., parents, teachers,

etc.), leading to a greater endorsement of socially prescribed concerns. The opportunity to

assess participant GPA and MPS scores over multiple time points could be valuable in

further exploring the relationship between perfectionism and academic performance, and

gaining insight into ways that performance may impact perfectionistic attitudes.

As stated above, the existing literature does not point to differences in

perfectionism scores across race or ethnicity; however, very few studies have explored

this relationship in depth (Hewitt & Flett, 2004). Thus, this finding, in addition to the

greater prevalence of racial and ethnic minorities in the Both-P group, provides additional

support for the need to understand what role race and ethnicity might play in the

differential development of perfectionism. The finding that sophomores show higher

levels of self-oriented perfectionism than graduate students also supports the need to

better understand the impact of age and education on perfectionistic attitudes over time.

Goal setting

A portion of the second, third, and fourth research questions explored differences

across the four groups in terms of participant attitudes about goal setting and the role of

significant others and experiences in establishing and maintaining goals.

Attitudes about goals. Overall, the majority of the participants in this study

identified themselves as individuals who set goals regardless of perfectionism group. This

finding was somewhat unexpected as holding high standards and goals is generally

associated with individuals with perfectionism and less so with individuals without it.

However, despite this, there were notable differences in the nature of goals and

achievement striving across the groups. For instance, Both-Ps reported the greatest

tendency to set goals across multiple areas of life, compared to Non-Ps who reported

goals in a more limited range of areas. This finding was more consistent with existing

research given that being high in both types of perfectionism is typically thought to result

in a greater degree of pressure which could equate to more goals, stricter expectations,

etc. that other types of perfectionists or non-perfectionists might not experience to the

same degree.

Participant descriptions of their reasons for setting goals were largely consistent

with what would be expected based on the literature. Both-Ps shared attitudes reflective

of self-oriented and socially prescribed values, reporting that they set goals to define a

personal sense of purpose, to motivate themselves, and to strengthen social relationships

and standing. Self-Ps reported setting goals due to a desire for self-improvement and to

reach personal standards, reported valuing a systematic approach to reaching realistic and

flexible goals, and highlighted a sense of personal satisfaction derived from

accomplishing goals. Soc-Ps, on the other hand, reported setting goals to meet family

expectations, to gain status or respect as the "best," and to avoid the social and emotional

consequences of failure. There was a significant future orientation to their goals, and no

reference to any positive affect as a result of meeting expectations. Like Self-Ps, Non-Ps

reported settings goals due to personal desires for challenge and self-improvement,

reported a tendency to set small, present-focused, and easily achievable goals; and

highlighted personal satisfaction from accomplishing goals.

The results generally fit what would be expected given that personal standards as

well as organization and planning are associated with self-oriented perfectionism, and

that concern over mistakes and the desire to avoid failure or disappointing others is associated with socially prescribed perfectionism (Cox et al., 2002; Dunkley et al., 2000). Additionally, seeing a mix of both sets of values in the responses of Both-Ps is also highly consistent with the literature (Besser, Flett, & Hewitt, 2004). However, it was notable that the responses of Self-Ps seemed to share more in common with Non-Ps than either of the other two perfectionism groups. This was somewhat unexpected given that there is still a significant negative connotation associated with self-oriented perfectionism in the literature, despite the fact that it is generally considered the more "positive" or less-severe dimension of perfectionism (Frost et al., 1993).

Participants were also asked how their attitudes had changed over time. As stated above, one of the most consistent themes was that increased age, maturity, and adjusting to experiences of failure led to changes in attitudes. All groups reported two primary trends of either moving from narrowly defined, high-level goals to more flexible and realistic goals, or moving from a place of few/vague or lower goals to ones that were more defined and often higher. This theme has not been highlighted in the literature, and it is unclear what factors determine whether an individual will move toward reducing or increasing expectations and pressure around their goals in response to their experiences.

Experiences leading to goals. Soc-Ps and Self-Ps were the groups that most readily acknowledged the impact of particular experiences in helping to establish their attitudes on goals. Again, Both-Ps attributed their attitudes to a mix of personal pride and feeling accomplished, caregiver expectations, and having to set higher goals in response to mistakes. Self-Ps identified personal desires for self-improvement, a desire to re-experience feelings of success, and encouragement from important others as influential.

Soc-Ps referenced demanding parental expectations and messages in childhood, and harsh punishment for failures as influential factors in their attitudes on goals. They also reported setting higher goals in response to experiences of failure. Similar to Self-Ps, Non-Ps also reported being motivated by personal desires to meet goals, to avoid laziness, and to avoid experiencing failures seen in others.

Overall, despite notably different underlying experiences leading to goal setting, participant responses were again consistent with what would be expected from the literature. However, the question remains of why these differences exist as they do. One theme present in the responses of Self-Ps, Non-Ps, and Both-Ps, but absent for Soc-Ps, is the role of personal pride and feelings of satisfaction that come from reaching goals. This raises the question of whether the ability to feel ownership of, or take pleasure in, accomplishments might influence the development of perfectionism. Additionally, it may be the case that the ability to experience satisfaction leads to a greater sense of efficacy that changes the nature of how, or why, individuals strive toward goals.

Influence of others on goals. Consistent with the literature, the highest percentage of Soc-Ps reported being influenced by others in defining their attitudes about goals, followed by Both-Ps, Self-Ps, and Non-Ps. Both-Ps reported the highest number of influential people, and reported being impacted by early messages about being the best and intolerance for mistakes, combined with encouragement, support, and having role models. Self-Ps stated that their parents served as role models and also highlighted their potential for success while encouraging them to persevere over challenges, to set high but flexible goals, and to try hard. Conversely, Soc-Ps reported being influenced by high parental expectations, feeling that love was conditional, fear of not being good enough,

feeling unable to have opinions that differed from their parents, and very little motivating encouragement or support. Non-Ps reported that significant others showed a great deal of support and encouragement, praised successes, treated failures as opportunities, demonstrated unconditional love, and did not pressure participants to reach specific outcomes.

While the majority of existing research has compared or contrasted socially-prescribed perfectionists and self-oriented perfectionists in efforts to understand the development of perfectionism, participant responses here point to the potential value in approaching comparisons differently in order to identify causal mechanisms. For example, Non-Ps and Self-Ps report similar experiences and influences in terms of receiving messages of support, encouragement, and about perseverance; however, they differ in that Self-Ps reported pressure toward high expectations which Non-Ps denied. Thus, it is possible that parental pressure could be further explored as causal factor in the development of perfectionism. Additionally, when trying to understand why individuals develop one type of perfectionism over another, comparing Self-Ps and Soc-Ps shows similar experiences of high expectations and parental pressure, but Soc-Ps denied the support, encouragement, and flexibility endorsed by Self-Ps. This points to the value of exploring the role of these factors in differentiating between the two groups to gain a greater understanding of why perfectionism has such a multidimensional nature. Comparisons are not as easy to make in an effort to understand the development of high levels of both types of perfectionism; however, exploring more about whether Both-Ps receive two contradictory sets of messages, perhaps from different caregivers, could be a potential avenue.

Success

A portion of the second, third, and fourth research questions explored differences across the four groups in terms of participant attitudes about success and the role of significant others and experiences in establishing and maintaining beliefs and standards.

Definitions of success. Participants' definitions of success also fit patterns consistent with what would be expected based on their groups. Both-Ps defined success primarily as reaching goals and being happy, but also referenced additional themes of social status, financial security, and self-improvement. Self-Ps defined success primarily as being happy and meeting goals, with additional themes of financial security, persevering, gaining competence, and maintaining balance. Soc-Ps defined success as reaching goals and being happy, as well as making themselves and others proud, meeting expectations, and earning status. Non-Ps highlighted being happy and working hard, as well as financial security, having positive relationships, reaching goals, and self-acceptance.

Notably, here again, there appears to be a split between Both-Ps and Soc-Ps focusing on meeting goals as the primary marker of success compared to Self-Ps and Non-Ps who highlight happiness as the primary marker. However, even within these higher-level groups, there are still comparative differences. Self-Ps reported a much higher achievement focus in their definition than did Non-Ps, who had more of a holistic, self-improvement focus to their definition and placed goals at a low priority. When looking at Self-Ps versus Soc-Ps the differential focus between happiness and achievement stands out as significant; as well as the greater external/social focus of Soc-P's definition (e.g., making others proud, meeting expectations, etc.).

Experiences leading to definition. There were more similarities across the four groups in terms of the experiences that led to their definitions of success. Both-Ps reported being influenced by family and friends, as well as having college and leadership experiences that lead to developing both broader and narrower definitions. Self-Ps reported basing their definition on modeling after the success of others and overcoming obstacles. They also reported experiences causing them to move from material/externally-based views of success to views based on happiness/internal satisfaction. Soc-Ps reported early parental messages and expectations as most influential to their definition, as well as self-reflection, and learning from experiences of failure. Non-Ps identified life changes and experiences that caused them to move from material/externally-based definitions to definitions based on happiness/internal satisfaction as well. They also reported that modeling after, and receiving support from, others was influential.

One notable difference across groups is the mention of adopting a definition based on observation or modeling, as Self-Ps and Non-Ps primarily reported, compared to adopting a definition based on the influence and demands/expectations of others, as Soc-Ps and some Both-Ps reported. This highlights that having freedom or autonomy to observe, explore, and come to one's own opinion about what attitudes to adopt or not, versus being told what or how one has to be, could potentially be a significant factor in the development of, or differentiating between types of, perfectionism.

Influence of others on beliefs about success. Similar themes were present in participants' descriptions of how important others influenced their definitions and beliefs about success. Both-Ps reported forming their beliefs based on modeling after the

examples set by others and receiving a mix of messages, both flexible and strict/with high

expectations. Self-Ps reported modeling after, and comparing themselves to, others; as

well as receiving messages about working hard and striving for success without feeling

"pushed." Soc-Ps also reported modeling after the examples of others; receiving

messages about, and feeling forced to meet, expectations; and comparing themselves to

the failures of others. Non-Ps reported being influenced by receiving non-critical

messages about following passions, trying their best, and working hard; and modeling

after others.

This data reinforces the potential importance of identifying the impact of being

allowed to observe versus being forced to adopt attitudes, but also highlights very clearly

that the examples set by, and messages received from, others are consistently considered

highly influential across groups. Because these factors are present in all four groups, the

content of the messages and the nature of the examples being set by others takes on an

even greater importance in gaining insight into the differential impact on the development

of perfectionism. For example, it could be important to know if participants were both

receiving messages from, and modeling after, the same individuals. If so, did the verbal

and non-verbal messages being communicated match or were participants receiving

inconsistent information? This also highlights the need to explore the impact of

consistency, or lack thereof, between observed behavior and verbal messages, as well as

across caregivers or other influential people. Doing so could help to shed light on

whether the development of high levels of both types of perfectionism might stem in-part

from some type of inconsistency that does not exist for the other three groups.

Changes in definition over time. Similar to descriptions of changes in attitudes about goals and the experiences leading to definitions of success, age, maturity, and personal experiences were highlighted as they key factors leading to changes in definitions of success over time for all groups. The majority of participants reported moving from strict definitions of success to broader or more flexible ones, as well as moving from material/external definitions to happiness/internal ones. However, Both-Ps did have some participants who reported adopting narrower, more rigid definitions of success in response to failure.

The high degree of consistency of an initial belief that success is based on external, material factors is notable, particularly given the variation in messages that participants reported receiving. It raises the question of how this attitude develops for so many individuals. It is possible that the belief could be based on a number of different factors, for example: interpretations and perceptions of life from a young age, messages received from society, the structure of evaluation and reward system in early academic experiences, etc. Gaining insight into this could also help in understanding the impact that messages and modeling have on the development of perfectionism. For instance, assuming a consistent early definition of success, how do the messages/observations received from caregivers/influential others influence the speed at which the definition changes or adjusts? Do the more flexible and supportive messages Non-Ps and Self-Ps receive allow for a quicker adjustment to a new definition than the more rigid and demanding messages that Soc-Ps and Both-Ps receive? If so, understanding the nature of the most influential messages, and the impact of the change on the development of perfectionism, could be valuable.

Experiences of failure

A portion of the fifth and sixth research questions explored the differences in participants' responses to failure, their early developmental experiences, and relationships with caregivers particularly related to significant experiences of achievement- or academic-based failure.

Types of experiences. Participants were asked to describe both a memorable experience with, and their earliest memory of, failing to meet a goal. Descriptions were coded based on theme, and the majority of responses were performance goals (e.g., participating on a team, getting accepted into a school/program, producing a product, etc.) or large/small-scale academic goals (e.g., earning a 4.0 GPA for the academic year [large-scale], getting an A on an exam [small-scale]). For memorable experiences, the majority of Both-Ps and Non-Ps reported performance goals, Soc-Ps reported an equal number of performance and academic goals, and Self-Ps reported a higher number of academic goals. For earliest experiences, Self-Ps, Soc-Ps, and Non-Ps reported a higher number of performance goals, while Both-Ps provided approximately the same number of academic and performance goals. The only notable differences between memorable and early experiences were based on age and developmental level. For example, early performance goals related to skills like riding a bike compared to later goals like making the drama team; while early academic goals related to mastering math skills compared to later goals like passing organic chemistry.

Thoughts and feelings during effort. Participants described a variety of emotional experiences during the process of trying to meet their memorable and early goals. Commonly reported feelings across groups and goals were upset/frustration,

stress/anxiety, discouragement/disappointment, lacking confidence, and needing

to/having worked hard. For memorable failure experiences, Soc-Ps and Non-Ps were the

only groups to commonly mention more positive emotions such as hope or confidence.

Additionally, Soc-Ps were the only group to mention other-referential emotions like

shame and pressure. For early failure experiences, Soc-Ps were the only group to

commonly reference positive emotions like optimism and hope, but Both-Ps, Self-Ps, and

Soc-Ps mentioned shame and embarrassment. Self-Ps had the highest number of

participants who referenced a sense of having worked hard or tried their best during the

process. This pattern of other-focused negative affect for Soc-Ps and Both-Ps, as well as a

tendency toward flexibility in interpreting failures seen for Self-Ps, is consistent with

expectations based on the existing perfectionism literature.

     Thoughts and feelings after failure. Participants also described a variety of

emotions after experiencing their memorable, and earliest, failures. Commonly reported

feelings across groups were upset/frustration, discouragement/disappointment, sadness,

like a failure, and acceptance. Non-Ps had the highest number of participants who

commonly reported feeling acceptance for both failure experiences; they also reported

feeling upset/frustration less often. However, for the memorable failure, 7 Self-Ps, 5 Non-

Ps, 4 Soc-Ps, and 3 Both-Ps described a trajectory of moving from initial negative affect

to a place of positivity or acceptance about the outcome. Relatedly, for the earliest

failure, 4 Self-Ps, 3 Non-Ps, 2 Soc-Ps, and 3 Both-Ps reported the same trajectory.

     It is notable that Non-Ps and Self-Ps either directly mention or describe the

highest levels of acceptance compared to Soc-Ps and Both-Ps, and raises the question of

what role acceptance plays in moderating the impact of failure experiences on emotions,

attitudes about success or goal setting, future behavior, etc. Other questions to explore

could be 1) similarities or differences in the impact of personal acceptance instead of/in

addition to the acceptance of influential others, 2) differences in the length of time groups

take to move toward acceptance, or 3) what influences the speed at which someone is

able to move toward acceptance.

Another theme noted in the data was the degree to which members of each group

referred to the response of an important other as influencing their own emotional

response to failure. For the memorable failure, Soc-Ps, Both-Ps, and Non-Ps all had one

reference per group while Self-Ps had none. For the earliest failure, Soc-Ps had 3

references, while all other groups reported none.

Messages received after failure. Participants also described the nature of the

responses they received from significant others in their lives following their failure

experiences. For both experiences, supportive, accepting, encouraging, and

critical/disapproving messages were reported most often across all groups. Patterns of

responses for the groups differed between memorable and earliest experiences. For Both-

Ps, their memorable experience was characterized by the highest amount criticism and

lowest amount support, acceptance, or encouragement across all groups. Their earliest

experience was characterized by high disapproval, moderate criticism, and low support or

acceptance. Self-Ps had the highest amount of accepting and encouraging messages and

the least number of critical/disapproving messages for their memorable failure, and the

highest number of supportive messages for their earliest failure. Soc-Ps reported the

highest number of critical messages after their earliest failure. Non-Ps reported the

highest number of supportive messages after their most memorable failure, as well as the

second highest number of critical messages. For earliest failure, Non-Ps reported the

highest number of accepting and encouraging messages, and the lowest number of critical

messages.

The pattern of responses from caregivers fits expectations in some ways,

particularly in terms of the higher degree of negative responses received by Both-Ps and

Soc-Ps and the higher degree of positive responses received by Non-Ps and Self-Ps.

However, it does raise the question of how caregiver responses to performance impact

personal responses and attitudes, as well as how the timing of messages might impact this

area as well. For example, Non-Ps consistently reported the greatest ability to personally

accept failure, but reported little acceptance and notable criticism from others in response

to their memorable failure. However, they did report the highest degree of accepting

messages and lowest number of critical or disapproving messages for their earliest

failure. This pattern could highlight that earlier messages have a more significant impact

on personal attitudes later in life. It could also indicate that caregiver patterns can change

notably over time or situations. This is a connection that warrants further exploration in

order to understand what connection the responses of others have on reinforcing or

mitigating perfectionistic attitudes and ideals in response to failure.

Experiences of success

A portion of the fifth and sixth research questions explored the differences in

participants' responses to success, their early developmental experiences, and

relationships with caregivers particularly related to significant experiences of

achievement- or academic-based success.

Types of experiences. Participants were asked to describe both a memorable experience with, and earliest experience of, succeeding in accomplishing a goal. Descriptions were similarly coded, and the majority of responses were again performance goals or large/small-scale academic goals. For their memorable experience, the majority of Self-Ps, Soc-Ps, and Non-Ps reported performance goals, while Both-Ps primarily reported academic goals. For their earliest experience, the majority of Both-Ps, Self-Ps, and Non-Ps reported performance goals, while Soc-Ps primarily reported academic goals.

One notable factor is that when comparing the average age of first success to average age of first failure, Both-Ps and Non-Ps reported experiencing success at a younger age than failure, while Self-Ps and Soc-Ps reported experiencing success at an older age than failure.

Thoughts and feelings during effort. Participants described a variety of emotional experiences during the process of trying to meet their memorable and early goals. Commonly reported feelings across groups and goals were anxious/nervous, upset/frustrated/stressed, confident/motivated, excited/hopeful, and happy. It was notable that anxiety/nervousness was reported to a much higher degree for both success experiences across all groups than it was for the failure experience. The reason for this is unclear, but it is possible that participants were better able to recall feelings of anticipation for positive memories, or that the presence of feelings of anxiety at recall was overshadowed by stronger feelings of being upset or stressed following the failure experience. Soc-Ps also reported a notably higher number of positive emotions during the process of pursuing their successful experiences than in their failure experiences, which

could be a factor of memory effects or possibly reflective of a greater ability to enjoy the experience overall.

   Thoughts and feelings after success. Participants also described a variety of emotions after their most memorable, and earliest, successes. Commonly reported feelings were happiness/excitement, accomplished/pride, relief, and confidence/competence. Despite overwhelmingly positive descriptors, Soc-Ps notably reported feelings of needing to improve or do better after a memorable success, and one Both-P reported being dismissive or critical of an early success. The reasons for these responses are unclear, but could be linked to the tendency for socially prescribed perfectionists to set increasingly higher standards for themselves or to discount success as expected and thus not an actual accomplishment (Bieling, Israeli, Smith & Antony, 2003).

   The theme of participants referring to the response of an important other as an influential factor in determining their own reaction was repeated in this data as well. For memorable experiences, Soc-Ps had 6 references, Non-Ps had 3, and Both-Ps and Self-Ps had 1 each. The numbers for earliest experiences were notably higher as, Soc-Ps had 5 references, Both-Ps had 5 references, and Self-Ps and Non-Ps each had 2. The higher references for Soc-Ps and Both-Ps compared to Self-Ps and Non-Ps could relate to the prevalence of the social/other-oriented focus for social prescribed perfectionism. Additionally, the higher references for earliest experience compared to memorable experience could also be a factor of younger age at the time of success for some participants, resulting in more focus on parental influence.

Messages received after success. Participants also described the nature of the responses they received from significant others in their lives following their success experiences. For the memorable experience, participants most commonly reported encouraging, accepting, supportive, critical, and normalizing messages. For the earliest experience, participants most commonly reported encouraging, supportive, accepting, normalizing, and disapproving messages. Notably, Both-Ps reported that their memorable experiences were primarily characterized by accepting, critical, and normalizing messages; and that their earliest experiences were characterized by accepting, normalizing, and disapproving messages. This was distinct in that no other groups reported accepting messages as highly, and that Non-Ps were the only group to report a similar negative message—critical.

The reason for these particular patterns of responses are somewhat unclear. It is possible that they could be an effect of how participants understood or differentiated terms. For example, acceptance could reflect approval or it could simply reflect acknowledgement without negativity. As a result, it is possible that a low level of acceptance could actually equate to indifference, or that a high level could equate to dismissive approval (i.e., "that is what you should have done, so move on") depending on interpretation. The latter interpretation could help to explain the pattern of critical, dismissive, and normalizing messages endorsed by Both-Ps as well. These possibilities highlight an interesting idea in working to understand more about the impact of caregiver messages on the attitudes associated with the different types of perfectionism, but also point to the need for greater specificity of language and research terms to gain a clearer picture.

Primary & secondary caregivers

The sixth research question explored the differences across groups in participants' perceptions of, and relationships with, caregivers; as well as the messages received about achievement and success.

Personalities. Participants selected characteristics that they felt best described their primary and secondary caregivers. These selections were combined to generate percentages of endorsement of each characteristic for each of the four groups, and summary profiles were created for caregivers for each group based on comparisons of the percentages across groups. The following descriptors are used below based on the level of endorsement a group had for each characteristic compared to all other groups: "very" (highest endorsement), "moderately" (second highest endorsement), "somewhat" (second lowest endorsement), "slightly" (lowest endorsement), "minimally" (highest or second highest endorsement between groups, but low percentage within group), "notably" (low percentage but only endorsed by one or two groups), and "not at all" (very low/no endorsement for only one or two groups).

Both-Ps.

Primary caregiver. The primary caregiver for Both-Ps is best described as very patient; moderately happy and honest; somewhat supportive, trustworthy, kind, understanding, and warm; slightly caring, responsive, and empathic; and minimally indifferent, bossy, depressed, and hostile.

Secondary caregiver. The secondary caregiver for Both-Ps is best described as very happy, motivating, honest, patient, kind, demanding, and emotional; moderately

friendly, compassionate, and empathic; somewhat hostile, angry, bullying, and harsh; and slightly loving, supportive, and caring.

Summary. Overall, caregiver personalities for Both-Ps were largely noted as positive and characterized by support, happiness, patience, and kindness. However, while the most frequently endorsed characteristics for both caregivers were similar, it was notable that very little negativity was endorsed for the primary caregiver while the secondary caregiver seemed to have a harsher and less supportive personality overall. This mixed pattern of personality characteristics in caregivers is somewhat consistent with what might be expected from the literature. Given that Both-Ps have high levels of self-oriented and socially prescribed perfectionism, it would make sense that their caregivers would have a mix of the more supportive and warm characteristics endorsed by Self-Ps and the harsher and more demanding ones endorsed by Soc-Ps. The results do stand out, however, in that their descriptions are much more similar to the descriptions provided by Self-Ps than they are to those provided by Soc-Ps.

As mentioned previously, some patterns of responses raise questions about participants' understanding of the descriptors. For example, it stands out that there is a distinction between primary caregivers as moderately honest but only somewhat trustworthy, while secondary caregivers are considered very honest but much more negative overall. Generally speaking, honesty has a positive connotation and is thought to be somewhat directly related to trustworthiness. However, when considering the connection between caregiver personality and the somewhat negative characteristics typically associated with the experiences of Both-Ps, it is possible that the disconnect between the two terms points to a different, perhaps more negative, understanding of

honest. For example, if honesty was indicative of bluntness or directness, it would make sense that it could be associated with the greater harshness noted for secondary caregivers and be less related to the sense of whether or not statements were seen as true or able to be trusted. Similarly, the presence of emotional in the description of secondary caregivers raises the question of whether emotional is seen positively as reflective of openness to feeling or negatively as indicative of lability or volatility.

Self-Ps.

Primary caregiver. The primary caregiver for Self-Ps is best described as very caring, compassionate, honest, warm, happy, understanding, stressed, worried, and depressed; as well as moderately loving, supportive, friendly, trustworthy, kind, emotional, picky/particular, bossy, and empathic.

Secondary caregiver. The secondary caregiver for Self-Ps is best described as very caring, attentive, and stressed; moderately supportive; somewhat happy; slightly loving, friendly, kind, motivating, demanding, picky/particular, honest, and trustworthy; and not at all dishonest.

Summary. Overall, both caregiver personalities for Self-Ps were described similarly, were overwhelmingly positive, and were characterized by warmth, compassion, care, and kindness. However, there was also an indication that both caregivers did have demands or expectations of which participants were aware. This is consistent with the literature that associates more authoritative parents with the development of self-oriented perfectionism, as the style is associated with a mix of warmth and support but also high demands (Ablard & Parker, 1997; Neumeister, 2004a).

Additionally, for this group, honest and trustworthy were more closely endorsed, while emotional was endorsed at a similar frequency as other both positive and negative qualities. As a result, the valence of the terms for participants in this group is unclear. Notably, Self-Ps were the only group where the mental health of caregivers was very frequently referenced (e.g., stressed, worried, and depressed). The reason for, or impact of, these characteristics on outcomes seen in Self-Ps is unclear and warrants further exploration, as the mental health of caregivers has not been explored as a variable in the development of perfectionism.

Soc-Ps.

Primary caregiver. The primary caregiver for Soc-Ps is best described as very loving, attentive, demanding, emotional, picky/particular, intense, bossy, and hostile; moderately caring and compassionate; and slightly supportive, friendly, trustworthy, honest, kind, understanding, warm, happy, or patient.

Secondary caregiver. The secondary caregiver for Soc-Ps is best described as very intense, picky/particular, bossy, absent, dishonest, rigid, and cold; slightly caring, supportive, happy, compassionate, trustworthy, understanding, responsive, warm, and patient; notably indifferent; and not at all empathic.

Summary. Overall, both caregiver personalities for Soc-Ps were described similarly and were both overwhelmingly negative compared to the descriptions of all other groups. While the primary caregiver was described as very loving and attentive, the remainder of the highly endorsed characteristics give a sense of someone intense, demanding, and unhappy. Additionally, the secondary caregiver was described even more negatively, as positive characteristics such as loving were not highly endorsed and

empathic was not endorsed at all. While striking, these findings are consistent with the

literature describing individuals with an authoritarian parenting style, which has been

linked to the development of socially prescribed perfectionism (Ablard & Parker, 1997;

Neumeister, 2004a).

      The frequency with which loving and attentive were endorsed by Soc-Ps stands

out as somewhat incongruent with the overarching negativity described. While it is

possible that these characteristics were still conveyed despite other harsh qualities, it is

also possible that there is a greater nuance to what the terms are highlighting. A theme

noted in the descriptions that Soc-Ps provided about their caregivers was the tendency to

understand high demands and expectations as a way of showing love. As such, it is

possible that this perspective or belief could explain the high endorsement of loving

along with the more negative characteristics.

      This raises the question of what role the perception or appraisal of caregiver

attitudes or behaviors might play in the differential development of perfectionism. For

example, if harsh messages are perceived as reflective of love, are they more likely to be

accepted and internalized as a standard that has to be met versus being perceived as

"mean" or overly demanding and rejected? Additionally, the descriptor attentive, while

generally associated with attunement and desirable focus, could potentially be reflective

of caregivers who were overbearing, over-involved, or micro-managing of the

participant's lives. Similarly, it is possible that, regardless of the positive or negative

connotation, Both-Ps may interpret increased attention as reflective of love as well.

Non-Ps.

Primary caregiver. The primary caregiver for Non-Ps is best described as very supportive, friendly, trustworthy, kind, and empathic; moderately understanding, warm, and patient; slightly attentive, emotional, stressed, picky/particular, intense, and demanding; and not at all bossy.

Secondary caregiver. The secondary caregiver for Non-Ps is best described as very loving, supportive, friendly, compassionate, trustworthy, understanding, warm, and responsive; moderately caring, happy, kind, honest, motivating, patient, intense, stressed, and empathic; and minimally difficult or rigid.

Summary. Overall, both caregiver personalities for Non-Ps were described similarly, were overwhelmingly positive, and were characterized by patience, love, warmth, and support. There was very little endorsement of harsher or more demanding qualities such as picky/particular and intense. While little perfectionism research has included non-perfectionists, the current findings are consistent with what would be expected if one considers that non-perfectionists are likely to have somewhat opposite experiences from perfectionists, particularly socially prescribed perfectionists. Notably, non-perfectionists were the only group not to describe a caregiver as bossy, while the characteristic was endorsed for at least one caregiver for the three perfectionism groups. This is the only term in the descriptors for which this occurred, which raises the question of whether there is something about bossiness in caregivers that is uniquely related to the development of perfectionism. The fact that Self-Ps and Both-Ps tended to report lower levels of bossiness in their caregivers than Soc-Ps could also point to this characteristic as

playing an important role in what determines whether or not an individual develops

perfectionism and, if so, which type.

Relationship characteristics.

Participants selected characteristics that they felt best described their relationships

with their primary and secondary caregivers. Percentages were calculated as described

above, and summary profiles were created. The same descriptors were used: "very"

(highest endorsement), "moderately" (second highest endorsement), "somewhat" (second

lowest endorsement), "slightly" (lowest endorsement), "minimally" (highest or second

highest endorsement between groups, but low percentage within group), "notably" (low

percentage but only endorsed by one or two groups), and "not at all" (very low/no

endorsement for only one or two groups).

Both-Ps.

Primary caregiver. The primary caregiver relationship for Both-Ps is best

described as very collaborative, dysfunctional, and difficult; moderately loving, safe,

secure, and positive; somewhat close, encouraging, friendly, motivating, supportive, and

trusting; slightly comfortable; and notably avoidant and broken.

Secondary caregiver. The secondary caregiver relationship for Both-Ps is best

described as very friendly, motivating, collaborative, uplifting, intense, and

dysfunctional; moderately loving; somewhat supportive; slightly close; notably broken,

hostile, and negative; and minimally encouraging, beneficial, and demanding.

Summary. Overall, both caregiver relationships for Both-Ps were described

similarly, and were characterized by a mix of positive and negative characteristics.

Participants described relationships that were friendly and somewhat close and

supportive, but also dysfunctional, difficult, intense, and broken. These findings were

similarly consistent with caregiver personality descriptions in that they display a mix of

characteristics that might be expected for both self-oriented and socially prescribed

perfectionists. However, the overall sense of the relationships is notably more negative

than the sense of the caregiver personalities. This relates to the question of inconsistency

discussed earlier, and what impact discrepant information from caregiver behavior and

messages might have on participants. In this instance, it is unclear what factors

contributed to participants' understanding of their caregivers' personalities compared to

the nature of their relationships. Despite this, it does stand out that the personalities seem

more consistent with self-oriented perfectionists' descriptions of their caregivers'

personalities while the relationships seem more consistent with socially prescribed

perfectionists' descriptions of their relationships.

Notably, participants also described the relationships with both caregivers as very

collaborative which feels incongruent with the rest of their descriptions. However, while

collaborative has a generally positive connotation, it again raises the question of the

meaning and interpretation of the word for participants. For example, collaborative could

be understood as reflecting a sense of mutual-determination in the relationships and

decisions, or it could be reflective of an over-involvement of the caregivers such that

participants were required to take caregiver preferences or opinions into account. The

latter would be more consistent with other descriptions, but warrants further exploration

and clarification to fully understand.

Self-Ps.

Primary caregiver. The primary caregiver relationship for Self-Ps is best described as very safe/secure, supportive, close, friendly, beneficial, and fulfilling; moderately encouraging and trusting; slightly collaborative; and notably conflicted and difficult.

Secondary caregiver. The secondary caregiver relationship for Self-Ps is best described as very close, supportive, positive, safe/secure, and beneficial; slightly loving, motivating, collaborative, uplifting, difficult, demanding, and intense; and minimally conflicted and dysfunctional.

Summary. Overall, both caregiver relationships for Self-Ps were described similarly, were overwhelmingly positive, and were characterized by safety, closeness, supportiveness, and friendship. They also had some negative qualities such as difficult, demanding, and conflicted. These descriptions fit what would be expected based on the literature, and were also consistent with the descriptions of caregiver personalities presented above. They support the idea of relationships that are positive overall, but still contain a level of high demands or expectations. The prevalence of endorsements of safe/secure is notable and provides support for the authoritative sense of caregivers for this group, as authoritative parenting is related to secure attachment styles in children (Neal & Frick-Horbury, 2001).

Soc-Ps.

Primary caregiver. The primary caregiver relationship for Soc-Ps is best described as very loving, conflicted, unsafe, and demanding; moderately comfortable and

close; slightly supportive, encouraging, friendly, motivating, trusting, encouraging, and collaborative; notably avoidant and broken; and not at all uplifting.

Secondary caregiver. The primary caregiver relationship for Soc-Ps is best described as very encouraging, conflicted, distant, inconsistent; slightly loving, supportive, comfortable, friendly, positive, close, safe/secure, trusting, fulfilling, difficult, and intense; minimally demanding; and notably ambivalent and harsh.

Summary. Overall, primary and secondary caregiver relationships were described differently for Soc-Ps. Primary caregiver relationships were characterized fairly negatively. Though love was endorsed highly, the prevalent sense was of a demanding and conflicted relationship without much support. Secondary caregiver relationships were somewhat more positive in that they were more encouraging and less demanding; however, they were also notably distant and inconsistent. The frequency with which very loving was endorsed seems incongruent, as it did for personality, and presents the same question regarding whether participants perceived the more negative and demanding characteristics of the relationships as love, and the impact if so.

The discrepancy between the descriptions of the caregivers is also notable, as it raises the question of the differential impact of each relationship on the development of perfectionism. The descriptions of primary caregivers very closely mirror what would be expected for Soc-Ps based on existing literature, while the descriptions of secondary caregivers are more like what would be expected for Self-Ps except for the inclusion of descriptors such as distant and inconsistent. In as much as there is a connection between relationships with caregivers and the development of perfectionism, it is unclear what impact such different experiences would have. In this instance, it seems that the primary

caregiver relationship may have had a greater influence on the development of more socially prescribed attitudes given the endorsed characteristics, which could, in turn, be due to the perception of the secondary caregiver as less present and thus less influential. However, while participants did not endorse demanding very highly for secondary caregivers, their qualitative descriptions heavily referenced the demands of these individuals even though they were also less present. Thus, it would be beneficial to further explore whether there is truly a notable difference in the relationships or if it was a factor of the study design. If the difference is present, then research to gain insight into the contributions of each caregiver would be warranted.

Non-Ps.

Primary caregiver. The primary caregiver relationship for Non-Ps is best described as very comfortable, positive, encouraging, trusting, fulfilling, collaborative, and uplifting; moderately supportive and friendly; slightly loving, safe/secure, and close; notably difficult; and not at all conflicted.

Secondary caregiver. The secondary caregiver relationship for Non-Ps is best described as very loving, comfortable, trusting, fulfilling, and demanding; moderately supportive, intense, ambivalent, and distant; and minimally collaborative, difficult, conflicted, and dysfunctional.

Summary. Overall, primary and secondary caregiver relationships were described differently for Non-Ps. Primary caregiver relationships were described positively, and were primarily characterized as comfortable, loving, and encouraging. However, loving and safe/secure were not frequently endorsed, though difficult was notably so. Secondary caregiver relationships, while characterized somewhat positively as loving and trusting,

were described more negatively as demanding, intense, and distant. In this instance, as with Soc-Ps, the primary caregiver relationship appears most consistent with what might be expected for Non-Ps based on the literature, while the secondary caregiver relationship seems more consistent with what might be expected for Self-Ps or Soc-Ps. Thus, this pattern raises the same questions about the impact of notably different caregiver relationships, and whether the characterization of a caregiver as less present or connected is related to a limited influence on overall outcomes. Another notable aspect for this group was the low endorsement of safe/secure considering the similarities seen between Non-Ps and Self-Ps, who endorsed it very highly. It is unclear why this pattern exists, but it is possible that a sense safety and security in relationships is related to having clear boundaries and expectations from significant others that helped participants to feel like things would be consistent or predictable. This would explain why safe/secure was endorsed more often by individuals in the perfectionism groups than by the non-perfectionist group.

Expectations.

Participants also selected phrases that they felt best described the messages they received about the expectations of their primary and secondary caregivers while growing up. Percentages were calculated as described above, and summary profiles were created. The same descriptors were also used: "very" (highest endorsement), "moderately" (second highest endorsement), "somewhat" (second lowest endorsement), "slightly" (lowest endorsement), "minimally" (highest or second highest endorsement between groups, but low percentage within group), "notably" (low percentage but only endorsed

by one or two groups), and "not at all" (very low/no endorsement for only one or two

groups).

   Both-Ps.

   Primary caregiver. The primary caregiver expectations for Both-Ps are best

described as very focused on doing your best, that B's are not good enough, that you

must be a Dr./lawyer/engineer/etc., and having to win; and slightly focused on hard work,

doing what you love, or happiness being enough.

   Secondary caregiver. The secondary caregiver expectations for Both-Ps are best

described as very focused on doing what you love and needing to be a

Dr./lawyer/engineer/etc.; moderate focus on doing your best, B's not being good enough,

and trying being enough; slightly focused on working hard; and not at all focused on

being happy.

   Summary. Overall, despite the similarities in personalities and relationships, the

expectations of caregivers for Both-Ps were somewhat different. Both caregivers were

highly focused on the need for a prestigious career; however, primary caregivers had

many more demanding expectations compared to secondary caregivers. Winning and

making A's were highly prevalent for primary caregivers, with little focus on the feelings

or preferences of Both-Ps themselves. Secondary caregivers placed somewhat more of a

priority on Both-Ps being able to do what they loved and allowed for consideration of

effort, but still placed little value on personal happiness. In some ways, it seems that the

primary caregiver expectations are consistent with what would be expected for Soc-Ps in

the literature, while secondary caregiver expectations are more consistent with what

would be expected for Self-Ps. This is consistent with the fact that Both-Ps are high in

both types of perfectionism, and points again to the question of the differential impact of diverse experiences with caregivers on the development of one type of perfectionism over the other.

Self-Ps.

Primary caregiver. The primary caregiver expectations for Self-Ps are best described as very focused on hard work and happiness being enough; moderately focused on doing what you love; slightly focused on needing to do your best; and not at all focused on needing to be a Dr./lawyer/engineer/etc. or needing to win.

Secondary caregiver. The secondary caregiver expectations for Self-Ps are best described as very focused on doing your best and doing what you love; and minimally focused on hard work and needing to be a Dr./lawyer/engineer/etc.

Summary. Overall, caregiver expectations for Self-Ps were largely consistent, and were characterized by a focus on effort, happiness, and personal enjoyment mixed with expectations of doing ones best and working hard. This was highly consistent with what would be expected based on the literature, and reflective messages stemming from an authoritative parenting style.

Soc-Ps.

Primary caregiver. The primary caregiver expectations for Soc-Ps are best described as moderately focused on doing your best and hard work; slightly focused on happiness; and minimally focused on doing what you love or trying being enough.

Secondary caregiver. The secondary caregiver expectations for Soc-Ps are best described as very focused on B's not being good enough; moderately focused on hard

work, being happy, and needing to be a Dr./lawyer/engineer/etc.; and minimally focused

on doing what you love or trying being enough.

Summary. Overall, caregiver expectations for Soc-Ps were somewhat inconsistent.

Primary caregiver expectations were focused on doing ones best and working hard with

some focus on happiness. Secondary caregiver expectations were harsher and

characterized by a greater focus on needing to have A's and having a prestigious career,

along with little focus on happiness or effort being enough. Secondary caregiver

expectations were more consistent with what would be expected for Soc-Ps based on the

literature. Notably, their messages also seem to be more related to the development of

socially prescribed attitudes in participants than their relationships were. This again raises

the question of the impact of inconsistency between caregiver behavior and messages, as

well as about the severity and intensity of the messages received.

Non-Ps.

Primary caregiver. The primary caregiver expectations for Non-Ps are best

described as very focused on doing what you love, trying being enough, and being happy;

slightly focused on doing your best and working hard; and not at all focused on B's not

being good enough. Participants additionally noted a lack of pressure

Secondary caregiver. The secondary caregiver expectations for Non-Ps are best

described as very focused on hard work, being happy, and trying being enough;

somewhat focused on doing your best; and minimally focused on B's not being good

enough or needing to be a Dr./lawyer/engineer/etc.

Summary. Overall, caregiver expectations for Non-Ps were largely consistent, and

were characterized by a priority on personal happiness and satisfaction and the value of

effort. There was very little focus on demands such as needing to make A's or have a certain career, and qualitative descriptions also highlighted a notable lack of pressure toward certain outcomes. This was also highly consistent with what would be expected based on the literature.

Participant self-descriptions

The seventh research question explored differences across groups in participant perceptions of their overall emotional lives and mental health.

Personalities. Participants selected characteristics that they felt best described how they usually or often felt. These selections were combined to generate percentages of endorsement of each characteristic for each of the four groups, and summary profiles were created for participants for each group based on comparisons of the percentages across groups. The following descriptors are used below based on the level of endorsement a group had for each characteristic compared to all other groups: "very" (highest endorsement), "moderately" (second highest endorsement), "somewhat" (second lowest endorsement), "slightly" (lowest endorsement), "minimally" (highest or second highest endorsement between groups, but low percentage within group), "notably" (low percentage but only endorsed by one or two groups), and "not at all" (very low/no endorsement for only one or two groups).

Both-Ps. Both-Ps are best described as very anxious, overwhelmed, distressed, panicky, and empty/numb; moderately pleasant; somewhat happy and cheerful; and slightly enraged and neutral.

Self-Ps. Self-Ps are best described as very happy, pleasant, nervous, neutral, and guilty; moderately hopeful, anxious, and cheerful; somewhat overwhelmed; and minimally distressed, panicky, or empty/numb.

Soc-Ps. Soc-Ps are best described as very overwhelmed, depressed, and hopeless; moderately neutral, panicky, empty/numb, and guilty; somewhat anxious and hopeful; and slightly nervous, happy, pleasant, and cheerful. The degree of anxiety endorsed by this group does not seem consistent with the qualitative descriptions in which 9 of 10 participants referenced significant anxiety or distress, particularly related to future outcomes.

Non-Ps. Non-Ps are best described as very hopeful, cheerful, and nervous; moderately happy; somewhat pleasant and neutral; slightly anxious and overwhelmed; and minimally distressed, panicky, or empty/numb.

Summary. Overall, apart from where Both-Ps fell in terms of overall negativity or distress, participant self-descriptions were largely consistent with what would be expected based on the existing literature. Non-Ps had the most positive self-descriptions, with almost no endorsement of more negative characteristics or emotional distress. Self-Ps had the second most positive self-descriptions, with somewhat higher endorsements of anxiety, guilt, and feeling overwhelmed. Both-Ps were third; though they endorsed some positive descriptors such as pleasant and cheerful, they had a much more notable number of negatives. Soc-Ps were the least positive, with the majority of their endorsements being almost entirely negative. Notably, in all four groups, anxious and nervous were endorsed differently, which again raises the question of how participants understood or defined the terms. Additionally, neutral was endorsed by several groups, but it was

unclear whether participants perceived the term more positively (i.e., less time spent distressed) or more negatively (i.e., less time spent happy).

Given that increasing degrees of perfectionism have been associated with increasing emotional distress, it makes sense that the pattern of descriptions would fall in this way. As stated, however, the fact Both-Ps were not the most negative is less expected because it is typically though to be the most severe form, or to have the most negative outcomes, of the perfectionism groups due to having high levels of both types. However, this pattern is consistent with a theme throughout the data of Both-Ps having notable similarities to attitudes, experiences, and caregiver characteristics seen in Self-Ps. In fact, these findings along with others, seem to point to the potential that the negative outcomes associated with socially prescribed perfectionism are somehow mitigated in the experiences of Both-Ps by the factors that lead to, or stem from, self-oriented perfectionism. This potentiality warrants further exploration as it has not been presented or explored in the literature to date.

Contributions to current literature

The results presented above provide examples of the numerous ways in which this study contributes to, and builds upon, the current perfectionism literature. This study was designed with the goal of having a more diverse sample than what is typically seen in empirical literature. Though the degree of diversity was not as high as desired, the study was successful in capturing responses of participants from a number of racial and ethnic backgrounds, as well as students who were not born or raised in the U.S. Additionally, the inclusion of graduate students and some non-traditional students increased the age

range of the sample to one that was broader than what is typically seen in undergraduate-only samples.

This study is also only one of two studies that takes a qualitative approach to understanding the experiences of perfectionists. As a result, it contributes a rich depth of information that is sorely lacking in many of the empirically-based studies and quantitative data that currently exists. Additionally, this study goes further than Neumeister et al. (2004a; 2004b; & 2004c) in terms of exploring the developmental factors related to perfectionism by including Non-Ps and Both-Ps as comparison groups, instead of Self-Ps and Soc-Ps alone. The online nature of the study also allowed for the collection of a much larger number of participants than what is typically found in qualitative research, which also led to richer data and the ability to compare responses within and between groups in more detail. This level of data also made it easier to identify themes and trends in the data, and to use them to generate hypotheses for future research that could support or extend what exists today.

Future research directions

The ultimate goal of this study was to highlight areas for future research and potential hypotheses about factors leading to the development of perfectionism. Numerous areas of for further exploration were highlighted based on notable questions or patterns in the data, and several subsequent hypotheses are proposed below.

Topics for exploration

Personal characteristics. One individual characteristic that warranted further exploration was the role of personal tendencies toward acceptance in response to failure. It would be valuable to understand the ways in which the degree of acceptance varies

across the types of perfectionism, and to explore the reasons for the differences. It would

also be valuable to understand how a sense of personal acceptance is fostered in

individuals, particularly if it is not through caregivers' stated messages. How participants

interpret, or understand, caregiver demands and attitudes (e.g., demands equal love;

attention equals micromanaging; safe/secure equals boundaries/structure), and the impact

of these attitudes, are also areas in which more information is needed. Lastly, the impact

of factors related to the race and ethnicity of participants, as well as to their status of

having been born and/or raised in the U.S. were also areas identified as needing further

exploration to understand how perfectionism manifests across cultural groups within the

U.S.

  Age and maturity. A particularly notable personal characteristic that repeatedly

came up as influential in the data was the age and maturity level of individuals. There

was a consistent indication that increasing age led to greater flexibility in attitudes and

beliefs about the need for perfection versus happiness; however, more research is

warranted to understand exactly why this change occurs. It could be a factor of less

dependence on, and thus adherence to, caregiver attitudes and opinions; higher levels of

education; the development of a personal sense of self; or numerous other factors that

need to be explored. Whether or not participants received critical messages in childhood,

and, if so, whether or not there was an impact of the age of first messages on the eventual

outcome and development of perfectionism also warrants exploration.

  Caregiver interactions. There were also numerous aspects of relationships and

experiences with caregivers that could serve as valuable areas for future research. For

example, the impact of caregiver background, including having been born and/or raised

in the U.S. or not, stood out as an important area where there is little information available to date. This also relates to parenting styles, and the need to understand whether there are aspects of minority or international culture that are more likely to lead to parenting styles associated with the development of perfectionism, or if there are aspects of U.S. culture that are protective and help to minimize the impact of caregivers' parenting styles on outcomes. The mental health of caregivers, both currently and in the past, was also highlighted as an area that warranted further exploration.

An additional area for further exploration that came up in multiple places throughout the data was the impact of inconsistency in messages received from parents or important caregivers. The potential for inconsistency was identified as occurring within the same caregiver (i.e., inconsistent messages and behavior), within perceptions of a single caregiver (i.e., personality and relationship), and across caregivers (i.e., primary caregiver personality and messages versus those of secondary caregiver). It is clear that these caregiver relationships are significant, but the impact of contradictions here has not been addressed. Caregiver bossiness was also highlighted as an area to explore as a potential factor that could notably differentiate between non-perfectionists and perfectionists.

Other areas. A few other areas of exploration emerged, including gaining an understanding of factors that determined the nature of participant response to failure. For example, it is unclear what leads an individual to develop higher standards after failure versus moving toward more flexible standards that more accurately account for the situation. Another area would be gaining a better understanding of participants' definitions of numerous descriptors presented as options throughout the study (e.g.,

collaborative, loving, etc.), as different conceptualizations of these terms could lead to very different interpretations of the data. The reasons for the development of high levels of both types of perfectionism in Both-Ps were also unclear and warrant a much more in-depth exploration in the future. Lastly, a consistent theme is that Non-Ps and Self-Ps are more similar and should thus be compared and researched together in order to gain an understanding of why perfectionism develops versus not; while, Self-Ps and Soc-Ps should be considered together to gain greater insight into how perfectionism worsens or shifts.

Hypotheses. A number of hypotheses that could be explored through future empirical research were also generated based on the study data presented above.

- The presence or absence of parental pressure is a factor that differentiates between individuals who are Non-Ps and those who are Self-Ps; while, the presence or absence of parental support is a factor that differentiates between individuals who are Self-Ps versus individuals who are Soc-Ps.

- Non-Ps' greater focus on happiness and self-improvement in their definition of success compared to the achievement orientation of Self-Ps is a factor that uniquely differentiates the two groups.

- Higher freedom or autonomy to observe, explore, and choose which attitudes to adopt regarding goals and success increase the likelihood that an individual will be a Non-P or Self-P; while being told what, or how, to be and believe increases the likelihood of an individual becoming a Soc-P or Both-P.

- Most individuals initially develop an external/achievement/material

  definition of success from a young age, and the rate at which the definition

  changes to an internal/happiness oriented definition varies based on the

  nature of messages received from caregivers. More flexible/supportive

  messages lead to an earlier age at which the definition changes, compared

  to harsher/critical messages which result in a later change or no change at

  all.

- As age and/or level of education increase, an individual's level of

  perfectionism will decrease.

- Primary caregiver personalities, relationships, and messages have a greater

  impact on the development of perfectionism than do those of the

  secondary caregiver, particularly when the secondary caregiver is

  characterized as distant or absent.

- Both-Ps display levels of distress and characteristics that fall between

  Self-Ps and Soc-Ps because the presence of the experiences and outcomes

  related to self-oriented perfectionism partially mitigate the negative

  experiences and outcomes associated with socially prescribed

  perfectionism.

These hypotheses are all proposed based on notable patterns in the current study;

however, they have not been explored in current research. As such, preliminary tests of

these hypotheses, as well as further explorations of the general topics above, may rapidly

reveal new data that can alter what has been proposed. Ultimately, these areas seem

promising in their ability to serve as a starting place for research oriented toward

identifying and understanding the causes of perfectionism.

Implications for clinical practice

The information gathered in this study also has numerous implications for clinical

work with students presenting with perfectionism. It is clear from the current study, and

existing literature, that perfectionism is associated with significant emotional distress for

individuals, regardless of the type that they may have. However, this study has

demonstrated that the patterns of distress, individual characteristics, experiences, and

histories of individuals can vary significantly depending on the type of perfectionism that

they display. This is significant because many current treatments for perfectionism do not

take these nuanced factors into account.

A search for scholarly articles on the treatment of perfectionism overwhelmingly

results in papers describing cognitive behavioral (CBT) approaches focused on

identifying, challenging, and changing maladaptive or irrational automatic thoughts

related to unrealistic perfectionistic standards. While unrealistically high standards are

clearly the outcome of perfectionism, such a "one-size-fits" all approach is not likely to

be effective for the larger population of individuals with perfectionism because it does

not take into account the unique ways in which these rigid attitudes and beliefs form and

are reinforced or maintained over time. This study has shown that perfectionistic attitudes

are more than just "automatic thoughts;" they are deeply internalized, personal definitions

around which many individuals have structured their identities and senses of themselves,

their worth, and their connections to important others in their lives. Thus, a treatment

would be likely to have more success by taking a multi-level approach to addressing perfectionism.

A first step would be working to understand, and helping individuals gain insight into, their experiences of perfectionism. The majority of participants who shared their reactions to participating in the current study highlighted how little awareness they had of the ways in which their past experiences influenced their attitudes about goal setting and success, or the ways in which their attitudes directly impacted their behavior. This highlights a significant need to help clients explore these connections in order to identify their most salient beliefs and attitudes, and the experiences or messages in which they are rooted. After exploring these foundational or developmental experiences, the current study points to a need to look at the current messages and demands that continue to exist for individuals presenting with perfectionism. This is important because current factors are likely to provide the greatest insight into whether or not an individual perceives a sense of freedom in their lives to make any changes in their attitudes and beliefs about, or behaviors toward, reaching standards. For example, Soc-Ps and Both-Ps referenced parental standards that were inflexible and had not changed over time as primary influences in the development and maintenance of their attitudes. As a result, they are much less likely to perceive any sense of freedom to make change when compared to Self-Ps who may have more flexibility because they perceive themselves as setting their own standards. For these types of perfectionists, then, it may be very important to spend time processing and exploring early foundational experiences in order to help them get "unstuck" or feel able to make change.

Across groups, participants shared numerous responses to whether or not they felt like they had, would, or could ever change their current attitudes and beliefs about goals and success. As perfectionism "increased," the openness to, or belief in, the possibility of change decreased. Most notable was the belief that current approaches were working, so there was no need for change. For those who did feel that change was possible, it was often only linked to experiencing a major life change in the future. Thus, there is a need for treatment to assess readiness for change, and to help generate the insight and motivation to create readiness if it is lacking.

The current research highlights a number of areas that could serve as important avenues for helping to foster this process. For example, many individuals may not connect the emotional distress they experience in their lives to their high standards and perfectionism. As a result, working to understand their attributions for their distress and helping them shift to making these connections with perfectionism could be important. Additionally, how an individual makes attributions to perfectionism is also important. For example, Soc-Ps and Both-Ps both referenced attributing their distress to failing to meet high standards, rather than to the presence of the high standards themselves. Thus, even if an individual is making a connection between distress and perfectionism, the focus may still be on the need to change performance as opposed to the need to adjust standards.

It is also important to recognize that the process of change could be impacted by when an individual is in treatment. For example, it may be harder to help an individual identify and make connections between perfectionism and distress during periods where evaluations and demands are less salient (i.e., during summer break compared to exam periods). Similarly, it may also be challenging to generate buy-in or willingness to

attempt change during periods where standards and the impact of failure are highly

activated (e.g., midterms or final exams), because the risk of giving up what feels like it

has worked, or is needed to succeed, may be perceived as too high to take a chance.

Additionally, individuals who are more heavily influenced by parental attitudes may

struggle to be open to the idea of change, even when highly distressed, if they have had

recent conflict with their caregivers or have had a recent experience in which they felt

like they failed or let down significant others.

Ultimately, this study highlights that success in working with individuals with

perfectionism is likely to stem from adopting a very phenomenological and exploratory

approach to treatment that generates insight and buy-in through the identification of, and

attention to, foundational experiences, current maintaining factors, and salient obstacles

to the idea of change. Clinicians who can thoughtfully engage in this process are more

likely to be able to develop interventions and provide resources that will be tailored to,

and thus more effective in, helping clients successfully make lasting change. For

example, while a self-oriented perfectionist may be helped by an intervention that

incorporates self-compassion after a perceived failure, a socially prescribed perfectionist

might not feel any change because thoughts of the criticism and lack of approval from

significant others may overshadow any allowances they could give themselves. Thus, for

a socially prescribed perfectionist a more effective intervention might involve

interpersonal problem-solving and skill-building around how to have difficult

conversations with caregivers who are placing harsh demands that feel unrealistic to the

individual.

Limitations

While the contributions of the current study are numerous, there are also notable

limitations that impact the degree to which findings can be generalized, and that should

be mitigated to the extent possible in future research. For example, while the sample size

of this study was larger than that of other qualitative studies, and more diverse in

ethnicity, age, and educational status than many quantitative studies, it is still a

comparatively small sample that does not accurately reflect the diversity of perfectionists

across the country and around the world. Thus, there are limits to how much of the

broader experience is captured by the participants in this study. Additionally, the

qualitative trends found in this study do not necessarily equate to statistically significant

quantitative findings, which also limits how likely they are to be replicated or continually

perceived as sample sizes increase.

There is also the need to identify causal factors, which, without longitudinal data,

can be very difficult to accomplish. Retrospective data can be inaccurate or distorted by

the fallibility of human recall, and, as participants noted in several places, it can also

simply be difficult to remember the past. As this study was heavily reliant on recall and

memory of past experiences, particularly of earliest failures and successes, this is a very

notable concern that could lead to a significant change in results if it was possible to

prevent or control. Retrospective analysis can also be difficult because it can become

impossible to clearly differentiate the impact of unique factors due to the complexity with

which they are often interrelated.

The study was also limited by a lack of operational definitions for many of the

characteristics or factors that participants were selecting or describing (e.g., emotional,

neutral, anxious/nervous, supportive/encouraging/motivating). As such, it is unclear how

responses and trends may have differed if terms were clearly defined for participants, or

if more similar or synonymous words had been eliminated. It is possible that some

patterns would have disappeared, and also that some patterns may have become more

robust. The subjectivity of coding based on one researcher's perceptions, particularly

when not cross-coded with a team, is also a feature of qualitative work that can impact

the validity and generalizability of the results.

The online format of the study was another limiting factor. Though conducting

the study online allowed for a far greater number of participants, and increased the ease

of data analysis by eliminating the need for transcription, it prevented adherence to some

traditional grounded theory approaches, particularly in being able to adjust research

questions and depth in response to identified codes and themes in each new participant's

data. While Willig (2013) did highlight the benefits of the modified method used in this

study, the depth and cohesion of data was still limited by not being able to engage in a

more nuanced process. Similarly, not interacting directly with participants as they were

taking the survey prevented the opportunity to answer any questions that they may have

had, and also prevented the chance to follow-up or ask them to elaborate on unclear

responses. For example, numerous participants seemed to confuse, and conflate, their

experiences and feelings during efforts to reach goals with their experiences and feelings

after succeeding or failing to reach goals. Thus, the patterns seen in these responses may

have been notably different had follow-up and clarification been possible.

Lastly, the study was also very long, which may have resulted in numerous

participants dropping out or feeling fatigued and thus being less accurate, or thorough, in

their responses. For example, the number of participants who declined to answer or

selected "I do not know" increased over the course of the study, and there were also

differential patterns within groups about who declined. Over half of Non-Ps declined to

answer many of the elaborative questions in which they were asked to freely write

descriptions, Self-Ps also declined somewhat frequently, Both-Ps declined less often, and

Soc-Ps did not decline throughout the study. Not only does this indicate that certain

groups may have experienced more fatigue or less commitment to fully completing the

study, but it also presented potential imbalances in the qualitative data that could skew

the themes and patterns that it was possible to identify. Ultimately, there are many areas

that a future study could address to prevent or avoid some of the challenges faced in this

study.

Conclusion

This paper stemmed from a need to address gaps in the existing literature related

to the causes of perfectionism. Perfectionism is a condition showing up more and more in

students across the country and, while it is associated with high academic achievement, it

is also consistently linked to high levels of distress for many individuals. The current

literature is full of descriptions of how perfectionism manifests in individuals; however,

efforts to address and treat it, as well as to prevent its more maladaptive or detrimental

forms, are limited because there is not a clear understanding of why perfectionism

develops for some individuals and not others, why it is multidimensional, or why the

associated emotions and behaviors occur in the ways that they do. The goal of this paper

was to gather in-depth qualitative information about a variety of attitudes and experiences

from individuals with varying degrees and types of perfectionism, in order to compare

and contrast their stories and highlight nuances that might point to causal factors or

hypotheses that could be further explored through empirical studies.

The results were successful in providing a significant quantity and depth of rich

data that point to numerous areas of interest for further exploration and research. It is

clear that early caregiver relationships are highly influential in the development of

perfectionism, and exploring the messages caregivers provide, examples they set, and

their own backgrounds and mental health could help to understand the outcomes for

students. Additionally, individual characteristics such as perceptions of caregiver

messages and expectations or the ability to respond to experiences with acceptance stood

out as areas that could intersect to impact whether or not, or how, perfectionism develops.

Other factors such as race and ethnicity, growing up outside of the U.S., age, and

education level were also noted as potential factors in the development and maintenance

of perfectionism that have yet to be explored.

Ultimately, though perfectionism is often considered a single construct, it is clear

from this study that it is complex and that the experiences leading to its development are

diverse and wide-ranging. Thus, until a causal understanding is gained for the different

types of perfectionism, it is likely to remain difficult to treat and even more challenging

to prevent. This study is only a preliminary step in beginning the work that must be done

to make successful strides in improving the academic experiences, and lives, of so many

of the students that we see and interact with every day.

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Appendices

Appendix A

Multidimensional Perfectionism Scale

MPS

Paul L. Hewitt, Ph.D. and Gordon L. Flett, Ph.D.

Client ID
Age
Gender   Male   Female
Date   _____ / _____ / _____

Listed below are a number of statements concerning personal characteristics and traits.
Read each item and decide whether you agree or disagree and to what extent. If you
strongly agree, circle 7. If you strongly disagree, circle 1. If you feel somewhere in
between, circle one of the numbers between 1 and 7. If you feel neutral or undecided, the
midpoint is 4.

	Disagree	Agree
1. When I am working on something, I cannot relax until it is perfect.	1 2 3 4 5 6 7	
2. I am not likely to criticize someone for giving up too easily.	1 2 3 4 5 6 7	
3. It is not important that the people I am close to are successful.	1 2 3 4 5 6 7	
4. I seldom criticize my friends for accepting second best.	1 2 3 4 5 6 7	
5. I find it difficult to meet others' expectations of me.	1 2 3 4 5 6 7	
6. One of my goals is to be perfect in everything I do.	1 2 3 4 5 6 7	
7. Everything that others do must be of top-notch quality.	1 2 3 4 5 6 7	
8. I never aim for perfection in my work.	1 2 3 4 5 6 7	
9. Those around me readily accept that I can make mistakes too.	1 2 3 4 5 6 7	
10. It doesn't matter when someone close to me does not do their absolute best.	1 2 3 4 5 6 7	
11. The better I do, the better I am expected to do.	1 2 3 4 5 6 7	
12. I seldom feel the need to be perfect.	1 2 3 4 5 6 7	
13. Anything I do that is less than excellent will be seen as poor work by those around me.	1 2 3 4 5 6 7	
14. I strive to be as perfect as I can be.	1 2 3 4 5 6 7	
15. It is very important that I am perfect in everything I attempt.	1 2 3 4 5 6 7	
16. I have high expectations for the people who are important to me.	1 2 3 4 5 6 7	
17. I strive to be the best at everything I do.	1 2 3 4 5 6 7	
18. The people around me expect me to succeed at everything I do.	1 2 3 4 5 6 7	
19. I do not have very high standards for those around me.	1 2 3 4 5 6 7	
20. I demand nothing less than perfection of myself.	1 2 3 4 5 6 7	
21. Others will like me even if I don't excel at everything.	1 2 3 4 5 6 7	
22. I can't be bothered with people who won't strive to better themselves.	1 2 3 4 5 6 7	
23. It makes me uneasy to see an error in my work.	1 2 3 4 5 6 7	
24. I do not expect a lot from my friends.	1 2 3 4 5 6 7	
25. Success means that I must work even harder to please others.	1 2 3 4 5 6 7	
26. If I ask someone to do something, I expect it to be done flawlessly.	1 2 3 4 5 6 7	
27. I cannot stand to see people close to me make mistakes.	1 2 3 4 5 6 7	

28. I am perfectionistic in setting my goals.		1 2 3 4 5 6 7
29. The people who matter to me should never let me down.		1 2 3 4 5 6 7
30. Others think I am okay, even when I do not succeed.		1 2 3 4 5 6 7
31. I feel that people are too demanding of me.		1 2 3 4 5 6 7
32. I must work to my full potential at all times.		1 2 3 4 5 6 7
33. Although they may not show it, other people get very upset with me when I slip up.		1 2 3 4 5 6 7
34. I do not have to be the best at whatever I am doing.		1 2 3 4 5 6 7
35. My family expects me to be perfect.		1 2 3 4 5 6 7
36. I do not have very high goals for myself.		1 2 3 4 5 6 7
37. My parents rarely expected me to excel in all aspects of my life.		1 2 3 4 5 6 7
38. I respect people who are average.		1 2 3 4 5 6 7
39. People expect nothing less than perfection from me.		1 2 3 4 5 6 7
40. I set very high standards for myself.		1 2 3 4 5 6 7
41. People expect more from me than I am capable of giving.		1 2 3 4 5 6 7
42. I must always be successful at school or work.		1 2 3 4 5 6 7
43. It does not matter to me when a close friend does not try their hardest.		1 2 3 4 5 6 7
44. People around me think I am still competent even if I make a mistake.		1 2 3 4 5 6 7
45. I seldom expect others to excel at whatever they do.		1 2 3 4 5 6 7

MPS Block

Thank you for agreeing to participate in this survey! Listed below are a number of statements concerning personal characteristics and traits. Read each item and decide whether you agree or disagree and to what extent. If you strongly agree, select 7. If you strongly disagree, select 1. If you feel somewhere in between, select one of the numbers between 1 and 7. If you feel neutral or undecided, the midpoint is 4.

MPS Questions

	Disagree						Agree
	1	2	3	4	5	6	7
Click to write Statement 1	○	○	○	○	○	○	○
Click to write Statement 2	○	○	○	○	○	○	○
Click to write Statement 3	○	○	○	○	○	○	○
Click to write Statement 4	○	○	○	○	○	○	○
Click to write Statement 5	○	○	○	○	○	○	○
Click to write Statement 6	○	○	○	○	○	○	○
Click to write Statement 7	○	○	○	○	○	○	○
Click to write Statement 8	○	○	○	○	○	○	○
Click to write Statement 9	○	○	○	○	○	○	○
Click to write Statement 10	○	○	○	○	○	○	○
Click to write Statement 11	○	○	○	○	○	○	○
Click to write Statement 12	○	○	○	○	○	○	○
Click to write Statement 13	○	○	○	○	○	○	○
Click to write Statement 14	○	○	○	○	○	○	○
Click to write Statement 15	○	○	○	○	○	○	○
Click to write Statement 16	○	○	○	○	○	○	○
Click to write Statement 17	○	○	○	○	○	○	○
Click to write Statement 18	○	○	○	○	○	○	○
Click to write Statement 19	○	○	○	○	○	○	○
Click to write Statement 20	○	○	○	○	○	○	○
Click to write Statement 21	○	○	○	○	○	○	○
Click to write Statement 22	○	○	○	○	○	○	○
Click to write Statement 23	○	○	○	○	○	○	○
Click to write Statement 24							

	○	○	○	○	○	○	○
Click to write Statement 25	○	○	○	○	○	○	○
Click to write Statement 26	○	○	○	○	○	○	○
Click to write Statement 27	○	○	○	○	○	○	○
Click to write Statement 28	○	○	○	○	○	○	○
Click to write Statement 29	○	○	○	○	○	○	○
Click to write Statement 30	○	○	○	○	○	○	○
Click to write Statement 31	○	○	○	○	○	○	○
Click to write Statement 32	○	○	○	○	○	○	○
Click to write Statement 33	○	○	○	○	○	○	○
Click to write Statement 34	○	○	○	○	○	○	○
Click to write Statement 35	○	○	○	○	○	○	○
Click to write Statement 36	○	○	○	○	○	○	○
Click to write Statement 37	○	○	○	○	○	○	○
Click to write Statement 38	○	○	○	○	○	○	○
Click to write Statement 39	○	○	○	○	○	○	○
Click to write Statement 40	○	○	○	○	○	○	○
Click to write Statement 41	○	○	○	○	○	○	○
Click to write Statement 42	○	○	○	○	○	○	○
Click to write Statement 43	○	○	○	○	○	○	○
Click to write Statement 44	○	○	○	○	○	○	○
Click to write Statement 45	○	○	○	○	○	○	○

Qual Intro

On the next page is a series of questions intended to gather more in-depth and detailed information about some of your attitudes and approaches to different aspects of your life. Some questions also focus on your background and early experiences.

Some questions may ask you to think about moments in your life that have been upsetting. If you do not feel comfortable answering a question at any point, please select "Decline to answer" or write: "I do not choose to answer at this time."

Please read questions fully and answer thoroughly. There is no limit to the length of your open-ended answers, so please respond in as much detail as you feel comfortable. The more detailed the responses, the more useful your information will be to the final results.

Individuals who give the longest and most detailed descriptive responses will have the opportunity to be placed in a pool to win one (1) of five (5) $100 prizes. Additionally, participants will have the option to provide their contact information to be contacted by the researcher for optional follow-up interviews to gather further information in-person, over the phone, or via Skype. Anyone who participates in a follow-up interview will be compensated ($10/hour, up to 3 hours), and will remain eligible to participate in the prize drawing.

Please note: If you are participating in this survey as part of a course requirement, then you must meet the

minimum time expectation of the survey before course credit will be given.

Qual Questions--Goals

Please read the following questions fully and answer thoroughly. There is no limit to the length of your open-ended answers, so please respond in as much detail as you feel comfortable. The more detailed the responses, the more useful your information will be to the final results.

Some questions may ask you to think about moments in your life that have been upsetting. If you do not feel comfortable answering a question at any point, please select "Decline to answer" or write: "I do not choose to answer at this time."

Do you consider yourself to be someone who sets goals?

○ Yes   ○ No   ○ Decline to answer

Please select, or write in, all of the areas in which you set goals.

☐ Academics   ☐ Social   ☐ Other [_____]

☐ Athletics/Sports   ☐ Physical/Appearance   ☐ I do not set goals

☐ Career/Professional ☐ Other [_____]   ☐ Decline to answer

☐ Relationships   ☐ Other [_____]

If one or more is selected: Please describe your thoughts, attitudes, or approach towards setting goals in the areas selected above (e.g., why do you set goals, how do you choose goals, what factors do you consider when setting goals, etc.)

If none are selected: Please describe your thoughts, attitudes, or approach towards some of the areas of your life listed above (e.g., how do you choose direction or focus, what guides your participation, what factors do you consider when engaging in these areas, is there a reason you do not set goals, etc.)

[_____]

Where there certain experiences that led to your views on setting goals?

| Yes | No | Decline to answer |
| ○ | ○ | ○ |

If "Yes": Please describe those experiences.

[   ]

Where there particular individuals who influenced your opinions on setting goals?

| Yes | No | Decline to answer |
| ○ | ○ | ○ |

If "Yes": Who influenced your opinions on setting goals? (select all that apply)

☐ Parent(s)   ☐ Other [   ]
☐ Friend(s)   ☐ Other [   ]
☐ Peers   ☐ Not influenced
☐ Teacher(s)   ☐ Decline to answer

If one or more selected: Please describe how these individuals influenced your opinions on setting goals.

[   ]

Can you think of a time when you had a very different approach to, or different attitudes about, setting goals than you do now?

| Yes | No | Decline to answer |
| ○ | ○ | ○ |

If "Yes": How did that change occur?

○ Gradually over time   ○ No change

○ Suddenly   ○ Decline to answer

○ Other [＿＿＿＿＿＿＿＿]

If "Yes": Please describe your previous approach/attitudes, and what led to the change.

If "No/No Change": Please describe what you feel has prevented any change in your approach/attitudes.

[   ]

If "No/No Change": Is there anything that you think might change or impact your current approach or attitudes toward setting goals?

Yes	No	Decline to answer	I have had a change
○	○	○	○

If "Yes": Please describe what might change or impact your current approach or attitudes toward setting goals.

If "No": Please describe what would prevent a future change in your approach or attitudes toward setting goals.

[   ]

Qual Questions---Define Success

Please read the following questions fully and answer thoroughly. There is no limit to the length of your open-ended answers, so please respond in as much detail as you feel comfortable. The more detailed the responses, the more useful your information will be to the final results.

Some questions may ask you to think about moments in your life that have been upsetting. If you do not feel comfortable answering a question at any point, please select "Decline to answer" or write: "I do not choose to answer at this time."

What is your personal definition of what it means to be successful?

Does your definition of success change based on the context (e.g., academic success vs. athletic success vs. social success, etc.)?

Yes	No	Decline to answer
○	○	○

If "Yes": Please describe the specific contexts, and how your definition changes.

Where there certain experiences that led to your definition of success?

Yes	No	Decline to answer
○	○	○

If "Yes": Please describe those experiences.

Where there particular individuals who influenced your definition of success?

Yes	No	Decline to answer
○	○	○

If "Yes": Who influenced your definition of success? (select all that apply)

☐ Parent(s)   ☐ Other [_____]

☐ Friend(s)   ☐ Other [_____]

☐ Peers   ☐ Not influenced

☐ Teacher(s)   ☐ Decline to answer

If one or more selected: Please describe how these individuals influenced your definition of success.

[   ]

Can you think of a time when you had a very different definition of success than you do now?

Yes   No   Decline to answer
○   ○   ○

If "Yes": How did that change occur?

○ Gradually over time   ○ No change

○ Suddenly   ○ Decline to answer

○ Other [_____]

If "Yes": Please describe your previous definition, and what led to the change.

If "No/No Change": Please describe what you feel has prevented any change in your definition.

[   ]

If "No/No Change": Is there anything that you think might change or impact your current definition of success?

Yes	No	Decline to answer	I have had a change
○	○	○	○

If "Yes": Please describe what might change or impact your current definition of success.

If "No": Please describe what would prevent a future change in your definition of success.

[   ]

Do you believe that your definition of success, currently or in the past, has had an impact on any of the following for you (select all that apply):

☐ Attitude/approach to setting goals   ☐ Other [   ]

☐ Past academic performance/experiences   ☐ Other [   ]

☐ Current academic performance   ☐ No impact

☐ Course/trajectory of academic path   ☐ Decline to answer

If one or more is selected: Please describe how your definition of success has impacted you in the areas selected above.

[   ]

Qual Questions--Failure Exp

Please read the following questions fully and answer thoroughly. There is no limit to the length of your open-ended answers, so please respond in as much detail as you feel comfortable. The more detailed the responses, the more useful your information will be to the final results.

Some questions may ask you to think about moments in your life that have been upsetting. If you do not feel comfortable answering a question at any point, please select "Decline to answer" or write: "I do not choose to answer at this time."

Please describe a situation in which you had a strong desire to reach a goal, achieve a standard, or accomplish an important task, and you were <u>not successful</u> in doing so.

Please describe your thoughts and feelings during the process.

Please describe your thoughts and feelings after not reaching the desired outcome.

What kinds of messages, if any, did you receive from others after not reaching the desired outcome? Please select all that apply. and provide an example of what was communicated to you.

☐ Accepting _____ ☐ Dismissive _____ ☐ Other _____

☐ Critical _____ ☐ Encouraging _____ ☐ Other _____

☐ Demanding _____ ☐ Normalizing _____ ☐ No messages

☐ Disapproving _____ ☐ Supportive _____ ☐ Decline to answer

Please describe your **earliest memory** of **not successfully** meeting a goal or accomplishing an important task.

How old were you at the time?

[   ]

Please describe your thoughts and feelings during the process.

[   ]

Please describe your thoughts and feelings after not reaching the desired outcome.

[   ]

What kinds of messages, if any, did you receive from others after not reaching the desired outcome? Please select all that apply. and provide an example of what was communicated to you.

☐ Accepting [   ]   ☐ Dismissive/Minimizing [   ]   ☐ Other [   ]

☐ Critical [   ]   ☐ Encouraging [   ]   ☐ Other [   ]

☐ Demanding [   ]   ☐ Normalizing [   ]   ☐ No messages

☐ Disapproving [   ]   ☐ Supportive [   ]   ☐ Decline to answer

Qual Questions--Success Exp

Please read the following questions fully and answer thoroughly. There is no limit to the length of your open-ended answers, so please respond in as much detail as you feel comfortable. The more detailed the responses, the more useful your information will be to the final results.

Some questions may ask you to think about moments in your life that have been upsetting. If you do not feel comfortable answering a question at any point, please select "Decline to answer" or write: "I do not choose to answer at this time."

Please describe a situation in which you had a strong desire to reach a goal, achieve a standard, or accomplish an important task, and you were **successful** in doing so.

Please describe your thoughts and feelings during the process.

Please describe your thoughts and feelings after reaching the desired outcome.

What kinds of messages, if any, did you receive from others after reaching the desired outcome? Please select all that apply. and provide an example of what was communicated to you.

- ☐ Accepting
- ☐ Dismissive/Minimizing
- ☐ Other
- ☐ Critical
- ☐ Encouraging
- ☐ Other
- ☐ Demanding
- ☐ Normalizing
- ☐ No messages
- ☐ Disapproving
- ☐ Supportive
- ☐ Decline to answer

Please describe your **earliest memory** of **successfully** meeting a goal or accomplishing an important task.

How old were you at the time?

Please describe your thoughts and feelings during the process.

Please describe your thoughts and feelings after reaching the desired outcome.

What kinds of messages, if any, did you receive from others after reaching the desired outcome? Please select all that apply. and provide an example of what was communicated to you.

- [ ] Accepting
- [ ] Critical
- [ ] Demanding
- [ ] Disapproving

- [ ] Dismissive
- [ ] Encouraging
- [ ] Normalizing
- [ ] Supportive

- [ ] Other
- [ ] Other
- [ ] No messages
- [ ] Decline to answer

Qual Questions--Caregivers

Please read the following questions fully and answer thoroughly. There is no limit to the length of your open-ended answers, so please respond in as much detail as you feel comfortable. The more detailed the responses, the more useful your information will be to the final results.

Some questions may ask you to think about moments in your life that have been upsetting. If you do not feel comfortable answering a question at any point, please select "Decline to answer" or write: "I do not choose to answer at this time."

Please list the title (e.g., mother, father, grandmother, etc.) of up to three (3) individuals who you consider to have been your primary caregivers growing up.

Caregiver 1 [   ]

Caregiver 2 [   ]

Caregiver 3 [   ]

How would you have described the **first caregiver** you listed **when you were growing up**? (select all that apply)

☐ Absent   ☐ Dishonest   ☐ Lazy   ☐ Tired
☐ Angry   ☐ Emotional   ☐ Loving   ☐ Trustworthy
☐ Attentive   ☐ Empathic   ☐ Negative   ☐ Unavailable
☐ Bossy   ☐ Friendly   ☐ Patient   ☐ Understanding
☐ Bullying   ☐ Happy   ☐ Picky/Particular ☐ Warm
☐ Caring   ☐ Harsh   ☐ Quiet   ☐ Worried
☐ Cold   ☐ Honest   ☐ Responsive   ☐ Other [   ]
☐ Compassionate   ☐ Hostile   ☐ Rigid   ☐ Other [   ]
☐ Depressed   ☐ Indifferent   ☐ Sad   ☐ Other [   ]
☐ Demanding   ☐ Intense   ☐ Stressed   ☐ Other [   ]
☐ Difficult   ☐ Kind   ☐ Supportive   ☐ Decline to answer

How would you have described your relationship with the **first caregiver** you listed **when you were growing up**? (select all that apply)

☐ Ambivalent   ☐ Distant   ☐ Inconsistent   ☐ Tense
☐ Avoidant   ☐ Dramatic   ☐ Insecure   ☐ Trusting
☐ Beneficial   ☐ Dysfunctional   ☐ Intense   ☐ Unsafe
☐ Broken   ☐ Encouraging   ☐ Loving   ☐ Uplifting
☐ Close   ☐ Estranged   ☐ Motivating   ☐ Other [   ]
☐ Collaborative   ☐ Friendly   ☐ Negative   ☐ Other [   ]
☐ Comfortable   ☐ Fulfilling   ☐ Positive   ☐ Other [   ]
☐ Conflicted   ☐ Harsh   ☐ Safe/Secure   ☐ Other [   ]
☐ Demanding   ☐ Hostile   ☐ Supportive   ☐ Decline to answer
☐ Difficult

What kinds of messages did you receive about the expectations that the **first caregiver** listed had of you **when you were growing up**? (select all that apply)

- ☐ It's important to do what you love.
- ☐ It doesn't matter how much you do, no one will notice.
- ☐ Always do your best.
- ☐ If you don't win, it's not good enough.
- ☐ The harder you work at something, the better it will be.

- ☐ As long as you try, that is enough.
- ☐ Just do enough to get by.
- ☐ Other [_____]
- ☐ Other [_____]

- ☐ Other [_____]
- ☐ Other [_____]
- ☐ No messages/Expectations
- ☐ Decline to answer

Please say more about any of the items you selected to describe the **first caregiver** you listed, your relationship, or his/her expectations of you. Please also **discuss any significant changes** in any of these areas now that you are older.

[text box]

How would you have described the **second caregiver** you listed **when you were growing up**? (select all that apply)

- ☐ Absent
- ☐ Angry
- ☐ Attentive
- ☐ Bossy
- ☐ Bullying
- ☐ Caring
- ☐ Cold
- ☐ Compassionate
- ☐ Depressed
- ☐ Demanding
- ☐ Difficult
- ☐ Dishonest

- ☐ Emotional
- ☐ Empathic
- ☐ Friendly
- ☐ Happy
- ☐ Harsh
- ☐ Honest
- ☐ Hostile
- ☐ Indifferent
- ☐ Intense
- ☐ Kind
- ☐ Lazy

- ☐ Loving
- ☐ Negative
- ☐ Patient
- ☐ Picky/Particular
- ☐ Quiet
- ☐ Responsive
- ☐ Rigid
- ☐ Sad
- ☐ Stressed
- ☐ Supportive
- ☐ Tired

- ☐ Trustworthy
- ☐ Unavailable
- ☐ Understanding
- ☐ Warm
- ☐ Worried
- ☐ Other [_____]
- ☐ Other [_____]
- ☐ Other [_____]
- ☐ Other [_____]
- ☐ No second caregiver listed
- ☐ Decline to answer

How would you have described your relationship with the **second caregiver** you listed **when you were growing up**? (select all that apply)

☐ Ambivalent   ☐ Distant   ☐ Insecure   ☐ Trusting
☐ Avoidant   ☐ Dramatic   ☐ Intense   ☐ Unsafe
☐ Beneficial   ☐ Dysfunctional   ☐ Loving   ☐ Uplifting
☐ Broken   ☐ Encouraging   ☐ Motivating   ☐ Other [_____]
☐ Close   ☐ Estranged   ☐ Negative   ☐ Other [_____]
☐ Collaborative   ☐ Friendly   ☐ Positive   ☐ Other [_____]
☐ Comfortable   ☐ Fulfilling   ☐ Safe/Secure   ☐ Other [_____]
☐ Conflicted   ☐ Harsh   ☐ Supportive   ☐ No second caregiver listed
☐ Demanding   ☐ Hostile   ☐ Tense   ☐ Decline to answer
☐ Difficult   ☐ Inconsistent

What kinds of messages did you receive about the expectations that the **second caregiver** listed had of you **when you were growing up**? (select all that apply)

☐ It's important to do what you love.   ☐ As long as you try, that is enough.   ☐ Other [_____]

☐ It doesn't matter how much you do, no one will notice.   ☐ Just do enough to get by.   ☐ No second caregiver listed

☐ Always do your best.   ☐ Other [_____]   ☐ No messages/Expectations

☐ If you don't win, it's not good enough.   ☐ Other [_____]   ☐ Decline to answer

☐ The harder you work at something, the better it will be.   ☐ Other [_____]

Please say more about any of the items you selected to describe the **second caregiver** you listed, your relationship, or his/her expectations of you. Please also **discuss any significant changes** in any of these areas now that you are older.

[   ]

How would you have described the **third caregiver** you listed **when you were growing up**? (select all that apply)

☐ Absent   ☐ Emotional   ☐ Loving   ☐ Trustworthy
☐ Angry   ☐ Empathic   ☐ Negative   ☐ Unavailable
☐ Attentive   ☐ Friendly   ☐ Patient   ☐ Understanding
☐ Bossy   ☐ Happy   ☐ Picky/Particular ☐ Warm

☐ Bullying   ☐ Harsh   ☐ Quiet   ☐ Worried

☐ Caring   ☐ Honest   ☐ Responsive   ☐ Other [_____]

☐ Cold   ☐ Hostile   ☐ Rigid   ☐ Other [_____]

☐ Compassionate   ☐ Indifferent   ☐ Sad   ☐ Other [_____]

☐ Depressed   ☐ Intense   ☐ Stressed   ☐ Other [_____]

☐ Demanding   ☐ Kind   ☐ Supportive   ☐ No third caregiver listed

☐ Difficult   ☐ Lazy   ☐ Tired   ☐ Decline to answer

☐ Dishonest

How would you have described your relationship with the **third caregiver** you listed **when you were growing up**? (select all that apply)

☐ Ambivalent   ☐ Distant   ☐ Insecure   ☐ Trusting

☐ Avoidant   ☐ Dramatic   ☐ Intense   ☐ Unsafe

☐ Beneficial   ☐ Dysfunctional ☐ Loving   ☐ Uplifting

☐ Broken   ☐ Encouraging   ☐ Motivating   ☐ Other [_____]

☐ Close   ☐ Estranged   ☐ Negative   ☐ Other [_____]

☐ Collaborative   ☐ Friendly   ☐ Positive   ☐ Other [_____]

☐ Comfortable   ☐ Fulfilling   ☐ Safe/Secure   ☐ Other [_____]

☐ Conflicted   ☐ Harsh   ☐ Supportive   ☐ No third caregiver listed

☐ Demanding   ☐ Hostile   ☐ Tense   ☐ Decline to answer

☐ Difficult   ☐ Inconsistent

What kinds of messages did you receive about the expectations that the **third caregiver** listed had of you **when you were growing up**? (select all that apply)

☐ It's important to do what you love.   ☐ Other [_____]

☐ It doesn't matter how much you do, no one will notice.   ☐ Other [_____]

☐ Always do your best.   ☐ Other [_____]

☐ If you don't win, it's not good enough.   ☐ Other [_____]

☐ The harder you work at something, the better it will be. ☐ No third caregiver listed

☐ As long as you try, that is enough.   ☐ No messages/Expectations

☐ Just do enough to get by.   ☐ Decline to answer

Please say more about any of the items you selected to describe the **third caregiver** you listed, your relationship, or his/her expectations of you. Please also **discuss any significant changes** in any of these

areas now that you are older.

```
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Qual Questions--Mood

How would you describe your typical mood and general emotional well-being? (select all that apply)

☐ Angry ☐ Elated ☐ Happy ☐ Overwhelmed

☐ Anxious ☐ Embarassed ☐ Hopeful ☐ Panicky

☐ Ashamed ☐ Empty/Numb ☐ Hopeless ☐ Pleasant

☐ Cheerful ☐ Enraged ☐ Irritable ☐ Other [_____]

☐ Depressed ☐ Fearful ☐ Nervous ☐ Other [_____]

☐ Distressed ☐ Guilty ☐ Neutral ☐ Decline to answer

If one or more selected: Please say more about any of the descriptions selected above, if need be.

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│                                                      │
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Have you ever noticed, or has anyone ever reported, a change in your typical mood or emotional well-being when you are attempting to achieve a goal or accomplish an important task?

○ Yes, my mood worsens   ○ No, my mood remains the same

○ Yes, my mood intensifies   ○ I do not know

○ Yes, my mood improves   ○ Decline to answer

If "Yes": Please describe how your mood changes in the way you selected.

If "No": Please describe anything that prevents a change in your mood.

[ ]

Other Info

Please share any other relevant thoughts that have, or information that has, occurred to you as you have thought about and answered the questions in this survey.

[ ]

Are you willing to have the researcher contact you to participate in a follow-up interview in-person, over the phone, or via Skype? Please note that anyone who participates in a follow-up interview will be compensated for the time, and can still participate in the prize drawing.

Yes	No
○	○

If "Yes": Please enter your primary email address and best contact phone number below.

If "No": Please leave this section blank.

[ ]

Demographics

The questions below are optional, but, if answered, will help the researcher to better understand response themes across participants.

How would you describe your gender?

○ Male

○ Female

○ Other
[   ]

What is your age (in years)?

[   ]

How would you describe your ethnicity?

HIspanic/Latino origin   Not Hispanic/Latino origin
○   ○

How would you describe your race?

○ American Indian/Alaskan Native   ○ Native Hawaiian/Other Pacific Islander

○ Asian   ○ White/Caucasian

○ Black/African American   ○ Biracial

○ Hispanic/Latino   ○ Other [   ]

Were you born in the U.S.?

Yes   No
○   ○

Were you raised in the U.S.?

Yes   No
○   ○

Were your primary caregivers born in the U.S.?

Yes   No
○   ○

Were your primary caregivers raised in the U.S.?

Yes   No

○   ○

What is your current level of study?

Undergraduate   Master's degree candidate   Doctoral degree candidate
○   ○   ○

What is your current class or program year (e.g., Freshman, 2nd year Master's, 5th year Doctoral, etc.)

What was your high school GPA (on a 4.0 scale)?

What is/was your undergraduate GPA (on a 4.0 scale)?

What is your graduate GPA (on a 4.0 scale)?

What is your academic major or degree program?

Conclusion

Thank you! Your participation in this survey is now complete. If you would like to have your responses considered for entry into the drawing to win one (1) of five (5) $100 prizes, please enter your primary email address and best contact phone number below.

Appendix B

Follow-up Interview Protocol

1. Do you consider yourself to be someone who sets goals?
   a. If so, in which areas?
      i. Can you tell me a little bit about your thoughts, attitudes, or approach towards setting your goals?
   b. If not, can you tell me a little bit about your thoughts, attitudes, or approach to important areas of your life?
2. How do you believe you developed or arrived at the approach you just described for me?
3. Can you think of a time when you had a very different approach or attitudes than you do now?
   a. If so, can you tell me about that time and how they were different?
      i. What led to the change for you?
   b. If not, what do you think has prevented any change?
      i. Is there anything that might lead you to change in the future?
4. Can you tell me a bit about your attitudes, thoughts, or feelings about what it means or what it takes to be successful?
5. How do you think that you developed those feelings and standards?
6. How do you feel your definition and standards about success have influenced the approach to the areas of your life that we discussed at the beginning of the interview?
7. How about your academic experiences and current academic performance?
8. Can you think of a time when you had a very different definition/standard of success or different attitudes than you do now?
   a. If so, can you tell me about that time and how it was different?
      i. What led to the change for you?
   b. If not, what do you think has prevented any change?
      i. Is there anything that might lead you to change in the future?
9. Can you describe a time that you had a strong desire to reach a goal/achieve a standard/accomplish something important, but were not successful at doing so?
   a. How did you feel during that time?
   b. How did you feel after you didn't accomplish it?
   c. Was that reaction typical for you?
10. Now, could you describe your earliest memory of not accomplishing a goal?
    a. How old were you?
    b. How did you feel during that time?
    c. How did you feel after you didn't accomplish it?
    d. Was that reaction typical for you?
    e. How do you feel this experience impacted your attitudes that we discussed earlier in the interview?
11. Can you describe a time that you had a strong desire to reach a goal/achieve a standard/accomplish something important, but were successful at doing so?

        a. How did you feel during that time?

        b. How did you feel after you accomplish it?

        c. Was that reaction typical for you?

12. Now, could you describe your earliest memory of accomplishing a goal?

        a. How old were you?

        b. How did you feel during that time?

        c. How did you feel after you accomplished it?

        d. Was that reaction typical for you?

        e. How do you feel this experience impacted your attitudes that we discussed earlier in the interview?

13. Can you describe the nature of some of your relationships with your primary caregivers when you were growing up?

        a. How do you feel like any of your relationships or experiences with these individuals impacted or friends impacted your definition or standards of success and approach to the areas we talked about earlier

14. Do you feel like any of your relationships or experiences with other family members or friends impacted your definition or standards of success and approach to the areas we talked about earlier?

15. How about any relationships with teachers or academic experiences that had an impact?

16. Briefly, how would you describe your typical mood or emotional well-being?

17. Do you ever notice in changes in your mood, or does anyone tell you that your mood changes, when you're trying to reach a goal or accomplish a task?

18. Is there anything that we haven't discussed that you feel may have had an influence on your definitions or standards of success, and your approach to the areas of your life that we've talked about?

19. Have any other relevant thoughts or information occurred to you as you've thought about and answered my questions today?