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Social Media

A perfect life with perfect grades, perfect relationships, and perfect looks

seem like the makings of a pretty great life. The drive for perfection can certainly

inspire individuals to set high standards for themselves, and it can motivate them to

work hard to achieve these goals. For these individuals, goal achievement produces

a great satisfaction, but for some, the journey to perfection and flawlessness is

plagued by maladaptive thoughts and behaviors (Hewitt & Flett, 2003). Because

many perfectionists are striving for great success and a polished appearance, it is

difficult to spot the maladaptive behaviors and thought processes that trouble such

individuals. Case studies of perfectionists have, therefore, provided excellent

accounts that demonstrate the relationship between perfectionism and

maladjustment.

In one report, Blatt (1995) explored the lives of three individuals afflicted by

the drive to be perfect, and as described by the researcher, what appeared to be

greatness on the outside was anything but in the minds of these three perfectionists.

Blatt describes:

> [The] accounts of Vincent Foster, Alasdair Clayre, and Denny Hansen
>
> are typical of numerous examples of talented, ambitious, and
>
> successful individuals whoa re driven by intense needs for perfection
>
> and plagued by intense self-scrutiny, self-doubt, and self-criticism (p.
>
> 1005).

The self-doubt and self-scrutiny inherent in excessively perfectionistic individuals can become even more costly for some. Take, for example, the following case study in which Burns and Beck (1978) describe a young woman who experiences depression and bouts of self-harm as a result of her exceedingly perfectionistic standards:

> She developed depressive reactions whenever she perceived her performance as being less than perfect. The blue mood and panic she then experienced seemed to convince her that it was, in fact, terrible to be imperfect, because she felt terrible. When the depressive symptoms evolved, she experienced increasing lethargy and inactivity and began to withdraw from normal activities. Then she would interpret her decreased productivity as further evidence of her own inadequacy and worthlessness. Thus, the vicious cycle of depressive thoughts, feelings and behaviors would continue to feed itself. (p. 120).

Both this account and the one above make it clear that perfectionism can be anything but a good thing for some individuals. But, what exactly is it about perfectionism that makes it so debilitating for some, while others seem to generate success from their perfectionistic tendencies?

Researchers, beginning with Hamachek (1978) have attempted to answer this question by making the distinction between normal and neurotic perfectionists. Normal perfectionists are those who strive for greatness; their standards are high but realistic. These individuals feel free to and are not devastated by being less precise or less perfect every now and then. Neurotic perfectionists, who have also

been referred to as maladaptive or negative perfectionists, are characterized by their excessively high standards of performance. For such perfectionists, their excessively high standards are accompanied by the tendency to be overly critical in evaluating their behavior and performance. To such individuals, an "A minus" on an assignment might be disastrous because anything less than the absolute best is considered a failure.

As is apparent with the normal and neurotic types of perfectionism, defining perfectionism is not necessarily a simple or straightforward task. Recent conceptualizations of perfectionism have focused on the multidimensional nature of the construct, and several researchers have attempted to define perfectionism in a way that would allow them to distinguish between both the positive and the neurotic perfectionists. Frost and colleagues (1990), for example, developed a six-factor definition that assesses demands placed on the self as well as the perceived demands others place on the self (i.e. high parental expectations). Another group of researchers proposed a different multi-dimensional definition that involves perfectionism directed towards either the self (i.e. self-oriented perfectionism) or others (i.e. other-oriented perfectionism) (Hewitt & Flett, 1991). They also proposed a third dimension that involves the belief that others are imposing unrealistic demands on the self (i.e. socially prescribed perfectionism).

Additional research has proposed that, while perfectionism can be understood as the desire to *be* perfect, it can also be understood as the desire to look perfect. This wish to look perfect, which is referred to as perfectionistic self-presentation, is based on the belief that a specific neurotic form of perfectionism

involves the need to publicly portray a flawless image to others (Hewitt & Flett, 1991). Perfectionistic self-presentation may exacerbate the negative relationship between perfectionism and problematic outcomes such as poor well-being (Mackinnon & Sherry, 2012)

While Hewitt and colleagues (2001) and other perfectionistic self-presentation researchers (e.g. Mackinnon & Sherry, 2012; Roxborough et al., 2012) have provided important contributions to the perfectionism literature, research on the topic has yet to explore how perfectionistic self-presentation might occur in specific contexts, such as social media. Because today's college students are spending upwards of 7 hours a week using social media sites such as Facebook, Twitter, and Instagram, it is important to investigate how perfectionists might present themselves on such sites (Huang, Capps, Blacklock, & Garza, 2014). This thesis will therefore provide and in-depth exploration of perfectionism, perfectionistic self-presentation, and mental health and well-being as it currently exists in the literature, but an important aim of this research is to also investigate these concepts as they occur in the context of social media.

Dimensions of perfectionism

Positive and Negative Perfectionism

Many researchers have pondered the question of why perfectionistic behaviors seem to be adaptive for some and not for others. These two types of perfectionism have been referred to by a several different names: normal and neurotic, positive and negative, or maladaptive and adaptive perfectionism. While several researchers have attempted to distinguish between the two types of

perfectionism, Hamachek's (1978) clarification between the two has become prominent in research on the matter. The distinction between the two types of perfectionism begins with the understanding that perfectionism is not only a manner of behaving but also a manner of thinking about the behavior.

The first type of perfectionism, called normal perfectionism, is that which motivates people to do their best without being paralyzed by a fear of failure. In fact, normal perfectionists could just as easily be referred to as skilled artists or careful workers. While these people derive a sense of pleasure from the labors of a painstaking effort, they feel free to be less precise as the situation permits. Furthermore, the strivings and achievements of normal perfectionists enhance their self-esteem, rejoice in their skills, and appreciate a job well done, but they are able to establish performance boundaries and can take into account their limitations and strengths.

Neurotic perfectionists, on the other hand, never seem to be satisfied even with their best efforts; they always feel that they could do better. This hinders their ability to derive satisfaction from what others might view as superior achievement. Neurotic perfectionists also demand a higher level of performance from themselves than is impossible to attain, which reduces their ability to feel good about themselves and their work. Neurotic perfectionists also tend to report feeling anxious, confused, and emotionally drained before a task even begins.

With this understanding of the distinction between positive and negative perfectionism, Short, Owens, Slade, and Owens (1990) investigated if aspects of perfectionism could be distinguished by the perceived consequences, which mirror

the distinction between positive and negative perfectionism. They expected that perfectionism that manifested as a function of positive reinforcements or outcomes might be regarded as normal or healthy perfectionism, and negative perfectionism would be followed by negative or avoidant outcomes. These researchers, therefore, developed a measure of perfectionism, which incorporated both positive and negative aspects. They then investigated the ways in which these different types of perfectionism varied across different populations (i.e. a control group, a group of eating disordered women, a group of depressed women, and a groups of successful athletes).

Short and colleagues (1990) created a 40-item questionnaire with a clear emphasis on the type of outcome and a balance between positive and negative items. There were also two additional categories that focused on personal (i.e. a drive to set goals or targets for oneself) and socially prescribed perfectionism (i.e. a perception of goals and targets being set for oneself by others). Then, all four samples completed the questionnaire.

The results indicated that two types of perfectionism can be identified and measured, and the two distinctions between positive and negative perfectionism mirror the distinction between positive and negative reinforcement. . While the results indicated a distinction between socially prescribed and personal perfectionism for positive perfectionism, this distinction was not present for negative perfectionism. The researchers attested that it is therefore more useful to stay with the distinction between positive and negative perfectionism only. Finally, comparisons between the groups showed differences between the four groups

regarding positive and negative perfectionism. Particularly, the ratios of positive to negative perfection differed markedly between clinical (i.e. depressed sample and eating disordered sample) and nonclinical (i.e. control sample and athlete sample) populations, such that negative perfectionism was more prominent in the clinical sample than in the nonclinical sample.

Multidimensional Nature of Perfectionism

As perfectionism has burgeoned as a field of study, several researchers proposed definitions of perfectionism. Until the work of Hewitt and Flett (1991) and Frost and colleagues (1990), the definition of perfectionism was elusive. There was, however, a general consensus among researchers that perfectionism was related to the setting of excessively high standards (e.g. Burns, 1980; Hamachek1978). With the work of Hewitt and Flett (1991) and Frost and colleagues (1990), two prominent, multidimensional definitions of perfectionism emerged.

In attempting to define perfectionism, Frost and colleagues (1990) were driven by the relationship between perfectionisms and a host of negative physical and psychological outcomes, including alcoholism, depression, anorexia, and suicide. They began with the assumption that perfectionism was indeed related to the setting of excessively high standards, but they wanted to create a definition of perfectionism that would distinguish perfectionistic people with negative outcomes from those who are highly competent and successful. They reasoned that the setting of high personal standards is not inherently a bad thing. The researchers, therefore, employed a five-factor model of perfectionism. These factors included personal standards (i.e. the setting of very high standards and the excessive importance

placed on these high standards), concern over mistakes (i.e. negative reactions to

mistakes, the tendency to interpret mistakes as failures, and the tendency to believe

that one will lose the respect of other following failure), parental expectations (i.e.

the tendency to believe that one's parents set very high goals and are overly

critical), doubting of actions (i.e. the tendency to feel that projects are not completed

to satisfaction), and organization (i.e. the emphasis on importance of and preference

for order and organization).

Based on this definition of perfectionism, Frost and colleagues (1990)

created the Multidimensional Perfectionism Scale (MPS). The measure was found to

be a reliable measure of perfectionism, but the researchers also wanted to

investigate whether their definition and measure of perfectionism distinguished

between those who were highly competent and those who were perfectionists. The

researchers administered the MPS as well as measures aimed at assessing a variety

of symptoms of psychopathology. They found that the Concern over Mistakes

subscale and the Doubting Actions subscales showed the most consistent

correlations the symptoms of psychopathology. They also found that perfectionism

was more closely related to Self-Critical Depression rather than Dependency

Depression.

In the final phase of their study, Frost and colleagues (1990) assessed the

relationship between perfectionism and procrastination as well as perfectionism,

and compulsivity. One hundred and six female college undergraduates completed

the MPS, a measure of procrastination, and a measure of compulsivity. The results

indicated that perfectionism was positively correlated with general compulsivity as well as with the extent to which the subjects reported procrastination as a problem.

Other researchers extended the definition of perfectionism by contending that it is composed of both a personal and a social component (Hewitt & Flett, 1991). Specifically, they focused on three components of perfectionism: self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Self-oriented perfectionism involved self-directed perfectionistic behaviors, such as setting exacting standards for oneself. Other-oriented perfectionism was described as having unrealistic standards for significant others, and it places importance on other people being perfect and stringently evaluating others' performance. Finally, socially prescribed perfectionism involves one's perceived need to attain standards and expectations prescribed by significant others.

The three dimensions of perfectionism are important to investigate, as each dimension may be differentially related to negative outcomes (Hewitt & Flett, 1991). These researchers argued that feelings of worthlessness and harsh self-criticism associated with not measuring up to one's ideal expectations are likely to lead to negative emotional states or conditions, and similar poor consequences are expected to occur when an individual fails to measure up to the high expectations of others. Furthermore, they contended that the lack of controllability in individuals who feel pressured to be perfect for others might exacerbate the relationship between socially prescribed perfectionism and poor adjustment and suicidal behaviors.

Though many researchers have created definitions of perfectionism and studied their relationships with various psychological and behavioral outcomes, this three-dimensional definition created by Hewitt and Flett's (1991) has received considerable attention in perfectionism research. Many researchers have thus examined these three dimensions of perfectionism and how they relate to various outcomes.

Consequences of Perfectionism

In defining perfectionism, researchers have indicated that it is not necessarily a positive trait (Frost et al., 1990; Hewitt & Flett, 1991; Terry-Short et al., 1994). Several researchers have linked perfectionism with psychological maladjustment (Hewitt & Flett, 1991), depression, anxiety (e.g. Hewitt & Flett, 1991; Kawaruma, Hunt, Frost, Dibartolo, 2011), and stress (e.g. Chang & Rand, 2000; Rice & Van Arsdale, 2010).

Perfectionism and Mental Health

While creating their definition and measure of perfectionism, Hewitt and Flett (1991) also tested whether perfectionism was correlated with the experience of personality disorders and other psychological maladjustment. They found that self-oriented perfectionism was correlated significantly with somatoform symptoms, hypomania, and alcohol abuse. Other-oriented perfectionism was positively correlated with hypomania and drug abuse. Finally, socially prescribed perfectionism was significantly positively correlated with all of the clinical symptom syndromes with the exception of drug abuse and psychotic delusions. The researchers concluded that these results indicate that a multidimensional measure

of perfection, which takes into account the personal and social components of perfectionism, is warranted.

While some research has confirmed that perfectionism is associated with non-clinical levels of depression and anxiety, Hewitt and Flett (1991) examined how clinical depression and anxiety were related to different dimensions of perfectionism (i.e. self-oriented, other-oriented, and socially-prescribed perfectionism). Specifically, their aim was to determine whether levels of perfectionism in clinically depressed patients differed from levels of perfectionism in clinically anxious and normal control subjects. The researchers administered measure of perfectionism, depression, and anxiety to a sample of clinically depressed and clinically anxious participants. They also provided these measures to a control group with no depression or anxiety.

Their results indicated that depressed participants were differentiated from the other subjects by a higher level of self-oriented perfectionism. They reasoned that self-oriented perfectionism is related to depression because self-oriented perfections' tendencies to set unrealistic standards and stringently evaluate their own performance increases the frequency of failure as well as the personal impact and meaning of failure experiences.

The researchers also found that both depressed and anxious patients had higher levels of socially prescribed perfectionism than the normal control subjects. In combination with the finding that self-oriented perfectionism is related to depression, these results reveal that socially prescribed perfectionism is a feature of depression but is not necessarily specific to depression.

Another group of researchers further contributed to the research on depression, anxiety, and perfectionism (Kawamura et al., 2001) by examining the relationship between perfectionism and features of anxiety to determine whether such features of anxiety were related to perfectionism independently of depression. To answer this question, the researchers administered questionnaires related to perfectionism, depression, obsessive-compulsive disorder, social anxiety/trait anxiety/worry, and posttraumatic stress disorder (PTSD) symptoms.

Results indicated that all three factors of anxiety (obsessive-compulsive disorder, social anxiety/trait anxiety/worry, and PTSD) were significantly related to maladaptive perfectionism (Kawamura et al., 2001). The social/trait anxiety/worry factor, however, was the only factor that was related to maladaptive perfectionism independent of depression. Perfectionism was also related to depression after controlling for the three anxiety factors, and maladaptive perfectionism was positively related to depression. Results indicated that adaptive perfectionism was negatively related to depression. Taken together, these findings indicate that there is an aspect of perfectionism that is related to anxiety independently of depression and a separate aspect of perfectionism that is related to depression independent from anxiety. In sum, this study confirms that perfectionism is related to depression and anxiety but clarifies how these relationships might be different.

Perfectionism and Stress

The prior research has demonstrated a clear link between perfectionism and poor mental outcomes. In fact, a primary assumption guiding one group of researchers is that perfectionistic behavior manifests through its association with

and influence on stress (Hewitt & Flett, 2002). These researchers argue that perfectionists are more likely than their non-perfectionistic counterparts to experience stress in a variety of forms.

The relationship among stress, perfectionism, and psychological outcomes is a complex one. Stress may play a moderating role in producing psychological outcomes by enhancing the negative experience of stress. Perfectionistic behavior may also play a mediating role by influencing the generation of stress and the anticipation of future stress (Hewitt & Flett, 2002).

In regards to the generation of stress, research on stress has indicated that certain people are susceptible to adjustment problems because they have a personality orientation that may be associated with increased stress, and these people may take an active role in creating stress for themselves (Hewitt & Flett, 2002). One such personality orientation includes perfectionism, such that perfectionists are exposed to a greater number of stressful events because of their unrealistic approach to life. Furthermore, perfectionistic behavior might generate stress because perfectionists are highly critical in their evaluations of themselves and others, and in these evaluations, they focus on negative aspects of performance rather than the positive aspects.

Perfectionists might also generate stress for themselves as a result of their unwillingness to lower their expectations, even when they receive feedback indicating that it would be greatly beneficial to do so (Hewitt & Flett, 2002). Research further indicates negative correlations between flexible goal adjustment

and self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism.

In addition to generating stress for themselves, perfectionists might also anticipate stress differently than their non-perfectionistic peers (Hewitt & Flett, 2002). Anticipatory stress is grounded in the idea that when people look forward to events they evaluate as those that will be stressful, they begin to experience stress in the present moment. Perfectionists have been shown to be especially prone to this type of stress because they become preoccupied with the possibility of stressful events that will occur and do not necessarily do anything to alleviate this stress.

Several researchers have expanded the work investigating the relationship between perfectionism, stress, and psychological outcomes. While one group looked at how stress impacts perfectionism and psychological symptoms and suicide (Chang & Rand, 2000), others have investigated how perfectionism impacts stress and the coping behaviors utilized to manage stress (Rice & Van Arsdale, 2010).

One pair of researchers set out with a goal of providing an understanding of the extent to which stress impacts the relationship between each of the dimensions of perfectionism (i.e. self-oriented, other-oriented, and socially-prescribed perfectionism) and psychological symptoms and suicidal risk (Chang & Rand, 2000). With a sample of 256 college students, they determined whether dimensions of perfectionism predicted psychological symptoms and hopelessness, and the extent to which perceived stress added validity to these predictions.

Results indicated that socially prescribed perfectionism was a significant predictor of psychological symptoms and hopelessness (Chang & Rand, 2000).

Additionally, stress accounted for a significant amount of additional variance in predicting adjustment beyond perfectionism. Similarly, the interaction between perfectionism and stress predicted scores on adjustment beyond perfectionism and stress. This relationship, however, was only found for socially prescribed perfectionism. These findings are important in understanding how the different dimensions of perfectionism might have varying outcomes regarding stress and psychological health outcomes.

Though stress may impact the relationship between perfectionism and psychological symptoms, perfectionism may also affect the relationship between stress and the coping mechanisms employed to handle stress. Rice and Van Arsdale (2010) investigated the associations between perfectionism, perceived stress, drinking alcohol to cope, and alcohol-related problems in college students. In looking at these relationships, researchers categorized perfectionism as adaptive, maladaptive, or non-perfectionistic. The researchers specifically examined if perfectionism might mediate the relationship between stress and drinking alcohol to cope. They therefore hypothesized that perfectionists might be more likely to drink alcohol to cope with stress or to have an alcohol related problem,

Results indicated that maladaptive perfectionists reported higher levels of stress and drinking to cope than adaptive perfectionists and non-perfectionists, and they also found that perfectionism played a moderating role in the relationship between stress, drinking alcohol to cope, and alcohol related problems. More specifically, maladaptive perfectionists were more likely to drink to cope under stress and report alcohol-related problem. Higher stress, however, was related to

fewer alcohol-related problems among non-perfectionists. Finally, adaptive perfectionists reported the fewest alcohol-related problems, which suggests that healthy levels of high standards may protect against drinking to cope with stress. Overall, this study as well as the ones described above provide a greater understanding of how perfectionism can impact stress, coping, and health outcomes.

<div align="center">**Interpersonal perfectionism**</div>

While several researchers have focused on perfectionism as a personality trait (Hewitt & Flett, 1991; Frost et al., 1990; Terry-Short et al., 1994), perfectionism may be more complex than that. That is, perfectionism may not only be the desire to be perfect, but it may also consist of the desire to appear perfect. This desire to appear perfect is regarded as perfectionistic self-presentation.

Self-Presentation

Hewitt, Flett, Sherry, Habke, Parkin, Lam, McMurtry, Ediger, Fairlie, and Stein (2003) introduced perfectionistic self-presentation as a form of interpersonal expression. The construct of perfectionistic self-presentation is related to one's interpersonal goals and desires. That is, the way in which people interact with others typically represents an attempt to portray the self favorably (Baumeister & Leary, 1995; Goffman, 1978). Furthermore, perfectionistic self-presentation is a form of self-presentation, in which the desire to present that self as favorably becomes maladaptive.

Impression management and perfectionistic self-presentation are also both related to one's self-monitoring abilities (Hewitt et al., 2003). Self-monitoring and impression management involves attentiveness to social situations and the ability to

monitor and manipulate one's own behavior to create favorable impressions in a given situation (Snyder, 1974). Because perfectionistic self-presenters are concerned with how others perceive them, they also exhibit high levels of self-monitoring behaviors; they monitor and manipulate their behavior to create favorable impressions in specific situations.

Hewitt and colleagues (2003) argued that perfectionistic self-presentation is a maladaptive form of self-presentation that has three components, and each of these three components represents a distinct facet of the construct. These facets include perfectionistic self-promotion, non-display of imperfection, and nondisclosure of imperfection. Each of these factors was developed with the understanding that in presenting the self as perfect, there are certain personality traits or dimensions of self that are promoted in interacting with others while there are other traits individuals might try to conceal.

The first of these, perfectionistic self-promotion, involves the proclamation and display of one's perfection (Hewitt et al., 2003). Perfectionistic self-promoters might promote a version of themselves that is flawless and focused on the positive aspects of oneself when interacting with others. By displaying a version of the self that is flawless and competent, individuals attempt to gain admiration and respect from others. The perfectionistic self-promoter presents him or herself as capable, moral, socially competent, and absolutely successful in every aspect of life.

Non-display of imperfection, the second factor, involves concealing and avoiding behavioral demonstrations of one's imperfection (Hewitt et al., 2003). This desire to conceal imperfections involved the attempt to prevent others from seeing

the individual behaving in any "less-than-perfect" manner. Individuals who display

a high level of this dimension of perfectionistic self-presentation will tend to avoid

situations where their behavior will be scrutinized by others and where their

shortcomings, mistakes, inabilities, or failures might be revealed to others.

While non-display of imperfection is focused on the behaviors that might

reveal one's shortcomings, nondisclosure of imperfection is the evasion and

avoidance of verbal admissions of one's imperfection (Hewitt et al., 2003). For

example, individuals high in this dimension are likely to avoid discussing mistakes

and their negative attributes. This nondisclosure of imperfection stems from a fear

of interpersonal rejection and concern about negative evaluations from others,

which results in less verbal expression in social situations.

Although trait perfectionism and perfectionistic self-presentation are two

distinct dimensions of perfection, the three dimensions of trait perfectionism (i.e.

socially prescribed perfectionism, self-oriented perfectionism, and other-oriented

perfectionism) are related to the three dimensions of perfectionistic self-

presentation (Hewitt et al., 2003). Specifically, socially prescribed perfectionism and

self-oriented perfectionism were highly associated with perfectionistic self-

promotion and non-display of imperfection. The non-disclosure subscale of

perfectionistic self-presentation was strongly correlated with socially prescribed

perfectionism, which indicated that an unwillingness to disclose personal mistakes

might be derived from the perception that others are being highly critical and

demand perfection.

Perfectionism, Perfectionistic Self-Presentation, and Related Outcomes

Research has begun to examine the links between perfectionism, perfectionistic self-presentation, and negative outcomes. In looking at outcomes such as poor well-being (Mackinnon & Sherry, 2012), depression, anxiety (Hewitt et al., 2003), and even suicide (Roxborough et al., 2012), it has become clear that perfectionistic self-presentation has an important relationship to perfectionism and its negative outcomes.

In one study, Mackinnon and Sherry (2012) investigated perfectionistic self-presentation as a moderator between perfectionistic concerns and subjective well-being (SWB) in a longitudinal study. Subjective well-being, as they described, refers to how people experience the quality of their lives. This experience is composed of both a person's emotional reactions and cognitive judgments. The aim of this study was, therefore, to investigate how perfectionism and perfectionistic self-presentation might be related to these emotional reactions and cognitive judgments.

In asking these questions, Mackinnon and Sherry (2012) differentiated between positive and negative forms of perfectionism by splitting perfectionism in to two parts: perfectionistic concerns and perfectionistic strivings. Perfectionistic concerns are the doubts about personal abilities, concern over mistakes and evaluations, and strong negative reactions to failure, and thus, perfectionistic concerns form the negative component of perfectionism. Perfectionistic strivings, however, are related to the more positive manifestations of perfectionism, and perfectionistic strivings can be defined as the rigidly demanding perfection from oneself.

The researchers proposed that perfectionistic concerns would indirectly affect SWB through perfectionistic self-presentation (Mackinnon & Sherry, 2012). Also, perfectionistic strivings would not predict longitudinal change in perfectionistic self-presentation or SWB when controlling for perfectionistic concerns.

In three waves, the researchers collected data from 127 first-year undergraduates (Mackinnon & Sherry, 2012). Consistent with their hypotheses, they found that perfectionistic concerns indirectly affected SWB through perfectionistic self-presentation. They also found, as expected, that perfectionistic strivings did not predict longitudinal change in perfectionistic self-presentation or SWB when controlling for perfectionistic concerns. Finally, they found that perfectionistic self-presentation predicted change in positive and negative affect, but not life satisfaction, when components of SWB were analyzed separately. Overall, this study provides evidence for perfectionistic self-presentation as a variable that moderates the relationship between perfectionism and subjective well-being.

Another study investigated other psychological outcomes, such as self-related distress and self-esteem, and their relationship with perfectionism and perfectionistic self-presentation (Hewitt et al., 2003). This group of researchers reasoned that self-worth is, in part, contingent on the need to appear perfect to others, and they, therefore, predicted that self-esteem would be related to perfectionistic self-presentation. The researchers also investigated other problematic psychological outcomes, such as depression and anxiety. Because

perfectionistic self-presentation is a maladaptive style, the researchers predicted that it would be associated with indices of distress, such as depression and anxiety.

Hewitt and colleagues (2003) found that perfectionistic self-presentation was related to self-esteem. More specifically, the perfectionistic self-promotion subscale was negatively related to general, academic, and appearance related self-esteem as well as depression. Non-display of imperfection was negatively correlated with self-esteem but positively correlated with depressive and anxious symptomology. Finally, non-display of imperfection subscales were correlated with less self-esteem and greater depression. These results provide further evidence for perfectionistic self-presentation's relationship with problematic psychological outcomes.

Other researchers have looked at the most extreme and horrific consequences of perfectionism and perfectionistic self-presentation. One group of researchers in particular investigated the links between perfectionistic self-presentation, socially prescribed perfectionism, and suicide (Roxborough et al., 2012). As suggested by the perfectionism social disconnection model (PSDM), they focused on the interpersonal components of perfectionism and suggested that socially-prescribed perfectionism and the three facets of perfectionistic self-presentation (i.e. perfectionistic self-promotion, non-display of imperfection, and nondisclosure of imperfection) produce a variety of interpersonal problems, which result in social disconnection, alienation, and a sense of not belonging. The PSDM further suggests that social disconnection mediates the relationship between perfectionism and various negative outcomes, such as suicide. The researchers,

therefore, sought to investigate whether the links between socially prescribed perfectionism and perfectionistic self-presentation and suicide are mediated by experiences of social disconnection, as indicated by social hopelessness and being bullied.

With a sample of 152 psychiatric outpatient children and adolescents, the researchers collected data regarding socially prescribed perfectionism, perfectionistic self-presentation, and suicide outcomes (Roxborough et al., 2012). Correlational tests confirmed that perfectionistic self-presentation and socially prescribed perfectionism were associated with suicide outcomes, and interpersonal perfectionism components were significantly related with bullying and social hopelessness. The relationship between the perfectionistic self-presentation, particularly non-display of imperfections, and suicide outcomes were mediated by being bullied. Finally, the relationship between all interpersonal components of perfectionism and suicide risk was mediated by social hopelessness.

All of the above studies regarding perfectionism and perfectionistic self-presentation demonstrate the importance of studying these topics as they are related to serious psychological outcomes and even suicide. In the present study, I aim to support these findings as well as investigate how they compare with perfectionistic self-presentation that occurs in the context of social media.

Social Media

Social media sites, such as Facebook, Instagram, and Twitter, are a means of presenting oneself and one's activities through written updates and pictures. (Utz, Tanis, Vermeulen, 2012). At a broad level, individuals use social network sites, such

as Facebook, Twitter, and Instagram, to present themselves and maintain their

relationships (Utz, Tanis, Vermeulen, 2012). These sites are also a way for

individuals to keep up with friends by viewing their pictures and posts, and they are

becoming an increasingly popular means of self-presentation and communication.

As of January 2016, the number of Facebook users reached over 1.2 billion with

approximately 750 million of these users visiting the social media site daily

(Protalinski, 2016). In late 2015, there were 400 million monthly active Instagram

users, and 304 mullion monthly active Twitter users. These statistics serve as one

example of how popular social media has become.

The use of social media has expanded to rather large numbers in recent

years, but even in its infancy (e.g. Protalinski, 2016), researchers recognized the

impact social media usage could have for a large portion of the population. Prior to

the advent of social media, only a few privileged individuals, such as celebrities,

politicians, and advertisers, had access to mass media audiences. Now, however,

anyone with computer skills can become a mass communicator (Dominick, 1999).

Thus, social media provides a new and interesting outlet through which researchers

can investigate self-presentation.

In many of life's interactions, individuals might try to control how they

present themselves, but even those with highest levels of self-monitoring might not

be able to control the circumstances of every in-person interaction. On social media,

however, the ability to control how one presents the self is easily edited and highly

controlled. Social media users can present themselves in a profile with personal

information and photos (Valkenburg, Peter, Shouten, 2006).

In general, self-presentation is the way in which people act and converse so that others might perceive them as competent, trustworthy, and generally worthwhile individuals. There are several ways that people attempt to create this image, but in one study looking at how social media users self-present, Dominick (1999) found that many individuals researched their social media audience in order to tailor their profile in a way that most appeals to those viewing the profile. Additionally, Dominick's results indicated that similar strategies of self-presentation were employed on personal pages as with in-person interactions. However, these self-presentation strategies on social media have yet to be investigated in perfectionists.

In recognition of the increased control over one's self-presentation and impression management behaviors on online forums, research has looked at how individuals balance the drive to present their "ideal self" while also creating a profile that holds true to their identity (Ellison, Heino, Gibbs, 2006). For example, Ellison and colleagues examined the competing need of an individual to present these two versions of the self on online dating websites. They found that many participants "polish up" their online dating profiles in an attempt to present a more attractive, successful, and desirable self; however, participants reported competing desires, as they wanted to also portray themselves accurately. While this study focuses on online dating, the struggle to decide which "self" to display likely extends to other social media forums as well. For perfectionists and perfectionistic self-presenters, there may be an even greater tension between presenting these two versions of oneself. This conflict might serve as an explanation for any negative mental health

outcomes associated with perfectionistic self-presentation in the sphere of social media.

Though researchers have paid attention to self-presentation on social media, there exists very little work looking at the dimensions of perfectionistic self-presentation (i.e. perfectionistic self promotion, nondisplay of imperfection, and nondisclosure of imperfection) as they relate to online interactions. One study that does look at perfectionistic self-presentation and online interactions only investigated one dimension of perfectionistic self-presentation (Casale, Gioravanti, Flett, & Hewitt, 2015). While the researchers noted that online modes of communication and self-portrayal might appeal to perfectionistic self-promoters because of the ease of self-promotion on such forums, the study focused on how those who demonstrate the "nondisplay of imperfection" dimension use online communication. Specifically, they found that this self-presentation style, which is characterized by the need to avoid displaying imperfections, is associated with problematic usage of internet communicative services because communicating online rather than in person affords greater control through the reduction of non-verbal cues and greater temporal flexibility. Furthermore, cues that are not as easily hidden in face-to-face communication (i.e. nonverbal, visual, and contextual cues) are easily hidden in online communication through the reduction of nonverbal cues and greater temporal flexibility. So, online services allow those with this self-presentation style to delete or correct "less than perfect" messages before sending or posting them, and they have more time to think about and craft interactions that do not expose imperfections.

Thus far, I have established that self-presentation and perfectionistic self-presentation are factors worth investigating on social media forums. I have also discussed research that linked perfectionistic self-presentation and mental health outcomes and psychological adjustment. In order to further lay the foundation for why perfectionistic self-presentation might be related to perfectionism and related psychological outcomes, I will explore research that has linked social media usage and psychological adjustment of undergraduate students. One study, for example, investigated the relationship between Facebook use and the well-being of college students (Kalpidou, Costin, Morris, 2011). For this study, 70 undergraduate students completed Facebook measures, which asked about time spent on the site, number of friends, emotional and social connection, and adaptation to college questionnaires. They found that the number of Facebook friends one had was related to poorer academic adjustment and social adjustment, which thus impact overall adjustment and well-being of students.

Researchers have investigated social media as a predictive tool for diagnosing depression (Choudhury, Gamon, & Counts, 2013). Their work utilized social media postings to examine social engagement, emotion, language, and other behavioral cues in the hopes of uncovering patterns that would help researchers to identify depression before its reported onset. They found that social media contains useful signals for characterizing the onset of depression. This study, therefore, provides additional evidence for the connection between social media and mental health.

While research has examined both perfectionistic self presentation and links mental health and social media, no study to date has investigated how perfectionistic self-presentation occurs on social media or how perfectionistic self-presentation on social media might influence the relationship between perfectionism and mental health outcomes. The present study will therefore explore these relationships.

Consequences for College Student

The previous sections have demonstrated the importance of studying perfectionism and perfectionistic self-presentation, as each of these factors is related to several important mental health outcomes, but there is also evidence suggesting that perfectionism and its related outcomes are especially important to study in college students. Thus, the college environment has become an increasingly popular population in which to study perfectionism. One reason is that perfectionism is prevalent among college students, especially for those to whom academic performance is crucial to academic adjustment (Castro & Rice, 2003). Another reason is that perfectionism is an important predictor of student adjustment and well-being (e.g. Rice and Dellwo, 2002). These relationships are important to consider because a student's adjustment has been correlated with students' academic success and their likelihood of dropping out of college (Gerdes & Mallinckrodt, 1994).

Though several researchers have linked perfectionism and college adjustment, Rice and Dellwo (2002) examined relationships between perfectionism and several types of adjustment in college students. These researchers were

particularly interested in how maladaptive and adaptive types of perfectionism are related to college students' academic adjustment, social adjustment, and well-being. After collecting data from 312 undergraduate students, they found that maladaptive perfectionists had significantly worse emotional, academic, and social-well being when compared to adaptive perfectionists. They also found that both groups of perfectionists had similar grade-point averages, but because of the emotional and interpersonal correlates of maladaptive perfectionism, their results suggest that this level of academic achievement comes at an additional cost for maladaptive perfectionists.

Previously, I explored the relationship between both perfectionism perfectionistic self-presentation and outcomes such as depression, anxiety, stress, and well-being. These factors are important to investigate because they provide clues about why perfectionism has such serious implications for adjustment in college students. Increases in stress, for example, predict decreased overall adjustment and lower grade point averages in first-year college students (Friedlander, Reid, Shupak, Cribbie, 20007). Furthermore, psychological symptoms, such as depression and anxiety have been linked to academic adjustment, making these variables important to consider when looking at perfectionism and subsequent outcomes in college students (Halamandaris & Power, 1997). Therefore, this study examines some of the avenues through which perfectionism impacts college students, and later in the discussion section, I will explore some ways in which colleges and universities can create a supportive environment for students impacted by perfectionism.

Current Study

Prior research has shown that perfectionism is related to poor mental health outcomes and that perfectionistic self-presentation can mediate this relationship, but research has yet to investigate how this relationship occurs in the context of social media. This study will, therefore, explore perfectionism and perfectionistic self-presentation as it occurs on social media.

Social media has taken a very central role in the modern college students' life. It is therefore necessary to investigate whether the relationship between trait perfectionism, perfectionistic self-presentation and mental health outcomes differs when the perfectionistic self-presentation occurs in the context of social media. Social media is particularly relevant to the topic of perfectionism and perfectionistic self-presentation for several reasons. First of all, individuals are able to pick and choose what they post to social media, and they can edit their posts on social media as they choose. Additionally, social media takes up several hours of the college students' life with many students using social media for upwards of 7 hours a week (Huang & Capps, 2013).

In several different studies, researchers have found that perfectionism is linked with poor psychological outcomes (e.g. Chang & Rand, 2000; Hewitt & Flett, 1991; Kawaruma, Hunt, Frost, Dibartolo, 2011; Rice & Van Arsdale, 2010). Therefore, I hypothesized that perfectionism would be positively correlated with depression, anxiety, and stress, such that greater levels of perfectionism would be related to higher scores on each of these outcomes. I also hypothesized that greater levels of perfectionism would be related to lower levels of subjective well-being.

Several researchers have found that perfectionistic self-presentation is linked with poorer psychological outcomes (Hewitt et al., 2003; Mackinnon & Sherry, 2012;Roxborough et al., 2012), and thus, I predict that my results will mirror these findings. That is, greater levels perfectionistic self-presentation will be related to greater depression, anxiety, and stress as well as lower levels of well-being.

I also hypothesized that perfectionistic self-presentation on social media will have similar relationships with psychological outcomes. This hypothesis is grounded in research that links perfectionistic self-presentation and poor mental health outcomes (Hewitt et al., 2003; Mackinnon & Sherry, 2012;Roxborough et al., 2012) as well as in research that has found relationships between social media use and mental health outcomes (De Coudhury, Counts, & Horvitz, 2013).

Based on evidence that perfectionistic self-presentation impacts the relationship between perfectionism and related outcomes (Mackinnon & Sherry, 2012), I hypothesized that perfectionistic self-presentation and perfectionistic self-presentation on social media would moderate the relationship between perfectionism and psychological outcomes, such that perfectionists will experience varying psychological outcomes based on their level of perfectionistic self-presentation.

Because of the pervasiveness of social media (Protalinski, 2016) and because of the increased control exerted over self-presentation on social media, I anticipated that the moderating effects of perfectionistic self-presentation on social media would be different than the moderating effect of general perfectionistic self-presentation.

Methods

Participants

The sample consisted of 96 undergraduate students at DePauw University, a small Midwestern liberal arts university. Participants were recruited on a volunteer basis through word of mouth and through an online psychology research participation system. Participants ranged in age from 18 to 22 years of age with a mean age of 20.04 years. Information was gathered regarding participants' gender and ethnicity. In regards to gender, participants answered the question, "What is your gender?" and they chose from the following options: (1) female, (2) male, (3) prefer not to answer, (4) other. Table 1 displays information regarding the sample's gender composition.

Table 1 Gender

	Frequency	Percent
Female	68	70.8%
Male	27	28.1%
Prefer Not To Answer	1	1.0%
Other	0	0%

Participants also reported on their ethnicity. Table 2 shows the ethnic makeup of the sample, and as the table displays, the sample is predominantly white.

Table 2 Ethnicity

	Frequency	Percent
Asian/Pacific Islander	2	2.1%
Black or African American	5	5.2%
Hispanic or Latino	6	6.3%
White	82	85.4%
Other	1	1.0%

Procedure

I collected data at a single time point via an online survey. Participants were provided with links to the survey on DePauw University's psychology research participation system as well as through emails sent to the student body. Students who agreed to participate indicated their consent and filled out measures of perfectionism and related topics. Participants that were enrolled in a psychology course at the time of data collection received research participation credit for their participation.

Measures

Demographic questions. Participants were asked to report their gender, age, and ethnicity.

Perfectionism. To measure perfectionism, I used Hewitt and Flett's (1991) Multidimensional Perfectionism Scale (MPS). The MPS is a 45-item measure of self-oriented, other-oriented, and socially prescribed perfectionism. Participants answered questions using a 7-point rating scale that ranges from (1) strongly

disagree to (7) strongly agree. Sample items include "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). This multidimensional measure of perfectionism has received support for its validity, dimensionality, and reliability (Hewitt et al., 1991).

Perfectionistic self-presentation. The Perfectionistic Self-Presentation Scale (PSPS) is a 27-item measure composed of three subscales. The three subscales measured perfectionistic self-promotion (e.g.,"I try always to present a picture of perfection"), non-display of imperfection (e.g.,"I do not want people to see me do something unless I am very good at it"), and non-disclosure of imperfection (e.g., "I should solve my own problems rather than admit them to others"). Participants responded to each item using a 7-point scale that ranges from (1) "disagree strongly" to (7) "agree strongly".

The PSPS was also modified for this study to measure perfectionistic self-presentation on social media. The same three subscales as the original PSPS were maintained, but questions were altered so that participants were prompted to think of how much they agreed or disagreed with the statement as it related to social media. Sample items included "I judge myself based on the mistakes I make in front of friends and followers on social media" and "I try always to present a picture of perfection on social media". Participants were prompted to think of social media in regards to platforms such as Facebook, Instagram, and Twitter but not as it related

to anonymous social media platforms, such as Yik Yak, as the anonymity of such

forums might alter the way participants responded to the questions.

Depression. Depression was measured using the Beck Depression

Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979). The BDI is a 21-item instrument

that measures the behavioral, cognitive, motivational, and vegetative symptoms of

depression. The BDI is a widely used measure of depression that has been shown to

have reliability and validity (Beck, Steer, & Garbin, 1988).

Anxiety. The State-Trait Anxiety Inventory (STAI; Spielberger, 1985) was

used to measure anxiety. This is a 40-item Likert scale that assesses both "state"

anxiety and "trait" anxiety. The instructions asked participants to rate each item on

a 4-point intensity scale. Items 1-20 focused on state anxiety, which measured

temporary or disturbing emotional arousal, and items 21-40 measured trait anxiety.

The trait anxiety items measured participants' experience of regular excessive

worry.

Stress. The Perceived Stress Scale (PSS) developed by Cohen, Kamarck,

Mermelstein (1983) was used to measure the frequency of psychological stress a

person experiences. The measure consists of 14 questions, including "In the last

month, how often have you been able to control irritations in your life?" and "In the

last month, how often have you been upset because of something that happened

unexpectedly?" The items were answered on a 5-point Likert scale, ranging from 0

(never) to 4 (very often).

Subjective well-being. Subjective well-being was measured using three

subscales. The first two subscales contained 10 items each and were focused on

positive and negative affect (Watson, Clark, & Tellegen, 1988). Items from each of these scales consisted of adjectives such as "Distressed" and "Inspired", and participants were asked to rate how closely they identified with each of these adjectives.

The third subscale of the subjective well-being measure was the Satisfaction with Life Scale (Diener, Emmons, Larson, & Griffin, 1985). Sample items from the Satisfaction with Life Scale included, "In most ways my life is close to my ideal". Participants responded to each statement by rating their agreement with that statement on a scale from (1) "strongly disagree" to (7) "strongly agree".

Results

The mean, standard deviation, and maximum/minimum scores for each dimension of perfectionism are presented in Table 3.

Table 3 Descriptive Statistics for Dimensions of Perfectionism

	Mean	Standard Deviation	Maximum	Minimum
Other-Oriented Perfectionism	63.72	10.34	96	35
Socially Prescribed Perfectionism	57.73	14.60	96	26
Self-Oriented Perfectionism	74.75	16.67	105	36

Tables 4 and 5 show the descriptive statistics for general perfectionistic self-presentation and perfectionistic self-presentation on social media respectively.

Table 4 Descriptive Statistics for General Perfectionistic Self-Promotion

	Mean	Standard Deviation	Maximum	Minimum
Perfectionistic Self-Promotion	43.42	10.45	66	18
Nondisplay of Imperfection	48.04	9.43	70	23
Nondisclosure of Imperfection	23.83	7.08	49	11

Table 5 Descriptive Statistics for Perfectionistic Self-Promotion on Social Media

	Mean	Standard Deviation	Maximum	Minimum
Perfectionistic Self-Promotion	43.8	11.76	70	16
Non Display of Imperfection	39.88	11.86	65	12
Nondisclosure of Imperfection	33.03	6.71	49	19

I also calculated the mean, standard deviation, and maximum/minimum score for each of the psychological outcomes. Table 6 displays the descriptive statistics for depression, perceived stress, satisfaction with life, positive affect, negative affect, trait anxiety, and state anxiety.

Table 6 Descriptive Statistics for Psychological Outcome Variables

	Mean	**Standard Deviation**	**Maximum**	**Minimum**
Depression	10.28	9.84	43	0
Perceived Stress	18.83	6.45	36	6
Satisfaction with Life	23.83	6.70	35	5
Positive Affect	30.89	7.02	43	13
Negative Affect	22.71	7.89	45	10
Trait Anxiety	44.51	11.41	75	25
State Anxiety	40.75	13.85	75	20

Pearson correlation coefficients were computed to assess the relationship between the three dimensions of perfectionism (i.e. other-oriented, socially prescribed, and self-oriented) and depression, state anxiety, trait anxiety, perceived stress, satisfaction with life, positive affect, and negative affect. Results revealed no significant correlations between other-oriented perfectionism and these psychological outcomes.

Analyses of the relationships between socially prescribed perfectionism and each psychological outcomes (i.e. depression, state/trait anxiety, perceived stress, satisfaction with life, and positive/negative affect) revealed that socially prescribed perfectionism was significantly and positively related to depression ($r=0.43$, , $n=96$, $p=0.001$), perceived stress (r-0.44, $n=96$, $p=0.001$), negative affect ($r=0.36$, $n=96$, $p=0.001$), trait anxiety (r-0.43, $n=96$, $p=0.001$), state anxiety ($r=0.48$, $n=96$, $p=0.48$), such that greater socially prescribed perfectionism was related to higher levels of

depression, stress, negative affect, and anxiety. Results also indicated that socially prescribed perfectionism was significantly correlated with satisfaction with life ($r=$-0.341, $n=96$, $p=0.001$); greater socially prescribed perfectionism was related to lower satisfaction with life. No significant relationship was found between socially prescribed perfectionism and positive affect.

In examining the relationships between self-oriented perfectionism and the psychological outcome variables, result revealed significant positive relationships between self-oriented perfectionism and depression (r-.27, $n=96$, $p=0.005$), perceived stress ($r=.32$, $n=96$, $p=0.002$), negative affect ($r=0.28$, $n=96$, $p=0.006$), trait anxiety ($r=0.313$, $n=96$, $r=0.002$), and state anxiety ($r=0.264$, $n=96$, $p=0.009$). That is, greater levels of other-oriented perfectionism were related to more depression, stress, negative affect, and anxiety. Analyses also indicated no significant relationships between self-oriented perfectionism and satisfaction with life or positive affect.

A Pearson correlation coefficient was also calculated to examine the relationships between the three dimensions of perfectionistic self-presentation (i.e. perfectionistic self-promotion, nondisclosure of imperfection, and nondisplay of imperfection) and the psychological outcomes. Results revealed that higher scores on the perfectionistic self-promotion dimension were significantly related to more depression ($r=0.37$, $n=96$, $p=0.001$), perceived stress ($r=0.35$, $n=96$, $p=0.001$), negative affect ($r=0.36$, $n=96$, $p=0.001$), trait anxiety ($r=0.43$, $n=96$, $p=0.001$), and state anxiety ($r=0.40$, $n=96$, $p=0.001$). There were no significant relationships between perfectionistic self-promotion and satisfaction with life or positive affect.

Analyses revealed significant positive relationships between nondisplay of imperfection and depression (r=0.46, n=96, p=0.001), perceived stress (r=0.40, n=96, p=0.001), negative affect (r-0.382, n=96, p=0.001), trait anxiety (r=0.53, n=96, p=0.001), and state anxiety (r=0.45, n=96, p=0.001). That is, those with greater levels of nondisplay of imperfection were more likely to have more depression, stress, negative affect, and anxiety. Furthermore, higher scores on the nondisplay of imperfection subscale were significantly related to a lower level of positive affect (r=-0.29, n=96, p=0.004). Results indicated no significant relationship between nondisplay of imperfection and satisfaction with life.

The final subscale of perfectionistic self-presentation, nondisclosure of imperfection, was also significantly correlated with depression (r=0.52, n=96, p=0.001), perceived stress (r=0.40, n=96, p=0.001), negative affect (r=0.43, n=96, p=0.001), trait anxiety (r=0.51, n=96, p=0.001), and state anxiety (r=0.51, n=96, p=0.001), such that higher levels of nondisclosure of imperfection were related to more depression, stress, negative affect, and anxiety. Additionally, greater nondisclosure of imperfection was significantly related to less satisfaction with life (r=-0.44, n=96, p=0.001) and positive affect (r=-0.42, n=96, p=0.001).

I also computed Pearson correlation coefficients to examine relationships between perfectionistic self-presentation on social media and the measured psychological outcomes. Perfectionistic self-promotion on social media was significantly positively related to perceived stress (r=0.23, n=96, p=0.03) as well as trait (r=0.22, n=96, p=0.03) and state anxiety (r=0.23, n=96, p=0.03). No significant

relationships were found between perfectionistic self-promotion on social media and depression, satisfaction with life, negative affect, or positive affect.

Nondispay of imperfection on social media was significantly related to depression ($r=0.23$, $n=96$, $p=0.03$), perceived stress ($r=0.24$, $n=96$, $p=0.02$), trait anxiety ($r=0.25$, $n=96$, $p=0.02$), and state anxiety ($p=0.22$, $n=96$, $p=0.03$). That is, higher scores on the nondisplay of imperfection on social media subscale were related to higher levels of depression, stress, and trait/state anxiety. Analyses revealed no significant relationships between nondisplay of imperfection and satisfaction with life or positive and negative affect.

The final set of Pearson correlation coefficients computed analyzed the relationship between nondisclosure of imperfection on social media and psychological outcomes. Results demonstrated no significant relationship between this dimension of perfectionistic self-presentation on social media and depression, stress, satisfaction with life, positive/negative affect, or state/trait anxiety.

To test my moderator hypotheses (i.e. that perfectionistic self-presentation and perfectionistic self-presentation on social media would moderate the relationships between perfectionism and mental health outcomes), I conducted several moderator regression analyses. To do this, I first centered the multidimensional perfectionism variable as well as my moderator variables. This process was necessary to minimize multicollinearity concerns. Then, I created an interaction term for each multidimensional perfectionism dimension (i.e. other-oriented, socially prescribed, and self-oriented) and the moderator (i.e. the dimensions of perfectionistic self-presentation). I then entered the independent and

moderator variables in Step 1 of my regression, followed by the interaction term in Step 2 of the regression. A significant beta coefficient for the interaction term indicated a significant moderator.

Using this process, I first tested if the three dimensions of perfectionistic self-presentation (i.e. perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection) moderated the relationship any of the dimensions of perfectionism (i.e. other-oriented perfectionism, self-oriented perfectionism, and socially prescribed perfectionism) and the psychological outcomes (i.e. depression, stress, satisfaction with life, positive/negative affect, and state/trait anxiety). None of the interaction terms between each dimension of perfectionism and each dimension of perfectionistic self-presentation accounted for a significant portion of the variance in the depression, stress, satisfaction with life, affect, or anxiety.

I also tested perfectionistic self-presentation on social media as a moderator between multidimensional perfectionism and the mental health outcomes. I again created interaction terms between each dimension of perfectionism and each dimension of perfectionistic self-presentation on social media. The interaction term between self-oriented perfectionism and nondisplay of imperfection on social media accounted for a significant proportion of the variance in depression, $R^2 = .148$, $F(3, 92) = 5.32$, $p = .002$, $b = .217$, $t(92) = 2.15$, $p = .03$. As shown in Figure 1, those who reported greater self-oriented perfectionism were more likely to indicate greater levels of depression if they also reported a high degree of nondisplay of imperfection on social media.

Figure 1 Regression Lines for Self-Oriented Perfectionism & Depression with NonDisplay of Imperfection on Social Media as Moderator
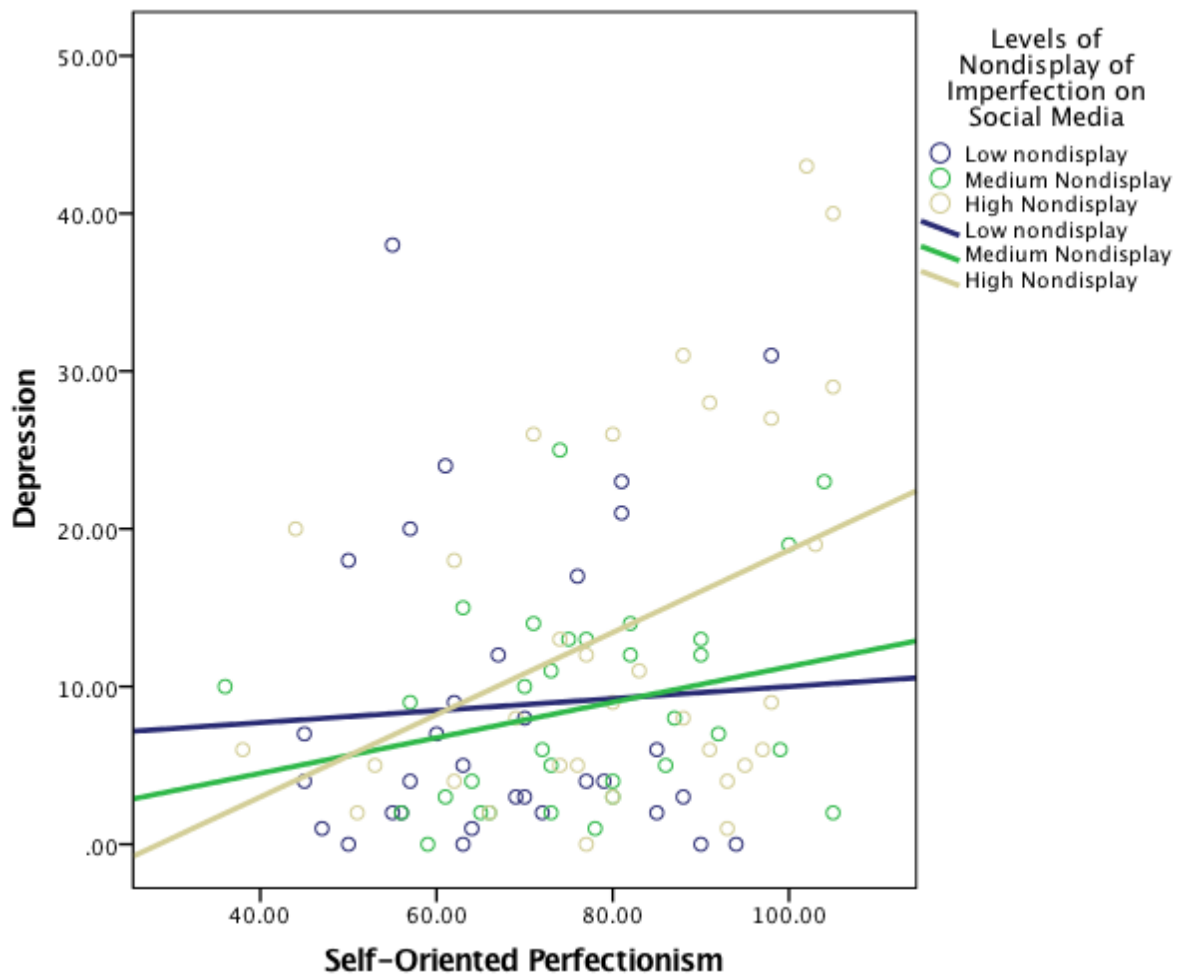
Furthermore, this interaction term also accounted for a significant proportion of the variance in perceived stress, R^2= .174, F(3, 92) =6.44, p = .001, b = .235, t(92) = 2.37, p = .02. Figure 2 shows the regression lines for self-oriented perfectionism and perceived stress with nondisplay of imperfection on social media as a moderator. This graph demonstrates that those with high levels of nondisplay of imperfection are more likely to report higher degrees of perceived stress when they also report a greater degree of self-oriented perfectionism.
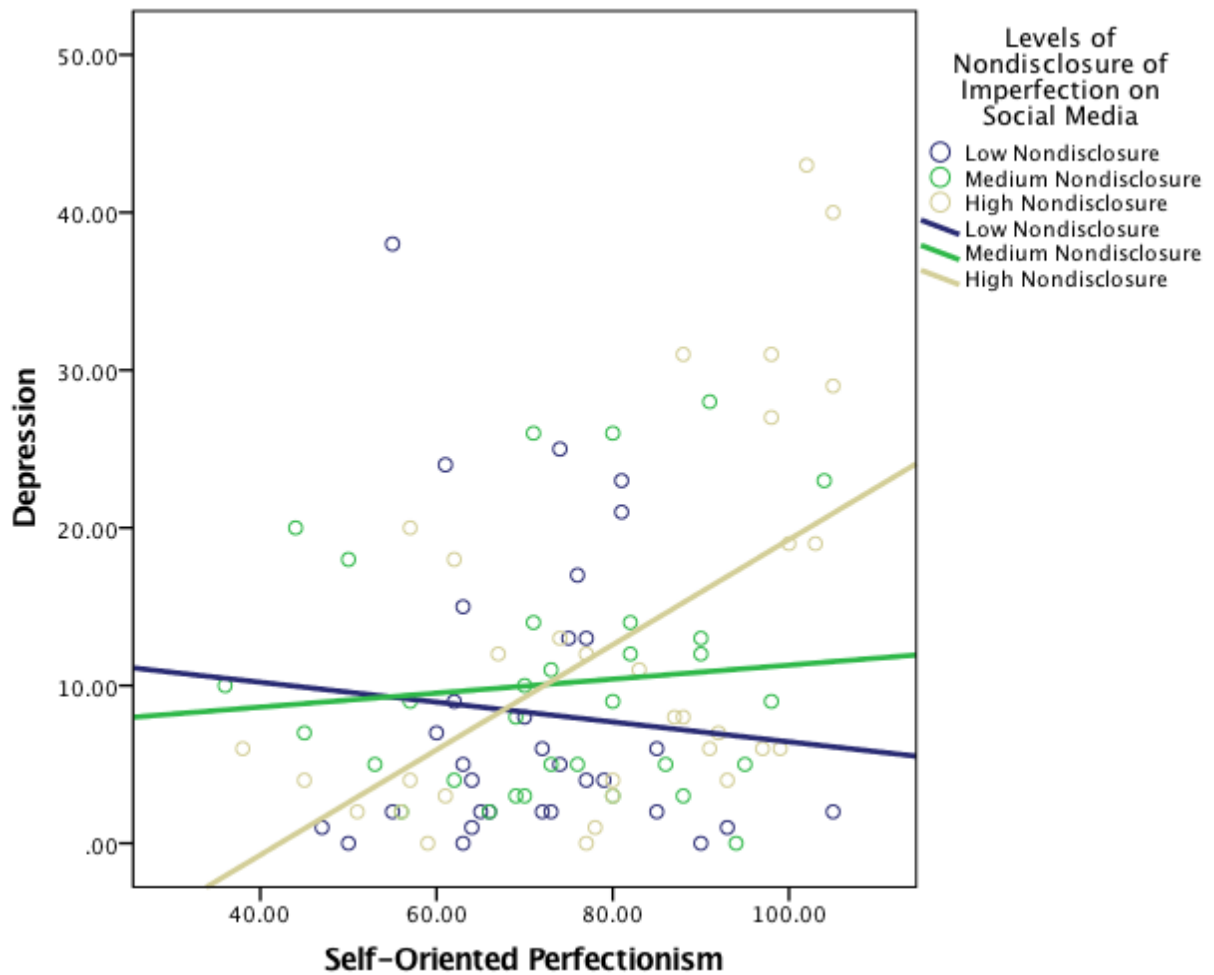
Figure 2 Regression Lines for Self-Oriented Perfectionism & Perceived Stress with Nondisplay of Imperfection on Social Media as Moderator
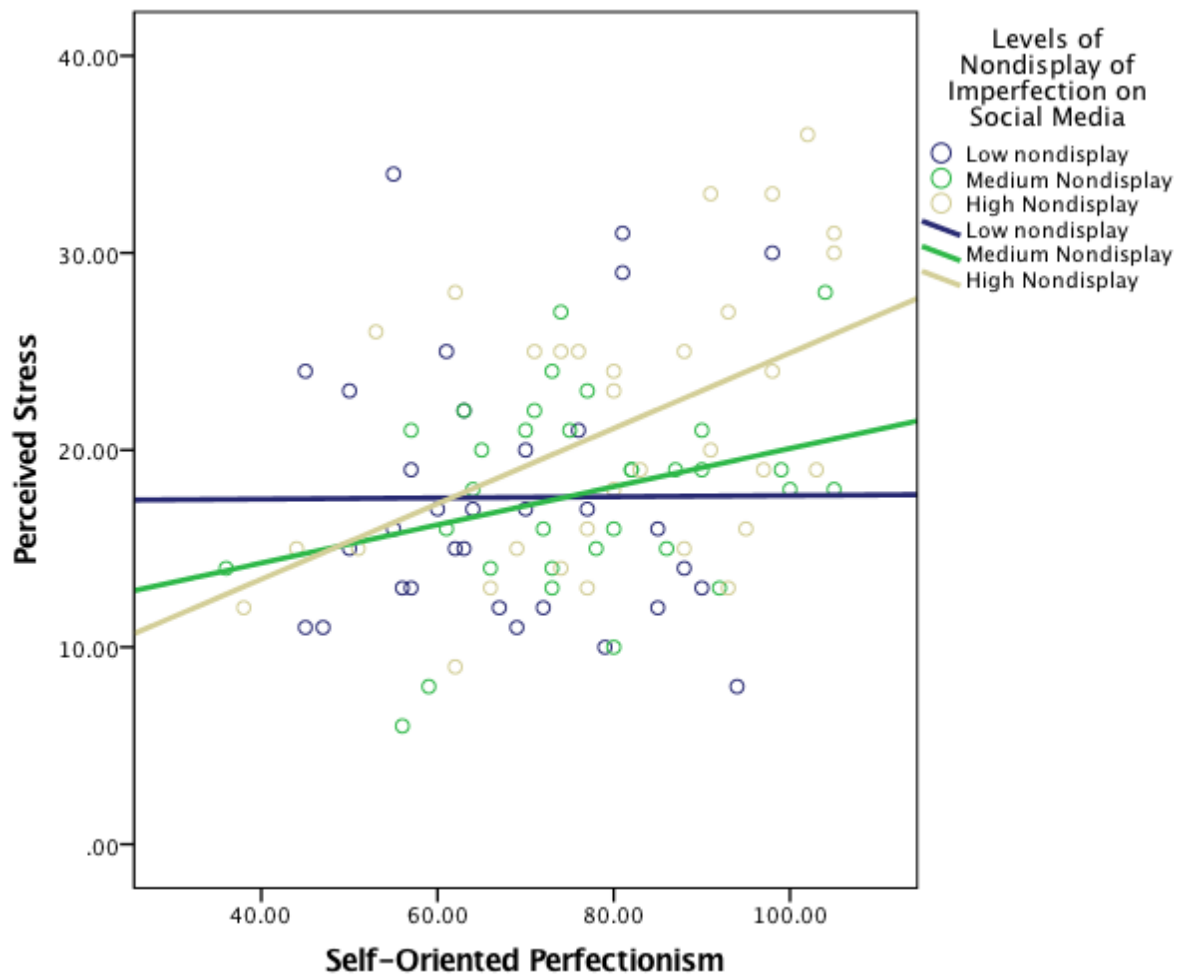
The interaction term between self-oriented perfectionism and nondisclosure of imperfection on social media accounted for a significant proportion of the variance in depression, R^2= .161, $F(3, 92)$ =5.90, p = .001, b = .292, t(92) = 2.83, p = .006. Figure 3 is a graph that demonstrates that as self-oriented perfectionism increases, those considered to be at a high level of nondisclosure of imperfection have more depression than low and medium nondisclosers. Not only does this graph show that perfectionists who are also at a high level of nondisclosure are more likely

to have depression, but it also demonstrates that those with low levels of

nondisclosure are actually less likely to be depressed as self-oriented perfectionism

increases.

Figure 3 Regression Lines for Self-Oriented Perfectionism & Depression with
Nondisclosure of Imperfection on Social Media as Moderator

The interaction term with self-oriented perfectionism and nondisclosure of

imperfection on social media also accounted for a significant proportion of the

variance in perceived stress, R^2= .161, $F(3, 92)$ =5.89, p = .001, b = .251, $t(92)$ = 2.42, p = .017. As shown in Figure 4, the moderating effect of nondisclosure of imperfection on the relationship between self-oriented perfectionism and stress is very similar to that of the moderating effect that nondisclosure of imperfection had on the relationship between self-oriented perfectionism and depression. That is, those with a high level of nondisclosure of imperfection are more likely to have increased perceived stress at higher levels of self-oriented perfectionism than those with low and medium levels of nondisclosure, and again, there is a decreased likelihood of perceived stress as perfectionism increases in those who are low in nondisplay of imperfection.

Figure 4 Regression Lines for Self-Oriented Perfectionism & Perceived Stress with Nondisclosure of Imperfection on Social Media as Moderator
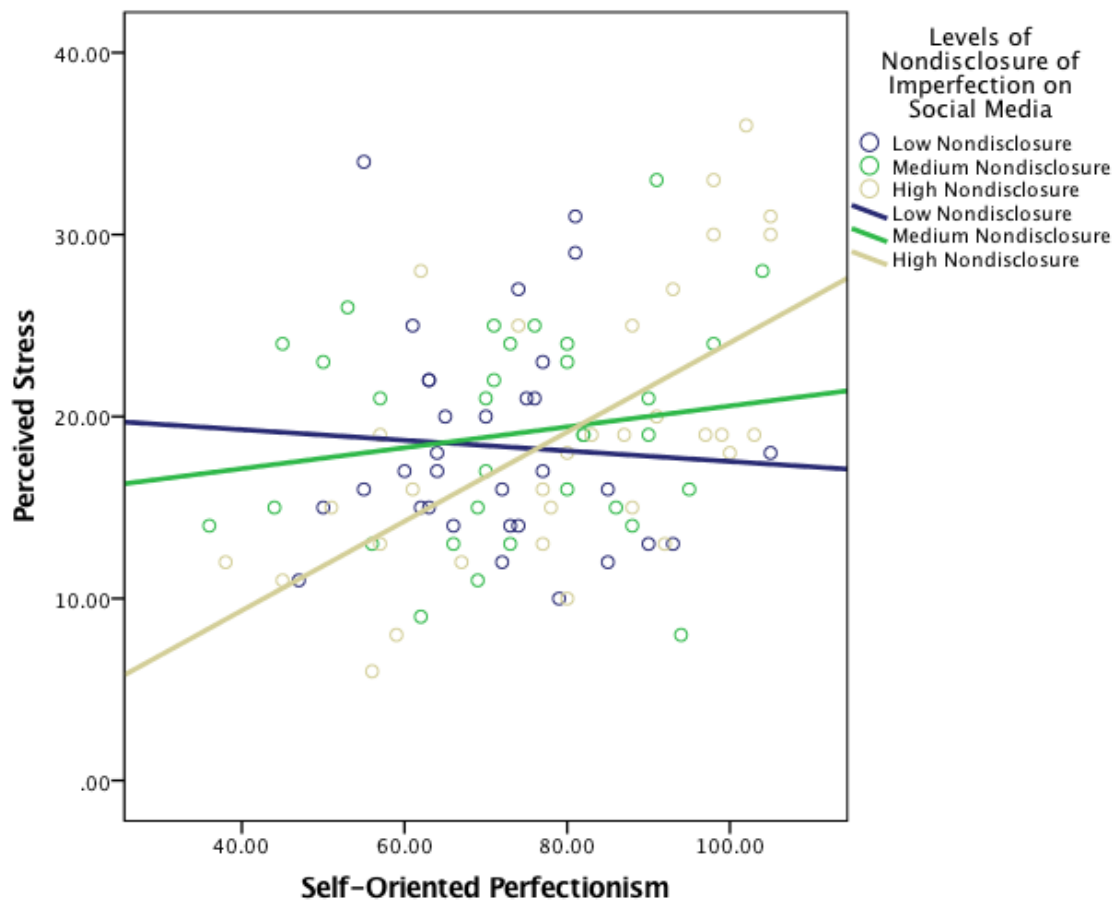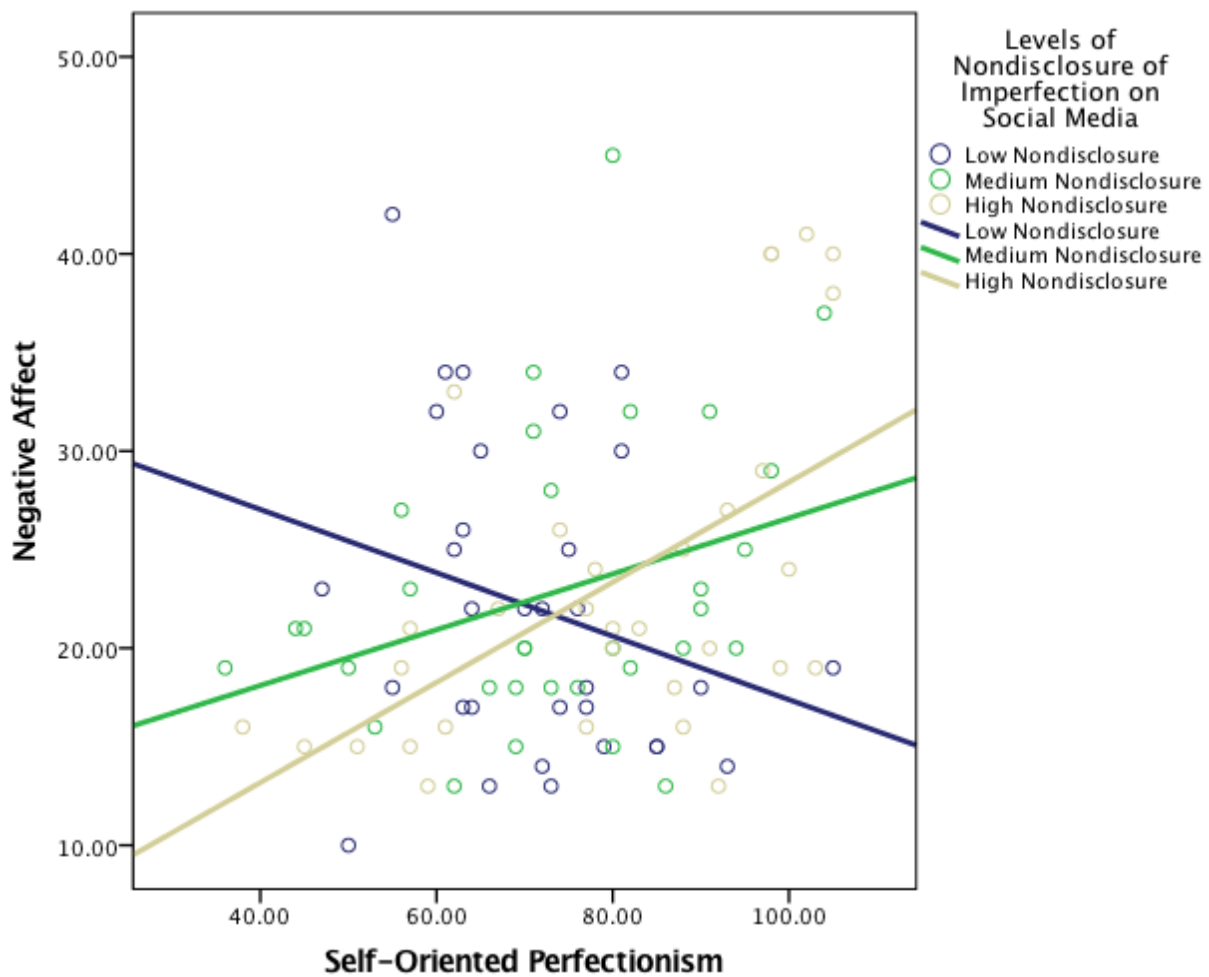
Additionally, the interaction term between self-oriented perfectionism and nondisclosure of imperfection on social media accounted for a significant proportion of the variance between self-oriented perfectionism and positive affect, R^2= 0.079, $F(3, 92)$ =2.62, p = .05, b = -0.02, $t(92)$ = -2.71, p = .008, as well as negative affect R^2= .157, $F(3, 92)$ =5.72, p = .001, b = 0.30, $t(92)$ = 2.4=92, p = .004. Figure 5 shows that nondisclosure of imperfection has a moderating effect on the relationship between self-oriented and positive affect, such that those with a high level of nondisclosure report less positive affect as self-oriented perfectionism increases, whereas with those low and medium levels of nondisclosure have increased positive affect as perfectionism increases.

Figure 5 Regression Lines for Self-Oriented Perfectionism & Positive Affect with Nondisclosure of Imperfection on Social Media as Moderator
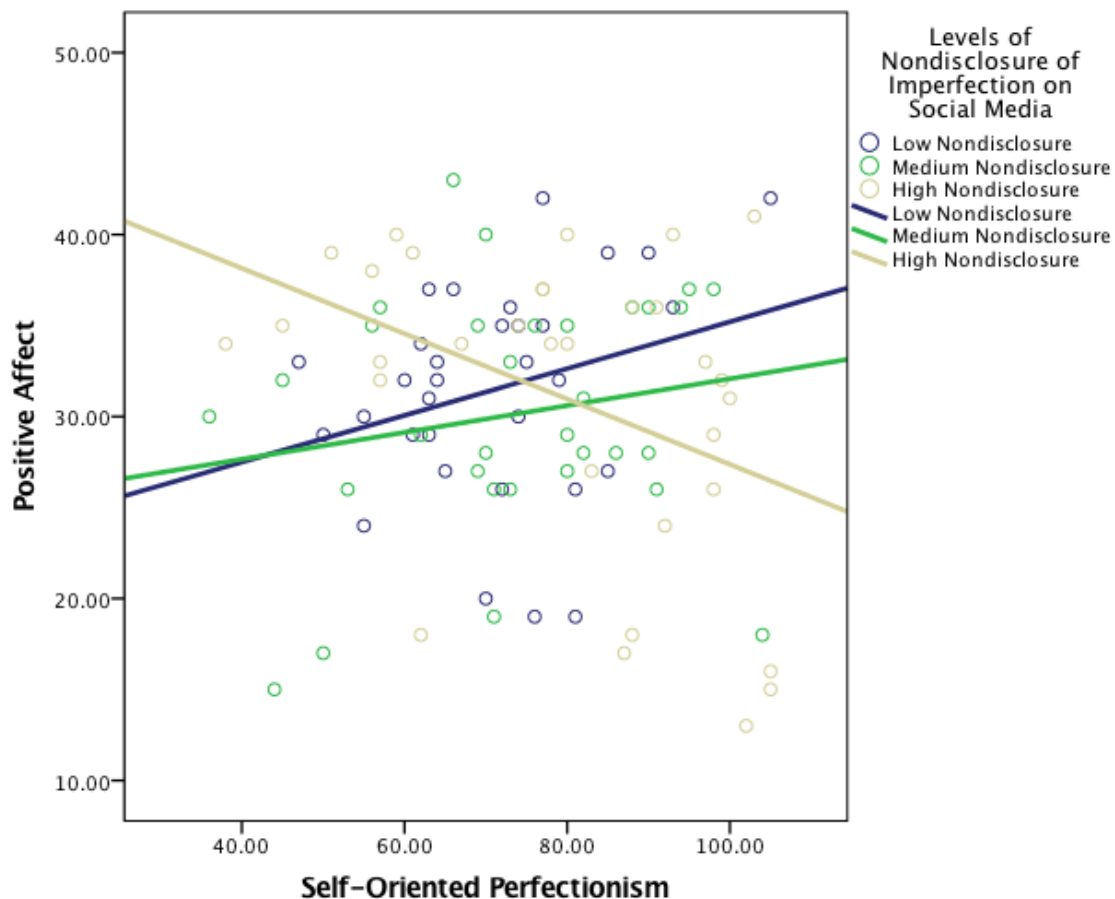
The moderating effect of nondisclosure of imperfection on the relationship between self-oriented perfectionism and negative affect is demonstrated in Figure 6; those with medium and high levels of nondisclosure have increased negative affect with greater self-oriented perfectionism whereas those low in nondisclosure, reported less negative affect at higher levels of self-oriented perfectionism.

Figure 6 Regression Lines for Self-Oriented Perfectionism & Negative Affect with Nondisclosure of Imperfection on Social Media as Moderator

Finally, the interaction term between self-oriented perfectionism and nondisclosure of imperfection on social media accounted for a significant proportion of the

variance in trait anxiety, R^2= .155, $F(3, 92)$ =5.61, p = .001, b = .26, $t(92)$ = 2.48, p =

.015. Figure 7 shows that those in the high nondisclosure group are most likely to

have greater trait anxiety at high levels of self-oriented perfectionism, and those

with low levels of nondisclosure are actually less likely to report trait anxiety at

higher levels of self-oriented perfectionism.

Figure 7 Regression Lines for Self-Oriented Perfectionism & Negative Affect with
Nondisclosure of Imperfection on Social Media as Moderator
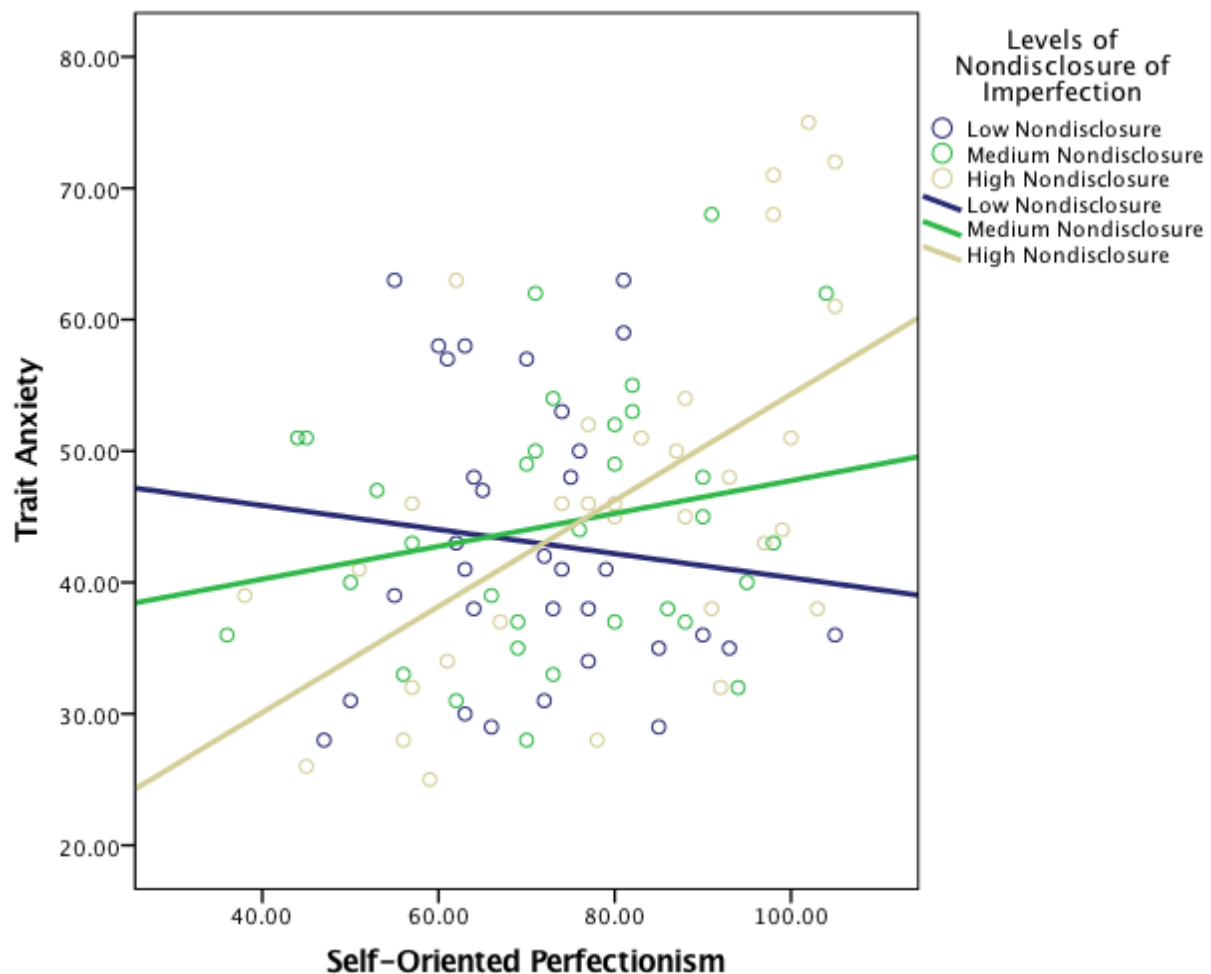
Discussion

Multidimensional Perfectionism and Psychological Outcomes

My first hypothesis predicted that perfectionism would be related to worse psychological outcomes. While I found support for this hypothesis, not all dimensions of perfectionism were related to worse outcomes. For example, other-oriented perfectionism was not correlated with any of the psychological measures. These findings are not surprising as prior research examining the relationship between perfectionism and psychological outcomes (i.e. depression, anxiety, and stress) tended to focus on the negative implications of socially prescribed perfectionism and self-oriented perfectionism and not other-oriented perfectionism (Chang & Rand, 2000; Hewitt & Flett, 1991). My findings also support previous work that links socially prescribed perfectionism and self-oriented perfectionism to stress, anxiety, and depression.

Although I did not obtain results supporting my prediction that perfectionism would be related to positive affect, these results are not necessarily inconsistent with previous research. Researchers that have linked perfectionism and positive affect were investigating the concept as a dimension of subjective well-being, and these researchers had found that perfectionism impacted subjective well-being, but only through perfectionistic self-presentation (Mackinnon & Sherry, 2012).

Machkinnon and Sherry (2012) also considered negative affect and satisfaction with life to be two more dimensions of subjective well-being, and though my results indicate that neither other-oriented perfection nor self-oriented

perfectionism were related to negative affect and satisfaction with life, I did find that socially prescribed perfectionism was positively related to negative affect and negatively related to satisfaction with life scores. To my knowledge, no prior literature has produced results indicating such relationships.

Perfectionistic Self-Promotion and Psychological Outcomes

I predicted that perfectionistic self-presentation would be linked with poorer psychological outcomes. In support of this hypothesis, my results indicated that each dimension of perfectionistic self-presentation (i.e. perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection) were significantly and positively correlated with depression, stress, negative affect, trait anxiety, and trait anxiety. Additionally, higher scores on both perfectionistic self-promotion and nondisclosure of imperfection were related to lower levels of positive affect, and nondisclosure of imperfection was also negatively correlated with positive affect. As a whole, these results support previous findings that have demonstrated a link between perfectionistic self-presentation and worse psychological outcomes. Because each dimension of perfectionistic self-presentation was related with most, if not all, mental health measures, these results indicate the importance of understanding how perfectionists either hide their imperfections or promote themselves as perfect.

My third hypothesis predicted that perfectionistic self-presentation on social media would be related to worse psychological outcomes. My analyses indicated that perfectionistic self-promotion on social media was related to stress and anxiety, and results also uncovered a relationship between nondisplay of imperfection on

social media and depression, stress, and anxiety. Thus, I found support for this hypothesis. It is important to note, however, that nondisclosure of imperfection was not significantly related to any of the psychological outcomes. These results are consistent with previous findings that nondisplay of imperfection and perfectionistic self-promotion are most implicated in perfectionistic self-presentation's relationship with psychological outcomes, such as depression and anxiety (e.g. Roxborough et al., 2012)

Perfectionistic Self-Presentation as a Moderator

Mackinnon & Sherry (2012) produced results indicating that perfectionistic self-presentation influenced the relationships between perfectionism and certain psychological outcomes, and I predicted that I would uncover similar relationships. My analyses, however, indicated that perfectionistic self-presentation did not have any significant moderating effects on the relationship between any dimension of perfectionism and any of the psychological outcomes measured. The lack of results supporting research by Mackinnon and Sherry (2012) may be due in part to differences in how perfectionism was defined and measured in the two studies. While I measured perfectionism in terms of the three dimensions proposed by Hewitt and Flett (1991), Mackinnon and Sherry (2012) measured perfectionism as a two-dimensional construct that focused on positive and negative types of perfectionism.

Though I found no moderating effect with general perfectionistic self-presentation, both nondisplay of imperfection on social media and nondisclosure of imperfection on social media impacted the relationships between self-oriented

perfectionism and certain psychological outcomes. The moderating effect of

nondisclosure of imperfection on social media was especially prevalent, as

nondisclosure of imperfection on social media impacted the relationship between

self-oriented perfectionism and 5 of the 7 psychological outcomes measured. Not

only did those who reported high levels of nondisclosure of imperfection have a

much higher likelihood of depression, stress, anxiety, and negative affect as well as a

decreased likelihood of positive affect, but those with low levels of nondisclosure of

imperfection on social media actually had better psychological outcomes with

higher levels of self-oriented perfectionism.

Why might those reporting low levels of nondisclosure of imperfection have

better outcomes with increased self-oriented perfectionism? This relationship may

reflect the notion that not all types of perfectionism are bad, and in fact, there are

many positive outcomes (i.e. high achievement and healthy striving) associated with

certain types of perfectionism (Hamachek, 1978; Short, Owens, Slade, and Owens,

1990). Perhaps the need to keep one's imperfections off of social media forums is

another important component to consider when looking at how perfectionism

either becomes a positive or a negative construct in the lives of perfectionistic

individuals.

These results are indicative of the pervasiveness of social media in the lives

of college students because perfectionistic self-presentation only had a significant

impact when it occurred on social media. Some perfectionistic college students may

therefore be less concerned with how perfect they appear in general and may

instead be much more concerned and influenced by their need to appear perfect in

social media spaces. This moderating effect of perfectionistic self-presentation on social media may also be related to the fact that social media provides much more control over the way one presents himself or herself. This increased ability to control one's appearance may create an added pressure for perfectionists to look and be perfect, which may then leave students prone to poor psychological outcomes.

Intervening with Perfectionists

As discussed earlier, researchers have taken a special interest in how perfectionism occurs in the college student population because perfectionism is highly prevalent in this population, especially for those to whom academic performance is crucial to academic adjustment (Castro & Rice, 2003). It is also important to consider perfectionism in college student populations because perfectionism is a predictor of student adjustment and well-being (e.g. Rice & Dellwo, 2002). College students' perfectionism and subsequent adjustment to college can serve as key factors that determine whether or not a student will achieve academic success or drop out of college (Gerdes & Mallinnckrodt, 1994). Moreover, perfectionism may be especially important to study at prestigious, private institutions because of the higher concentration of perfectionists at such institutions (Hibbard & Davies, 2011). Thus, DePauw University, with its rigorous course loads and highly involved students may have several students whose perfectionism is impacting their mental health and ability to manage these heavy demands. DePauw students often brag of their busy schedules, multiple involvements, and difficult workloads. This is a dangerous environment for the perfectionist, who might be

setting goals to be leaders in many of these organizations while also trying to

maintain a near 4.0 grade-point average. Because perfectionists tend not to reach

out for help when needed, it is important to consider ways to identify and reach out

to college students who display perfectionistic behaviors.

Ways to Identify the Perfectionist

For the university, the first step in helping perfectionists is being able to

recognize them. Many perfectionists are unwilling to ask for assistance, and thus,

professors and other faculty members should learn to recognize maladaptive

perfectionistic behavior. Because perfectionism bears many similarities to healthy,

driven, high-achieving students, it may be difficult for professors and other faculty

members to identify perfectionists. To help differentiate these students from

perfectionists, Pacht (1984) crafted the following list of symptoms of perfectionistic

students:

- Performance standards that are impossibly high and unnecessarily rigid

- Motivated by fear of failure rather than the pursuit of success

- Measurement of one's own worth entirely in terms of productivity and
  accomplishment

- All-or-nothing evaluations that label anything other than perfection as failure

- Difficulty in taking credit or pleasure, even when success is achieved, because
  such achievement is merely what is expected

- Procrastination in getting started on work that will be judged

- Long delays in completing assignments, or repeatedly starting over on

  assignments, because the work must be perfect from the beginning and

  continue to be perfect as one goes along

- Unwillingness to volunteer to respond to questions unless certain of the

  correct answer

- Catastrophic reactions to minor failures

This list can serve as a helpful tool for educators in recognizing students with

perfectionism, so that educators might be better able to assist students in coping

with perfectionism. A handout with this list can be found in Appendix A. The

following section will explore ways in which DePauw faculty and staff might provide

assistance to students who either self-identify or who are identified as

perfectionists.

How to Intervene Early at DePauw

While helping perfectionistic students to cope with related mental health

issues is a job best left to a mental health professional, there are several steps that

educators and institutions can take to help foster a healthy learning environment for

their perfectionistic students. McIntyre, (1989), for example, suggested that

teachers and professors give students "permission" to make mistakes by dividing

assignments into outlines, rough draft stages, which affords students the

opportunity to make mistakes and receive feedback without falling short of any

grade expectations they had regarding the assignment.

One very impactful way that educators and institutions can help

perfectionistic students is by altering the way in which educators discuss goals,

aspirations, and expectations with perfectionistic students. Many perfectionists are stuck in a loop in which they set unrealistically high goals and expectations for themselves, and because these goals were unrealistic, they fail to meet these goals. They then perceive themselves as a failure, and to compensate, may set even higher goals, and thus the cycle continues. How then, might educators interrupt this cycle to help perfectionists set more realistic goals?

Interrupting this cycle early on in the college student's career may be most beneficial, as students might then be provided with the opportunity to practice their realistic goal-setting skills. At the beginning of the academic school year, students at DePauw University are invited to small-group discussions in which students list key goals they have for their college experience. In these discussions, facilitators traditionally encourage students to set their standards high and then reflect on the resources at DePauw that students might utilize in reaching these goals. While this may be a valuable exercise for many students, the perfectionistic student might be receiving a message that high standards are crucial to success and that their time at DePauw is one in which they should set their high goals even higher and work even harder to achieve them, no matter the cost. How then, might educators tailor this exercise to help, rather than hurt, the students they recognize as perfectionists? Appendix B provides a simple list of goal-setting strategies for perfectionists, but the following section will explain each of these strategies in more detail.

In working on goal setting with perfectionistic students, it is important to understand that the goal is not for the student to make a 180-degree-turn around, but rather to help them slowly learn how to set realistic goals and cope with bumps

along the road (Brophy, 1996). For this reason, it is important to start working with students early so that their perfectionism might have a less severe impact on a student's mental health. The "Dining with Deans" discussion about goals is therefore an excellent time to start working with perfectionists on appropriate goal setting, as it occurs early in the academic year. This way, students can learn about the skills needed to set and reach goals early on and work on honing these skills throughout their four-years at DePauw University.

As students begin to write goals, facilitators should encourage students to create specific goals. If a perfectionistic student decides they aim to be a "successful student" they may be setting themselves up for failure because they have not defined what success means. Being a successful student could potentially mean any number of things. For example, they may imagine a successful student as one who earns a 4.0 grade-point average, or they may define it as taking challenging classes. But, if the student fails to determine what success means to them, they may take the challenging class but wind up feeling they could have gotten a better grade. They may also receive the perfect grade but beat themselves up because they should have taken harder classes. Essentially, if the perfectionistic student is not clear in what it means to be a successful student, they may consistently view themselves as falling short or not being good enough.

Once a student clearly defines their goals, facilitators should prompt students to consider whether or not this goal is something that students are passionate about or rather, if it is something the student aims to do simply because they feel they should do it (Martin, 2016). Creating goals that are based on real or perceived

pressures from others may result in students feeling as if they have not only failed themselves, but others as well.

Students should also consider whether or not their goals are realistic in terms of their abilities and previous achievements (Martin, 2016). While it is excellent for students to consider and explore various interests, the perfectionistic student and his or her mentors need to closely consider whether or not these goals fit in line with the student's skills. For example, if a student has no background or experience with scientific research, it is not realistic for that student to pursue a prestigious research internship right away. They have not yet accumulated the experience or knowledge to land the internship or to even know if it is something they are truly interested in pursuing. Instead, the student might consider first taking a science class with a lab or getting involved with smaller research projects on campus. By assessing prior experiences and skills and then setting smaller goals along the way, the student is able to gage his or her interest in the field as well as accumulate experience. Then, when they do try to reach for a bigger goal, this goal fits in line with their experience and interests.

While helping perfectionistic students create and reach goals, facilitators should remind students that everyone makes mistakes along the way, and instead of engaging in all-or-none thinking (i.e. labeling everything as a complete success or failure), students might instead begin to learn which tasks are less important and are thus not worth beating oneself up over (Brown University, n.d.). To achieve this, facilitators might assist the perfectionistic student by engaging in a discussion with the student about how the student might focus on their progress rather than

absolute perfection. Facilitators might encourage students to evaluate success in terms of what the student has managed to accomplish rather than what they have not. Students could then learn to recognize that there is value in the process of pursuing a goal.

As previously stated, a single discussion about healthier goal setting will not help a perfectionist completely overcome their negative perfectionism. Therefore, facilitators, as well as other DePauw faculty members, must remind students that they are not alone and that they do not have to do everything themselves. Rather, there are professors and tutors willing to help students with assignments and tests. There are mental health counselors willing to help students cope with stress, depression, anxiety, or any other emotional difficulty. Finally, facilitators should emphasize to the perfectionist that reaching out for help is not a sign of weakness or failure.

Conclusion and Limitations

Overall, this study supports previous findings linking perfectionism to worse mental health outcomes and also provides new evidence for the importance of investigating social media forums as it relates to perfectionism. In this thesis, I have explored ways in which my home institution, DePauw University, can assist perfectionistic students in healthy goal setting so that these students have better outcomes related to their perfectionism.

While this study provided new and interesting contributions to the literature on perfectionism, the generalizability of the results are limited because of the homogeneity of the sample. That is, the sample was predominately white and

female. This study was also limited in how data regarding perfectionistic self-

presentation on social media was measured. Because this study utilized self-report

methods of data collection, future research might benefit from looking at

perfectionists' actual, rather than reported, behavior on social media.

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The Perfectionist

- Impossibly high performance standards
- Motivated by fear of failure—not pursuit of success
- Measures self-worth only in terms of productivity and accomplishment
- All-or-nothing evaluations of work
- Difficulty taking pleasure in success—success is expected
- Procrastinates
- Repeatedly starts over on assignments—must be perfect from beginning to end
- Only answers questions in class when sure of answer
- Catastrophic reactions to minor failure

Perfectionists' Goals

- Focus on small improvements
- Be specific
- Set goals for yourself, not others
- Be realistic
- Consider previous achievements and skills
- Set smaller goals along the way
- Focus on the process and progress
- Provide support