

PERFECTIONISM AND PEER PRESSURE

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Abstract

Perfectionism is often understood as being over critical of either self or others. The predominance of an unhealthy urge to do things perfectly is evident during adolescence so as to seek desirability from their peer group. The present investigation, therefore, attempts to evaluate the relationship between 'Perfectionism' and 'Peer Pressure'. The sample comprised of 100 school students (50 males and 50 females) in the age range of 14-16 years. For this purpose, Multidimensional Perfectionism Scale (1) and Peer Pressure Inventory (2) were administered. Data was analyzed using the Descriptive Statistics, Correlation and t-ratio. Results demonstrated significant associations between Self-Oriented Perfectionism and various dimensions of Peer Pressure i.e. School Involvement, Family Involvement and Misconduct. Positive associations were also observed between Socially Prescribed Perfectionism and dimensions of Peer Pressure viz. Peer Conformity and Family Involvement. The Other Oriented Perfectionism dimension was significantly associated with Misconduct, School Involvement, Peer Involvement, and Family Involvement subscales of Peer

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Pressure. However, no gender differences were observed in relation to Peer Pressure or Perfectionism. The findings from the current study, therefore, could be utilized heuristically with other studies to develop intervention strategies for the same.

1. Introduction

In the past few decades, the construct of ‘Perfectionism’ has gained immense importance amongst researchers, practitioners and academicians. ‘Perfectionism’ is defined as a tendency to be critical of ‘self’ as well as critical of others evaluation of ‘self’ (3). Individuals characterized to be perfectionists are either hypocritical or hypercritical of others in order to hide their own flaws (4). Various studies (5, 6), whereby, depict that perfectionism can, therefore, be understood as either ‘maladaptive’ i.e. associated with excessively high standards of self evaluation, anticipation of flawlessness in performance, anxiety while attempting new things and extremely high levels of self criticism accompanied with punitive measures on not attaining the expected level of performance (7, 8) or ‘adaptive’ i.e. associated with conscientiousness, striving for excellence, adequate self esteem and excessive social support (9, 10, 11, 12, 13).

The current investigation, however, focuses upon the multidimensional model of perfectionism (14) according to which there are three broad dimensions of perfectionism i.e. :

1. Self Oriented Perfectionism: Such individuals are over critical of self, have fear of failure and further set unrealistic parameters for self evaluation. Inability to meet these unrealistic standards often results in the use of punitive measures on oneself.
2. Other Oriented Perfectionism: These individuals are over critical of other’s performance and, therefore, keep finding flaws in the performance of others.
3. Socially Prescribed Perfectionism: The individuals with socially prescribed perfectionism anticipate that others have high expectations of them and that they need to live up-to those expectations (15, 16).

Further, as per later studies, perfectionism is the interplay of cognitive, affective and conative processes within the individual (17). Wherein, it is during the transitional phase of ‘adolescence’ that these major cognitive, conative and affective processes within the adolescent undergo change (18, 19, 20, 21). This change is a result of the development of the ‘self concept’ of the adolescent which is still in its formative stages. The adolescents, therefore, try to gain an understanding of their self from extraneous sources. Since ‘peers’ are the most immediate social group of the adolescents after their family so maximum information in this regard is obtained from the peers. Therefore, the actions of the adolescent are mostly influenced by the reaction of their peer group. An instance, where this influence becomes excessive is what is termed as ‘peer pressure’. Although there is a clear distinction between peer influence and peer pressure every ‘influence’ exerted by a peer group upon an adolescent is a form of ‘peer pressure’ (22, 23). While other theorists posit that direct influence upon the adolescent is termed as peer pressure and an indirect influence upon the adolescent is termed as peer influence (24, 25). The current investigation focuses on five dimensions of peer pressure (26) i.e.:

1. Family involvement: This refers to the perception of the adolescent of the pressure from peers to engage in family activities in order to be a part of the in-group.
2. School involvement: This refers to the adolescents perceptions of the pressure of peers to indulge in school based activities in order to seek their affirmation.
3. Peer involvement: This refers to the adolescent’s presupposition of the pressure of peers to engage in peer group activities so as to seek affinity with the peer group.
4. Peer Conformity: This is understood as a predisposition of adolescents to confirm to peer norms even if they are dissonant with one’s own norms of conduct. An increased need to associate with the peer circle acts as a precursor to depict unhealthy perfectionist tendencies by adolescents.
5. Misconduct: This refers to the assumptions of the adolescents of the pressure from the peers to refrain/engage in misconduct in order to be accepted by the group.

Studies report that most of the time spent by adolescents is in their peer circle and in order to be a part of the ‘in group’, the adolescents sometimes succumb to the pressure exerted upon them by their peers. This in turn results in ‘peer victimization’ i.e. having aversive experiences with peers, experiencing distress and loneliness (27). In order to avoid these negative experiences, the

adolescent instead tries to do things as correctly as possible which further result in the development of unhealthy perfectionist tendencies. This viewpoint was seconded by early early studies (28) as per which peer pressure results in development of perfectionist tendencies in adolescents. The recent studies (29) stand consonant with the earlier studies that perfectionism helps the adolescent in resisting peer influences. While other studies (30) depict that adolescents develop perfectionist tendencies while forming peer relationships so as to be a part of the in-group amongst their peer circle. This need to seek desirability from their peer group ultimately culminates into an unhealthy urge to do everything 'perfectly'. The current study, therefore, attempts to evaluate the relationship between 'Perfectionism' and 'Peer Pressure' amongst adolescents.

The study also attempts to highlight gender differences in relation to both perfectionism and peer pressure which was clearly evident in the literary review. Wherein, some studies (31) posit that significant gender differences exist in relation to perfectionism. Another study (32) also revealed that these perfectionist tendencies are most evident in adolescent boys, who are more concerned of their mistakes as compared to girls. Gender differences are especially evident in relation to 'socially prescribed perfectionism' dimension as compared to the other two dimensions of perfectionism (33). However, in relation to peer pressure, early studies depicted significant gender differences in relation to all dimensions of peer pressure (34, 35, 36). While recent studies (37) revealed that gender differences are only evident in relation to 'misconduct' dimension of 'peer pressure' as compared to other dimensions.

2. Research Method

2.1 Statement of the problem

The aim of the present investigation was to study the relationship between Perfectionism and Peer Pressure amongst Adolescents.

2.2 Hypotheses

Based on the review of literature, following hypotheses are proposed:

2.2.1 There are expected to be gender differences in relation to various dimensions of Perfectionism and Peer Pressure.

2.2.2 Self Oriented Perfectionism is expected to be positively related with various dimensions of Peer Pressure viz. school involvement, peer conformity, misconduct, peer involvement, family involvement, other peer dimension and total peer pressure score.

2.2.3 Socially Prescribed Perfectionism is expected to be positively related with various dimensions of Peer Pressure viz. school involvement, peer conformity, misconduct, peer involvement, family involvement, other peer dimension and total peer pressure score.

2.2.4 Other Oriented Perfectionism is expected to be positively related with various dimensions of Peer Pressure viz. school involvement, peer conformity, misconduct, peer involvement, family involvement, other peer dimension and total peer pressure score.

2.3 Procedure

2.3.1 Method

2.3.2 Sample

The sample comprised of 100 school students (50 males and 50 females) in the age range of 14-16 years. Subjects were chosen from various schools of Chandigarh. Students belonging to a diverse set of streams participated in the study. Demographic information from the participants was also obtained.

2.3.3 Tests and Tools

Following standardized tests and tools were used to study the role of Peer Pressure and Perfectionism:

2.3.3.a Multidimensional Perfectionism Scale (1): The scale comprised of 45 items, on a 7 point rating scale, ranging from 1(Disagree) to 7(Agree). The scale measures three dimensions of perfectionism, namely self oriented, socially prescribed and other oriented perfectionism with 15 items in each subcategory respectively. Three different subtotals are obtained by summing the score of every category separately. The scale has adequate reliability and validity as per studies of Hewitt & Flett (1991).

2.3.3.b Peer Pressure Inventory (2): The scale comprised of 53 pairs of items rated on a 7 point rating scale. The items were further distributed into 5 subscales viz. School Involvement, Peer Conformity, Misconduct, Peer Involvement, Family Involvement. Subscale scores were derived

by taking the mean of item scores. The internal consistency reliability and validity of the scale was adequate as per researches of Brown (1986).

2.3.4 Statistical Analysis

Keeping in view the objectives and the hypotheses of the study, correlation analysis, t-test and descriptive statistics consisting of mean and standard deviation will also be used.

Table 1 Showing Means, S.D. and t-ratios of Perfectionism and Peer Pressure N=100)

S.no.	Variables	Males		Females		t-ratios
		Means	S.D.	Means	S.D.	
1.	Self Oriented	63.82	12.65	77.2	11.19	.00
2.	Socially Prescribed	69.72	11.18	67.5	10.15	.30
3.	Other Oriented	62.04	9.66	56.38	9.16	.003
4.	School Involvement	5.18	5.26	12.98	5.41	.00
5.	Peer Conformity	1.12	4.74	.72	4.76	.67
6.	Misconduct	-2.62	7.30	-10.14	6.76	.00
7.	Peer Involvement	2.42	5.22	2.04	6.59	.75
8.	Family Involvement	4.68	5.40	8.4	5.46	.0009

*t-ratio significant at .05 level = 1.98

**t-ratio significant at .01 level = 2.62

Table 2 Showing Correlation Matrix of Perfectionism and Peer Pressure (N= 100)

S. No	Variables	1	2	3	4	5	6	7	8
1.	Self Oriented	-	.29**	.15*	.39**	-.02	-.28**	.03	.21**
2.	Socially Prescribed		-	.25**	.05	.18*	.10	-.02	.18*
3.	Other Oriented			-	-.22**	-.07	.17*	.18*	-.16*
4.	School				-	.02	-.37**	.02	.46**

	Involvement								
5.	Peer Conformity					-	.12	-.03	.13
6.	Misconduct						-	.11	-.30**
7.	Peer Involvement`							-	-.13
8.	Family Involvement								-

*Correlation value significant at 0.05 level = .15

**Correlation value significant at 0.01 level = .21

3. Results and Analysis

Firstly, as evident from Table 1, insignificant gender differences were observed in relation to Perfectionism. This result is supported by studies (37, 38) according to which there exists no significant difference between adolescent boys or girls in relation to perfectionism. Other studies also depict the absence of significant gender differences in relation to all three dimensions of perfectionism (39). Insignificant gender differences might be attributed to a change in the parameters of self evaluation of both males and females. Secondly, the females are no more apprehensive of others evaluation of self due to the growing culture of ‘women empowerment’ especially in India. Lastly, an increase in the ‘empathetic understanding’ of others abilities amongst both males and females refrains them from critically evaluating others.

Secondly, as evident from Table 1, insignificant gender differences were also observed in relation to all the dimensions of peer pressure. The results of the current study, however, are dissonant with the existing literary review, according to which boys are less able to resist peer pressure while engaging in a risky or delinquent activity as compared to girls (40). Their study also depicted that boys who show avoidant behavior are less vulnerable to peer pressure while girls who depict anxiety driven behavior are more vulnerable to peer pressure. Another study (41) revealed that girls are more susceptible to peer pressure, especially by the verbal comments made by peers as compared to boys. Certain studies of (42) support the conclusions drawn by the previous study i.e. girls get easily pressurized by their peer circle because for them evaluation by

peers is more important as compared to boys. A reason for the disparity between the results of the current study and the above mentioned review could be due to an increased tendency to be 'socially desirable' amongst the peer group equally by both boys and girls which in turn protects them from being an 'outlier' from the group. Another reason of the disparity could be due to a small sample of the current study i.e. 100, since the sample size was small, future studies could take into consideration the above shortcoming and reevaluate the above findings.

Lastly, as evident from Table 2, significant associations exist between various dimensions of peer pressure and perfectionism. Significant associations were observed between Self-Oriented Perfectionism and various dimensions of Peer Pressure i.e. School Involvement, Family Involvement and Misconduct. Positive associations were also observed between Socially Prescribed Perfectionism and dimensions of Peer Pressure viz. Peer Conformity and Family Involvement. The Other Oriented Perfectionism dimension was significantly associated with Misconduct, School Involvement, Peer Involvement, and Family Involvement subscales of Peer Pressure. According to the studies (43) perfectionist tendencies develop in adolescents as a predisposition to be liked by their peer group. Adolescents try to do things perfectly in order to hide their shortcomings from their peer group. Another study (44) revealed that adolescents usually develop 'self oriented perfectionism' because of the pressure to be popular amongst their peers and in order to be liked by the group. This further elaborated by another study (45) as per which adolescents develop unhealthy perfectionist tendencies so as to depict their 'boldness' to handle everything perfectly in social situations such as those involving their peer groups. The review in this regard stands limited; however, positive associations are clearly evident from the previous and the current study. The present investigation, therefore, invites future studies to collaborate heuristically and further develop intervention strategies regarding the same.

4. Conclusion

The current investigation attempted to evaluate the relationship between Perfectionism and Peer Pressure. As evident from the above study, significant associations were observed between three dimensions of perfectionism and various dimensions of peer pressure. This association signifies that adolescents develop an unhealthy urge to do things perfectly because of the extensive pressure of seeking 'social desirability'. This need to seek affiliation overpowers equally in both

males and females so as to refine their self concept, who in turn become over critical of either themselves or others evaluation of self. These perfectionist tendencies might culminate into regular verbal battles between the adolescent and the caregiver rather than refinement of the self concept of the adolescent. Therefore, the present investigation invites future studies to delve deeper into this area and heuristically form intervention strategies that prevent the adolescent from developing further psychopathologies.

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