MEDIATORS AND MODERATORS OF THE RELATIONSHIPS BETWEEN
PERFECTIONISM AND PSYCHOLOGICAL DISTRESS

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MEDIATORS AND MODERATORS OF THE RELATIONSHIPS BETWEEN
PERFECTIONISM AND PSYCHOLOGICAL DISTRESS

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ABSTRACT

MEDIATORS AND MODERATORS OF THE RELATIONSHIPS BETWEEN
PERFECTIONISM AND PSYCHOLOGICAL DISTRESS

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Perfectionism is a multifaceted construct that has consistently been found to be related to various forms of psychopathology as well as interpersonal problems. The current study aimed to expand our knowledge of this area by examining the relationships between perfectionism (i.e., general perfectionistic concerns, socially-prescribed perfectionism, other-oriented perfectionism, and perfectionistic self-presentation), conflict resolution behaviors, relationship quality, and depression. According to the social disconnection model, perfectionism indirectly leads to adjustment problems (e.g., depression) through interpersonal disconnectedness and conflict (Hewitt, Flett, Sherry, & Caelian, 2006). Eighty-seven undergraduate students were asked to fill out self-report questionnaires to assess these constructs. I hypothesized that negative conflict behaviors and relationship quality would mediate the relationship between maladaptive perfectionism constructs and depression. I also predicted that perfectionistic self-presentation would mediate the association between perfectionistic concerns and depression. Furthermore, I predicted
that positive conflict resolution strategies would moderate the relationship between maladaptive perfectionism and depression. The results indicated that negative conflict total scores mediated the relationship between general perfectionistic concerns and depression. In addition, compliance conflict behaviors mediated the relationship between socially-prescribed perfectionism and depression. No support was found for the remaining mediation or moderation hypotheses. Implications of these findings, limitations of the current study, and directions for future research are discussed.

*Keywords:* perfectionistic concerns, socially-prescribed perfectionism, other-oriented perfectionism, perfectionistic self-presentation, romantic relationships, relationship quality, depression, social disconnection, interpersonal conflict
ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

Research has consistently shown a positive association between perfectionism and negative mental health outcomes, including depression and anxiety (Schrick, Sharp, Zvonkovic, & Reifman, 2012), eating disorders (Dunkley, Blankstein, Masheb, & Grilo, 2006), and even suicide (Roxborough et al., 2012). Furthermore, research findings support a positive association between perfectionism and problems in romantic relationships (Lopez, Fons-Scheyd, Morúa, & Chaliman, 2006; Mushquash & Sherry, 2012; Stoeber, 2012). The aim of the current study was to further explore the relationship between perfectionism, interpersonal conflict, and internalizing psychopathology in the context of romantic relationships.

In the following sections, I will first differentiate between the different types of perfectionism which have been identified in the literature. Next, I will discuss the social disconnection model of perfectionism, which serves to explain how interpersonal conflict mediates the association between perfectionism and psychopathology. Then I will review the existing literature on perfectionism, relationship conflict, and psychopathology, and discuss the gaps in the literature which I attempted to address in the current study. Finally, I will present the methodology and results of the current study.
Defining Perfectionism

Although perfectionism was originally proposed as a uni-dimensional construct by Burns (1983), recent research has developed multiple dimensions of perfectionism. For example, Hewitt and Flett (1991, 2004) have identified three major types of perfectionism using their Multidimensional Perfectionism Scale: self-oriented, other-oriented, and socially-prescribed perfectionism. Self-oriented perfectionism is the internalized belief that the self should be perfect, and thus involves setting high personal standards and being highly self-critical. Other-oriented perfectionism is the belief that others should be perfect, thus causing other-oriented perfectionists to impose high standards on others and to be highly critical of them. Socially-prescribed perfectionists hold the internal belief that others expect them to be perfect, and therefore, that others will criticize them if they do not hold up to these high standards.

Perfectionism can also be viewed as having both adaptive and maladaptive features. Stoeber and Otto (2006) proposed two dimensions of perfectionism: perfectionistic strivings and perfectionistic concerns. Perfectionistic strivings include the more positive aspects of perfectionism, such as achievement striving and setting high personal goals. On the other hand, perfectionistic concerns are comprised of the more negative aspects of perfectionism, including self-criticism and need for approval. Stoeber and Otto suggest that while perfectionistic strivings may be adaptive, perfectionistic concerns are related to personal distress and interpersonal problems. Similar to Stoeber and Otto’s two-dimensional model of perfectionism, the Personality Inventory (Hill et al., 2004) is comprised of two factors: conscientious perfectionism and self-evaluative perfectionism. Conscientious perfectionism, or the more adaptive type (similar to
perfectionistic strivings), is comprised of the following scales: organization, striving for excellence, planfulness, and high standards for others. Self-evaluative perfectionism, or the more maladaptive type (similar to perfectionistic concerns), is comprised of the other four scales: concern over mistakes, high need for approval, perceived parental pressure, and rumination.

In order to prevent confusion, I will from here on use Stoeber and Otto’s (2006) terms of perfectionistic strivings and perfectionistic concerns to refer to the positive aspects and negative aspects of perfectionism, respectively. Generally, perfectionistic concerns can be viewed as a combination of maladaptive cognitions. In recent studies, researchers have operationalized perfectionistic concerns as socially-prescribed perfectionism plus other maladaptive perfectionistic characteristics, such as concern over mistakes, self-criticism, and self-doubt (Mackinnon & Sherry, 2012; Mackinnon et al., 2012; Mallinson & Hill, 2011). Therefore, it is important to note that perfectionistic concerns may be measured differently from one study to the next.

In addition to the perfectionistic standards individuals can impose on the self and others, Hewitt et al. (2003) conceptualized a perfectionistic trait concerning the individual’s presentation of self when interacting with others. This perfectionistic self-presentation is the extent to which individuals try to appear perfect in order to avoid the possible negative evaluation, disapproval, or rejection by others. An individual’s perfectionistic self-presentation may be a response to perceived expectations of others (socially-prescribed perfectionism), and therefore it is not necessarily related to an actual belief that one needs to be perfect and should strive to achieve perfection (Hewitt et al.,
For this reason, perfectionistic self-presentation is seen as a related, but separate construct from the other forms of perfectionism.

Hewitt et al. (2003) proposed three facets of perfectionistic self-presentation: perfectionistic self-promotion, non-display of imperfections, and nondisclosure of imperfections. According to this conceptualization, individuals who strive to appear perfect to others will actively attempt to display and draw attention to their “flawless” attributes while taking care to avoid behavioral displays or verbal disclosures of their flaws. These individuals are constantly monitoring their behaviors in order to keep up a perfect appearance and avoid any criticism from others.

While perfectionistic concerns and strivings are viewed as being relatively stable personality traits (Hewitt & Flett, 1991), Mackinnon and Sherry (2012) assert that perfectionistic self-presentation is better viewed as a characteristic adaptation, in that these behaviors are driven by the situational context. Hewitt et al. (2003) suggest that these self-presentation behaviors are a maladaptive, neurotic coping strategy that leads to low self-esteem and interpersonal problems. They also speculate the possibility that subjective distress may further intensify the use of such maladaptive behaviors.

**Perfectionism and Psychological Distress**

The social disconnection model is a theoretical framework that has driven recent research on the associations between perfectionism, social relationships, and individual psychopathology (Mackinnon et al., 2012; Roxborough et al., 2012; Sherry et al., 2013). According to the social disconnection model, perfectionism causes individuals to be vulnerable to depressive symptoms due to a lack of perceived social connectedness.
Social disconnection can be both subjective and objective (Sherry, Law, Hewitt, Flett, & Besser, 2008). While subjective social disconnection involves feelings of being detached or at odds with others, objective disconnection consists of actual problems within a relationship. For example, the distressing feeling of being socially disconnected can lead to negative cognitions (e.g., thinking that others are uncaring), behaviors (e.g., verbal attacking during conflict), and outcomes (e.g., discontinuation of the relationship) which contribute to the individual’s depressive symptoms (Mackinnon et al., 2012).

While perfectionistic strivings do not seem to predict psychological distress or problems in interpersonal relationships, perfectionistic concerns, other-oriented perfectionism, and socially-prescribed perfectionism have consistently shown to be related to both individual psychopathology and interpersonal problems. For example, perfectionistic concerns have been shown to be related to anxiety, depression, and eating disorders (Dunkley et al., 2006). In another study, Schrick, et al. (2012) found that college women who are high perfectionistic self-presentation experienced higher levels of depression and anxiety symptoms as well as self-silencing (internalizing emotions so as not to disclose thoughts, feelings, or concerns to significant others). At the extreme, perfectionism can also contribute to suicidality. For instance, Roxborough et al. (2012) found that socially-prescribed perfectionism and perfectionistic-self presentation were associated with higher levels of suicide ideation and behaviors.

As the social disconnection model would predict, perfectionism has also been shown to have negative effects on romantic relationships. In one study, Stoeber (2012)
examined other-oriented and socially-prescribed perfectionism specifically in the context of romantic relationships. In other words, he measured partner-oriented and partner-prescribed perfectionism. Whereas partner-oriented perfectionism refers to perfectionistic standards an individual holds to his/her partner, partner-prescribed perfectionism refers to the perceived high or unrealistic expectations from one’s partner. Stoeber found that participants’ own partner-oriented perfectionism was positively associated with their partner’s partner-prescribed perfectionism and negatively associated with their own satisfaction and commitment to the relationship. Furthermore, research findings show that partner-oriented perfectionism is related to relationship distress and termination of the relationship during a three-month interval (Lopez et al., 2006).

Also in line with the social disconnection model, recent findings indicate that perfectionism’s negative impact on interpersonal relationships has a significant effect on personal mental health. In a study by Sherry et al. (2008), the researchers found that socially-prescribed perfectionism was associated with lower perceived social support, even though there was no effect on actual received support. This finding indicates that socially-prescribed perfectionism is related to a subjective perception of social disconnection. Furthermore, self-oriented and other-oriented perfectionism were not found to be related to perceived or received social support. Thus, the authors suggested that socially-prescribed is the type of perfectionism that is most related to social disconnection. In another study of college student romantic pairs, Mackinnon et al. (2012) found that perfectionistic concerns (including socially-prescribed perfectionism) predicted dyadic conflict beyond other-oriented perfectionism, and that dyadic conflict
mediated the association between perfectionistic concerns and depression. These results support the social disconnection model of perfectionism and suggest that perfectionism (particularly perfectionistic concerns) leads to interpersonal conflict in romantic relationships, thereby contributing to depressive symptoms.

**The Current Study**

While Mackinnon et al. (2012) conducted a rather robust study of the social disconnection model in the context of romantic relationships, the current study sought to expand on these findings. One limitation of the Mackinnon et al. study is that it did not include perfectionistic self-presentation. Because perfectionistic self-presentation is a behavioral strategy used in interpersonal contexts, and since these behaviors are likely to be utilized by individuals who have higher levels of perfectionistic concerns, accounting for perfectionistic self-presentation may help to provide a more complete understanding of the perfectionism-depression relationship. For example, Mackinnon and Sherry (2012) found that perfectionistic self-presentation mediated the relationship between perfectionistic concerns and subjective well-being. A second limitation is that Mackinnon et al. only included critical/rejecting conflict behaviors. While it may be that perfectionistic individuals are more likely to utilize these maladaptive conflict strategies, the presence of positive conflict behaviors may serve as a buffer against internalizing psychopathology. That is, positive conflict behaviors may serve as a moderator of the relationship between perfectionism and depression. Furthermore, perfectionistic individuals may tend to use various types of negative conflict behaviors. Therefore, the current study examined positive problem-solving behaviors, as well as multiple negative
styles of conflict resolution behaviors. Finally, Mackinnon et al. did not include a measure of relationship satisfaction or quality. Because perfectionism is also related to lower relationship satisfaction (Stoeber, 2012), it is important to examine how the couple’s perceptions of their relationship impacts depression.

The purpose of the current study was to further examine maladaptive types of perfectionism in the context of romantic relationships. In particular, the goal of the study was to provide a more comprehensive view of the relationships between types of perfectionism, how conflict is handled in romantic relationships, and symptoms of depression. Consistent with the social disconnection model of perfectionism and with previous research, I expected to find that negative conflict behaviors would mediate the relationship between maladaptive perfectionism (perfectionistic concerns and other-oriented perfectionism) and depression. Although positive conflict behaviors have not been examined in studies of this model, I expected that positive behaviors would play a role in decreasing depression.

Another purpose of this study was to examine the role of perfectionistic self-presentation. I predicted that this behaviorally-based type of perfectionism would also serve as a mediating factor between perfectionistic concerns and depression. This prediction is consistent with Mackinnon and Sherry’s (2012) finding that perfectionistic self-presentation mediated the relationship between perfectionistic concerns and subjective well-being, which was assessed through measures of general life satisfaction and positive and negative affect. While the association with subjective well-being is informative, it is important to investigate how perfectionistic self-presentation may be
related to specific psychological problems. The current study sought to expand on this finding by examining whether this mediation model would hold for a specific type of psychopathology (i.e., depression). In addition to providing insight about the disorder, understanding the role of perfectionistic self-presentation may help to identify target behaviors in the treatment of depression. Moreover, the inclusion of multiple mediators may allow for a more holistic understanding of the perfectionism-depression relationship, such that including multiple mediators can make it possible to investigate which mediator has a stronger indirect effect on depression, and whether a given mediator is significant when accounting for other hypothesized mediating variables.

In addition to acting as a mediator, perfectionistic self-presentation was expected to be associated with negative conflict behaviors, such as withdrawal or compliance, which may serve to further increase depression. This hypothesis is consistent with the association of perfectionistic self-presentation and self-silencing (Schrick, et al., 2012). Because individuals who strive to appear perfect to others are more likely to silence their voices in relationships, they may be more disposed to going along with their partner’s argument (compliance) or even remaining silent during the argument (withdrawal). Finally, I included a measure of relationship quality in order to examine the role that the individual’s perceptions of the romantic relationship has within the proposed model. Specifically, I hypothesized that relationship quality would mediate the perfectionism-depression relationship.
Hypotheses

Based on past research, I made the following hypotheses for the current study:

Hypothesis 1: First, I intended to replicate and expand on the findings of Mackinnon et al. (2012). I hypothesized that conflict would mediate the relationship between maladaptive perfectionism (i.e., perfectionistic concerns and other-oriented perfectionism) and depression.

Hypothesis 2: Because perfectionistic self-presentation is conceptualized as a characteristic adaptation of the trait of perfectionistic concerns, I predicted that perfectionistic self-presentation would partially mediate the association between perfectionistic concerns and depression.

Hypothesis 3: I hypothesized that relationship quality would partially mediate the relationship between maladaptive perfectionism (i.e., perfectionistic concerns and other-oriented perfectionism) and depression.

Hypothesis 4: I predicted that positive conflict resolution strategies would moderate the relationship between maladaptive perfectionism (i.e., perfectionistic concerns and other-oriented perfectionism) and depression, such that more positive conflict behaviors would be associated with less severe depression among participants high in maladaptive perfectionism.

Hypothesis 5: Finally, I hypothesized that perfectionistic self-presentation would be positively associated with use of withdrawal and compliance strategies during conflict. I also predicted that other-oriented perfectionism would be positively associated with the use of personal attacks during conflict.
CHAPTER 2

METHOD

Participants

Participants were undergraduate students at the University of Dayton who were enrolled in an Introductory Psychology course at the time of data collection. They were recruited through the Psychology Research Sign-Up System and received course credit for their participation in this study. Students were asked to participate only if they are in a current committed relationship that has continued for at least three months. Data was collected from a total of 87 participants. However, eight participants were excluded from the analyses due to incomplete data ($N = 4$), failure to be in a current relationship ($N = 2$), or failure to meet the minimum duration (3 months) for the current relationship ($N = 2$).

Of the 79 participants included in the analyses, 77.2% ($N = 61$) were women and 22.8% ($N = 18$) were men. Regarding race, 85% of participants identified themselves as “white,” 12.5% as “other, and 2.5% as “black.” The age of participants ranged from 18 to 22 ($M = 19.05, SD = .97$). The majority of the participants identified themselves as heterosexual (96.2%), and the remaining participants identified as lesbian (3.8%). The length of the current romantic relationship ranged from 3 to 48 months ($M = 13.89, SD = 11.78$), and 51.9% of participants considered their relationship to be long-distance.
Measures

Perfectionism.

Perfectionistic Concerns. To measure perfectionistic concerns, I used the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991, 2004) Socially-Prescribed Perfectionism subscale, which consists of 15 items. To be consistent with other studies using romantic dyads (e.g., Mackinnon et al., 2012; Stoeber, 2012), items were modified to be partner-specific (e.g., “My partner expects me to be perfect”). Participants rated each item on a 1 (strongly disagree) to 7 (strongly agree) scale.

Research indicates that the test-retest reliability for this measure ranges from .60 to .75 (Hewitt & Flett, 1991; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). The Socially-Prescribed Perfectionism subscale has also been found to be significantly correlated with the Frost Multidimensional Perfectionism Scale (FMPS) subscales of Parental Criticism and Parental Expectations (Hewitt et al., 1991). In the current study, Cronbach’s alpha for the MPS Socially-Prescribed Perfectionism subscale was .83.

In addition, I used the following scales of the Perfectionism Inventory (PI; Hill et al., 2004): Concern Over Mistakes (8 items; e.g., “I am particularly embarrassed by failure”), Need for Approval (8 items; e.g., “I compare my work to others and often feel inadequate”), and Rumination (7 items; e.g., “I spend a lot of time worrying about things I’ve done, or things I need to do”). These subscales, which load onto the Self-Evaluative factor of the PI, tap into maladaptive perfectionistic thoughts and behaviors which, along with socially-prescribed perfectionism, fit into the construct of perfectionistic concerns. Items are rated on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). Test-retest correlations for the eight PI scales ranged from .71 to .91, and coefficient alphas
ranged from .83 to .91 (Hill et al., 2014). In the current study, Cronbach’s alpha was .91 for the PI.

Because the MPS socially-prescribed perfectionism scale measures partner-specific concerns and the PI measures more general perfectionistic concerns, the MPS and PI scores were used separately in the analyses of the current study. Refer to Appendix A for the MPS and Appendix B for the PI.

**Other-Oriented Perfectionism.** The MPS Other-Oriented Perfectionism subscale was used to measure other-oriented perfectionism (15 items; e.g., “If I ask my partner to do something, I expect it to be done flawlessly”). Again, items were modified to be partner-specific. Participants rated each item on a 1 (strongly disagree) to 7 (strongly agree) scale. Past research has shown that this subscale is significantly correlated with the Frost Multidimensional Perfectionism Scale (FMPS) Personal Standards subscale (Hewitt & Flett, 1991). In the current study, Cronbach’s alpha for the Other-Oriented Perfectionism subscale was .61.

**Perfectionistic Self-Presentation.** The Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003) was used to assess the extent to which participants strive to appear perfect to others. The 27-item scale uses a 7-point scale, from 1 (Disagree Strongly) to 7 (Agree Strongly) and includes 3 subscales: Perfectionistic Self-Promotion (e.g., “I try always to present a picture of perfection”), Nondisplay of Imperfection (e.g., “I hate to make errors in public”), and Nondisclosure of Imperfection (e.g., “I try to keep my faults to myself”). Possible scores range from 27 to 189, with higher scores denoting greater perfectionistic self-presentation. Test-retest reliability was .83, .84, and .74,
respectively. Internal consistency for the three factors ranged from .78 to .86. The PSPS has been shown to be positively related to self-monitoring behaviors, self-handicapping, self-concealment, and MPS self-oriented and socially-prescribed perfectionism (Hewitt et al., 2003). A composite score of the three subscales were used in the analyses for the current study. Cronbach’s alpha for the PSPS was .93 in the current study. See Appendix C for the PSPS.

Conflict behaviors. The Conflict Resolution Style Inventory (CRSI; Kurdek, 1994) was used to measure participants’ conflict resolution styles. The scale consists of 16 items divided into four subscales which are designed to measure different styles of conflict behaviors: conflict engagement (e.g., “launching personal attacks”), positive problem solving (e.g., “negotiating and compromising”), withdrawal (e.g., “remaining silent for long periods of time”), and compliance (e.g., “not defending my position”). Each subscale consists of 4 items. The participants were asked to rate each item on a 4-point scale (1-Never to 4-Always) how often each item is used in disagreements with their partners. Test-retest reliability for the four subscales ranged from .65 to .89. In terms of the validity of this measure, conflict engagement, withdrawal, and compliance were found to be negatively associated with relationship satisfaction. Conversely, positive problem solving was positively associated with relationship satisfaction (Kurdek, 1994). Individual subscale scores were used for the analyses in this study. Cronbach’s alphas in the current study were .72 for conflict engagement, .66 for positive problem solving, .72 for withdrawal, and .70 for compliance. The CRSI can be found in Appendix D.
**Depressive symptoms.** The Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) was used to measure participants’ depressive symptoms. The CES-D is a 20-item self-report questionnaire. Participants were asked to report how often they experienced each symptom in the past week on a 4-point scale from 0 to 3 (i.e., less than one day, 1-2 days, 3-4 days and 5-7 days). Sample items include: “I felt lonely” and “I felt hopeful about the future” (reverse scored). Scores range from 0 to 60, with higher scores indicating greater levels of depression. A score of 16 or higher is used as the clinical cutoff score for clinical depression. Internal consistency for the general population was .85, and test-retest reliability ranged from .45 and .70. As evidence for convergent validity, the CES-D has been shown to be significantly correlated with various other scales designed to measure depressive symptoms (Radloff, 1977). Cronbach’s alpha for the CES-D in the current study was .86. See Appendix E for the CES-D.

**Relationship quality.** To assess relationship quality, I used the Relationship Rating Form (RRF; Davis & Todd, 1982). The RRF measures seven global characteristics and twenty facets of romantic relationships or friendships. For the current study, I used only the scales measuring relationship satisfaction, conflict, and commitment. The Global Satisfaction scale is comprised of four facets: Success (3 items; e.g., “Are you happy in your relationship with this person?”), Enjoyment (3 items; e.g., “Do you enjoy this person’s company?”), Reciprocity (3 items; e.g., “Do you feel that your partner cares for you as much as you care for him/her?”), and Esteem (2 items; e.g., “Does your partner make you feel worthwhile and special?”). Because the current study
focused on conflict within the relationship, the Conflict facet of the
Conflict/Ambivalence scale was also included (3 items; e.g., “Is there tension in your
relationship with this person?”). The Commitment scale, which does not load onto any of
the global scales, consists of 4 items (e.g., “Are you committed to staying in your
relationship?”). Items are scored on a 9-point scale from 1 (Not at all) to 9 (Completely
or extremely). Internal consistency was .90 for Global Satisfaction (with subscales
ranging from .81 to .90) and .73 for Conflict (Davis and Todd, 1987). The RRF has been
shown to be predictive of longitudinal satisfaction and relationship stability (Davis,
Kirkpatrick, Levy, & O'Hearn, 1994). Subscale scores for satisfaction, conflict, and
commitment were used for this study’s analyses. In the current study, Cronbach’s alpha
was .88 for satisfaction, .66 for conflict, and .82 for commitment. Refer to Appendix F
for the RRF.

**Demographics.** A demographics form was included to gather information on
gender, age, race, sexual orientation, and status and history of romantic relationship. To
assess relationship status and history, participants were asked: 1) whether they have ever
been in a romantic relationship, 2) whether they are currently in a relationship and, if so,
how long they have been in the relationship, 3) if they have ever been in a relationship,
what is the longest relationship they have had, and 5) if they are currently in a
relationship, whether it is a long distance relationship. The demographics questionnaire
can be found in Appendix G.
**Procedure**

This study was approved by the University Institutional Review Board. Undergraduate volunteers were instructed to fill out a packet of self-report questionnaires in a pre-designated room on campus along with approximately 5 to 10 other participants. Participants completed questionnaires designed to measure the following constructs: perfectionism (perfectionistic concerns, other-oriented perfectionism, and perfectionistic self-presentation), conflict resolution behaviors, relationship quality, and depression. A demographics form was also included. Although participants were asked to sign up for the study only if they have been in their current committed relationship for at least three months, instructions on the questionnaires reflect the possibility that some students who do not meet this criteria may nevertheless arrive to participate in the study. For questionnaires that are partner-specific, participants were asked to base their responses on their current relationship. Alternatively, if they are not currently in a relationship, they were asked to base their responses on their most significant past relationship. If a participant has never been in a romantic relationship, the individual was instructed to skip the questionnaire and move on to the next one. Upon completion of the questionnaires, the student obtained class credit for participation. Completion time for the survey was approximately twenty to thirty minutes.
CHAPTER 3
RESULTS

Preliminary Analyses

The means, standard deviations, and ranges for the continuous variables in the current study are presented in Table 1.
Table 1

*Descriptive Statistics for Continuous Study Measures*

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perfectionistic Concerns</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPP</td>
<td>36.73</td>
<td>12.78</td>
<td>18-67</td>
</tr>
<tr>
<td>PI</td>
<td>64.78</td>
<td>15.59</td>
<td>23-107</td>
</tr>
<tr>
<td><strong>Other-oriented Perfectionism</strong></td>
<td>58.61</td>
<td>10.17</td>
<td>36-95</td>
</tr>
<tr>
<td><strong>Perfectionistic Self-Presentation</strong></td>
<td>99.62</td>
<td>25.40</td>
<td>42-157</td>
</tr>
<tr>
<td><strong>Conflict Styles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEG</td>
<td>39.38</td>
<td>5.98</td>
<td>27-53</td>
</tr>
<tr>
<td>CE</td>
<td>7.38</td>
<td>2.76</td>
<td>4-14</td>
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<tr>
<td>W</td>
<td>7.77</td>
<td>2.94</td>
<td>4-16</td>
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<tr>
<td>COMP</td>
<td>7.63</td>
<td>2.98</td>
<td>4-16</td>
</tr>
<tr>
<td>PP</td>
<td>16.59</td>
<td>2.39</td>
<td>9-20</td>
</tr>
<tr>
<td><strong>Relationship Quality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT</td>
<td>88.43</td>
<td>9.39</td>
<td>60-99</td>
</tr>
<tr>
<td>CON</td>
<td>8.15</td>
<td>3.52</td>
<td>3-18</td>
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<tr>
<td>COMM</td>
<td>30.76</td>
<td>4.48</td>
<td>18-36</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>12.93</td>
<td>8.30</td>
<td>2-39</td>
</tr>
</tbody>
</table>

*Note.* SPP = socially-prescribed perfectionism, PI = perfectionism inventory, OOP = other-oriented perfectionism, PSP = perfectionistic self-presentation, NEG = negative conflict total score, CE = conflict engagement, W = withdrawal, COMP = compliance, PP = positive problem-solving, SAT = relationship satisfaction, CON = relationship conflict, COMM = relationship commitment, DEP = depression.

In order to identify possible confounding variables, preliminary analyses were conducted to examine relationships between demographic variables and the criterion variable of depression. Zero-order correlations were computed to test the relationship between the continuous demographic variables (i.e., age, length of current relationship, and length of longest relationship) and depression. No significant relationships were
found. Next, t-tests or one-way Analysis of Variance (ANOVA) were used to determine if there were any significant group differences in the categorical demographic variables (i.e., gender, race, sexual orientation, long-distance relationship, and year in college) on depression. Again, no significant results were found. Therefore, none of the demographic variables were controlled for in the primary analyses.

Bivariate correlations were computed to examine the association between maladaptive perfectionism (i.e., socially-prescribed perfectionism, PI perfectionistic concerns and other-oriented perfectionism), the three hypothesized mediators (i.e., negative conflict behaviors, perfectionistic self-presentation, and relationship quality), and depression. These correlations are presented in Table 2. The criterion variable of depression was significantly positively related to socially-prescribed perfectionism (a part of perfectionistic concerns), the negative conflict behaviors of withdrawal and compliance, and negative conflict total scores. In other words, participants with higher levels of socially-prescribed perfectionism tended to report higher levels of depression. Likewise, the more withdrawal, compliance, and overall negative behaviors participants reported using during conflict, the more likely they were to report higher levels of depression. Relationship satisfaction, on the other hand, was significantly negatively correlated with depression. That is, higher depression scores were, on average, related to lower relationship satisfaction.

In regards to the relationships between the predictor variables and the mediators, both socially-prescribed perfectionism and the PI scales assessing general perfectionistic concerns were significantly positively correlated with perfectionistic self-presentation.
and withdrawal conflict strategies, such that higher levels of perfectionism were related to higher levels of perfectionistic self-presentation and withdrawal. However, only socially-prescribed perfectionism was significantly, positively correlated with other-oriented perfectionism, negative conflict (i.e., compliance, conflict engagement, and overall negative conflict scores), and relationship conflict as measured by the RRF. That is, those who scored high in socially-prescribed perfectionism were more likely to score high in other-oriented perfectionism, use more negative conflict styles, and report higher levels of conflict in their relationship. In addition, socially-prescribed perfectionism was significantly, negatively correlated with positive problem-solving, relationship satisfaction, and relationship commitment. Therefore, those high in socially-prescribed perfectionism tended to report lower levels of relationship satisfaction and commitment, as well as less positive problem-solving strategies during conflict with their partner. Although both socially-prescribed perfectionism and PI scales were conceptualized as being part of the construct of perfectionistic concerns, socially-prescribed perfectionism and PI scores were not significantly correlated with each other in this study.

Finally, I looked at the correlations between the different mediators. In regards to conflict resolution styles, all negative conflict styles (i.e., conflict engagement, withdrawal, compliance, and overall negative conflict scores) were significantly negatively correlated with relationship satisfaction and commitment. In other words, the more negative conflict behaviors used by participants, the lower the participants’ satisfaction and commitment within their current relationship. In addition, conflict engagement and withdrawal, but not compliance, was significantly, positively correlated
with relationship conflict. Thus, participants who reported greater use of conflict engagement and withdrawal strategies generally reported greater amounts of conflict within their current relationship. Positive-problem solving was significantly positively related to relationship satisfaction and commitment, and significantly negatively correlated with perfectionistic self-presentation, conflict engagement, withdrawal, and relationship conflict. Thus, the more positive-problem solving used during conflict, the more satisfied and committed the participants were within their current relationship. Conversely, more positive problem-solving was related to lower levels of perfectionistic self-presentation, conflict engagement, withdrawal, and conflict within the relationship.
Table 2

Zero-Order Correlations Between Continuous Study Variables

<table>
<thead>
<tr>
<th></th>
<th>SPP</th>
<th>PI</th>
<th>OOP</th>
<th>PSPS</th>
<th>NEG</th>
<th>CE</th>
<th>PP</th>
<th>W</th>
<th>COMP</th>
<th>SAT</th>
<th>CON</th>
<th>COMM</th>
<th>DEP</th>
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<tr>
<td>SPP</td>
<td>--</td>
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<td>.27**</td>
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<td>.46**</td>
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<tr>
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<td>PSPS</td>
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<td>.23*</td>
<td>-.25*</td>
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</tbody>
</table>

Note. SPP = socially-prescribed perfectionism, PI = perfectionism inventory, OOP = other-oriented perfectionism, PSP = perfectionistic self-presentation, NEG = negative conflict total score, CE = conflict engagement, W = withdrawal, COMP = compliance, PP = positive problem-solving, SAT = relationship satisfaction, CON = relationship conflict, COMM = relationship commitment, DEP = depression. **p < .01. *p < .05.
Primary Analyses

**Hypotheses 1.** The hypothesis that negative conflict would mediate the relationship between maladaptive perfectionism and depression was tested using Hayes’ (2013) bootstrapping method (i.e., PROCESS). Separate models were run for each type of perfectionism (i.e., socially-prescribed, PI perfectionistic concerns, and other-oriented), and each mediator (i.e., conflict engagement, withdrawal, compliance, and total negative conflict) was tested separately as well. For each model, perfectionism was the predictor, conflict style was the mediator, and depression was the criterion variable. In order to support the hypothesis, the bootstrap confidence intervals (95 percent) must exclude values of zero. The results indicated that negative conflict total scores mediated the relationship between perfectionistic concerns, as measured by the PI, and depression (95% confidence interval [CI] = .0009 to .1003, \( p < .05 \)). When socially-prescribed perfectionism was entered as the predictor variable and negative conflict total scores was entered as the mediator, the results did not support the mediation hypothesis (95% confidence interval [CI] = -.0003 to .1637, \( p > .05 \)). However, the results suggested that the specific conflict style of compliance mediated the relationship between socially-prescribed perfectionism and depression (95% confidence interval [CI] = .0016 to .2002, \( p < .05 \)). The hypothesis that negative conflict would mediate the relationship between other-oriented perfectionism and depression was not supported (95% confidence interval [CI] = -.1312 to .0266, \( p > .05 \)).

**Hypothesis 2.** The same bootstrapping method was also used to test the hypothesis that perfectionistic self-presentation serves as a mediator in the relationship between perfectionistic concerns and depression. Perfectionistic concerns was entered as
the predictor variable, perfectionistic self-presentation as the mediator, and depression as the criterion variable. Again, socially-prescribed perfectionism and the PI were tested separately. The results did not support this hypothesis for either socially prescribed perfectionism (95% confidence interval [CI] = -.0235 to .1028, \( p > .05 \)) or the PI (95% confidence interval [CI] = -.0604 to .1838, \( p > .05 \)) as the predictor variable.

**Hypothesis 3.** Again, the same method was used to test the hypothesis that relationship quality mediates the association between maladaptive perfectionism and depression. Maladaptive perfectionism (i.e., socially-prescribed, PI perfectionistic concerns, and other-oriented) was entered as the predictor variable, relationship quality (i.e., satisfaction, commitment, and conflict) as the mediator, and depression as the criterion variable. Again, each type of perfectionism was entered individually, and each mediator was tested in a separate model. When socially-prescribed perfectionism was used as the predictor, the results did not support the hypothesis that relationship satisfaction (95% confidence interval [CI] = -.0451 to .2134, \( p > .05 \)), commitment (95% confidence interval [CI] = -.0310 to .0831, \( p > .05 \)), or conflict (95% confidence interval [CI] = -.0833 to .1362, \( p > .05 \)) mediated the relationship between maladaptive perfectionism and depression. Likewise, satisfaction (95% confidence interval [CI] = -.0021 to .0844, \( p > .05 \)), commitment (95% confidence interval [CI] = -.0056 to .0426, \( p > .05 \)), and conflict (95% confidence interval [CI] = -.0070 to .0570, \( p > .05 \)) did not mediate the relationship between the PI and depression. Finally, there was no support for the hypothesis that satisfaction (95% confidence interval [CI] = -.0230 to .0631, \( p > .05 \)), commitment (95% confidence interval [CI] = -.0265 to .0458, \( p > .05 \)), or conflict (95% confidence interval [CI] = -.0642 to .1087, \( p > .05 \)) mediated the relationship between maladaptive perfectionism and depression.
confidence interval [CI] = -.0086 to .0847, \( p > .05 \) mediated the relationship between other-oriented perfectionism and depression.

**Hypothesis 4.** Multiple regression was used to test the hypothesis that positive conflict resolution strategies would moderate the relationship between maladaptive perfectionism and depression. Perfectionistic concerns, other-oriented perfectionism, and positive problem-solving were mean centered prior to creating the interaction term in order to reduce the chance of problems with multicollinearity (Cohen, Cohen, Aiken, & West, 2003). Depression was regressed on maladaptive perfectionism (i.e., perfectionistic concerns or other-oriented perfectionism), positive problem solving, and the interaction of the two variables. The interaction was non-significant for other-oriented perfectionism, \( F(3) = .73, p > .05 \). In addition, the interaction was non-significant for perfectionistic concerns, in the case of both socially-prescribed perfectionism, \( F(3) = 2.69, p > .05 \), and the PI, \( F(3) = 2.00, p > .05 \). Thus, the fourth hypothesis was not supported by the results. These results are summarized in Tables 3-5.
Table 3

Regression Analyses Predicting Depression from Other-Oriented Perfectionism x Positive Problem Solving Scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>95% CI</th>
<th>β</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>OOP</td>
<td>-.04</td>
<td>[-.24, .15]</td>
<td>-.05</td>
<td>-.43</td>
<td>.67</td>
</tr>
<tr>
<td>PP</td>
<td>-.51</td>
<td>[-1.31, .29]</td>
<td>-.15</td>
<td>-1.27</td>
<td>.21</td>
</tr>
<tr>
<td>OOP x PP</td>
<td>.023</td>
<td>[-.06, .11]</td>
<td>.07</td>
<td>.53</td>
<td>.60</td>
</tr>
</tbody>
</table>

Notes. $R^2 = .03$. CI = confidence interval for B. OOP = other-oriented perfectionism and PP = positive problem-solving.

Table 4

Regression Analyses Predicting Depression from Socially-Prescribed Perfectionism x Positive Problem Solving Scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>95% CI</th>
<th>β</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPP</td>
<td>.14</td>
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<td>.22</td>
<td>1.80</td>
<td>.08</td>
</tr>
<tr>
<td>PP</td>
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<td>[-.90, .82]</td>
<td>-.01</td>
<td>-.09</td>
<td>.92</td>
</tr>
<tr>
<td>SPP x PP</td>
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<td>[-.10, .02]</td>
<td>-.16</td>
<td>-1.43</td>
<td>.16</td>
</tr>
</tbody>
</table>

Notes. $R^2 = .10$. CI = confidence interval for B. SPP = socially-prescribed perfectionism and PP = positive problem-solving.
Table 5

*Regression Analyses Predicting Depression from Perfectionism Inventory x Positive Problem Solving Scores*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>95% CI</th>
<th>β</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI</td>
<td>.11</td>
<td>[-.01, .23]</td>
<td>.20</td>
<td>1.76</td>
<td>.09</td>
</tr>
<tr>
<td>PP</td>
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<td>[-1.14, .44]</td>
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<td>-.88</td>
<td>.38</td>
</tr>
<tr>
<td>PI x PP</td>
<td>-.03</td>
<td>[-.09, .02]</td>
<td>-.15</td>
<td>-1.27</td>
<td>.21</td>
</tr>
</tbody>
</table>

*Notes.* $R^2 = .07$. CI = confidence interval for $B$. PI = perfectionism inventory and PP = positive problem-solving.

**Hypothesis 5.** Zero-order correlations were computed to test the hypotheses that perfectionistic self-presentation is positively related to withdrawal and compliance conflict strategies, and that other-oriented perfectionism is positively related to conflict engagement. The results indicated that perfectionistic self-presentation was significantly positively correlated with withdrawal, $r = .35, p < .01$. That is, those who scored high on perfectionistic self-presentation tended to report greater use of withdrawal behaviors during conflict with their partners. Perfectionistic self-presentation and compliance were not significantly correlated, $r = .06, p > .05$. In addition, there was no significant relationship between other-oriented perfectionism and conflict engagement, $r = -.03, p > .05$. 
CHAPTER 4
DISCUSSION

The purpose of the current study was to further investigate the relationship between maladaptive perfectionism and depression in the context of romantic relationships. In an attempt to better understand this association, I examined possible mediators and moderators of the relationship between maladaptive perfectionism and depression. According to the social disconnection model, maladaptive perfectionism may contribute to an individual’s vulnerability for depression due to a lack of perceived social connectedness (Hewitt et al., 2006). Using the social disconnection model as a framework for the current study, I hypothesized that conflict resolution behaviors, as well as participants’ perceptions of their own relationship quality, would mediate the relationship between maladaptive perfectionism and depression.

In the remainder of this section, I will review the main findings for each of the five hypotheses of the study. Next, I will discuss the importance of these findings for clinical applications. Lastly, I will address the limitations of the current study as well as suggestions for future research.
Hypothesis 1

My first hypothesis was that negative conflict behaviors would mediate the relationship between maladaptive perfectionism and depression. In another study, Mackinnon et al. (2012) found that critical/rejecting conflict behaviors mediated the relationship between perfectionistic concerns and depression. In the current study, I aimed to expand on these past finding. I found that negative conflict total scores (i.e., conflict engagement, withdrawal, and compliance) mediated the relationship between PI perfectionistic concerns and depression. The scales of the PI used in this study were designed to measure a general need of approval from others, as well as fear of and rumination over future and past mistakes. In this way, whereas Mackinnon et al. looked only at partner-specific perfectionistic concerns, the current study measured participants’ general perfectionistic concerns in addition to partner-specific perfectionistic concerns (i.e., socially-prescribed perfectionism). This distinction may be important, such that general perfectionistic concerns and socially-prescribed perfectionism may tap into distinct aspects of perfectionistic concerns which may have different effects on individual and relational well-being. My finding that the PI influenced depression indirectly through negative conflict total scores indicates that general perfectionistic concerns may be associated with a combination of maladaptive conflict resolution behaviors which contribute to depression symptoms.

When socially-prescribed perfectionism was used to measure perfectionistic concerns, I found that compliance behaviors, rather than negative conflict total scores, mediated the relationship between perfectionistic concerns and depression. The SPP scale was used to measure the extent to which participants hold the internal belief that their
current partners hold perfectionistic expectations for them. Therefore, my results suggest that partner-specific perfectionistic concerns are specifically associated with a passive approach to resolving conflict, and these behaviors (e.g., not sticking up for oneself, giving in with little attempt to defend one’s position, etc.) seem to partially account for the association between partner-specific socially-prescribed perfectionism and depression. This finding is consistent with earlier findings that socially-prescribed perfectionism was associated with self-silencing (e.g., not speaking one’s feelings in an intimate relationship if it may cause a disagreement), and that self-silencing partially mediated the relationship between socially-prescribed perfectionism and depression (Flett, Besser, Hewitt, & Davis, 2007). These findings, along with those of the current study, support the idea that individuals high in socially-prescribed perfectionism are more likely to avoid actively engaging in conflict. This tendency may be due to these individuals’ desire to appear perfect and avoid saying or doing something that could be criticized by their partners. In addition, compliance behaviors may contribute to depression symptoms because these individuals are not able to communicate their perspectives and opinions to their partners. Therefore, they are less likely to have their needs met within the relationship, and they may even sacrifice their own needs for their partners' needs.

Finally, the hypothesis that negative conflict would mediate the relationship between other-oriented perfectionism and depression was not supported in the current study. Moreover, other-oriented perfectionism was not found to be significantly associated with either depression or any of the negative conflict behaviors. One possible
explanation is that participants do not possess adequate insight into how their high standards for their partners contribute to relationship discord. For example, individuals high in other-oriented perfectionism may not realize that they are being critical of their partners during an argument. Such individuals may even believe that they are engaging in constructive criticism, while others may perceive the behavior as a personal attack or insult. Therefore, the relationship between other-oriented perfectionism and negative conflict behaviors would not be detected using only self-report measures of one member of the dyad.

**Hypothesis 2**

The second hypothesis (that perfectionistic self-presentation mediates the relationship between perfectionistic concerns and depression) was not supported in the current study. Although Mackinnon and Sherry (2012) found that perfectionistic self-presentation mediated the relationship between perfectionistic concerns and subjective well-being (i.e., negative/positive affect, general life satisfaction), it appears that this mediation model may not extend to depression symptoms in particular. Furthermore, in the current study, perfectionistic self-presentation was not found to be associated with depressive symptoms, as has been found in several previous studies (e.g., Besser, Flett & Hewitt, 2010; Flett, Besser, & Hewitt, 2014; Mushquash & Sherry, 2012; Schrick et al., 2012). One possibility is that the relationship between perfectionistic self-presentation and depression may become more evident with higher levels of depression. In the current study, only 24% of participants had a CES-D score of at least 16 (the clinical cutoff score for clinical depression). In contrast, previous studies using the PSPS and the CES-D had
larger sample sizes, and about 50\% of participants scored higher than 16 on the CES-D (Besser et al., 2010; Flett et al., 2014).

**Hypothesis 3**

No support was found for the hypothesis that relationship quality would mediate the relationship between maladaptive perfectionism and depression. Socially-prescribed perfectionism demonstrated significant associations with depression as well as all three aspects of relationship quality. However, the mediational hypothesis was not supported. On the other hand, other-oriented perfectionism and PI perfectionistic concerns were not significantly associated with any aspect of relationship quality (i.e., satisfaction, commitment, and conflict). Regarding the PI, this lack of association could be due to the fact that the items were not specifically tailored to the participants’ partners. Concerning other-oriented perfectionism, I previously noted that participants who scored high in other-oriented perfectionism may not possess the insight to recognize how their expectations toward their partner may negatively affect the relationship. If these individuals indeed lack insight into their own behaviors toward their partners, it is possible that other-oriented perfectionism may do more harm to the partners’, rather than the participants’, perceptions of relationship quality. However, findings of past studies indicate that the individuals’ other-oriented perfectionism can indeed have a negative impact on their own relationship satisfaction and commitment (Stoeber, 2012), and also on their sexual satisfaction (Habke, Hewitt, & Flett, 1999). Alternatively, it is possible that, in the current study, participants who scored high in other-oriented perfectionism tended to perceive that their partners adequately measure up to the high standards which
they set. In other words, other-oriented perfectionism may negatively affect relationship quality only if the perfectionistic individuals believe that their partners are failing to live up to their expectations.

**Hypothesis 4**

No support was found for the hypothesis that positive conflict resolutions strategies would moderate the relationship between maladaptive perfectionism and depression. On one hand, it may be possible that the use of positive conflict strategies does not act as a buffer against depression in individuals high in maladaptive perfectionism. However, it is important to note that the current study measured the conflict strategies of only one member of the romantic dyad. Because conflict with a romantic partner is an interpersonal phenomenon, examining both partners’ conflict behaviors would likely provide a more holistic view of the effect of positive problem-solving. For example, an individual’s positive problem-solving may not serve as a buffer against psychological distress if the individual’s partner persists in using primarily negative conflict strategies.

**Hypothesis 5**

Finally, partial support was found for the fifth hypothesis (that perfectionistic self-presentation would be associated with withdrawal and compliance strategies, and other-oriented perfectionism would be associated with conflict engagement). Once again, no relationship was found between other-oriented perfectionism and conflict behaviors, possibly due to lack of insight and/or satisfaction with the current partner (described in the previous paragraphs). The current study did, however, find a positive association
between perfectionistic self-presentation and withdrawal behaviors. This result is consistent with Schrick’s (2012) finding that perfectionistic self-presentation is associated with self-silencing. However, it is unclear why perfectionistic self-presentation was not also found to be related to compliance behaviors. One possibility is that individuals high in perfectionistic self-presentation tend to withdraw from conflict because they fear saying something wrong or because they refuse to admit they made a mistake, both of which are relevant concerns for these individuals. In contrast, compliance strategies may be used more by individuals who tend to believe they should put their partners’ needs before their own. In addition, it may also be more informative to examine these relationships using data from both members of the dyad, as an individual’s conflict strategies are likely influenced by her partner’s conflict strategies and perfectionistic tendencies.

**Clinical Applications**

This study, along with other related studies, may have important implications for clinical work with individuals who are high in maladaptive perfectionism characteristics. As the social disconnection model would suggest, these perfectionistic individuals may present with depressive symptoms that are related to interpersonal problems and relational distress. Although therapy addressing perfectionistic tendencies is likely to focus on the individual, the recent literature on the social disconnection model indicates that couple therapy may be appropriate in some cases. Working with the couple rather than the individual can help the therapist to observe and address the maladaptive patterns which are contributing to relational and individual distress. For example, in the current
study, the specific conflict strategy of compliance mediated the relationship between socially-prescribed perfectionism and depression. Therefore, targeting such maladaptive conflict behaviors in therapy could potentially decrease the clients’ depression while also helping the couple to form healthier interaction patterns.

In addition to addressing conflict patterns, the therapist can address the couple’s maladaptive cognitions in the context of the relationship. For example, individuals high in socially-prescribed perfectionism likely hold negative beliefs about how their partners perceive them, some of which may be influenced by the partners’ behaviors and beliefs (e.g., partners may be high in other-oriented perfectionism). By only treating one individual, the therapist would be missing this important piece of information which could be affecting both the relationship and individual well-being. Thus, this line of research may lead to more effective treatment of perfectionistic individuals experiencing psychological distress.

Limitations and Directions for Future Research

One notable limitation of the current study was the correlational design, which prevents us from drawing causal conclusions from the results. For example, the current study assumes that maladaptive perfectionism leads to depressive symptoms indirectly through negative conflict behaviors. However, it is also possible that another unidentified variable influences both perfectionistic tendencies and depression. Alternatively, it could be that depression causes changes in cognitions which increase maladaptive perfectionism scores. Future research would benefit from the use of longitudinal designs,
as this would enable researchers to examine how maladaptive perfectionism, conflict, and depression change and influence each other over time.

A second major limitation was only including one member of the romantic dyad. Because conflict is an interpersonal process, including both members of the dyad would allow for more holistic understanding of the participants’ conflict resolution behaviors. For instance, while an individual’s conflict behaviors may in part be influenced by his personality traits (e.g., maladaptive perfectionism), his behaviors are likely influenced by his partner’s conflict strategies as well. For example, the individual’s tendency to use withdrawal strategies may be due to his unwillingness to admit fault, but it may also be a response to his partner’s frequent verbal attacks. In addition, participants may not accurately report on their own conflict behaviors. As stated in the previous section, individuals high in other-oriented perfectionism may lack sufficient insight regarding how their high expectations for their partners may influence how they behave towards their partners. Finally including both partners would also allow researchers to examine how one person’s perfectionistic tendencies and conflict behaviors influence her partner’s depression symptoms and perceptions of relationship quality. Therefore, researchers would greatly benefit from the inclusion of both members of the dyad in future studies.

Another limitation was the measurement of other-oriented perfectionism. The current study failed to measure the discrepancy between participants’ expectations for their partners (i.e., other-oriented perfectionism) and their evaluation of how well their partners live up to their perfectionistic standards. It may be possible that this discrepancy could influence participants’ relationship satisfaction as well as their behaviors toward
their partners. Alternatively, there may be a problem with the measurement of the construct itself. As Mackinnon et al. (2012) noted, the MPS may not tap into certain aspects of other-oriented perfectionism, such as entitlement or demandingness, which may have unique effects on romantic relationships. Furthermore, Stoeber (2015) found that the 1990 version of the other-oriented perfectionism scale (Hewitt & Flett, 1990) seemed to measure a colder or more extreme type of other-oriented perfectionism that was associated with callous traits. Thus, more research may be necessary in order to more clearly define and measure this type of perfectionism.

Finally, it is important to acknowledge the limited diversity of the current sample. Participants in the current study were young, unmarried college students. Because conflict and relationship quality may differ for married or cohabitating couples, future studies should seek to include participants who are in various stages of their relationships. Furthermore, the majority of participants in the current study identified as white and heterosexual. Future studies should aim to include a more diverse sample in order to examine possible differences between groups.

Overall, the current study adds further support to the social disconnection model while attempting to integrate the different types of maladaptive perfectionism. That is, the current study found that different types of negative conflict behaviors mediate the association between maladaptive perfectionism and depression, but this relationship differed across the types of perfectionism. Therefore, it is important to recognize the differences between these types of perfectionism. For example, although socially-prescribed perfectionism has been conceptualized as a component of perfectionistic
concerns, separately examining socially-prescribed perfectionism and general perfectionistic concerns has allowed for a more nuanced understanding of perfectionism, conflict, and depression in romantic relationships. On the other hand, our lack of findings pertaining to other-oriented perfectionism calls for additional research and perhaps a reevaluation of the construct itself. Such research can help us to expand our knowledge and potential clinical applications of the social disconnection model of perfectionism.
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APPENDIX A

Multidimensional Perfectionism Scale (MPS)

INSTRUCTIONS: Listed below are a number of statements concerning personal characteristics and traits. Read each item and decide whether you agree or disagree and to what extent. **If you are currently in a romantic relationship**, base your responses on your current relationship experiences. **If you are not currently in a relationship**, base your responses on your most significant past relationship. **If you have never been in a romantic relationship**, skip this section and move on to the next section.

1. I am not likely to criticize my partner for giving up too easily. (OOP)*
2. It is not important that my partner is successful. (OOP)*
3. I seldom criticize my partner for accepting second best. (OOP)*
4. I find it difficult to meet my partner’s expectations of me. (SPP)
5. Everything that my partner does must be of top-notch quality. (OOP)
6. My partner readily accepts that I can make mistakes too. (SPP)*
7. It doesn’t matter when my partner does not do his/her absolute best. (OOP)*
8. The better I do, the better my partner expects me to do. (SPP)
9. Anything that I do that is less than excellent will be seen as poor work by my partner. (SPP)
10. I have high expectations for my partner. (OOP)
11. My partner expects me to succeed at everything I do. (SPP)
12. I do not have very high standards for my partner. (OOP)*
13. My partner will like me even if I don’t excel at everything. (SPP)*
14. I can’t be bothered with a partner who won’t strive to better himself/herself. (OOP)
15. I do not expect a lot from my partner. (OOP)*
16. Success means that I must work even harder to please my partner. (SPP)
17. If I ask my partner to do something, I expect it to be done flawlessly. (OOP)
18. I cannot stand to see my partner make mistakes. (OOP)
19. My partner should never let me down. (OOP)
20. My partner thinks that I am okay, even when I do not succeed. (SPP)*
21. I feel that my partner is too demanding of me. (SPP)
22. Although my partner may not say it, he/she gets very upset with me when I slip up. (SPP)
23. My partner expects me to be perfect. (SPP)
24. My partner rarely expects me to excel in all aspects of my life. (SPP)*
25. I respect a partner who is average. (OOP)*
26. My partner expects nothing less than perfection from me. (SPP)
27. My partner expects more from me than I am capable of giving. (SPP)
28. It does not matter to me when my partner does not try his/her hardest. (OOP)*
29. My partner still thinks I am competent even if I make a mistake. (SPP)*
30. I seldom expect my partner to excel at whatever he/she does. (OOP)*

Socially-Prescribed Perfectionism = SPP
Other-Oriented Perfectionism = OOP
* denotes reverse scored items
APPENDIX B

Perfectionism Inventory (PI)

INSTRUCTIONS: Please use the following options to rate how much you generally agree with each statement.

1 strongly disagree    2 neither agree        3 agree
2 somewhat disagree    4 nor disagree           5 strongly agree

declare

1. I am over-sensitive to the comments of others. (na1)
2. If I make mistakes, people might think less of me. (cm1)
3. If I do something less than perfectly, I have a hard time getting over it. (r1)
4. I compare my work to others and often feel inadequate. (na2)
5. I am particularly embarrassed by failure. (cm2)
6. I spend a lot of time worrying about things I’ve done, or things I need to do. (r2)
7. I am sensitive to how others respond to my work. (na3)
8. I over-react to making mistakes. (cm3)
9. If I make a mistake, my whole day is ruined. (r3)
10. I’m concerned with whether or not other people approve of my actions. (na4)
11. If someone points out a mistake I’ve made, I feel like I’ve lost that person’s respect in some way. (cm4)
12. If I say or do something dumb I tend to think about it for the rest of the day. (r4)
13. I often don’t say anything, because I’m scared I might say the wrong thing. (na5)
14. If I mess up on one thing, people might start questioning everything I do. (cm5)
15. When I make an error, I generally can’t stop thinking about it. (r5)
16. I am self-conscious about what others think of me. (na6)
17. To me, a mistake equals failure. (cm6)
18. I often obsess over some of the things I have done. (r6)
19. I am often concerned that people will take what I say the wrong way. (na7)
20. Making mistakes is a sign of stupidity. (cm7)
21. After I turn a project in, I can’t stop thinking of how it could have been better. (r7)
22. If I make a serious mistake, I feel like I’m less of a person. (cm8)
23. I spend a great deal of time worrying about other people’s opinion of me. (na8)

Concern Over Mistakes (cm): items 6 14 22 30 38 46 53 57
Need for Approval (na): items 2 10 18 26 34 42 49 59
Rumination (r): items 8 16 24 32 40 48 55
APPENDIX C

Perfectionistic Self-Presentation Scale (PSPS)

INSTRUCTIONS: Listed below are a group of statements. Please rate your agreement with each of the statements using the following scale. If you strongly agree, circle 7; if you disagree, circle 1; if you feel somewhere in between, circle any one of the numbers between 1 and 7. If you feel neutral or undecided, the midpoint is 4.

1. It is okay to show others that I am not perfect (NDC)*
2. I judge myself based on the mistakes I make in front of other people (NDP)
3. I will do almost anything to cover up a mistake (NDP)
4. Errors are much worse if they are made in public rather than in private (NDP)
5. I try always to present a picture of perfection (PSP)
6. It would be awful if I made a fool of myself in front of others (NDP)
7. If I seem perfect, others will see me more positively (PSP)
8. I brood over mistakes that I have made in front of others (NDP)
9. I never let others know how hard I work on things (NDC)
10. I would like to appear more competent than I really am (NDP)
11. It doesn’t matter if there is a flaw in my looks (PSP)*
12. I do not want people to see me do something unless I am very good at it (NDP)
13. I should always keep my problems to myself (NDC)
14. I should solve my own problems rather than admit them to others (NDC)
15. I must appear to be in control of my actions at all times (PSP)
16. It is okay to admit mistakes to others (NDC)*
17. It is important to act perfectly in social situations (PSP)
18. I don’t really care about being perfectly groomed (PSP)*
19. Admitting failure to others is the worst possible thing (NDC)
20. I hate to make errors in public (NDP)
21. I try to keep my faults to myself (NDC)
22. I do not care about making mistakes in public (NDP)*
23. I need to be seen as perfectly capable in everything I do (PSP)
24. Failing at something is awful if other people know about it (NDP)
25. It is very important that I always appear to be “on top of things” (PSP)
26. I must always appear to be perfect (PSP)
27. I strive to look perfect to others (PSP)

Perfectionistic Self-Promotion = PSP
Nondisplay of Imperfection = NDP
Nondisclosure of Imperfection = NDC

* denotes reverse scored items
APPENDIX D

Conflict Resolution Styles Inventory (CRSI)

INSTRUCTIONS: Using the scale 1 = Never and 5 = Always, rate how frequently you use each of the following styles to deal with arguments or disagreements with your partner. If you are currently in a romantic relationship, base your responses on your current relationship experiences. If you are not currently in a relationship, base your responses on your most significant past relationship. If you have never been in a romantic relationship, skip this section and move on to the next section.

1. Launching personal attacks. (CE)
2. Focusing on the problem at hand. (P)
3. Remaining silent for long periods of time. (W)
4. Not being willing to stick up for myself. (Co)
5. Exploding and getting out of control. (CE)
6. Sitting down and discussing differences constructively. (P)
7. Reaching a limit, “shutting down,” and refusing to talk any further. (W)
8. Being too compliant. (Co)
9. Getting carried away and saying things that aren’t meant. (CE)
10. Finding alternatives that are acceptable to each of us. (P)
11. Tuning the other person out. (W)
12. Not defending my position. (Co)
13. Throwing insults and digs. (CE)
14. Negotiating and compromising. (P)
15. Withdrawing, acting distant and not interested. (W)
16. Giving in with little attempt to present my side of the issue. (Co)

CE = conflict engagement
P = positive problem solving
W = withdrawal
Co = Compliance
APPENDIX E

Center for Epidemiological Studies – Depression Scale (CES-D)

INSTRUCTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate value to the right of the statement to indicate how you have felt over the past week.

During the Past Week

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don’t bother me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I did not feel like eating; my appetite was poor.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I felt that I could not shake off the blues even with help from my family.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I felt that I was just as good as other people.*</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Item</td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
<td>Occasionally or a moderate amount of time (3-4 days)</td>
<td>Most or all of the time (5-7 days)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I felt depressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. I felt hopeful about the future.*</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. I thought my life had been a failure.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. I felt fearful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. My sleep was restless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. I was happy.*</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. I talked less than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. I felt lonely.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. I enjoyed life.*</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. I felt sad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. I felt that people disliked me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. I could not get going.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: * indicates reverse score items.
APPENDIX F

Relationship Rating Form (RRF)

INSTRUCTIONS: Below you will find questions about your relationship with your partner, lover or spouse. If you are currently in a romantic relationship, base your responses on your current relationship experiences. If you are not currently in a relationship, base your responses on your most significant past relationship. If you have never been in a romantic relationship, skip this section and move on to the next section.

To answer the questions, write the number between 1 and 9 that best reflects your feelings about your relationship with this person. Use the following key to the meaning of the numbers:

1 = Not at all          6 = very much
2 = very little        7 = a great deal
3 = Slightly (or rarely)  8 = strongly (almost always)
4 = somewhat (not often) 9 = Completely or extremely
5 = a fair amount

1. Are you happy in your relationship with this person? S1
2. Do you enjoy doing things with this person more than with others? En1
3. Does your partner share the same feeling for you that you have for him/her? R1
4. Does your partner make you feel worthwhile and special? Es1
5. Do you fight and argue with this person? Con1
6. Are you committed to staying in your relationship? Comm1
7. Has your relationship with this person satisfied your needs? S2
8. Do you enjoy doing things with this person that you otherwise would not enjoy? En2
9. Does this person really care about you as a person? R2
10. Does your partner make you feel proud of yourself? Es2
11. Does this person treat you in unfair ways? Con2
12. Does this person measure up to your ideals for a life partner? Comm2
13. Has your relationship with this person been a success? S3
14. Do you enjoy this person’s company? En3
15. Do you feel that your partner cares for you as much as you care for him/her? R3
16. Is there tension in your relationship with this person? Con3
17. How likely is it that your relationship will be permanent? Comm3
18. How committed is your partner to this relationship? Comm4

S = Success (Global Satisfaction scale)
En = Enjoyment (Global Satisfaction scale)
R = Reciprocity (Global Satisfaction scale)
Es = Esteem (Global Satisfaction scale)
Con = Conflict (Conflict scale)
Comm = Commitment (Commitment scale)
APPENDIX G

Demographics

INSTRUCTIONS: Please complete the demographic information on this page.

1. Age (circle): 18 19 20 21 22+
2. Gender (circle): Woman Man
3. Sexual Orientation: Heterosexual Gay Lesbian Bisexual Other
4. Race (check one):
   __Black
   __White
   __Other
5. Year in College (circle): 1st 2nd 3rd 4th 5+
6. Have you ever been in a romantic relationship (circle)?
   Yes No
   (If no, you may skip the remaining questions.)
7. Are you currently in a romantic relationship (circle)? Yes No
8. If you are currently in a relationship, how long has the relationship lasted?
   _______________months
9. What was the duration of your longest romantic relationship?
   _______________months
10. If you are not currently in a dating relationship, how long ago was your last relationship?

______________months

11. Are you currently in a long-distance relationship?  Yes  No
VITA

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Presentations


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