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DIMENSIONS OF PERFECTIONISM IN DUAL-ROLE WOMEN

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by

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ABSTRACT

There were two main objectives in this study. First, the study examined whether dimensions of perfectionism vary according to life domains for dual-role women. Dimensions of perfectionism (i.e., High Standards, Order, and Discrepancy subscales) were assessed in global, work, and home domains. Secondly, the study investigated whether adaptive and maladaptive perfectionism moderated the relationship between stress and the psychological health of dual-role women. To this end, the study examined whether adaptive and maladaptive perfectionism influenced dual-role women to become more or less vulnerable to the detrimental effects of stress. Results from the study indicated that domain differences in dimensions of perfectionism exist in dual-role women, and that these differences vary for adaptive and maladaptive dimensions of perfectionism. For adaptive dimensions of perfectionism (i.e., *High Standards* and *Order* subscales), mean scores in the work domains were significantly higher than mean scores in the home domain in the sample studied. Also for adaptive dimensions of perfectionism, mean scores in the global domain were significantly higher than mean scores in the home domain, but not the work domain. Different results were found for the maladaptive dimension of perfectionism (i.e., *Discrepancy* subscale)). For the maladaptive dimension of perfectionism, significant differences were detected among all three domains with the home domain being the highest and the work domain being the lowest. Data suggest that neither adaptive nor maladaptive perfectionism in global, home, and work domains moderated the relationship between stress and psychological health as expected. However, daily hassles and maladaptive perfectionism in global, work, and home domains were significant predictors of anxiety; and daily hassles, adaptive perfectionism, and maladaptive perfectionism were significant predictors of life satisfaction.

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CHAPTER ONE

Introduction

For many contemporary women, the roles of paid worker/professional are pursued in concert with traditional roles such as wife and mother. In 1997, Hayghe reported that 63.9% of women with children under age 6, and 78.3% of women with children ages 6-17 were employed in the paid labor force. As more families deem dual-incomes indispensable (Shellenbarger, 1997), examinations of the effects of fulfilling multiple roles on women and their significant others become increasingly important.

Beginning in 1960, two competing hypotheses regarding the effects of multiple roles emerged in the literature. The first theory, entitled the scarcity hypothesis, asserted that role strain will likely occur when an individual's roles and responsibilities exceed his or her resources (Goode, 1960). The scarcity hypothesis contended that the accumulation of various life roles would lead to conflicting obligations and personal exhaustion. Later theorists, addressing women specifically, suggested that women who occupy multiple roles are susceptible to more physical and psychological distress as compared to women who occupy fewer life roles.

Beginning in the 1970's, a competing theory, entitled the expansion hypothesis, was introduced (Sieber, 1974). This hypothesis emphasized the myriad rewards associated with occupying multiple roles (e.g., financial gain, recognition, and self-worth), and called into question the validity of the scarcity hypothesis. In a seminal article published in 1974, Sieber wrote, "while the present state of research does not permit us to adduce definitive evidence, we believe that at least a persuasive argument can be made that role accumulation does not have the dire consequences predicted by

role strain theorists” (p.569). Sieber’s theory of role accumulation set the stage for subsequent research that considered both the beneficial and detrimental effects of multiple roles. The research that followed provided significant support for the expansion hypothesis, suggesting that multiple role involvement is psychologically beneficial for women.

Evidence supporting the expansion hypothesis (Thoits, 1983) resulted in agreement among investigators that multiple roles have a positive impact on women’s health (Hong & Seltzer, 1995). Researchers acknowledge, however, that the nature of the relationship between multiple roles and health is exceedingly complex. Social scientists contend that the number of roles alone does not account for the beneficial impact of multiple role involvement for women. Rather, factors such as the quality of roles (Barnett & Baruch, 1985), available financial resources (Home, 1998), children and spousal characteristics (Barnett, 1991), job characteristics (Bond & Bunce, 2003), social support (Thakar & Misra, 1999), social desirability of roles (Hong & Seltzer), and centrality of roles (Martire, Stephens & Townsend, 2000) influence the experience of multiple role involvement for working mothers.

Most of the research studies examining the relationship between multiple roles and psychological and physical health have focused on external factors such as the number and quality of roles on women’s health (Barnett & Marshall, 1992). In recent years, investigators have expanded this body of research to include individual differences. Studies have examined such factors as role centrality (Martire et al., 2000), role perception (Oster & Scannell, 1999), and self-determination (Senecal, Vallerand & Guay, 2001) in relation to women’s psychological health and experience of work-family

conflict. These more recent studies suggest that individual factors are also important considerations in this area.

With one exception (Mitchelson & Burns, 1998), researchers have not examined the relationship between personality and the effects of multiple role occupancy for women. Nevertheless, personality and temperament may be highly relevant to the relationship between multiple role involvement and health. The psychological and physical consequences of maintaining multiple roles may be tied to strengths and weaknesses in one's personality structure. One personality trait that may be particularly relevant to the experience of working mothers is perfectionism. High standards and the ability to be flexible in meeting those standards may be very important for working mothers juggling competing demands encountered in home and work environs.

Over the past several decades, researchers have explored the construct of perfectionism. In early anecdotal literature, perfectionism was described as a pathological attribute of personality. For example, Burns (1980) described perfectionists as individuals who "strain compulsively and unremittingly toward impossible goals and who measure their own worth entirely in terms of productivity and accomplishment" (p. 36). More recently, Frost, Marten, Lambert, and Rosenblate (1990) described perfectionism as the tendency to set very high standards for oneself coupled with the tendency to be very self-critical. Although a consensual definition of perfectionism does not exist in current psychological literature, common definitions of perfectionism often highlight the negative dimensions of the attribute (Slaney & Ashby, 1996).

As a burgeoning literature on perfectionism emerges in psychological journals (Hewitt & Flett, 1993; Johnson & Slaney, 1996; Rice & Slaney, 2002; Slaney, Rice, &

Ashby, 1998), researchers acknowledge the importance of its measurement. Although the earliest measure of perfectionism conceptualized this personality attribute as a solely negative and unified construct (Burns, 1980), more recent measures conceptualize perfectionism as a multidimensional construct (Hewitt & Flett, 1991) that contains both adaptive and maladaptive dimensions (Frost et al., 1990; Slaney, Rice, & Ashby, 1998). The empirical distinction made between adaptive and maladaptive perfectionism is reminiscent of a distinction proposed by Hamachek in 1978. Hamachek outlined differences between normal and neurotic perfectionism and explained that neurotic perfectionists are more likely than normal perfectionists to experience distress as a result of their perfectionism. Following Hamachek's work, the adaptive and maladaptive distinction of perfectionism, along with the role of perfectionism dimensions in maladjustment have received much attention by researchers (Flett & Hewitt, 2002).

Within this body of research, specific aspects of perfectionism have been linked to forms of psychological distress such as depression and anxiety (Hewitt & Flett, 1991). Adhering to the multidimensional view of perfectionism, several studies spanning the past decade have explored the dimensions of perfectionism that may be most closely tied to the experience of distress and present barriers to treatment (Hewitt & Flett, 1990; Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998; Slaney et al., 2001; Suddarth & Slaney, 2001). These studies provide clinically relevant information as well as shed light on the ways that various dimensions of perfectionism relate and do not relate to specific kinds of psychological distress.

Some research on the relationship between maladaptive perfectionism and psychological distress is guided by the assumption that maladaptive perfectionism is tied

to psychological distress through its association with stress (Hewitt & Flett, 2002). Indeed, several studies (e.g., Chang & Rand, 2000; Joiner & Schmidt, 1995; Hewitt & Flett, 1993) have provided some support for a diathesis-stress model in which stress acts as a moderating variable that strengthens the relationship between certain dimensions of perfectionism and psychological distress. Receiving less support, some empirical investigations have examined a specific-vulnerability hypothesis in which certain dimensions of perfectionism are expected to function as vulnerability factors to distress when combined with congruent stressors (Hewitt & Flett, 2002; Sherry, Hewitt, Flett & Harvey, 2003). Overall, research examining diathesis-stress models and specific-vulnerability perspectives has yielded mixed results (Blankstein & Dunkley, 2002; Sherry et al.). Despite mixed findings, however, stress is considered highly relevant to the links between dimensions of perfectionism and psychological distress (Hewitt & Flett, 2002).

Personality variables may affect both exposure to and reactivity to stress (Bolger & Zuckerman, 1995); and perfectionism is one of the personality variables that may influence an individual's experience of stress (Hewitt & Flett, 2002). Dimensions of perfectionism and stress, therefore, may be two variables of particular importance to literature examining the beneficial and/or detrimental effects of maintaining multiple life roles. Employed mothers' enjoyment of multiple roles may depend, in part, on a combination of external factors (e.g., stress) and internal dispositions (e.g., adaptive or maladaptive perfectionism).

To date, one empirical investigation has examined stress, perfectionism, and psychological distress in employed mothers. Like many preceding investigations,

Mitchelson and Burns' (1998) study of career mothers emphasized the detrimental aspects of perfectionism and broadly theorized that perfectionism would be a threat to women's well-being. Mitchelson and Burns hypothesized that perfectionism would be positively associated with job burn-out, parenting distress, and lower levels of life and personal satisfaction. Overall, their results supported these hypotheses. Although Mitchelson and Burns did not distinguish between positive and negative perfectionism in the formulation of their hypotheses, one of the measures of perfectionism utilized in their study contained a positive perfectionism factor. In their results and discussion sections, Mitchelson and Burns reported that the positive perfectionism factor was not related to factors such as professional efficacy, as expected.

The present study seeks to broaden, extend, and enhance the literature on perfectionism and multiple role involvement in several ways. First, unlike previous research assuming a global view of perfectionism, the present study will examine whether dimensions of perfectionism vary according to various life domains for dual-role women. Secondly, the present study seeks to enhance literature on the effects of multiple-role involvement by including an internal focus on individual differences. To that end, the present study will examine one personality trait, perfectionism, as well as stress in relation to the psychological health of employed mothers. Unlike Mitchelson and Burns' (1998) study of multiple role involvement and perfectionism, the present study aims to examine both adaptive and maladaptive dimensions of perfectionism in dual-role women. The distinction between adaptive and maladaptive perfectionism, supported in previous research, will be incorporated into the formulation of the research questions and hypotheses. Lastly, unlike previous investigations of diathesis-stress models that included

depression as the dependent variable, (e.g., Hewitt & Flett, 1993), the present investigation will include a measure of psychological distress (i.e., anxiety) and a measure of psychological health (i.e., life satisfaction) as the outcome variables of interest.

Although individuals belonging to the population of interest may maintain more than two roles, employed mothers will be referred to as dual-role women because the focus of the research study is limited to the roles of mother and paid worker/professional. The present study will examine two broad research questions. First, the study will examine whether dimensions of perfectionism vary according to life domains for dual-role women. Dimensions of perfectionism will be assessed in global, home, and work domains. Secondly, the study will investigate whether adaptive and maladaptive perfectionism moderate the relationship between stress and the psychological health of dual-role women. To that end, the study will examine whether adaptive and maladaptive perfectionism influence dual-role women to become more or less vulnerable to the effects of stress. Results from the first research question concerning domain differences will guide the analyses of the second research question. More specifically, if significant differences are found among global, home, and work domains of perfectionism dimensions, the second question will be studied within the domains that differ. If significant differences are not detected among the global, home, and work domains of perfectionism dimensions, the second research question will utilize the global domain of perfectionism dimensions only, consistent with previous empirical investigations. The following research questions will be addressed:

1. Do dimensions of perfectionism vary in dual-role women according to life domains?
2. Do adaptive and maladaptive perfectionism moderate the relationship between stress and psychological health in dual-role women?

CHAPTER TWO

Review of the Literature

This chapter will review the literature examining the impact of multiple roles on women's psychological and physical health. Secondly, this chapter will review the literature addressing the nature of perfectionism as a multidimensional personality trait as well as the relationships among perfectionism, stress, and psychological distress. Grounded in the existing literature reviewed, this chapter will conclude with hypotheses describing anticipated outcomes for the study. The following chapter will address the methodology of the present study including the selection of participants, research procedures, description of instruments, and psychometric support for each instrument selected. Chapter three will conclude with a description of the statistical analyses selected that will be used to investigate the research questions.

Women, Multiple Roles, and Psychological Distress

Over the past half century, as women's participation in the labor force and career opportunities in industrialized nations expanded, researchers turned attention to the effects of fulfilling multiple roles on women's psychological and physical health. Combining traditional roles of wife, mother, daughter, and daughter-in-law with paid worker/professional engendered significant interest among social scientists who continue to study the potential outcomes for women pursuing multiple roles simultaneously (Barnett, 1991). As women's participation in the labor force continues to increase in the 21st century, this area of inquiry remains an important topic of study.

Prior to the industrial revolution in the United States, both women and men engaged in the production of goods throughout the agricultural era. Although women focused primarily on the production of domestic items, work and family responsibilities were interwoven for both men and women (Hattery, 2001). At the turn of the 20th century, economic production was redefined. The industrial revolution brought about a distinction between paid and unpaid work as women focused on the private sphere of unpaid labor in the home, and men focused on the public sphere of paid work. Despite this broad distinction, women facing economic constraints were more likely than women of higher income levels to engage in paid work throughout the 20th century (Reskin & Padavic, 1994).

Due to a depleted work-force, women's participation in paid labor increased dramatically during World War II. After World War II, many women returned to the home environment of unpaid labor throughout the 1950's. Later in the 1970's and 80's, women's labor force participation increased again as economic growth decreased and social acceptance of women working outside the home increased. As the US economy flourished throughout the 1990's, women's participation in the labor force continued to increase steadily with more acceptance of working mothers, and accompanying changes in childcare options (Hattery, 2001). In 1997, Hayghe reported that 63.9% of women with children under age 6, and 78.3% of women with children ages 6-17 were employed in the paid labor force.

The primary research question investigated throughout the literature on the effects of multiple role occupancy is whether multiple role involvement is beneficial, and/or detrimental to the person fulfilling multiple roles, and the individuals connected to that

person (e.g., children and spouse). Relevant to this area of study, the first theory regarding human energy and multiple roles, entitled the scarcity hypothesis, was developed by Goode (1960). This hypothesis stipulated that human beings have a limited amount of energy to expend, and that role strain may occur as an individual accumulates more roles and responsibilities. The accumulation of life roles that exceeds an individual's personal resources was assumed to lead to conflicting obligations and exhaustion. Applied to women, this theory, extended by Coser (1974) and Slater (1963), suggested that women who occupy multiple roles will experience greater distress than women who occupy fewer life roles.

Although some support for the scarcity hypothesis was initially accepted by theorists, a competing hypothesis about human energy, entitled the expansion hypothesis, emerged in the 1970's (Marks, 1977; Sieber, 1974). First applied to men, and later to women, this hypothesis, also referred to as the role accumulation hypothesis, contended that personal rewards (e.g., recognition, financial gain, and self-esteem) resulted from multiple role involvement. Role accumulation theorists challenged the scarcity hypothesis by calling into question the assumption that role strain and accompanying distress are natural consequences of maintaining multiple roles (Barnett, 1991).

In a seminal article published in 1974, Sieber wrote, "While the present state of research does not permit us to adduce definitive evidence, we believe that at least a persuasive argument can be made that role accumulation does not have the dire consequences predicted by role strain theorists" (p.569). Sieber's theory of role accumulation set the stage for subsequent research that considered both the beneficial and detrimental effects of multiple roles. Throughout studies spanning the past 20 years, the

role accumulation hypothesis has received significant empirical support (Barnett, 1991; Thoits, 1983), suggesting that, in general, multiple role involvement is psychologically beneficial for women.

Due to accumulating evidence supporting the expansion hypothesis, researchers generally agree that multiple roles appear to have a positive and beneficial impact on women's psychological and physical health (Barnett, 1991; Hong & Seltzer, 1995; Pietromonaco, Manis, & Frohardt-Lane, 1986). Studies in this area consistently demonstrate that women who occupy more life roles are happier and healthier than women who occupy fewer life roles (Barnett, 1991). However, literature focusing on the psychological consequences of multiple roles for women highlights the complexity of this finding. Researchers acknowledge that the number of roles alone does not account for the beneficial effects of multiple roles on women's health. Rather, a variety of intervening variables such as the quality of roles (Barnett & Baruch, 1985), available financial resources (Home, 1998), social support (Barnett, 1991; Riefman, Biernat, & Lang, 1991) job characteristics (Barnett & Baruch, 1985), and centrality of roles (Martire, Sephens & Townsend, 2000) influence the psychological health of working mothers.

Role Quality

Barnett and Baruch (1985) explain that neither the scarcity hypothesis nor the expansion hypothesis adequately addresses the importance of role quality, defined as a subject's quality of experience within an occupied role. In 1985, Barnett and Baruch developed a measure of role quality that entails the assessment of two factors: rewards and concerns associated with a particular role. The concerns score is most closely related

to a measure of overall stress in a given role and the rewards score is most closely related to a measure of overall satisfaction in a particular role. The difference between these two scales (rewards scale minus concerns scale) yields an overall index of the quality of experience derived in a given role. Barnett and Baruch explain that a focus on role quality rather than the number of roles occupied may be fruitful in studies examining the relationship between multiple roles and the mental and physical health of women.

Role quality enables the researcher to study both negative and positive aspects of specific roles in relation to physical and mental health. In 1985, Barnett and Baruch studied a random sample of 238 Caucasian women ages 35 to 55 years who varied in work and family statuses. Barnett and Baruch found that role quality was a significant and independent predictor of role conflict, role overload, and anxiety. Furthermore, these researchers reported that high concerns within the role of parent were more strongly associated with distress than the role of paid worker in the sample studied.

A subsequent study conducted by Barnett and Marshall (1992) also demonstrated the importance of examining role quality. Barnett and Marshall studied a cross-sectional sample of 403 women employed as licensed practical nurses and social workers. With regard to role quality, one of the salient findings was that among employed mothers, the quality of the maternal and job roles was predictive of distress. That is, working mothers who reported a lower role quality as mothers and paid workers were more likely to report distress. This relationship between role quality and distress remained even after controlling for other variables such as age, race, education, and income.

Asserting that neither the scarcity hypothesis nor the role accumulation hypothesis contain dimensions that address the complexity of women's lives as they

balance multiple roles, Reid and Hardy (1999) also challenged role strain and role enhancement theories. Utilizing a sample of 5,116 mid-life women, Reid and Hardy studied the ways that women's mental health is associated with the number, demands (i.e., level of responsibility), and satisfaction with multiple roles occupied (e.g., mother, paid worker, and caregiver). They hypothesized that the relationship between number of roles occupied and well-being is manifested through multiple dimensions of role quality. As expected, results from their analyses indicated that once demands and satisfaction associated with roles are statistically controlled, the number of roles occupied had no effect in the sample studied. Reid and Hardy concluded that dimensions of role quality are more closely tied to well-being than the number of roles for women fulfilling multiple roles simultaneously.

Baruch and Barnett (1985) explained that a clearer understanding of the effects of multiple roles requires the examination of specific roles and their quality in relation to valid and reliable measures of well-being and distress. Furthermore, given the possibility that experiences in one life role will influence experiences in other roles, the interplay of specific roles (e.g., work and family roles) is an important consideration as well (Barnett, Davidson & Marshall, 1991).

Maternal role.

Despite the myriad social rewards associated with parenting, empirical evidence on the relationship between motherhood and psychological and physical health suggests that the maternal role is rarely associated with increases in well-being (Barnett, 1991; Campbell, Converse, & Rodgers, 1976; Umberson & Gove, 1989; Verbrugge, 1983). In attempting to understand this relationship, researchers speculated about several trends

that have influenced the experience of parenting throughout the 20th century. Among the social trends that were considered are: the decline in the economic value of children, an increase in women's participation in the paid labor force, and an increase in marital instability and single-parent family structures (McLanahan & Adams, 1987).

Across studies, the effect of parenthood on measures of well-being ranges from non-existent to weakly detrimental. Indeed, the most universal finding is that the relationship between parenting and well-being is quite modest (Umberson & Gove, 1989). For example, in a longitudinal study utilizing a multi-stage probability sample, Waldron and Jacobs (1989) reported that women who engaged in more roles had better health profiles. However, Waldron and Jacobs explained that specific roles had varied effects on health that were dependent upon race as well as other roles held by women. For White women, parental status was not related significantly to health trends; for Black women, a significant interactive effect between parental status and participation in the labor force was found. Having one or more children in the home had harmful effects on Black women's health if, and only if, they were not in the paid labor force. Contrary to expectations, the parental role did not have a direct, main effect on health for Black and White women studied in this comprehensive longitudinal study.

Some studies suggest that the role of mother may be a significant source of distress for some women (Barnett & Baruch 1985). In Barnett and Baruch's study, specific roles of wife, mother, and worker were examined independently. In this study, occupancy of the role of mother was related to the experience of role strain. In a subsequent study on multiple roles, gender and psychological distress, Barnett (1991) reviewed research suggesting that women with young children in the home are at greater

risk for depression compared to other groups of women. Barnett suggested the possibility that the roles of wife and mother may actually increase vulnerability to distress, contrary to commonly held assumptions.

Umberson and Gove (1989) suggested that the negative yet modest impact of parenting on well-being may represent the balance of costs and benefits of parenting according to family life stage and context. Umberson and Gove hypothesized that parenting has both a positive and negative impact on well-being that varies according to the parents' stage in the family life course. Utilizing a national probability sample of over 2,000 respondents, Umberson and Gove obtained data on current living arrangements of parents and children. Unlike most other studies in this area of literature, Umberson and Gove compared several groups of parents at various life stages and included a variety of indicators of psychological well-being.

Interestingly, Umberson and Gove (1989) found that the costs of parenting are highest when children and parents live in the same household, and children are under the age of 18. Rewards from parenting, however, outweigh costs later in the family life course, particularly when adult children live in separate residences and maintain relationships with their parents. Umberson and Gove concluded that parenting in different contexts affects well-being in different ways. With regard to gender, several interactions between gender and parental status were reported; some indicated that women were more affected by parenting than men, but others indicated the opposite.

Paid worker role.

In contrast to the maternal role, empirical evidence indicates that the role of paid worker enhances physical and psychological health (Barnett et al., 1991; Barnett &

Baruch, 1985; Facione, 1994; Verbrugge, 1983). In a review of 38 studies examining the effects of employment on women's psychological health, Warr and Parry (1982) reported either positive effects or no differences associated with employment. Indeed, some researchers have suggested that the positive effects associated with multiple roles may be most integrally tied to the benefits received from the paid worker role (Long & Porter, 1984). For example, utilizing a cross-sectional sample, Verbrugge (1983) sampled 714 Detroit adults and concluded that employment, marriage, and parenthood were all related to good physical health for both women and men. Among the three roles considered (i.e., parent, worker, and spouse), employment had the strongest effect on health while parenthood had the weakest. More specifically, the differences in health were larger for employed vs. non-employed people as compared to marital and parental groups, suggesting that employment may be the critical factor in understanding the relationship between multiple roles and well-being.

In a review of literature examining the effects of paid employment on women's mental and physical health, Repetti, Matthews, and Waldron (1989) reported that most studies examining employment and women's health are based on cross-sectional data that cannot infer causality. Although researchers report that employed women are healthier than homemakers, Repetti et al. explain that this does not necessarily mean that employment has a beneficial effect on women. Rather, as Verbrugge (1983) speculated, the "healthy worker effect" may operate in such a way that healthier people are more likely to work and engage in multiple roles. Indeed, some analyses have shown that when homemakers who report poor health as the primary reason for not working are excluded from analyses, the relationship between employment and health is eliminated (Waldron

& Jacobs, 1988). Repetti et al. emphasize the need to utilize longitudinal data in analyses that examine the effects of employment on women's health so that meaningful conclusions can be drawn.

Unfortunately, scant longitudinal data are available on the effects of employment on women's health (Waldron & Jacobs, 1988). The limited evidence reported, however, suggests that employment has some positive effects on women's health (Repetti et al., 1989). Utilizing a multi-stage probability sample, Waldron and Jacobs reported findings on the effects of labor force participation on women's health from a national longitudinal study of older middle-aged women. Results from these analyses were drawn from their 1977 to 1982 study interval. Participants were 40-54 years of age at the beginning of this five year study interval.

Waldron and Jacobs (1988) found that labor force participation had beneficial effects on health for some groups of women, namely, unmarried Black and White women, and married Black women. Their results also indicated that labor force participation has more beneficial effects for blue-collar married women than white-collar married women. In fact, the only group for whom labor force participation had harmful effects on health was white-collar married women. These results provide evidence against Waldron and Jacobs' original hypothesis that labor force participation would be more harmful for blue-collar than white-collar women. Waldron and Jacobs speculated that blue-collar married women may be more likely than white-collar married women to need and benefit from job-related social support from their employment.

Interplay of work and family roles.

Marks and MacDermid (1996) suggest that in accord with role theory, researchers examining the relationship between multiple roles and health need to consider an overall role system rather than treating roles as distinct entities. An overall role system implies that roles are not independent, and that conditions in one role may influence experiences in other roles. Several researchers have examined the interaction of job and family conditions. Findings from these investigations provide more insight into how factors within roles interact with each other in their relation to measures of well-being.

Utilizing a random sample of 403 employed 25-55 year old women, Barnett et al. (1991) examined the interplay of work and family roles in relation to physical health. Among the most salient findings reported by Barnett et al. were that several work rewards and concerns were significantly associated with physical health. The rewards associated with health included Helping Others, and Satisfaction with Salary; concerns associated with health included Overload, and Hazard Exposure.

With regard to the interaction between work and family roles, Barnett et al. (1991) reported that dissatisfaction with salary is more distressing to women who have children compared to women who do not have children. Barnett et al. emphasized that contrary to commonly held assumptions, their results did not support the assumption that overload at work worsens the relationship between problems at home and physical health. Likewise, Barnett et al. did not find that negative experiences as a parent or partner exacerbate the relationship between work overload and physical health symptoms.

A subsequent study on work and family interplay conducted by Lennon and Rosenfield (1992) identified a perceived area of neglect within the multiple role

literature; these researchers developed a theoretical model designed to fill this void. In relation to mental health, Lennon and Rosenfield explained that previous research emphasizes women's family conditions to the neglect of women's job characteristics. Utilizing two samples, Lennon and Rosenfield tested a model that examined work conditions as a moderator upon the relationship between family demands and women's mental health. Specifically, they tested the importance of control on the job and the interaction between job control and family demands among married women.

Lennon and Rosenfield (1992) reported that married women with higher job control reported less distress than housewives and employed women with lower job control. Furthermore, higher family demands were associated with higher levels of distress, but only for women who reported a lower amount of job control. Providing support for the need to include job characteristics as well as family factors, Lennon and Rosenfield reported that conditions of both job and family roles influence the relationship between employment and mental health for women.

Another study conducted by Barnett and Marshall (1992) examined the interplay of work and family domains through an analysis of positive and negative "spillover effects" from parenting to job and job to parenting. Like Lennon and Rosenfield (1992), Barnett and Marshall identified the lack of attention to job-role quality throughout investigations examining the effects of multiple roles on women's health. Utilizing a sample of 403 employed women, Barnett and Marshall found neither negative spillover effects from job to parenting nor negative spillover effects from parenting to job. Barnett and Marhsall noted that these findings are in contrast to previously held assumptions that women's family demands will inevitably interfere with their work performance. Barnett

and Marshall found positive spillover effects from job to parenting such that higher rewards on the job acted as a buffer against negative effects of higher concerns in the parent role.

Income

Researchers have proposed that the beneficial effects of employment on health may be integrally tied to income (Repetti, Matthews, & Waldron, 1989). Clearly, higher levels of income can provide for more assistance and support that may prevent excessive workload and worry for working mothers. While one comprehensive longitudinal analysis did not find income to be an important mediator of the health benefits of employment (Waldron & Jacobs, 1989), other studies have shown income as a significant variable in the study of multiple role involvement and psychological distress. For example, in a sample of 403 employed women, Barnett and Marshall (1992) reported differences in psychological distress levels between employed single women and employed partnered women. However, when per capita income was controlled, employed single women were at no greater risk for psychological distress than employed partnered women. The results from Barnett and Marshall's study highlight the potential importance of income as a mediating variable upon the relationship between multiple role involvement and psychological distress.

Secondly, in a sample of 443 adult women university students, Home (1998) found that level of income was the only significant life situation predictor of role conflict, defined as an individual's perception of being torn or pulled apart as a result of maintaining multiple roles. Home concluded that her results suggest that both higher income and distance education decrease distress through allowing women greater

resources and flexibility. Other variables such as age of children, student status, outside demands, and tangible supports were not significant predictors of distress in this sample. Two additional findings reported in this study were that single mothers were more at risk for role overload, defined as an individual's perception of having too much to accomplish, than married mothers; and distance education decreased role contagion, defined as an individual's perception of feeling preoccupied with one role while performing another.

Centrality of roles

Studies examining the quality of experiences within roles demonstrate the significance of rewards (benefits) and concerns (costs) that are potentially experienced in various life roles (Barnett, 1991). Recently, researchers have explored the intriguing possibility that persons may react differently to experiences in roles according to individual factors. Given that people react differently to similar circumstances, researchers now recognize the importance of studying both personal and situational factors (Fry, 1995). Introducing individual differences into the multiple role literature, one factor, entitled centrality of roles, has received attention (Martire, Stephens & Townsend, 2000).

Role centrality, also referred to as role salience, is a construct defined as the degree a particular role (e.g., parent or worker) serves as a means of defining one's identity (Martire et al., 2000). Numerous theorists suggest that the degree of personal importance an individual ascribes to a particular role is integral to the manner in which a person experiences the rewards and concerns contained in that role. Utilizing a sample of 296 women occupying the roles of primary caregiver to a parent or parent-in-law, mother

of children in the home, employee, and wife, Martire et al. hypothesized that high role centrality would have positive effects on well-being, but that high role centrality would also exacerbate the negative effects of role stress when present. Entitled the exacerbation hypothesis, Martire et al. proposed that among women for whom a role was highly salient, greater stress in that role would be related to poorer well-being, but that among women for whom a role was not highly central, there would not be a strong association between role stress and psychological well-being.

The results from the Martire et al. (2000) study supported most of their initial hypotheses. First, greater centrality in all four roles (i.e., primary caregiver to parent, mother, employee, and wife) was related to better psychological well-being (i.e., lower depression and higher life satisfaction). The exacerbation hypothesis was supported for two out of the four roles studied. Higher levels of wife centrality exacerbated the effects of stress in the role of wife; and higher levels of employee centrality exacerbated the effects of stress in the employee role. Contrary to their hypotheses, higher centrality in the mother role acted as a buffer against stress experienced in that role. Martire et al. speculated that the exacerbation hypothesis may not apply to roles in which there is a high expectation for stress. Martire et al. concluded that centrality of roles is an important construct to consider throughout investigations of the consequences of multiple roles for women.

Self-determination

Another construct recently addressed by theorists in the multiple role literature is self-determined motivation, related to intrinsic motivation. Based on self-determination theory (Deci & Ryan, 1985), researchers speculate that individuals with higher levels of

self-determined motivation, defined as engaging in activities out of choice and pleasure rather than obligation or external pressure, would derive more pleasure out of their roles. Senecal, Vallerand, and Guay (2001) tested a motivational model that examined the experiences of work-family conflict among 786 French-Canadian women and men. Results from structural equation modeling supported their model that posited relationships between interpersonal factors, degree of motivation, and experiences of family alienation and work-family conflict.

Senecal et al. (2001) reported that the interpersonal behavior of one's partner at home and one's employer at work influences the degree of self-determined motivation toward family and work activities. Low autonomy at work and feeling devalued by one's partner were associated with lower levels of self-determined motivation. Family alienation followed by increased work-family conflict were associated with low levels of self-determined motivation. Senecal et al. concluded that their findings provide support for a motivational model of work-family conflict. In relation to literature on multiple roles, findings from this study suggest that both external factors such as the interpersonal climate at home and work interact with internal factors such as level of self-determined motivation to influence certain outcomes such as work-family conflict that seem to have implications for well-being.

The interplay of individual and situational factors

To date, the majority of studies examining the effects of multiple roles in women focus on the impact of situational factors such as the number and quality of roles on women's psychological health (Barnett & Mashall, 1992). More recently, as described above, studies have examined individual factors such as role centrality (Martire et al.,

2000) and self-determination (Senecal et al, 2001) in relation to women's psychological health and experience of work-family conflict. Overall, these recent studies suggest that individual factors are also important considerations in this area of study.

A recent study conducted by Repetti and Wood (1997) examining the effects of daily job stress on mothers' relations with their children illustrates the importance of considering the interplay of person and situational factors within the multiple role literature. Repetti and Wood studied 30 mother-preschooler dyads for 5 consecutive weekdays; thirteen of these dyads were videotaped at the time of mother-child reunion at the end of each day. Independent observation of the quality of reunions as well as self-report measures of daily job stress levels for mothers were recorded.

The results from the Repetti and Wood (1997) study indicate that on days of high stress at work, mothers were more likely to withdraw from their children. Specifically, independent observers described mothers as more emotionally withdrawn from their preschoolers on days of high stress. Stress on the job had the strongest effect on parent-child interaction for mothers who reported engaging in more Type A behaviors (e.g., a sense of time urgency, competitiveness, and becoming easily upset). Repetti and Wood concluded that "the identification of measurable individual differences in behavioral responses to daily stress is important" (p.107).

Perfectionism

With the exception of one study to be reviewed in this section (Mitchelson & Burns, 1998), researchers have yet to examine the relationship between personality traits such as perfectionism and the effects of multiple role occupancy for women. Nevertheless, as reported by Nezu, Nezu, and Blissett (1988), personality traits

frequently have a moderating effect upon the relationship between stressful experiences and distress. Given that individuals may react differently to similar conditions, the psychological consequences of fulfilling multiple roles simultaneously may be linked, in part, to strengths and weaknesses in one's personality structure. As a measurable personality trait gaining increased attention in recent literature (Hewitt & Flett, 1993; Johnson & Slaney, 1996; Rice & Slaney, 2002; Slaney, Rice & Ashby, 1998; Slaney, Rice, Mobley, Trippi, & Ashby, 2001; Suddarth & Slaney, 2001), perfectionism may be particularly salient to women occupying multiple life roles. Flexibility in attaining high standards and orderliness, as well as the ability to eschew self-critical thoughts and self-punitive behavior may be important for mothers juggling challenging demands from home and work.

Definition of the Construct

Over the past several decades, researchers have explored the structure and nature of perfectionism (Frost, Marten, Lahart, & Rosenblate, 1990; Johnson & Slaney, 1996; Hewitt & Flett, 1990; Rice & Slaney, 2002, Slaney & Ashby, 1996; Slaney, Rice, & Ashby, 1998; Suddarth & Slaney, 2001). In early anecdotal literature, perfectionism was described as an attribute of personality that involves a pervasive and debilitating tendency to set extremely high standards for oneself and to make personal satisfaction and self-esteem contingent upon meeting these high standards (Burns, 1980; Hollender, 1965; Pacht, 1984). More recently, perfectionism was depicted as the tendency to set very high standards for oneself coupled with the tendency to engage in overly critical self-evaluations (Frost et al., 1990). Although a consensual definition of perfectionism does not exist in current psychological literature, common definitions and descriptions of

perfectionism often highlight the negative dimensions of this attribute (Slaney & Ashby, 1996).

As a burgeoning literature on perfectionism emerges in psychological journals (Hewitt & Flett, 1993; Johnson & Slaney, 1996), researchers address the importance of developing instruments that accurately measure components of perfectionism (Frost, Heimberg, Holt, Mattia, & Newbauer, 1993; Slaney & Ashby, 1996). While the earliest measure of perfectionism conceptualized this personality attribute as a unified and negative construct (Burns, 1980), more recent measures conceptualize perfectionism as a multidimensional construct (Hewitt & Flett, 1991) that contains both negative and positive aspects (Frost et al., 1990; Slaney, Rice & Ashby, 1998; Slaney et al., 2001). The empirical distinctions made between adaptive and maladaptive perfectionism in recently refined measures are tied to a fundamental distinction proposed by Hamachek in 1978. Hamachek proposed differences between normal and neurotic perfectionists, and explained that neurotic perfectionists are more likely than normal perfectionists to experience distress as a result of their perfectionism.

The distinction between normal and neurotic perfectionism emerged in recent empirical studies comparing measures of perfectionism. Frost et al. (1993) compared their measure of perfectionism entitled the Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990) with a measure of perfectionism developed by Hewitt and Flett under the same name (HMPS; Hewitt & Flett, 1991). Frost et al. examined the relationship between these two measures of perfectionism as well as their relation to measures of affect. They reported that a factor analysis of these closely related measures revealed a two factor structure. Representing negative and positive dimensions, the first factor was

labeled maladaptive evaluation concerns, and the second factor was entitled positive achievement strivings. Frost et al. concluded that the factor structure identified is reminiscent of Hamachek's (1978) distinction between positive and negative forms of perfectionism.

Two subsequent studies (Rice, Ashby, & Slaney, 1998; Slaney, Ashby, & Trippi, 1995) provided further support for a higher order two-factor structure of perfectionism. Slaney et al. (1995) completed a factor analysis and compared the two measures of perfectionism examined by Frost et al. (1993) (i.e., FMPS and HMPS) along with the Almost Perfect Scale (APS; Slaney & Johnson, 1992). Consistent with results reported by Frost et al., Slaney et al. (1995) found a similar two-factor solution defined as adaptive and maladaptive perfectionism. In a more recent study, Rice, Ashby, and Slaney (1998) also factor analyzed the APS and FMPS. Consistent with Slaney et al. (1995), Rice et al. documented empirical support for the existence of two distinct factors of perfectionism representing adaptive and maladaptive components.

In all three studies, the adaptive factor of perfectionism was clearly defined by high standards or positive achievement strivings, however, the maladaptive factor was more difficult to define in a uniform manner. Slaney et al., (2001) identified the need for a clearer conceptualization of maladaptive perfectionism that would inform its measurement. More specifically, Slaney et al. (2001) addressed the importance of distinguishing between the essential nature of maladaptive perfectionism and the effects of perfectionism (e.g., relationship difficulties).

The revision of one measure of perfectionism, the Almost Perfect Scale, (APS; Slaney & Johnson, 1992) included attempts to identify, define, and assess the negative

component of perfectionism. Based on research reviews and discussions, the concept of *Discrepancy*, defined as the perceived difference between the standards an individual holds and an individual's actual performance (Slaney et al., 2001), was proposed as the defining feature of maladaptive perfectionism. This conceptualization distilled the construct by removing the causal components contained in previous measures of maladaptive perfectionism. Results from factor analyses conducted by Slaney et al. support the existence of the discrepancy factor as an independent measure of maladaptive perfectionism that is consistent with standard definitions and descriptions of perfectionism found throughout the literature. Furthermore, results from factor analyses also revealed that the positive dimension of perfectionism, captured primarily by the High Standards subscale, is virtually independent from the negative dimension of Discrepancy, providing a two-dimensional conceptualization of the perfectionism construct.

Domain-specific perfectionism.

Like many personality trait measures, researchers generally regard the construct of perfectionism as stable. Thus, perfectionism is generally conceptualized and measured as a personality trait that remains relatively constant across time and contexts. Interview studies conducted by Slaney, Suddarth, Rice, Ashby, and Mobley (1999), however, suggest that dimensions of perfectionism may be most relevant to career and academic pursuits. To date, one empirical study examined the possibility that perfectionism may vary according to domain. In this investigation, level of perfectionism differed according to the life domains of home and work (Michelson & Burns, 1998). In the 67 career mothers studied, Mitchelson and Burns found that these women tended to exhibit higher

levels of perfectionism at work as compared to home environs. Given that certain factors (e.g. competing home and work responsibilities and personal values) may influence the expression of personality attributes such as perfectionism, it appears important to explore further the stability of perfectionism across life domains.

The Relationship between Perfectionism and Psychological Distress

Aspects of perfectionism have been linked to forms of psychological distress such as depression and anxiety (Hewitt & Flett, 1991). Adhering to the multidimensional view of perfectionism, several studies spanning the past decade have explored the dimensions of perfectionism that may be most closely tied to the experience of distress, and present barriers to treatment (Hewitt & Flett, 1990; Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998; Slaney et al., 2001; Suddarth & Slaney, 2001). These studies provide clinically relevant information as well as shed light on the ways that various dimensions of perfectionism relate and do not relate to specific kinds of psychological distress.

In 1991, Hewitt and Flett proposed that three components of perfectionism (i.e., self-oriented, other-oriented, and socially prescribed perfectionism) relate differently to unipolar depression. Hewitt and Flett's conceptualization of perfectionism assumes that perfectionism affects an individual's functioning in both intrapersonal and interpersonal spheres. Self-oriented perfectionism involves the setting of very high standards and the belief that one must meet those exacting standards; other-oriented perfectionism entails the setting of very high standards and the belief that others must meet one's standards; and socially-prescribed perfectionism refers to the belief that one must meet the very high standards set by others (Hewitt & Flett, 1991).

In an effort to examine the relationship between perfectionism and distress, Hewitt and Flett (1991) compared three groups of participants (i.e., depressed, anxious, and control groups) on several outcome measures. The results from their analyses indicated that depressed participants scored higher on self-oriented perfectionism than the other two groups studied. Consistent with hypotheses, participants from the depressed and anxious groups reported higher levels of socially prescribed perfectionism than subjects from the control group. Other-oriented perfectionism was not related to depression or anxiety in the groups studied. Hewitt and Flett concluded that the results from this study show that various components of perfectionism relate to distress in different ways. They recommended that future research explore the ways in which dimensions of perfectionism may act as vulnerability factors to depression and susceptibility to adjustment problems.

Stress.

Some research on the relationship between maladaptive perfectionism and psychological distress is guided by the assumption that maladaptive perfectionism is tied to psychological distress through its association with stress (Hewitt & Flett, 2002). Indeed, several studies (e.g., Chang & Rand, 2000; Joiner & Schmidt, 1995; Hewitt & Flett, 1993; Sherry, Hewitt, Flett & Harvey, 2003) have provided some support for a diathesis-stress model in which dimensions of perfectionism act as moderating variables that strengthen the relationship between stress and psychological distress. Receiving less support, some empirical investigations have examined a specific-vulnerability hypothesis in which certain dimensions of perfectionism are expected to function as vulnerability factors to distress when combined with congruent stressors (Hewitt & Flett, 2002; Sherry

et al., 2003). Overall, research examining diathesis-stress models and specific-vulnerability perspectives have yielded mixed results (Blankstein & Dunkley, 2002; Sherry et al., 2003). Despite mixed findings, however, stress is considered highly relevant to the links between dimensions of perfectionism and psychological distress (Hewitt & Flett, 2002).

In full, the diathesis-stress model contends that certain personality variables (e.g., maladaptive perfectionism) interact with stress to result in greater psychological distress than personality vulnerabilities alone. An addition to the diathesis-stress model, specific-vulnerability hypotheses contend that certain dimensions of perfectionism will interact more strongly with congruent stressors than non-congruent stressors to produce distress (Hewitt & Flett, 1993; 2002). Testing a specific-vulnerability hypothesis, Hewitt and Flett (1993) examined whether dimensions of perfectionism act as vulnerability factors to depression through the experience of daily stress. Proposing a test of a specific vulnerability hypothesis within a diathesis-stress model, these researchers examined whether dimensions of perfectionism interact with experiences of daily stress to effectively predict depression. Utilizing both a depressed patient sample of 51 individuals and a general psychiatric sample of 94 individuals, Hewitt and Flett obtained data on the extent of daily hassles in achievement and interpersonal domains, as well as scores on measures of perfectionism and depression.

Results from Hewitt and Flett's (1993) study provided partial support for their original hypotheses. Based on the underlying theory of the dimensions of perfectionism studied, Hewitt and Flett expected that self-oriented perfectionism would interact with achievement hassles to predict depression; and socially-prescribed perfectionism would

interact with interpersonal hassles to predict depression. Results indicated that self-oriented perfectionism interacted with achievement hassles to predict depression. Providing replication of results, this finding was found in both samples studied. Socially-prescribed perfectionism interacted with interpersonal factors to predict depression among depressed patients, but these results were not replicated in the general psychiatric sample. Hewitt and Flett concluded that their results provide general support for a diathesis-stress model of perfectionism and depression. They recommended that future studies compare various dimensions of stress as they relate to perfectionism.

In a subsequent study of longitudinal design, Hewitt, Flett, and Ediger (1996) tested main and interactive effects of dimensions of perfectionism and stress on depression scores over time in a sample of 103 current or former recipients of mental health services. Hewitt et al. reported that self-oriented perfectionism interacted significantly with achievement stressors to predict depression over time. Despite producing a main effect, however, socially-prescribed perfectionism did not interact significantly with either achievement or social stressors to predict depression over time. The authors concluded that while socially-prescribed perfectionism predicts depression over time, it may not consistently moderate the relationship between life stress and depression. Nevertheless, the authors indicated that the results of the study provide convincing evidence for the role of perfectionism dimensions in depressive vulnerability.

In a more recent study examining a diathesis-stress model, Chang and Rand (2000) examined dimensions of perfectionism, stress, and adjustment indicators among 215 college students. Proposing a model of moderation, they expected that both self-oriented perfectionism and socially-prescribed perfectionism would interact to result in

the greatest risk for psychological symptoms and hopelessness in college students. Unlike the results from Hewitt et al. (1996), the results from Chang and Rand's analyses indicated that only socially-prescribed perfectionism and stress interacted significantly to predict adjustment scores beyond perfectionism. Thus, their model of moderation received support for socially-prescribed perfectionism measured by the MPS, but not self-oriented perfectionism.

Self-esteem.

Hamachek (1978) and other writers (e.g., Blatt, 1995; Horney, 1950) suggested that the effects of perfectionism on psychological health may be indirectly tied to self-esteem. That is, perfectionism may have an impact on an individual's level of self-esteem, which in turn influences psychological health. Some support for the role of self-esteem as a mediator between perfectionism and mental health outcomes has been documented (Flett, Hewitt, Blankstein, & O'Brien, 1991). In one study containing a structural equations analysis, Rice et al. (1998) tested a series of models to see whether self-esteem mediated that relationship between perfectionism and depression. These researchers reported that maladaptive perfectionism was related to lower self-esteem and higher depression, but that adaptive perfectionism had a non-significant relationship to self-esteem and depression. Although self-esteem did not mediate the relationship between perfectionism and depression as expected, self-esteem was seen as a buffer against maladaptive perfectionism.

In more recent studies, the relationship between self-esteem and perfectionism has been examined directly. Rather than anticipating self-esteem as a mediator between perfectionism and distress, Ashby and Rice (2002) hypothesized that maladaptive

perfectionism would be related to lower levels of self-esteem and adaptive perfectionism would be related to higher levels of self-esteem. Utilizing a sample of 262 participants, Ashby and Rice conducted a confirmatory factor analysis that revealed a three-factor solution of the perfectionism construct: standards, order, and discrepancy. Capturing maladaptive perfectionism, the discrepancy scale was a negative predictor of self-esteem; and capturing adaptive perfectionism, the standards scale was a positive predictor of self-esteem. The order scale was not related to self-esteem in the sample studied. Ashby and Rice concluded that the results indicate a positive relationship between high standards and self-esteem.

In two other recent studies, the relationship between perfectionism and self-esteem was examined directly through comparing clusters of perfectionists on measures of emotional adjustment and academic achievement (Rice & Slaney, 2002). In both studies, Rice and Slaney used cluster analyses to identify three groups: adaptive perfectionists, maladaptive perfectionists, and nonperfectionists. In the first study, one of the most prominent differences among the clusters was seen in the self-esteem measure. Adaptive perfectionists reported significantly higher scores on positive self-esteem than did the other groups. Likewise in the second study, adaptive perfectionists reported significantly higher scores on self-esteem and other measures of positive adjustment than maladaptive perfectionists and nonperfectionists. Unique to the second study, however, was a lack of significant difference between maladaptive perfectionists and nonperfectionists on self-esteem. In these studies, the relationship between perfectionism and self-esteem is quite clear.

Cognition.

In addition to the role of self-esteem, the cognitive component of perfectionism has been studied in relation to psychological distress. For example, a series of 5 studies done by Flett, Hewitt, Blankstein and Gray (1998) explored differences in the frequency of perfectionistic thinking and its association with psychological distress. In their first two studies, Flett et al. examined a recently developed measure of perfectionistic thinking entitled the Perfectionism Cognitions Inventory (PCI). They reported an adequate degree of reliability and validity associated with this instrument. In the third study, Flett et al. established predictive validity of the PCI through an examination of perfectionistic cognitions in naturalistic settings. In the studies that followed, Flett et al. explored differences between high and low scorers on the PCI on a variety of outcome measures.

In the final two studies, Flett et al. (1998) examined the proposed link between perfectionism cognitions and psychological distress. Taken together, the results from these studies indicated that the PCI was closely associated with trait measures of perfectionism. Of particular interest to these researchers was the finding that frequency of perfectionistic thought accounted for unique variance in depression symptoms over and above the variance predicted by trait measures of perfectionism and negative automatic thoughts. Furthermore, results showed that the impact of perfectionism cognitions generalized to both symptoms of depression and anxiety, suggesting that the cognitive component of perfectionism may be as strongly linked to anxiety as depression. Flett et al. (1998) concluded that the cognitive component of perfectionism is integral to the relationship between perfectionism and psychological distress.

Qualitative studies.

A qualitative study conducted by Slaney and Ashby (1996) complements quantitative investigations examining perfectionism and psychological distress. Slaney and Ashby interviewed 21 women and 16 men who were either self-identified perfectionists or persons described as perfectionists by someone who knew them well. Participants were asked to evaluate their perfectionism and indicate how much distress, if any, their perfectionism caused. With regard to the evaluation of perfectionism, raters classified responses as either positive only, mostly positive, positive and negative, mostly negative, and only negative. Rater agreement on this question was 81%. Overall, with a total of 74 ratings, 17 responses were rated as only positive, 16 responses were rated as mostly positive, 24 responses were rated as positive and negative, 9 responses were rated as mostly negative, 6 responses were rated as only negative, and 2 responses were not classified. With regard to the amount of distress caused by perfectionism, response categories included: none, some, a considerable amount, and other. With rater agreement at 86%, 3 ratings were classified as none, 33 as some, and 34 responses were rated as a considerable amount of distress.

Findings reported in Slaney and Ashby's (1996) qualitative study of perfectionists highlight the complexity of the relationship between perfectionism and distress. While many of the participants were positive in their evaluations of perfectionism, most respondents indicated that their perfectionism caused at least some distress in their lives. Slaney and Ashby speculated that the discrepancy between participants' evaluations of perfectionism and the degree of distress caused from perfectionism suggests that there may be both rewards and costs associated with being perfectionistic. Relevant to the

relationship between perfectionism and distress, this finding highlights that there are positive and negative aspects of perfectionism.

In a subsequent qualitative study, Slaney, Chadha, Mobley, and Kennedy (2000) interviewed a small sample of Asian Indian graduate students and faculty members at the University of Delhi who considered themselves to be perfectionists. Similar to Western respondents, definitions of perfectionism provided by these respondents emphasized having high standards for performance with a secondary emphasis on orderliness. Consistent with Slaney and Ashby's (1996) findings, all of the Asian Indian participants evaluated their perfectionism positively, yet most of the participants indicated that their perfectionism was distressing to some degree. Despite the reports of distress, however, none of the participants interviewed said that they would give their perfectionism up if given the opportunity.

Importance of the Adaptive and Maladaptive Distinction

Investigations of the relationship between perfectionism and psychological distress are dependent upon the characteristics of the instruments used to assess these constructs. Definitions and assumptions about constructs being measured influence the results and interpretation of findings described throughout the literature. To date, many investigations examining the relationship between perfectionism and distress do not emphasize the distinction between maladaptive and adaptive forms of perfectionism and their relation to psychological distress (e.g., Flett et al., 1998; Hewitt & Flett, 1991; 1993).

When the adaptive and maladaptive components of perfectionism are considered and measured effectively, the relationship between perfectionism and psychological

distress becomes more clear. For example, in a study of 167 college undergraduates, Slaney, Ashby, and Trippi (1995) compared scores on the APS with scores obtained from a widely used inventory of depression. Results indicated that the adaptive subscales of the APS (i.e., Standards and Order) were not associated with depression. However, in contrast, the maladaptive subscales of Relationship Difficulties, Anxiety, and Procrastination were positively correlated with depression scores.

Empirical evidence from this study, as well as other related investigations utilizing the revised version of the APS (Rice & Slaney, 2002; Slaney et al., 2001; Suddarth & Slaney, 2001), demonstrate that maladaptive perfectionism is associated with psychological distress, but that adaptive perfectionism is not. For example, Slaney et al. (2001) found that the Discrepancy subscale, capturing the negative dimension of perfectionism, was positively and significantly related to negative adjustment indicators. In contrast, the High Standards subscale was positively associated with measures of achievement such as GPA and positive adjustment indicators. Modest relationships reported between the Discrepancy subscale and both the High Standards and Order subscales suggest that the negative and positive dimensions of perfectionism are virtually independent (Slaney et al. 2001).

Women and Perfectionism

The possibility of gender differences in the experience of perfectionism emerged in one qualitative study (Slaney & Ashby, 1996). Results from this analysis suggested that female participants may experience perfectionism differently than male participants. When asked about the level of distress caused by perfectionism in their lives, there was a clear tendency for the women to evaluate their perfectionism more negatively than their

male counterparts. Interview comments obtained from some of the female participants indicated that distress associated with perfectionism was connected to dissatisfaction with their interpersonal relationships. As relatedness is generally important to women, the researchers suggested that the relationships among gender, perfectionism, interpersonal relationships, and distress may be an important area of future inquiry (Slaney & Ashby).

Also relevant to women, Fry (1995) studied perfectionism, humor, and optimism as moderators of health outcomes and determinants of coping styles in women executives. With regard to perfectionism, Fry hypothesized that perfectionism would modify the effects of hassles on health outcomes. Fry recruited participants through a social support network of executive and business women in Canada. Of the total pool of 104 volunteers, 33 female executives provided completed responses to all measures. In the first study reported, Fry measured perfectionism with the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) and included measures of hassles, self-esteem, burn-out, humor and physical health. Fry computed a total score of perfectionism based on completed responses to the MPS rather than specify the types of perfectionism (i.e., self-oriented, other-oriented, and socially prescribed) that were most closely associated with the results. This computation and use of a total perfectionism score derived from the MPS subscales is non-standard and unconventional.

Fry (1995) reported a significant interaction indicating that the strength of the correlation between hassles and self-esteem varied as a function of total perfectionism scores derived from the MPS (Hewitt & Flett, 1991). More specifically, separate regression lines predicting self-esteem scores from hassles scores revealed that the self-esteem of female executives with higher total perfectionism was more negatively affected

by hassles than the self-esteem of female executives with lower total perfectionism. Also of interest, females with higher total perfectionism reported a higher degree of burn-out at work.

Acknowledging the limitation of the small sample size, Fry (1995) explained that the findings reported provide clear evidence of the stress-related impact of total perfectionism on several health outcomes in the women surveyed. More specifically, Fry suggested that the results from this study provide support for the likelihood that total perfectionism may function as a vulnerability factor among executive women. Fry called for future research using larger samples of women to investigate the specific dimensions of perfectionism that may cause women to become more vulnerable to the ubiquitous effects of hassles. Fry explained that this area of study may hold important implications for early socialization and career guidance for women.

To date, perfectionism and type A personality are the only personality traits that have been studied in relation to the multiple role literature. Like many preceding investigations of perfectionism, Fry's (1995) study of women executives did not distinguish positive and negative dimensions of perfectionism. Likewise, Mitchelson and Burns' (1998) study of career mothers emphasized the detrimental aspects of perfectionism and theorized that perfectionism would be a threat to career mothers' psychological health. Despite including one measure of perfectionism that contained a subscale designed to measure positive reinforcers of perfectionism, Mitchelson and Burns did not distinguish adaptive and maladaptive components of perfectionism in the formulation of their hypotheses. Unlike the Fry and Mitchelson and Burns investigations,

the present study seeks to study both adaptive and maladaptive dimensions of perfectionism in dual-role women.

Mitchelson and Burns (1998) hypothesized that elevated levels of perfectionism would be associated with a higher level of job burn-out, parenting distress, and lower levels of life and personal satisfaction. Mitchelson and Burns measured perfectionism with the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) and the Positive and Negative Perfectionism Scale (PNP; Terry-Short, Owens, Slade, & Dewey, 1995). The MPS contains three subscales representing self-oriented, other-oriented, and socially prescribed perfectionism; the PNP contains two subscales that represent positive and negative reinforcement associated with perfectionistic behavior. The results from Mitchelson and Burns' analyses indicated that the negative perfectionism subscale on the PNP and socially prescribed perfectionism were associated with cynicism and exhaustion at work, and parental distress; other-oriented perfectionism was correlated with parental distress; and the negative perfectionism subscale of the PNP and socially prescribed perfectionism were positively correlated with lower life and personal satisfaction.

In their discussion section, Mitchelson and Burns (1998) explained that the negative perfectionism subscale of the PNP worked well, but that the positive perfectionism subscale did not relate to expected factors such as professional efficacy. They speculated that circumstances in the working environment of the women sampled and/or limitations of the norm group used for the PNP may explain the lack of empirical support expected in this area. Another possibility, however, concerns the rationale underlying the development of the PNP. The conceptualization of positive perfectionism

as a function of positive reinforcement or outcomes may not capture fully the essence of adaptive perfectionism as aspiring to high standards and excellence.

Purpose of the Proposed Study

There are two main objectives in the proposed study. First, the present study will examine whether dimensions of perfectionism vary according to life domains for dual-role women. To that end, dimensions of perfectionism (i.e., High Standards, Order, and Discrepancy) will be assessed in global, work, and home domains. Secondly, the study will investigate whether adaptive and maladaptive perfectionism moderate the relationship between stress and the psychological health of dual-role women. To this end, the study will examine whether adaptive and maladaptive perfectionism influence dual-role women to become more or less vulnerable to the detrimental effects of stress.

The results from the first research question will guide the analyses of the second research question. More specifically, if significant differences are found among global, home, and work domains of perfectionism dimensions in the first set of analyses, the second question will be studied within the domains that differ. If significant differences are not detected among the global, home, and work domains of perfectionism dimensions, the second research question will utilize the global domain of perfectionism only, consistent with other empirical investigations of perfectionism (e.g., Fry, 1995). Thus, in the second research question, there will be a minimum of 3 independent variables of interest (i.e., stress, global adaptive perfectionism, and global maladaptive perfectionism) to a maximum of 7 independent variables of interest (stress, and adaptive and maladaptive perfectionism in global, home, and work domains).

Research Questions and Hypotheses

Research Question 1: Do dimensions of perfectionism vary in dual-role women according to life domains?

Hypothesis 1: In interview studies of perfectionists, Slaney et al. (1999) raised the possibility that dimensions of perfectionism may be most relevant in career and academic domains. Based on Slaney et al.'s suggestion and Mitchelson and Burns' (1998) findings indicating differences between home and work domains of perfectionism, three repeated-measures analyses of variance (ANOVAs) will indicate that dimensions of perfectionism will vary according to the life domains of global, home, and work. Consistent with the possibility raised in the Slaney et al. interview studies and Mitchelson and Burns' findings, it is expected that scores on dimensions of perfectionism will be higher in the work domain as compared to the home domain for dual-role women. In addition, differences among domains are anticipated because it is possible that expressions of personality traits such as perfectionism may be influenced by an individual's environment. It is likely that some life domains activate expressions of perfectionism more than others.

Research Question 2: Do adaptive and maladaptive perfectionism moderate the relationship between stress and psychological health in dual-role women?

Hypothesis 2: The hypothesized stress mechanisms in perfectionism and psychological outcomes include stress generation, stress anticipation, stress perpetuation, and stress enhancement. In contrast to the other stress mechanisms mentioned above and reviewed in Hewitt and Flett (2002), hypothesized stress enhancement processes require a test of moderation. In the present study, dimensions of perfectionism are expected to *enhance* psychological outcomes in the presence of stress.

Based on previous research on diathesis-stress models and specific-vulnerability hypotheses (e.g., Chang & Rand, 2000; Joiner & Schmidt, 1995; Hewitt & Flett, 1993; 2002; Sherry et al., 2003), it is expected that maladaptive perfectionism will moderate the relationship between stress and psychological health in dual-role women. Regression analyses will indicate that maladaptive perfectionism (i.e., Discrepancy subscale) will moderate the relationship between the independent variable of stress and the dependent variables of life satisfaction and anxiety such that the impact of the predictor variable (i.e., stress) on the criterion variables (i.e., life satisfaction and anxiety) varies according to the level of the moderating variable (i.e., maladaptive perfectionism). Maladaptive perfectionism will exacerbate the impact of stress, evident in lower life satisfaction scores and higher anxiety scores.

Based on previous research examining the adaptive component of perfectionism (Rice & Slaney, 2002; Slaney et al., 2001; Suddarth & Slaney, 2001), it is expected that adaptive perfectionism will also moderate the relationship between stress and psychological health. I anticipate that the impact of the predictor variable (i.e., stress) on the criterion variables (i.e., life satisfaction and anxiety) will vary according to the level of the moderating variable (i.e., adaptive perfectionism). In contrast to maladaptive perfectionism, however, adaptive perfectionism will lessen the detrimental impact of stress on life satisfaction and anxiety. Adaptive perfectionism will be a buffer against the detrimental effects of stress, evident in higher life satisfaction scores and lower anxiety scores.

CHAPTER THREE

Methodology

Participants

A power analysis was conducted using an estimate of 250 participants. This analysis indicated that a sample size of 250 participants enabled detection of significant differences at the .05 level with power at the .80 level, and a small to medium effect size of approximately .25 (Shavelson, 1988). Since these levels were acceptable, I aimed to obtain a sample size of approximately 250 participants. To be eligible to participate in the study, participants needed to be: (a) females who were partnered (i.e., married or living with a significant other for at least one year); (b) working 15 hours per week or more in paid employment; and (c) caring for 1 or more child(ren) under 18 years of age. As an incentive to participate in the study, participants were informed that for each completed survey I received, I would donate \$1.00 to the Philadelphia Children's Alliance, an organization that assists children who have been victims of sexual abuse and are in need of legal services. Furthermore, I offered participants the opportunity to enter a raffle to win a \$100.00 savings bond.

Based on a conservative estimate of a 25% rate of return, approximately 1,000 prospective participants were located and recruited primarily through a market research company, an organization of small business owners in California, personal contacts, and child-care centers located throughout Pennsylvania. Prospective participants recruited through the market research company, and the small business organization were contacted by mail and requested to participate in a research study examining the experiences of employed mothers. Participants recruited through personal contacts and

child-care centers throughout Pennsylvania were recruited in one of two ways: They were either (1) greeted in person by the primary researcher and asked to participate in a research study examining the experiences of employed mothers, or (2) received a survey packet including a letter of invitation from a day-care center representative. Recruitment settings were tracked through color coding.

Measures

Demographic Questionnaire

The demographic questionnaire asked participants to indicate their age and race/ethnicity. Number and age of children were assessed. With regard to paid employment, the questionnaire asked participants to indicate number of hours worked per week, and job title.

Perfectionism

Perfectionism was measured by the Almost Perfect Scale-Revised (APS-R; Slaney, Mobley, Trippi, Ashby, & Johnson, 1996). In total, three administrations of this instrument were done to evaluate perfectionism globally, and specifically in work and home domains. For all participants, the global administration of the APS-R occurred first followed by the home and work domain administrations of the APS-R, alternating in sequence. For the global administration of the APS-R, participants were instructed to respond to items based on their degree of agreement. For home and work domain administrations of the APS-R, the phrases “at home” or “at work” preceded each item to specify the domain of interest. Similar to the standard administration, participants were instructed to respond to items based on their degree of agreement. Embedded in the directions, the context of the home domain was defined as responsibilities associated

with motherhood; and the context of the work domain was defined as responsibilities associated with the role of paid worker/professional.

The APS-R contains 23 items with three subscales: High Standards, (7 items), Order (4 items), and Discrepancy (12 items). Participants responded to items on a 7 point Likert-type scale ranging from “strongly agree” to “strongly disagree.” High scores on the three subscales indicated higher levels of High Standards, Order, and Discrepancy. Two sample items from the APS-R include: “I have a strong need to strive for excellence” and “I rarely live up to my high standards.” For the work domain administration of the APS-R, these sample items will be modified to read: “At work, I have a strong need to strive for excellence” and At work, I rarely live up to my high standards.”

Results from exploratory and confirmatory factor analyses support the existence of these three factors (i.e., High Standards, Order, and Discrepancy) as distinct dimensions of perfectionism (Rice, Ashby, & Slaney, 1998; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Suddarth and Slaney (2001) completed a principal components factor analysis of the APS-R that yielded a three-factor solution: High Standards, Order, and Discrepancy. This three-factor solution accounted for 67.9% of the total variance in scores. Intercorrelations among factors were small to moderate, indicating that the three factors measure distinct dimensions of perfectionism. The correlation between High Standards and Discrepancy was .10; the correlation between High Standards and Order was .42; and the correlation between Order and Discrepancy was .06 (Suddarth & Slaney, 2001).

The available data indicate that the APS-R is a reliable and valid instrument that distinguishes clearly between adaptive and maladaptive dimensions of perfectionism. The High Standards subscale represents the adaptive dimension of perfectionism; and the Discrepancy subscale represents the maladaptive dimension of perfectionism. While not clearly seen as adaptive or maladaptive, the Order subscale is regarded by some researchers as a component of perfectionism deserving greater clarification (Slaney & Ashby, 1996; Slaney et al., 2000; Slaney et al., 2001). With regard to reliability, internal consistency of the three sub-scales is favorable with Cronbach's coefficient alphas ranging from .85 to .92 (Slaney et al., 2001). Demonstrating construct validity, the APS-R subscales relate to other commonly used measures of perfectionism and relevant constructs in expected directions (Slaney et al., 2001). With regard to perfectionism measures, the High Standards subscale from the APS-R was significantly correlated with the Self-Oriented Perfectionism subscale from the Hewitt and Flett Multidimensional Perfectionism Scale (HFMPMS; 1991) in two samples (.64 and .55); the APS-R Order Subscale was significantly correlated with the Organization subscale of the Frost et al. (1990) Multidimensional Perfectionism Scale (MPS) (.88); and the APS-R Discrepancy subscale was significantly correlated with the Concern over Mistakes (.55) subscale, the Doubts About Actions subscale (.62) of the MPS, and the Socially-Prescribed Perfectionism subscale of the HFMPMS (.45) (Slaney et al., 2001).

Additional support for the construct validity of the APS-R is evident in documented relationships among perfectionism subscales and indicators of adjustment and well-being. Slaney et al. (2001) reported a positive correlation between the High Standards subscale and GPA (.42) as well as a positive, albeit low, correlation between

the High Standards subscale and self-esteem (.15). Furthermore, the strength of the relationships between the High Standards subscale and these positive adjustment measures was significantly stronger for the High Standards subscale as compared to the Self-Oriented Perfectionism subscale from the Hewitt and Flett Multidimensional Perfectionism Scale (Slaney et al.). In support of the maladaptive dimension of perfectionism measured by the APS-R, Slaney et al. reported a positive correlation between the Discrepancy subscale and a widely used measure of depression (.49).

Stress

Previous research on the relationship between stress and psychological symptoms indicates that daily hassles are a better predictor of psychological symptoms than major life events (Kanner, Coyne, Shaefer, & Lazarus, 1981). Therefore, stress was measured by the Hassles portion of a revised version of the Hassles and Uplifts Scale (DeLongis, 1985; DeLongis, Folkman, & Lazarus, 1988). The Hassles portion of the Hassles and Uplifts Scale was designed to assess the degree to which respondents recently experienced irritating, distressing, or frustrating demands. Previous research demonstrates that positive life experiences, as measured by the Uplifts Scale, are not related to symptoms of distress (Nezu, Nezu & Blissett, 1988). Therefore, similar to Fry (1995) and others (e.g., Crowther, Sanftner, Bonifazi & Shepherd, 2001; Hewitt & Flett, 1993), the study only used the Hassles Scale.

The Hassles and Uplifts Scale was revised in response to expressed concerns that the original measure, as well as other measures of stress, were confounded with the general assessment of psychological distress (Johnson & Bornstein, 1993). These concerns stimulated a thorough revision of the Hassles and Uplifts Scale that resulted in

the elimination of items and words that suggested symptom overlap with mental and/or physical illness (DeLongis, Folkman, & Lazarus, 1988). In support of the revision, Johnson and Bornstein (1993) presented data indicating that the revised Hassles and Uplifts Scale items do not contain symptom overlap. Furthermore, in Holm and Holroyd's (1992) study of the structure of the Hassles and Uplifts Scale they found that 6 of the 7 primary factors identified were not confounded with symptom measures.

The Hassles Scale is currently utilized in a wide variety of research and regarded as a valid and reliable measure of stress (Crowther et al., 2001; Evans & Nies, 1997; Hewitt & Flett, 1993; Holm & Holroyd, 1992). With regard to the predictive validity of the revised measure, Johnson and Bornstein (1993) reported that the Hassles Scale predicts psychopathology symptoms when pre-existing psychopathology is accounted for statistically. With regard to discriminant validity, Kanner et al. (1981) reported that the Hassles and Uplifts Scales were related, although modestly so, to negative and positive affect respectively. Demonstrating acceptable reliability, DeLongis (1985) reported alpha levels ranging from .80 to .93. DeLongis submitted items of the Hassles Scale to a principal components factor analysis with oblique rotation. The analysis yielded an eight factor solution that was deemed conceptually meaningful. Eighty-three percent of the items submitted fell clearly on a single factor. The eight identified factors include: Household; Finances; Work; Environmental and Social Issues; Home Maintenance; Health; Personal Life; and Family and Friends.

In its revised form, the Hassles and Uplifts Scale contains 53 items relating to such areas as work, family, friends, and the environment. Respondents were requested to indicate how much of a hassle and/or uplift each item was on a 4-point Likert-type scale

ranging from “none or not applicable” to “a great deal.” The present study utilized a total hassles score, consistent with previous research studies (Crowther et al., 2001; Hewitt & Flett, 1993).

The Hassles scale was chosen over existing measures of role stress, conflict and overload utilized in the multiple role literature. While providing insight into the amount of stress experienced in areas such as work and home, the Hassles scale has been more thoroughly researched and offers more psychometric support than many existing measures of role stress, conflict, and overload. Furthermore, the Hassles scale is relatively succinct, and therefore, was not likely to limit response rate due to length of time for completion.

Anxiety

Anxiety was measured by the State-Anxiety scale of the State-Trait Anxiety Inventory (STAI; Spielberger, 1983). This self-report instrument is composed of two scales designed to measure both state and trait anxiety. The S-Anxiety scale (STAI Form Y-1) contains 20 statements used to evaluate transitory anxiety; the T-Anxiety scale (STAI Form Y-2) contains 20 items that assess stable anxiety. Participants respond to these items on a 4 point Likert- type scale based on how they feel. Higher scores on the STAI scales indicate higher levels of state and trait anxiety. Factor analyses of the STAI support the state-trait distinction, suggesting that the STAI measures both transitory and stable anxiety effectively (Kendall, Finch, Auerbach, Hooke & Mikulka, 1976; Metzger, 1976; Spielberger & Vagg, 1984). The proposed study only utilized the S-Anxiety scale of the STAI. The rationale for the inclusion of the S-Anxiety Scale and the exclusion of the T-Anxiety Scale is grounded in research examining the relationship between stress

and psychopathology. Research findings in this area indicate that minor life events or “daily hassles” have detrimental effects on well-being (Johnson & Bornstein, 1993). The harmful influence of stress on well-being is more likely to induce a state of anxiety, rather than an enduring trait of anxiety.

The STAI is regarded as a valid and reliable instrument (Speilberger, Sydeman, Owen, & Marsh, 1999). Extensive evidence of the validity of the STAI scales is presented in Speilberger’s (1983) test manual. Demonstrating concurrent validity, the STAI correlates positively with other measures of anxiety (Speilberger et al., 1999). Construct validity of the STAI is demonstrated by high mean scores obtained from neuropsychiatric patient groups for whom anxiety is a salient symptom (Speilberger, 1983). Providing evidence of discriminant validity, low mean scores on the STAI have been reported for psychiatric samples for whom anxiety is not a significant symptom. In support of the instrument’s reliability, Speilberger reported acceptable median alpha coefficients for both State (.93) and Trait (.90) scales across a variety of samples.

Life Satisfaction

Life satisfaction was measured by the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). This commonly used, self-report instrument is composed of 5 items designed to assess life satisfaction, defined as the cognitive component of subjective well-being based on a respondent’s own criteria (Diener et al). Each of the five items is scored on a Likert-type scale ranging from (1) Strongly Disagree to (7) Strongly Agree. The SWLS yields a total score ranging from 5 to 35, with higher scores indicating more satisfaction with life. Recommended as a complement to measures

of psychological distress, the SWLS accurately assesses a person's global judgment of life satisfaction (Pavot & Diener, 1993).

Diener et al. (1985) completed a principal-axis factor analysis on the SWLS that revealed one factor. This single factor solution accounted for 66% of the total variance of scores. Subsequent studies have replicated this single factor solution, suggesting that the SWLS measures a single dimension (Pavot, Diener, Colvin, & Sandvik, 1991; Shevlin, Brunsten, & Miles, 1998). Item-total correlations on the SWLS are moderate to high, ranging from .66 to .80 (Pavot et al.).

The SWLS is regarded as a reliable and valid instrument (Pavot & Diener, 1993; Shevlin, Brunsten, & Miles, 1998). The SWLS has demonstrated good internal consistency, with coefficient alphas ranging from .84 (Pavot et al., 1991) to .87 (Diener et al., 1985). Test-retest reliability for the SWLS is strong for short intervals, and decreases slightly to moderately in strength with longer intervals (Pavot & Diener, 1993). For example, Diener et al. reported a coefficient alpha level of .87 for the scale, and 2-month test-retest coefficient of .82. Demonstrating a more moderate drop, Magnus, Diener, Fujita, and Pavot (1992) reported a coefficient alpha level of .87 for the scale and a 4 year test-retest coefficient of .54 (cited in Pavot & Diener, 1993). This decrease is attributed to the likelihood that changes in life events may alter an individual's judgment of life satisfaction. In support of convergent and discriminant validity, the SWLS is positively associated with other measures of well-being and negatively associated with measures of psychological distress (Pavot & Diener, 1993). For example, Blais et al. (1989) reported a strong negative correlation between the SWLS and the Beck Depression Inventory ($r = -.72, p = .001$) (cited in Pavot & Diener, 1993). In support of

the construct validity of the SWLS, samples facing negative life events (e.g., students in turbulent countries) are more likely to report a pattern of lower life satisfaction than samples that do not report negative life events (Pavot & Diener, 1993).

Procedure

Participants were recruited and asked to participate in a study examining the experiences of women who were both mothers and paid workers/professionals. Participants were informed of the criteria for participation, the purpose of the study, and the approximate time needed to fill out the questionnaires (i.e., 15-20 minutes). Participants were told that the purpose of the study was to examine some of the experiences of employed mothers. Participants were informed that their participation was anonymous and voluntary, and that they may decline participation at any time. Those who opted to participate were informed that for each completed survey received, the primary investigator would donate \$1.00 to the Philadelphia Children's Alliance, an organization that assists children who have been victims of sexual abuse and are in need of legal services. Participants were also informed that they may enter a raffle to win a \$100.00 savings bond.

Either in the mail or in person, prospective participants received a brief letter of invitation, an implied informed consent statement, demographic questionnaire, self-report questionnaires, and the debriefing statement. Participants were told that the completion and return of the survey implied consent to participate in the study. In the informed consent statement, participants were told that their participation was both voluntary and anonymous. Participants were instructed to keep the informed consent statement for their

records. The administration sequence began with the standard administration of the APS-R designed to assess perfectionism globally. This instrument was administered first because it is the standard administration of the APS-R. To prevent testing order effects, the sequence of all other self-report questionnaires varied for all participants. In each survey packet, the debriefing statement was presented after the final questionnaire. A separate self-addressed stamped postcard was enclosed for participants to complete if they desired to enter the raffle drawing to win the \$100.00 savings bond. Participants were instructed to mail this postcard separately.

Proposed Analyses

Data were checked for entry accuracy through random checks completed by the primary investigator. When necessary, corrections were made to records containing inaccurate entries. Secondly, with the assistance of a standard statistical package, missing values, outliers, and distributional assumptions for the data were checked. Missing values and outliers were omitted from the analyses. Frequencies, means, standard deviations, and correlation coefficients among all variables were determined.

Three repeated measures analyses of variance (ANOVAs) were conducted to detect significant differences among three dimensions of perfectionism (i.e., High Standards, Order, and Discrepancy) measured in global, work, and home domains. Thus, repeated measures analyses of variance included three factors (i.e., High Standards, Order, and Discrepancy) evaluated on three levels (global, work, and home domains). The first ANOVA compared mean scores of global High Standards, work High Standards, and home High Standards. The second ANOVA compared mean scores of global Order, work Order, and home Order. The third ANOVA compared mean scores

representing global Discrepancy, work Discrepancy, and home Discrepancy. A total of nine comparisons were made using the F statistic, generated from the repeated measures ANOVAs computations. Post-hoc tests of the differences between means were conducted.

According to Baron and Kenny (1986) a moderating variable is a qualitative or quantitative factor that influences the direction and strength of the relationship between an independent variable and dependent variable. If a moderation effect is significant, the effect of the predictor variable on the criterion variable changes as a function of the moderating variable. Data analyses tested whether adaptive and maladaptive perfectionism acted as moderating variables upon the relationship between stress and psychological health. Unlike the first set of analyses, the moderation test only looked at adaptive perfectionism, measured by the High Standards subscale of the APS-R, and maladaptive perfectionism, measured by the Discrepancy subscale of the APS-R. Since Order does not appear to be strongly linked to adjustment (Slaney et al., 2001), the Order subscale was not used in the tests of moderation. In these analyses, dimensions of perfectionism were treated as both independent and moderating variables.

To test the moderator hypotheses, hierarchical regression analyses were used to test main and interactive effects of the independent variables (i.e., stress; and adaptive and maladaptive perfectionism) upon the dependent variables (i.e., life satisfaction and anxiety). Prior to regression analyses, the independent variables and the moderating variables were centered in order to prevent multicollinearity effects between main effect terms and interaction terms (Aiken & West, 1991; cited in Baron and Kenny, 1986).

The number of regression analyses conducted depended upon variables found to differ on the dimensions of perfectionism in research question #1. Thus, there was a possible minimum of 1 set of regression analyses and a possible maximum of 3 sets of regression analyses. Since significant domain differences were found in research question #1, perfectionism dimensions in global, work, and home domains were tested separately to prevent multicollinearity effects. Each regression analysis included 3 independent variables (i.e., an adaptive dimension of perfectionism in a particular domain, and a maladaptive dimension of perfectionism in a particular domain, and hassles) and 2 interaction effects (an adaptive dimension of perfectionism in particular domain X hassles and a maladaptive dimension of perfectionism in particular domain X hassles). The first variable to enter each multiple regression equation was stress, followed by a dimension of perfectionism, and finally, a stress x perfectionism dimension interaction term. The interaction term estimated the predictive value of adaptive and maladaptive perfectionism as moderating variables. More specifically, the interaction term assessed the degree to which adaptive and maladaptive perfectionism influenced the relationship between stress and psychological health, measured by life satisfaction and anxiety. Results from these analyses were reported separately for life satisfaction and anxiety.

CHAPTER FOUR

Results

Two-hundred fifty-five women completed survey packets. Two respondents were excluded from the sample because they did not meet the criteria for inclusion in the study. Thus, the final sample included 253 women. Prior to analyses, data screening procedures were completed. Data entry and coding were checked. Approximately 15% of the entire sample ($n=38$) were checked for errors; no errors were found. Data were checked for outliers, missing values, and fit with assumptions of multivariate analysis according to procedures outlined by Tabachnick and Fidell (2001). One outlier was found. The raw data indicated that the outlier resulted from a data entry error. The error was corrected by replacing the outlier with the correct value. Twelve cases contained small amounts of missing data. Consistent with an acceptable method for dealing with small amounts of missing data (Tabachnick & Fidell, 2001), cases with missing data were deleted from data analyses.

To assess the fit between the model variables and assumptions of normality, variables were examined for skewness and kurtosis. All skewness values were between $-.86$ and 1.08 . All kurtosis values fell between $-.61$ and 1.29 . Skewness and kurtosis values for all of the primary variables were deemed acceptable and within the guidelines suggested for data screening. Thus, review of skewness and kurtosis values did not indicate a need to transform any of the variables prior to the preliminary and primary analyses. The assumption of linearity was assessed by inspection of bivariate scatterplots of the primary variables in the study. The inspection of the bivariate scatterplots did not suggest that any non-linear relationships existed among the primary variables in the

study. Therefore, it was unnecessary to transform any of the variables prior to the analyses.

Preliminary Analyses

Characteristics of the sample are depicted in Tables 4.1 and 4.2. Table 4.1 reflects the overall characteristics of the sample including the means, standard deviations, and range of values for age of participants, number of hours worked per week, and number of children. Table 4.2 indicates the frequency and valid percent scores for race/ethnicity and recruiting source for participants.

Table 4.1

Sample Characteristics I (N=253)

Variable	M	SD	Range
Age	38.69	6.37	22-54
Hours worked	35.69	10.09	10-65
Number of children	2.02	.89	1-5

Table 4.2

Sample Characteristics II (N=253)

Variable	<u>N</u>	%
Race		
African-American/Black	6	2.4
Asian-American/Pacific Islander	4	1.6
European-American/White	224	88.5
Hispanic-American/Latina	9	3.6
Native American	5	2.0
Other	2	.8
Recruiting Source		
Personal contact	110	43.5
Mailing list	66	26.1
Day-care center	60	23.7
CA Small Business Organization	17	6.7

Table 4.3 reflects the means, standard deviations, possible range, and internal consistency coefficients for the primary variables in the study. Internal consistency coefficients ranged from .78 to .96, indicating that all of the variables were measured in a reliable manner.

Table 4.3

Means, Standard Deviations, Possible Range, and Internal Consistency Coefficients for Model Variables

Variable	M	SD	Possible Range	α
Global High Standards	41.90	.67	7-49	.78
Global Order	22.76	.87	4-28	.80
Global Discrepancy	37.64	1.28	12-84	.95
Work High Standards	42.16	1.00	7-49	.86
Work Order	22.87	.87	4-28	.81
Work Discrepancy	32.81	1.28	12-84	.96
Home High Standards	37.66	1.00	7-49	.88
Home Order	21.72	1.07	4-28	.84
Home Discrepancy	40.58	1.43	12-84	.96
Daily Hassles	29.07	.33	0-159	.92
Anxiety	41.75	.52	20-80	.94
Life Satisfaction	25.24	1.29	5-35	.90

Table 4.4 depicts an overview of the bivariate relationships among the perfectionism variables measured according to dimension and domain. Correlation coefficients ranged from $-.15$ to $.83$. Significant and noteworthy relationships were found among some of the dimensions of perfectionism measured in the global, home, and work domains. For the High Standards dimension, correlations between global High Standards and work High Standards ($r = .72, p < .01$), and global High Standards and home High Standards ($r = .50, p < .01$) were significant. For the Order dimension, correlations between global Order and work Order ($r = .65, p < .01$), and global Order and home Order ($r = .75, p < .01$) were significant. For the Discrepancy dimension, correlations between global Discrepancy and work Discrepancy ($r = .83, p < .01$), and global Discrepancy and home Discrepancy ($r = .67, p < .01$) were significant. Consistent with previous findings reported for dimensions of perfectionism measured by the APS-R (Slaney et al., 2001), the High Standards dimension was significantly yet moderately correlated with the Order dimension ($r = .31, p < .01$). Providing further support for the virtual independence of the adaptive and maladaptive dimensions of perfectionism, the High Standards dimension was modestly related to the Discrepancy dimension ($r = .14, p < .05$), and the Order dimension was not related to the Discrepancy dimension.

Table 4.4

Intercorrelations among Perfectionism Variables by Dimension and Domain

Variable	1	2	3	4	5	6	7	8	9
1. Global High Standards	--	.31**	.14*	.72**	.26**	.06	.50**	.23**	.05
2. Global Order	--	--	.00	.17**	.65**	-.06	.40**	.75**	-.07
3. Global Discrepancy	--	--	--	.05	-.06	.83**	.00	.05	.67**
4. Work High Standards	--	--	--	--	.31**	-.02	.38**	.12	.03
5. Work Order	--	--	--	--	--	-.15	.26**	.47**	-.08
6. Work Discrepancy	--	--	--	--	--	--	-.04	.01	.60**
7. Home High Standards	--	--	--	--	--	--	--	.53**	.07
8. Home Order	--	--	--	--	--	--	--	--	-.07
9. Home Discrepancy	--	--	--	--	--	--	--	--	--

* $p < .05$. ** $p < .01$. *** $p < .001$.

Tables 4.5, 4.6, and 4.7 depict the bivariate relationships among global, work, and home dimensions of perfectionism, daily hassles, and the dependent variables included in the study. As expected, total daily hassles was significantly correlated with maladaptive perfectionism (i.e., Discrepancy subscale) in global ($r = .43, p < .01$), work ($r = .40, p < .01$), and home ($r = .47, p < .01$) domains. Similarly, as expected, anxiety was significantly correlated with maladaptive perfectionism in global ($r = .59, p < .01$), work, ($r = .54, p < .01$), and home ($r = .56, p < .01$) domains. Daily hassles, a measure of current stress, was significantly correlated with anxiety ($r = .52, p < .01$). Lastly, the relationship between anxiety and life satisfaction was statistically significant ($r = -.54, p < .01$)

Table 4.5

*Intercorrelations among Global Perfectionism Variables, Daily Hassles, and Outcome**Variables*

Variable	1	2	3	4	5	6
1. Global High Standards	--	.31**	.14*	-.03	.00	.14*
2. Global Order	--	--	.00	-.15*	-.01	.03
3. Global Discrepancy	--	--	--	.43**	.59**	-.29**
4. Daily Hassles	--	--	--	--	.52**	-.39**
5. Anxiety	--	--	--	--	--	-.54**
6. Life Satisfaction	--	--	--	--	--	--

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4.6

*Intercorrelations among Work Perfectionism Variables, Daily Hassles, and Outcome**Variables*

Variable	1	2	3	4	5	6
1. Work High Standards	--	.31**	-.02	-.01	.01	.15*
2. Work Order	--	--	-.15*	-.16*	-.03	.07
3. Work Discrepancy	--	--	--	.40**	.54**	-.34**
4. Daily Hassles	--	--	--	--	.52**	-.39**
5. Anxiety	--	--	--	--	--	-.54**
6. Life Satisfaction	--	--	--	--	--	--

*p<.05. **p<.01. ***p<.001.

Table 4.7

Intercorrelations among Home Perfectionism Variables, Daily Hassles, and Outcome Variables

Variable	1	2	3	4	5	6
1. Home High Standards	--	.53**	.06	-.04	-.01	.10
2. Home Order	--	--	.07	-.10	.04	.06
3. Home Discrepancy	--	--	--	.47**	.56**	-.35**
4. Daily Hassles	--	--	--	--	.52**	-.39**
5. Anxiety	--	--	--	--	--	-.54**
6. Life Satisfaction	--	--	--	--	--	--

* $p < .05$. ** $p < .01$. *** $p < .001$.

Primary Analyses

Research Question 1: Perfectionism Differences by Dimension and Domain

Three repeated measures analyses of variance (ANOVAs) were conducted to detect the presence of differences among three dimensions of perfectionism (i.e., High Standards, Order, and Discrepancy) measured in global, work, and home domains. Wilks' Lambda was chosen as the test of statistical inference because it is widely used and recognized by researchers (Green, Salkind, & Akey, 2000). All three repeated measures ANOVAs conducted yielded statistically significant effects. The first ANOVA comparing the means of global High Standards, work High Standards, and home High Standards was statistically significant, Wilks' $\Lambda = .67$, $F(2, 248) = 60.04$, $p < .000$, multivariate $\eta^2 = .33$. The second ANOVA comparing the means of global Order, work

Order, and home Order was statistically significant, Wilks' $\Lambda = .89$, $F(2, 248) = 16.04$, $p < .000$, multivariate $\eta^2 = .12$. And lastly, the third ANOVA comparing the means of global Discrepancy, work Discrepancy, and home Discrepancy was significant, Wilks' $\Lambda = .73$, $F(2, 246) = 45.98$, $p < .000$, multivariate $\eta^2 = .27$.

Table 4.8 presents the means and standard deviations of the perfectionism variables distinguished by dimension and domain. To determine which means differed from each other, nine pairwise comparisons were conducted using a paired samples t-test controlling for familywise error. Significant differences were found in seven of the nine comparisons. In the High Standards dimension, significant differences were found between global High Standards and home High Standards, and between work High Standards and home High Standards. In the Order dimension, significant differences were found between global Order and home Order and between work Order and home Order. And lastly, in the Discrepancy dimension, significant differences were found among all three domains assessed. In both the High Standards and Order dimensions, mean scores in the global and work domains were significantly higher than the mean scores in home domains. For the Discrepancy dimension, all three domains were significantly different with the home domain having the highest Discrepancy mean score and the work domain having the lowest Discrepancy mean score.

Table 4.8

Means and Standard Deviations by Dimension and Domain

	Global		Work		Home		
	M	SD	M	SD	M	SD	F
Perfectionism							
High Standards	41.90 ^a	.67	42.16 ^a	.71	37.66 ^b	1.00	60.04
Order	22.76 ^a	.87	22.87 ^a	.87	21.72 ^b	1.07	16.04
Discrepancy	37.64 ^a	1.29	32.81 ^b	1.29	40.58 ^c	1.43	45.98

All multivariate F-tests were significant at $p < .001$. Values with different superscripts indicate significant within row differences among domains of perfectionism using pairwise comparisons, $p < .001$.

Research Question 2: Regression Analyses

Due to the significant domain differences reported above, the second research question was studied within all three domains of perfectionism. Two dimensions of perfectionism, adaptive (i.e., High Standards subscale) and maladaptive (i.e., Discrepancy subscale) in global, work, and home domains were expected to moderate the relationship between stress and psychological health. Since the Order dimension of perfectionism does not appear to be strongly linked to adjustment (Slaney et al., 2001), the Order subscale was not used in the tests of moderation. Stress was measured by total daily hassles, and two measures of psychological health were employed: anxiety and life satisfaction.

Prior to regression analyses, all independent and moderating variables were centered in order to prevent multicollinearity effects between main effect terms and interaction terms (Baron & Kenny, 1986). Three sets of two hierarchical regression analyses were conducted to test whether adaptive perfectionism (i.e., High Standards subscale) and maladaptive perfectionism (i.e., Discrepancy subscale) measures in global, work, and home domains moderated the relationship between stress and psychological health. Since psychological health was operationalized as anxiety and life satisfaction, two sets of regression analyses were conducted within each domain. Each hierarchical regression analysis was conducted with step 1 entry of three main effect terms (i.e., total daily hassles, domain-specific APS-R High Standards subscale, and domain-specific APS-R Discrepancy subscale), followed by step 2 entry of 2 centered interaction terms (i.e., total daily hassles X APS-R High Standards subscale, and total daily hassles X APS-R Discrepancy subscale). Results from these analyses are presented in table 4.9.

Global Domain

Within the global domain of perfectionism, two hierarchical regression analyses were conducted to test whether global adaptive perfectionism, (i.e., APS-R High Standards, global domain) and global maladaptive perfectionism, (i.e., APS-R Discrepancy, global domain) moderated the relationship between total daily hassles and (a) anxiety and (b) life satisfaction. Results from the hierarchical regression predicting anxiety were significant with step 1 entry of total daily hassles, global High Standards, and global Discrepancy: $F(3, 239) = 62.09, p < .001$. The combined linear effects of the main effect terms accounted for 44% of the total variance in anxiety. Two of the main effect terms studied were significantly and uniquely related to anxiety in this analysis: a

greater number of total hassles ($t = 6.02, p < .001$), and a higher mean score on global maladaptive perfectionism ($t = 8.44, p < .001$) each predicted higher anxiety in dual-role women. However, step 2 entry of the interaction terms (i.e., total daily hassles X APS-R global High Standards, and total daily hassles X APS-R global Discrepancy) was not significant.

Results from the hierarchical regression analyses predicting life satisfaction were also significant with step 1 entry of total daily hassles, global High Standards, and global Discrepancy: $F(3, 240) = 19.54, p < .001$. The combined linear effects of the main effect terms accounted for 20% of the total variance in life satisfaction. All three main effect terms studied were significantly and uniquely related to life satisfaction in this analysis. Interpretation of results indicated that a lesser number of total daily hassles ($t = 4.66, p < .001$), a higher mean score on global adaptive perfectionism ($t = 2.64, p < .01$), and a lower mean score on global maladaptive perfectionism ($t = -3.04, p < .01$) each predicted higher life satisfaction in dual-role women. In contrast, step 2 entry of the interaction terms (i.e., total daily hassles X APS-R global High Standards, and total daily hassles X APS-R global Discrepancy) was not statistically significant.

Work Domain

Within the work domain of perfectionism, two hierarchical regression analyses were conducted to test whether work adaptive perfectionism, (i.e., APS-R High Standards, work domain) and work maladaptive perfectionism, (i.e., APS-R Discrepancy, work domain) moderated the relationship between total daily hassles and (a) anxiety and (b) life satisfaction. Results from the hierarchical regression predicting anxiety were significant with step 1 entry of total daily hassles, work High Standards, and work

Discrepancy: $F(3, 238) = 51.99, p < .001$. The combined linear effects of the main effect terms accounted for 40% of the total variance in anxiety. Two of the main effect terms studied were significantly and uniquely related to anxiety in this analysis: a greater number of total hassles ($t = 6.54, p < .001$), and a higher mean score on global maladaptive perfectionism ($t = 7.10, p < .001$) each predicted higher anxiety in dual-role women.

However, step 2 entry of the interaction terms (i.e., total daily hassles X APS-R work High Standards, and total daily hassles X APS-R work Discrepancy) was not significant.

Results from the hierarchical regression analyses predicting life satisfaction were also significant with step 1 entry of total daily hassles, work High Standards, and work Discrepancy: $F(3, 239) = 21.70, p < .001$. The combined linear effects of the main effect terms accounted for 21% of the total variance in anxiety. All three main effect terms studied were significantly and uniquely related to anxiety in this analysis. Interpretation of results indicated that a lesser number of total daily hassles ($t = -4.71, p < .001$), a higher mean score on work adaptive perfectionism ($t = 2.62, p < .01$), and a lower mean score on work maladaptive perfectionism ($t = -3.56, p < .01$) each predicted higher life satisfaction in dual-role women. In contrast, step 2 entry of the interaction terms (i.e., total daily hassles X APS-R global High Standards, and total daily hassles X APS-R global Discrepancy) was not significant.

Home Domain

Within the home domain of perfectionism, two hierarchical regression analyses were conducted to test whether home adaptive perfectionism, (i.e., APS-R High Standards, home domain) and home maladaptive perfectionism, (i.e., APS-R Discrepancy, home domain) moderated the relationship between total daily hassles and

(a) anxiety and (b) life satisfaction. Results from the hierarchical regression predicting anxiety were significant with step 1 entry of total daily hassles, home High Standards, and home Discrepancy: $F(3, 235) = 53.75, p < .001$. The combined linear effects of the main effect terms accounted for 41% of the total variance in anxiety. Two of the main effect terms studied were significantly and uniquely related to anxiety in this analysis: a greater number of total hassles ($t = 5.97, p < .001$), and a higher mean score on home maladaptive perfectionism ($t = 7.12, p < .001$) each predicted higher anxiety in dual-role women. However, step 2 entry of the interaction terms (i.e., total daily hassles X APS-R home High Standards, and total daily hassles X APS-R home Discrepancy) was not significant.

Results from the hierarchical regression analyses predicting life satisfaction were significant with step 1 entry of total daily hassles, home High Standards, and home Discrepancy: $F(3, 237) = 21.27, p < .001$. The combined linear effects of the main effect terms accounted for 21% of the total variance in anxiety. All three main effect terms studied were significantly and uniquely related to anxiety in this analysis. Interpretation of results indicated that a lesser number of total daily hassles ($t = -4.42, p < .001$), a higher mean score on home adaptive perfectionism ($t = 2.05, p < .05$), and a lower mean score on home maladaptive perfectionism ($t = -3.57, p < .001$) each predicted higher life satisfaction in dual-role women. In contrast, step 2 entry of the interaction terms (i.e., total daily hassles X APS-R home High Standards, and total daily hassles X APS-R home Discrepancy) was not significant.

Table 4.9

Results from the Hierarchical Multiple Regression Analyses Predicting Anxiety and Life Satisfaction

Predictor Variables	B	SE	β	R^2	ΔR^2	F	ΔF	sr
Global Domain								
<u>Anxiety</u>								
Step 1				.44		62.09***		
Daily Hassles (DH)	.51	.09	.32					.36***
High Standards	-.04	.04	-.05					-.07
Discrepancy	.19	.02	.46					.48***
Step 2					.004		.40	
High Standards X DH	-.13	.11	-.06					-.08
Discrepancy X DH	-.03	.05	-.12					-.04
<u>Life Satisfaction</u>								
Step 1				.20		19.54***		
DH	-1.16	.25	-.30					-.29***
High Standards	.30	.11	.16					.17**
Discrepancy	-.20	.07	-.20					-.19**
Step 2					.003		.61	
High Standards X DH	.19	.33	.03					.04
Discrepancy X DH	.12	.15	.17					.05
Work Domain								
<u>Anxiety</u>								
Step 1				.40		51.99***		
DH	.57	.09	.36					.39***
High Standards	.00	.04	.00					.00
Discrepancy	.16	.02	.39					.42***
Step 2					.005		.41	
High Standards X DH	-.14	.11	-.07					-.08
Discrepancy X DH	-.02	.05	-.03					-.03

				<u>Life Satisfaction</u>	
Step 1			.21	21.70***	
DH	-1.15	.24	-.30		-.29***
High Standards	.27	.10	.15		.17**
Discrepancy	-.22	.06	-.22		-.22***
Step 2				.004	.58
High Standards X DH	.31	.31	.06		.06
Discrepancy X DH	.04	.14	.02		.02

Home Domain

				<u>Anxiety</u>	
Step 1			.41	53.75***	
DH	.55	.09	.34		.36***
High Standards	-.01	.03	-.03		-.04
Discrepancy	.15	.02	.41		.42***
Step 2				.001	.87
High Standards X DH	-.01	.08	-.01		-.02
Discrepancy X DH	-.02	.05	-.03		-.03

				<u>Life Satisfaction</u>	
Step 1			.22	21.27***	
DH	-1.13	.26	-.29		-.27***
High Standards	.15	.08	.12		.13*
Discrepancy	-.21	.06	-.23		-.23***
Step 2				.003	.65
High Standards X DH	.00	.24	.00		.00
Discrepancy X DH	.13	.14	.06		.06

p<.05. **p<.01. ***p<.001.

CHAPTER FIVE

Discussion

Data analyses examined domain differences in perfectionism dimensions as well as the influence of adaptive and maladaptive perfectionism on the relationship between stress and psychological health. This chapter will discuss the results of the data analyses pertaining to the hypotheses set forth in the study. I will relate the results to the existing literature as well as highlight implications for clinical practice, training, and supervision. In conclusion, I will discuss the limitations of the study and propose directions for future research.

Domain Differences in Dimensions of Perfectionism

To date, most theory and research treat dimensions of perfectionism as stable parts of the personality structure. Interview studies conducted by Slaney, Suddarth, Rice, Ashby, and Mobley (1999), however, suggest the possibility that dimensions of perfectionism may be most salient in academic and career domains. Furthermore, in a recent chapter on a programmatic approach to measuring perfectionism, researchers raised the question of whether dimensions of perfectionism are stable personality characteristics or specific to particular issues or situations (Slaney, Rice & Ashby, 2002). Related to this question, the present study addressed the question of domain differences in perfectionism dimensions in employed mothers.

The first research question in the study examined differences in dimensions of perfectionism in global, work, and home domains in dual-role women. I hypothesized that domain differences in perfectionism exist based on the likelihood that personality traits such as perfectionism are influenced by an individual's environment. Support for

this hypothesis was found. Three repeated measures analyses of variance (ANOVAs) detected the existence of significant differences in dimensions of perfectionism according to global, work, and home domains. Follow-up pairwise comparisons showed significant differences in seven of the nine comparisons examined.

Based on Michelson and Burns (1998), and interview studies completed by Slaney et al. (1999), I hypothesized that dimensions of perfectionism would be higher in the work domains as compared to the home domains in dual-role women. This hypothesis was supported for the adaptive dimensions of perfectionism, measured by the *High Standards* and *Order* subscales. In both the *High Standards* and *Order* dimensions, mean scores in the work domains were significantly higher than mean scores in the home domain in the sample studied. Also in the *High Standards* and *Order* dimensions, mean scores in the global domain were significantly higher than mean scores in the home domain, but not the work domain. Different results were found for the maladaptive dimension of perfectionism, *Discrepancy*, defined as the perceived difference between the standards an individual holds and an individual's actual performance (Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Significant differences were detected among all three *Discrepancy* domains with the home domain being the highest and the work domain being the lowest.

The present findings indicate that adaptive expressions of perfectionism including aspiring toward excellence and maintaining a sense of orderliness, are higher in the work domain as compared to the home domain in dual-role women. These findings provide some support for previous research on perfectionism. The higher mean scores in the work domain as compared to the home domain in the *High Standards* and *Order* dimensions

are consistent with Michelson and Burns' (1998) results reporting significantly higher levels of perfectionism dimensions in the work domain as compared to the home domain for employed mothers. Furthermore, these findings are in keeping with results from the interview study mentioned above suggesting that dimensions of perfectionism are most relevant in academic and career spheres (Slaney et al., 1999).

In contrast to present findings in the *High Standards* and *Order* dimensions, mean scores in the *Discrepancy* dimension were highest in the home domain and lowest in the work domain. Thus, the perceived difference between standards held and actual performance was greatest in the home domain and least in the work domain in the dual-role women studied. These findings broaden previous research on domain differences in perfectionism by suggesting that the direction of differences in domains varies according to adaptive and maladaptive dimensions of perfectionism. Furthermore, these findings provide more support for the importance of conceptualizing the adaptive and maladaptive components of perfectionism as distinct dimensions.

As previously stated, I hypothesized that domain differences in perfectionism dimensions would exist because personality traits such as perfectionism are likely to be influenced by an individual's environment. The findings summarized above provide some preliminary support for my hypothesis. Comparison of the work and home domains shows a contrast between levels of perfectionism dimensions in dual-role women. In the work domain, mean scores on the adaptive dimensions of perfectionism (i.e., *High Standards* and *Order* subscales) were significantly higher than mean scores on the maladaptive dimension of perfection (i.e., *Discrepancy* subscale). In the home domain, mean scores on the maladaptive dimension of perfectionism (i.e., *Discrepancy* subscale)

were significantly higher than mean scores on the adaptive dimensions of perfectionism (i.e., *High Standards* and *Order*).

The contrast between findings for the work and home domains suggests that environmental factors may influence the expression of perfectionism dimensions. Work environs may pull more strongly for adaptive expressions of perfectionism than home environs. Aspects at work may enhance the expression of adaptive perfectionism and provide a buffer against the expression of maladaptive perfectionism. By providing positive reinforcement, external rewards and recognition for excellent performance (Warr & Parry, 1982), work may enhance levels of adaptive perfectionism in dual-role women. Furthermore, objective markers of achievement and clear indicators of success in the workplace may limit the subjective perception of a discrepancy between standards and performance. It may be more difficult for women to perceive a discrepancy between their standards and performance when standards for performance are clear, objective, and uniform.

While the mean scores on the adaptive dimensions of perfectionism (i.e., *High Standards* and *Order* subscales) were *lower* in the home domain as compared to the work domain, mean scores on the maladaptive dimension of perfectionism (i.e., *Discrepancy* subscale) were *higher* in the home domain than the work domain. This finding indicates that although standards are lower at home than at work, there is a greater perceived discrepancy between standards and actual performance at home as compared to work. Aspects at home may contribute to these outcomes in dual-role women. A greater reliance on internal rewards than external rewards may be central to motherhood (Barnett & Baruch, 1985). As such, the positive reinforcement provided by external rewards and

recognition for excellent performance may be less accessible in the home domain as compared to the work domain. This aspect of the home domain may explain, in part, why standards at home are lower than standards at work. Furthermore, a lack of objective markers of achievement, and clear indicators for success in the home domain may contribute to a greater perceived discrepancy between standards and performance. Lastly, the portrayal of excellence in the home domain in popular culture may enhance levels of maladaptive perfectionism in dual-role women by promoting impressions of perfection in the home domain that appear unattainable, especially to women who occupy dual-roles at home and work simultaneously.

The contrast between findings for the work and home domains may also complement previous research on gender differences in work and family roles. Philips-Miller, Campbell, and Morrison (2000) found that dual-role women reported a greater effect of stress at home on career than dual-role men. This gender difference may relate to previous findings indicating that women tend to perform more household responsibilities than men, regardless of occupational status (Philips-Miller et al.). The higher mean scores in maladaptive perfectionism in the home domain as compared to the work domain found in the present study may result, in part, from a heightened perception of stress and responsibility at home among women as compared to men, documented in previous research.

Regression Analyses

The second objective of the study was to investigate whether adaptive and maladaptive perfectionism moderate the relationship between stress and psychological health. To this end, the study examined whether adaptive and maladaptive perfectionism

influenced dual-role women to become more or less vulnerable to the detrimental effects of stress. Overall, dimensions of perfectionism were expected to enhance psychological outcomes in the presence of stress in the sample studied.

Due to the significant domain differences in perfectionism found in the first research question, three sets of hierarchical regression analyses were conducted in global, work, and home domains. Based on previous research (e.g., Chang & Rand, 2000; Joiner & Schmidt, 1995; Hewitt & Flett, 1993; 2002), two dimensions of perfectionism, adaptive (i.e., *High Standards* sub-scale) and maladaptive (i.e., *Discrepancy* subscale) were expected to moderate the relationship between stress, measured by daily hassles, and psychological health, measured by anxiety and life satisfaction. For all three domains, I expected that maladaptive perfectionism (i.e., *Discrepancy* subscale) would exacerbate the impact of stress, evident in higher anxiety scores and lower life satisfaction scores. Furthermore, based on research examining adaptive dimensions of perfectionism (Rice & Slaney, 2002; Slaney et al., 2001; Suddarth & Slaney, 2001), I hypothesized that adaptive perfectionism (i.e., *High Standards* subscale) would also moderate the relationship between stress and psychological health in all three domains. I expected that adaptive perfectionism would lessen the impact of stress on anxiety and life satisfaction, evident in lower anxiety scores and higher life satisfaction scores.

Results from the 3 sets of regression analyses were similar across global, work, and home domains of perfectionism dimensions. Support for the moderating hypotheses described above was not found; neither adaptive nor maladaptive perfectionism in global, work, and home domains moderated the relationship between stress and psychological health. In the present study, however, the role of stress and perfectionism dimensions in

the prediction of anxiety and life satisfaction was seen in the overall significance of the 6 regression models.

In global, work, and home domains, daily hassles and maladaptive perfectionism were significant predictors of anxiety. Higher levels of daily hassles and higher levels of maladaptive perfectionism each predicted higher levels of anxiety. For life satisfaction, daily hassles, adaptive perfectionism, and maladaptive perfectionism were significant predictors of life satisfaction. Lower levels of daily hassles, higher levels of adaptive perfectionism, and lower levels of maladaptive perfectionism each predicted higher levels of life satisfaction in dual-role women. Consistent with previous research on dimensions of perfectionism (Rice & Slaney, 2002; Slaney et al., 2001; Suddarth & Slaney, 2001), the results indicate that adaptive perfectionism and maladaptive perfectionism have different relationships with psychological health outcomes. Maladaptive perfectionism predicted anxiety in a positive direction and life satisfaction in a negative direction, and adaptive perfectionism predicted life satisfaction in a positive direction. Providing support for previous research, the results demonstrate that maladaptive perfectionism is associated with psychological distress, but that adaptive perfectionism is not.

Comparisons of the results across the 3 sets of regression analyses suggest that the effects of global and domain-specific measures of perfectionism on psychological health are quite similar. Adaptive perfectionism in global, work, and home domains had a positive impact on life satisfaction, and maladaptive perfectionism in global, work, and home domains had a positive impact on anxiety and a negative impact on life satisfaction in the dual-role women studied. Although significant differences in the expression of perfectionism dimensions across domains were found, the impact of global and domain-

specific dimensions of perfectionism on psychological health appear very similar. Therefore, the results from the present study do not provide enough evidence to conclude that domain-specific measures of perfectionism dimensions are necessary in future research studies at the interface of perfectionism and multiple-role involvement.

The lack of support for the moderating hypotheses adds to mixed findings on diathesis-stress models examined in the perfectionism literature (Blankstein & Dunkley, 2002). Although several studies have supported diathesis-stress models in which dimensions of perfectionism act as moderating variables that strengthen the relationship between stress and psychological distress (Chang & Rand, 2000; Joiner & Schmidt, 1995; Hewitt & Flett, 1993; Sherry, Hewitt, Flett & Harvey, 2003), the support for diathesis-stress models is not entirely consistent (Blankstein & Dunkley, 2002; Hewitt & Flett, 2002). Results from the present study illuminate the need for further clarification of the role perfectionism dimensions play or do not play in diathesis-stress models. The lack of support for the moderating hypotheses in the present study raises the possibility that dimensions of perfectionism may play a role other than moderation in their relation to stress, anxiety, and life satisfaction.

Summary

The data presented suggest that domain differences in dimensions of perfectionism exist, and that these differences vary for adaptive and maladaptive dimensions of perfectionism. For adaptive dimensions of perfectionism (i.e., *High Standards* and *Order* subscales), mean scores in the work domains were significantly higher than mean scores in the home domain in the sample studied. Also for adaptive dimensions of perfectionism, mean scores in the global domain were significantly higher

than mean scores in the home domain, but not the work domain. Different results were found for the maladaptive dimension of perfectionism (i.e., *Discrepancy* subscale). For the maladaptive dimension of perfectionism, significant differences were detected among all three domains with the means for the home domain being the highest and the means for the work domain being the lowest. Data suggest that neither adaptive nor maladaptive perfectionism in global, work, and home domains moderated the relationship between stress and psychological health as expected. However, daily hassles and maladaptive perfectionism in global, work, and home domains were significant predictors of anxiety; and daily hassles, adaptive perfectionism, and maladaptive perfectionism were significant predictors of life satisfaction.

Clinical Implications

Based on the present findings, there are several implications for clinical practice, training, and supervision. With regard to psychological health of dual-role women, the study highlights the importance of considering personality characteristics such as adaptive and maladaptive perfectionism. Rather than relying on factors such as role quality, income, and spousal support as the primary indicators of health outcomes, the results from the study remind professionals to continue to pay attention to the characteristics women bring themselves. The results of this study suggest that clinicians continue to consider the combination of internal and external factors in the prediction and understanding of psychological well-being of dual-role women.

Secondly, the outcome of the present study suggests that dimensions of perfectionism vary according to life domains, rather than exist as stable parts of one's personality structure. This understanding of perfectionism dimensions suggests some

important possibilities about personality characteristics, in general. It is possible that other personality traits may have some domain-specificity like adaptive and maladaptive perfectionism. Therefore, the results from the study raise the possibility that some personality characteristics may be expressed more or less fully in certain situations or contexts. An understanding of the strengths and weaknesses in an individual's personality structure may involve not only an assessment of personality, but also an assessment of the relevance of these personality traits to different situations or contexts.

Lastly, with regard to employed mothers, the results from the study call attention to the potential links between the environment and the expression of personality traits such as perfectionism. Higher levels of the adaptive dimensions of perfectionism in the work domain as compared to the home domain suggest the possibility that characteristics at work may enhance the expression of adaptive dimensions of perfectionism. Likewise, higher levels of maladaptive perfectionism in the home domain as compared to the work domain suggest the possibility that characteristics at home may enhance the expression of maladaptive perfectionism. As previously speculated, internal rewards associated with motherhood, and external rewards that may accompany excellent performance in the paid worker/professional role may contribute to these differences.

Limitations to the Study

There were several limitations to the present study. First, the study was limited by the use of self-report measures. Responses to the survey items were subjective and it seems likely that the purposes of the instruments were apparent to participants. Secondly, the sample lacked racial/ethnic, and regional diversity. Participants were predominantly White women residing in south-eastern, central, and western Pennsylvania. With regard

to measurement issues, the work and home versions of the APS-R have not been utilized in previous research. Although the domain-specific measures of perfectionism yielded acceptable levels of reliability, the study is limited by the lack of information on the psychometric properties of the domain-specific versions of the APS-R used in this study. Lastly, the study is limited by the number of variables assessed. It is possible that the inclusion of additional variables such as job control and spousal support would have provided valuable information relevant to the interpretation of the results of this study.

Directions for Future Research

The present study examined anxiety and life satisfaction as psychological health indicators. Future research might explore whether similarity across domains exists in relationships between perfectionism dimensions and other commonly used measures of psychological health (e.g., depression). Although some studies have suggested a unique relationship between maladaptive perfectionism and anxiety after controlling for levels of depression (e.g., Juster et al., 1996), the bulk of evidence suggests that maladaptive perfectionism is associated with a wide range of psychopathology (Frost & DiBartolo, 2002). Based on this existing evidence, it appears likely that similarity across domains may exist for relationships between perfectionism dimensions and other outcome variables such as depression.

The domain differences in perfectionism dimensions in dual-role women suggest the possibility that other personality traits may have domain-specificity as well. For example, descriptions of Type A personality traits within the psychological literature suggest that the Type A construct is a collection of traits that are relevant to the career or academic domain. Spence, Helmreich, and Pred (1987) described two dimensions of the

Type A construct; the first dimension focused on high achievement striving at work and the second dimension focused on tendencies toward irritability, impatience, and anger. Future research might explore whether domain-specificity exists in relationships between the Type A construct and psychological and physical health.

Additional personality traits such as those outlined in the five factor model of personality (Costa & McCrae, 1991; cited in Bruck & Allen, 2003) might also be examined for domain-specificity in future studies. Conscientiousness, described as the tendency to be purposeful, reliable, consistent, organized, and likely to succeed at tasks (Bruck & Allen, 2003), may be especially interesting to examine for domain-specificity. With regard to employed mothers, future research might explore whether the beneficial effects of conscientiousness reported in previous research (e.g., DeNeve & Cooper, 1998) vary according to home and work domains. In other words, future studies might investigate whether the beneficial effects of conscientiousness at home are significantly different than the beneficial effects of conscientiousness at work in employed mothers.

Within the applied psychological literature, relationships between job characteristics and work satisfaction have been examined (Jonge, Mulder, Nijhuis, 1999; Schaubroeck & Fink, 1998). Among other characteristics, job control, described as the beneficial ability to exert influence over one's work (Bond & Bunce, 2003), appears to be an especially valuable job characteristic for both male and female employees. Individuals with higher levels of job control tend to enjoy more occupational health than individuals with lower levels of job control (Bond & Bunce, 2003). These findings and others documented in the applied psychological literature, may inform future studies examining dual-role women. For example, a future study at the interface of perfectionism and

multiple-roles might include measures of job characteristics. Including measures of job characteristics such as the level of control at work may enable researchers to identify some important differences in the health of employed mothers.

Traditionally, the work domain was associated with men, and the home domain was associated with women. Over the past thirty years, traditional gender roles have changed as women's participation in the labor force increased (Philips-Miller et al., 2000). As more women entered the work force and placed importance on career advancement, men and women began to share household responsibilities (Cinamon & Rich, 2002). Despite these changes, women still tend to perform more responsibilities in the home domain than men, even when occupational status is similar (Philips-Miller et al., 2000). Nevertheless, a future study of perfectionism dimensions in men engaged in work and home roles would likely complement the findings reported in the present study.

A future study examining perfectionism dimensions in dual-role men would enable researchers to investigate gender differences in the expression and consequences of perfectionism dimensions. The opportunity to explore whether men might exhibit similar domain differences in the expression of perfectionism dimensions as women would be particularly interesting. Some research indicating that men suffer more deleterious effects from unemployment than women (e.g., Waters & Moore, 2002) suggests that men may place greater importance on their roles at work than women. This research suggests that men may aspire to higher standards at work than home and be more harsh in their evaluations of themselves at work than home, as compared to women. However, other research within the psychological literature suggests that men and women no longer differ in their level of work-family conflict and the importance

attributed to their careers (Cinamon & Rich, 2002). This research suggests that more similarities than differences may be found between men and women within expressions of perfectionism dimensions in the work and home domains.

The lack of support for the tests of moderation in this study and the inconsistent support for diathesis-stress models within the perfectionism literature highlights the need for further clarification of the role perfectionism dimensions play or do not play in diathesis-stress models. The inclusion of additional measures of perfectionism dimensions, stress, and outcome variables in future research examining diathesis-stress models may provide more clarity in this area. Additional studies of diverse populations may also provide some important information on diathesis-stress models involving perfectionism dimensions.

Lastly, findings from the present study suggest possibilities for future research at the interface of personality and the effects of multiple-roles. The present study highlighted the relevance of adaptive and maladaptive perfectionism in dual-role women. An interesting direction for the future would be to investigate other personality variables (e.g., Type A personality) that may influence the psychological health of employed mothers. Dimensions of perfectionism may be one of many personality traits that contribute to the complex interplay of internal and external factors in the psychological health of dual-role women.

APPENDIX A: IMPLIED INFORMED CONSENT FORM AND
DEBRIEFING STATEMENT

Page 1 of 2

**IMPLIED INFORMED CONSENT FORM FOR SOCIAL SCIENCE
RESEARCH STUDY**

The Pennsylvania State University

Title of Project: The Experience of Employed Mothers

Person in charge: Anne T. Murphy, M. A.

10003 Club House Road

Pittsburgh, PA 15142

(412) 443-7563

Supervisor: Robert B. Slaney, Ph.D.

327 Cedar Building

(814) 865-6643

Explanation of the Study in which you may participate:

1. **Criteria for Eligibility:** To be eligible to participate in the study, participants need to be: (a) 18 years of age or older; (b) a female who is married or partnered (i.e., married or living with a significant other for at least one year); (c) working 15 hours per week or more in *paid* employment; and (d) caring for 1 or more children under 18 years of age.
2. **Purpose of the Study:** The study in which you may participate will examine employed mothers' responses to a series of questionnaires that assess current experience and feelings. Your responses will be used to help the researcher understand more fully the experience of employed mothers residing in various regions throughout the United States of America.
3. **Procedures to be followed:** If you agree to participate in this research study, you will be asked to complete six questionnaires.
4. **Duration:** Your participation in this research study will take approximately 15-20 minutes.
5. **Discomforts and Risks:** There are no risks in participating in this research study beyond those experienced in everyday life. You may experience some mild discomfort as some of the questionnaires will ask you about your current experience, thoughts, and feelings, however, any discomfort you may feel is likely to be temporary.
6. **Benefits:** You may learn more about yourself by participating in this study as the survey questions ask you to assess your current life experience. Furthermore, the research may provide information about how various factors relate to the psychological health and well-being of employed mothers.
7. **Incentive to Participate:** In appreciation of your participation, the researcher will donate \$1.00 to the Philadelphia Children's Alliance, an organization that assists children who have been victims of sexual abuse and are in need of legal services. In addition, if you elect to participate, you may enter a raffle to win a \$100.00 savings bond by filling out and returning the enclosed self-addressed stamped postcard separately.
8. If you do not wish to participate in the study, please return the blank survey in the self-addressed stamped envelope provided.

Explanation of Participant Rights:

1. **Voluntary Participation:** Your participation in this research study is voluntary; you may cease participation in this research study at anytime or decline to answer specific questions.
2. **Right to Ask Questions:** You may ask questions about this research study, and expect that your questions will be answered by Ms. Anne T. Murphy or Dr. Robert B. Slaney, whose contact information is provided above. If you have questions about your rights as a research participant, contact Penn State's Office for Research Protections at (814) 865-1775.
3. **Statement of Confidentiality:** Your participation in this research study is *confidential*. The survey does not ask for any information that would identify who the responses belong to. Therefore, your responses are recorded anonymously. If this research is published, no information that would identify you will be written since your name is in no way linked to your responses.
4. **Completion and return of the survey** implies that you have read the information in this form and consent to participate in the research. Please keep this form for your records or future reference.

Debriefing Statement

Thank you for participating in this research study. The questionnaires you completed will be used to assist the researcher in studying how various factors such as perfectionism, and work and home conditions influence the psychological health of employed mothers across several regions throughout the United States of America. Your responses will help clarify how these factors may relate to the psychological well-being of employed mothers.

If you have further suggestions, comments, or concerns about the study, or if you desire copies of any publications resulting from this research study, please contact the primary researcher, Ms. Anne T. Murphy, or her supervisor, Dr. Robert B. Slaney, whose contact information is listed on the informed consent form.

Again, thank you very much for your participation.

APPENDIX B: LETTER OF INVITATION AND QUESTIONNAIRES

Dear Prospective Participant,

I invite you to participate in a study examining the experiences of employed mothers. As a new mother and doctoral candidate at Penn State University, I am enthusiastic about increasing our knowledge about the successful combination of motherhood and paid work.

If you are a mother caring for one or more children, married or partnered, and working at least 15 hours per week in paid employment, you are eligible to participate in this study. The survey will take approximately 15 minutes to complete. The survey contains 6 brief questionnaires. Three of the questionnaires are quite similar to one another. Please complete the questionnaires in the order that they are arranged.

For each survey I receive, I will donate \$1.00 to the Philadelphia Children's Alliance, an organization that assists victims of sexual abuse who are in need of legal services. In addition, you may enter a raffle drawing to win a \$100.00 savings bond. If you wish to enter the raffle, please fill out and return the self-addressed postcard enclosed in your survey packet.

The survey is anonymous; no identifying information will be requested. The dot of color that appears on the top right hand corner on the first page of the survey will indicate to me how I contacted you (e.g., mail or in person). When you complete the survey, please mail it back to me in the self-addressed envelope provided.

I thank you for considering this exciting study!

Sincerely,

Anne T. Murphy, M.A.

Demographic Questionnaire

1. Please indicate your age in years: _____
2. Please indicate the number of dependent child(ren) in your (and your spouse's or partner's) custody and care: _____
3. Please indicate the age(s) of child(ren) in your (and your spouse's or partner's) custody and care: _____
4. Please indicate your ethnic/racial background:
___ African American/Black
___ Asian American/ Pacific Islander
___ European American/ White
___ Hispanic American/ Latino/a
___ Native American
___ Bi-racial
___ Other (please specify) _____
5. Please indicate your job title or occupation: _____
6. Please indicate the total number of hours you work during a one week period: _____

The Almost Perfect Scale-Revised
(Slaney, Mobley, Trippi, Ashby, & Johnson, 1998)
Standard Administration

Directions: The following items are designed to measure attitudes people have toward themselves, their performance, and toward others. There are no right or wrong answers. Please respond to all of the items. Use your first impression and do not spend too much time on individual items in responding.

Please respond to each of the items by using the scale below to describe your degree of agreement with each item. Please mark your response to each question by writing a number on the line next to that question.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

- ___ 1. I have high standards for my performance at work or at school.
- ___ 2. I am an orderly person.
- ___ 3. I often feel frustrated because I can't meet my goals.
- ___ 4. Neatness is important to me.
- ___ 5. If you don't expect much out of yourself, you will never succeed.
- ___ 6. My best just never seems to be good enough for me.
- ___ 7. I think things should be put away in their place.
- ___ 8. I have high expectations for myself.
- ___ 9. I rarely live up to my high standards.
- ___ 10. I like to always be organized and disciplined.
- ___ 11. Doing my best never seems to be enough.
- ___ 12. I set very high standards for myself.
- ___ 13. I am never satisfied with my accomplishments.
- ___ 14. I expect the best from myself.
- ___ 15. I often worry about not measuring up to my own expectations.
- ___ 16. My performance rarely measures up to my standards.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

- ___ 17. I am not satisfied even when I know I have done my best.
- ___ 18. I try to do my best at everything I do.
- ___ 19. I am seldom able to meet my own high standards of performance.
- ___ 20. I am hardly ever satisfied with my performance.
- ___ 21. I hardly ever feel that what I've done is good enough.
- ___ 22. I have a strong need to strive for excellence.
- ___ 23. I often feel disappointment after completing a task because I know I could have done better.

The Almost Perfect Scale-Revised

(Slaney, Mobley, Trippi, Ashby, & Johnson, 1998)
Home Domain Administration

Directions: The following items are designed to measure attitudes people have toward themselves, their performance, and toward others. There are no right or wrong answers.

Please respond to each of the items in relation to your role as a mother.

Please respond to all of the items. Use your first impression and do not spend too much time on individual items in responding. Please respond to each of the items by using the scale below to describe your degree of agreement with each item. Please mark your response to each question by writing a number on the line next to that question.

Please respond to each of the items by using the scale below to describe your degree of agreement with each item. Please mark your response to each question by writing a number on the line next to that question.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

- ___ 1. At home, I have high standards for my performance.
- ___ 2. At home, I am an orderly person.
- ___ 3. At home, I often feel frustrated because I can't meet my goals.
- ___ 4. At home, neatness is important to me.
- ___ 5. At home, if you don't expect much out of yourself, you will never succeed.
- ___ 6. At home, my best just never seems to be good enough for me.
- ___ 7. At home, I think things should be put away in their place.
- ___ 8. At home, I have high expectations for myself.
- ___ 9. At home, I rarely live up to my high standards.
- ___ 10. At home, I like to always be organized and disciplined.
- ___ 11. At home, doing my best never seems to be enough.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

- ___ 12. At home, I set very high standards for myself.
- ___ 13. At home, I am never satisfied with my accomplishments.
- ___ 14. At home, I expect the best from myself.
- ___ 15. At home, I often worry about not measuring up to my own expectations.
- ___ 16. At home, my performance rarely measures up to my standards.
- ___ 17. At home, I am not satisfied even when I know I have done my best.
- ___ 18. At home, I try to do my best at everything I do.
- ___ 19. At home, I am seldom able to meet my own high standards of performance.
- ___ 20. At home, I am hardly ever satisfied with my performance.
- ___ 21. At home, I hardly ever feel that what I've done is good enough.
- ___ 22. At home, I have a strong need to strive for excellence.
- ___ 23. At home, I often feel disappointment after completing a task because I know I could have done better.

The Almost Perfect Scale-Revised
(Slaney, Mobley, Trippi, Ashby, & Johnson, 1998)
Work Domain Administration

Directions: The following items are designed to measure attitudes people have toward themselves, their performance, and toward others. There are no right or wrong answers.

Please respond to each of the items in relation to your role as worker/employee.

Please respond to all of the items. Use your first impression and do not spend too much time on individual items in responding. Please respond to each of the items by using the scale below to describe your degree of agreement with each item. Please mark your response to each question by writing a number on the line next to that question.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

- ___ 1. At work, I have high standards for my performance.
- ___ 2. At work, I am an orderly person.
- ___ 3. At work, I often feel frustrated because I can't meet my goals.
- ___ 4. At work, neatness is important to me.
- ___ 5. At work, if you don't expect much out of yourself, you will never succeed.
- ___ 6. At work, my best just never seems to be good enough for me.
- ___ 7. At work, I think things should be put away in their place.
- ___ 8. At work, I have high expectations for myself.
- ___ 9. At work, I rarely live up to my high standards.
- ___ 10. At work, I like to always be organized and disciplined.
- ___ 11. At work, doing my best never seems to be enough.
- ___ 12. At work, I set very high standards for myself.
- ___ 13. At work, I am never satisfied with my accomplishments.
- ___ 14. At work, I expect the best from myself.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

- ___ 15. At work, I often worry about not measuring up to my own expectations.
- ___ 16. At work, my performance rarely measures up to my standards.
- ___ 17. At work, I am not satisfied even when I know I have done my best.
- ___ 18. At work, I try to do my best at everything I do.
- ___ 19. At work, I am seldom able to meet my own high standards of performance.
- ___ 20. At work, I am hardly ever satisfied with my performance.
- ___ 21. At work, I hardly ever feel that what I've done is good enough.
- ___ 22. At work, I have a strong need to strive for excellence.
- ___ 23. At work, I often feel disappointment after completing a task because I know I could have done better.

The Daily Hassles Scale
(DeLongis, Folkman, & Lazarus, 1988)

Directions: Please respond to each of the items by using the scale below to describe your degree of agreement with each item. Please mark your response to each question by writing a number on the line next to that question.

0	1	2	3
None or Not Applicable	Somewhat	Quite a Bit	A Great Deal

**How much of a hassle was
this item for you today?**

- ___ 1. Your child(ren)
- ___ 2. Your parents or parents-in-law
- ___ 3. Other relative(s)
- ___ 4. Your spouse
- ___ 5. Time spent with family
- ___ 6. Health or well-being of a family member
- ___ 7. Sex
- ___ 8. Intimacy
- ___ 9. Family-related obligations
- ___ 10. Your friend(s)
- ___ 11. Fellow workers
- ___ 12. Clients, customers, patients, etc.
- ___ 13. Your supervisor or employer
- ___ 14. The nature of your work
- ___ 15. Your work load
- ___ 16. Your job security
- ___ 17. Meeting deadlines or goals on the job
- ___ 18. Enough money for necessities
(e.g., food, clothing, housing, health-care, taxes, insurance etc.)

0	1	2	3
None or Not Applicable	Somewhat	Quite a Bit	A Great Deal

**How much of a hassle was
this item for you today?**

- ___ 19. Enough money for education
- ___ 20. Enough money for emergencies
- ___ 21. Enough money for extras (e.g., entertainment,
recreation, vacations, etc.)
- ___ 22. Financial care for someone who doesn't live with you
- ___ 23. Investments
- ___ 24. Your smoking
- ___ 25. Your drinking
- ___ 26. Mood-altering drugs
- ___ 27. Your physical appearance
- ___ 28. Contraception
- ___ 29. Exercise(s)
- ___ 30. Your medical care
- ___ 31. Your health
- ___ 32. Your physical abilities
- ___ 33. The weather
- ___ 34. News events
- ___ 35. Your environment (e.g., quality of air,
noise level, greenery, etc.)
- ___ 36. Political or social issues
- ___ 37. Your neighborhood (e.g., neighbors, setting)
- ___ 38. Conserving (e.g., gas, electricity, water, gasoline, etc.)
- ___ 39. Pets
- ___ 40. Cooking

0	1	2	3
----------	----------	----------	----------

**None or
Not Applicable**

Somewhat

Quite a Bit

A Great Deal

**How much of a hassle was
this item for you today?**

___ 41. Housework

___ 42. Home repairs

___ 43. Yardwork

___ 44. Car maintenance

___ 45. Taking care of paperwork (e.g., paying bills, filling out forms)

___ 46. Home entertainment (e.g., TV, music, reading)

___ 47. Amount of free time

___ 48. Recreation and entertainment outside the home
(e.g., movies, sports, eating out, walking)

___ 49. Eating (at home)

___ 50. Church or community organizations

___ 51. Legal matters

___ 52. Being organized

___ 53. Social commitments

Satisfaction with Life Scale

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985)

Directions: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your degree of agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree

- ___ 1. In most ways my life is close to ideal.
- ___ 2. The conditions of my life are excellent.
- ___ 3. I am satisfied with my life.
- ___ 4. So far I have gotten the important things I want in life.
- ___ 5. If I could live my life over, I would change almost nothing.

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