



Multidimensional Perfectionism Scale

Paul L. Hewitt, Ph.D. & Gordon L. Flett, Ph.D.

Interpretive Report

Client Name: Sarah Smith
Gender: Female
Administration Age: 25
Test Duration: 0 minutes, 55 seconds
Administration Date: June 17, 2004

This Interpretive Report is intended for the sole use of the test administrator and is not to be shown or presented to the respondent or any other party.



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P.O. Box 950, North Tonawanda, NY 14120-0950
3770 Victoria Park Ave., Toronto, ON M2H 3M6

Introduction

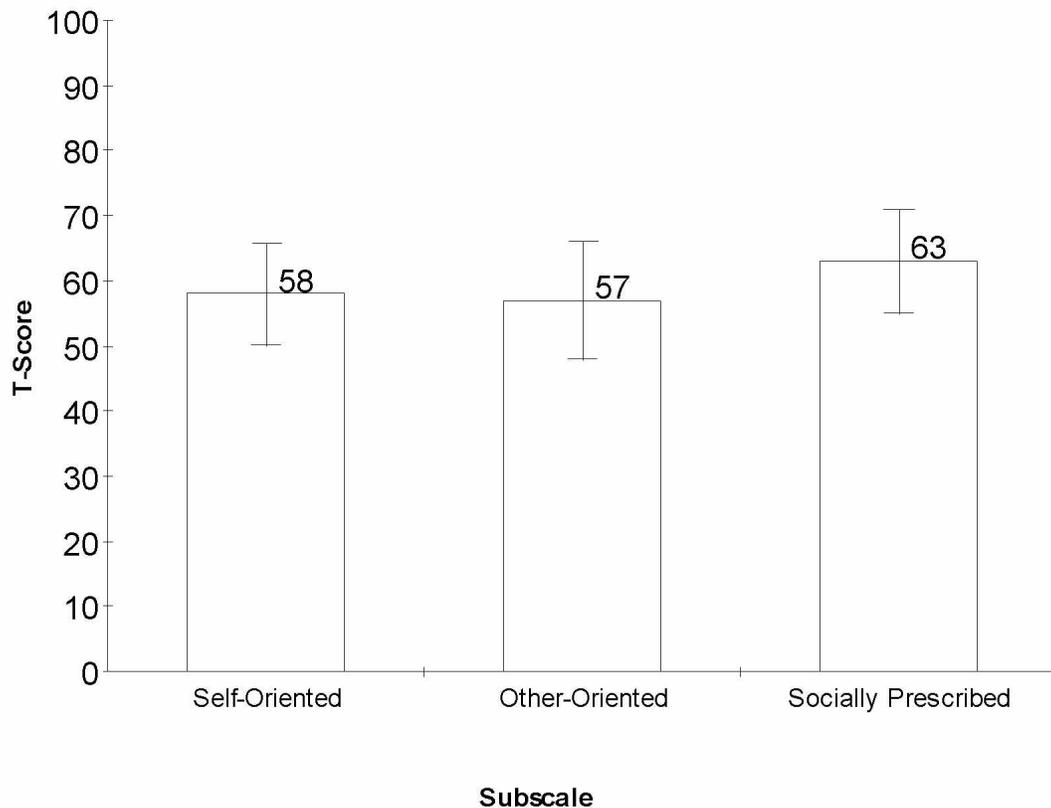
The Multidimensional Perfectionism Scale (MPS) assesses levels of multidimensional perfectionism in adults. This report provides information about the client's scores and how they compare with the scores of a normative sample. See the MPS Technical Manual (published by MHS) for more information about the MPS and the interpretation of its results.

This computerized report is an interpretive aid and should not be given to clients or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this with information gathered from other psychometric measures, as well as from interviews and discussions with the client, will give the practitioner or service provider a more comprehensive view of the client than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Administrators should review the client's responses to specific items to ensure that these generic interpretations apply.

This report compares Sarah Smith's subscale scores to individuals in a normal population. See the Appendix for comparisons to a clinical population.

Subscale T-Scores

The following graph displays Sarah Smith's T-scores for each of the three MPS subscales: Self-Oriented, Other-Oriented, and Socially Prescribed perfectionism. The error bars in the graph below represent the 95% confidence interval for each subscale score. For information on the calculation of confidence intervals, see the MPS Technical Manual.



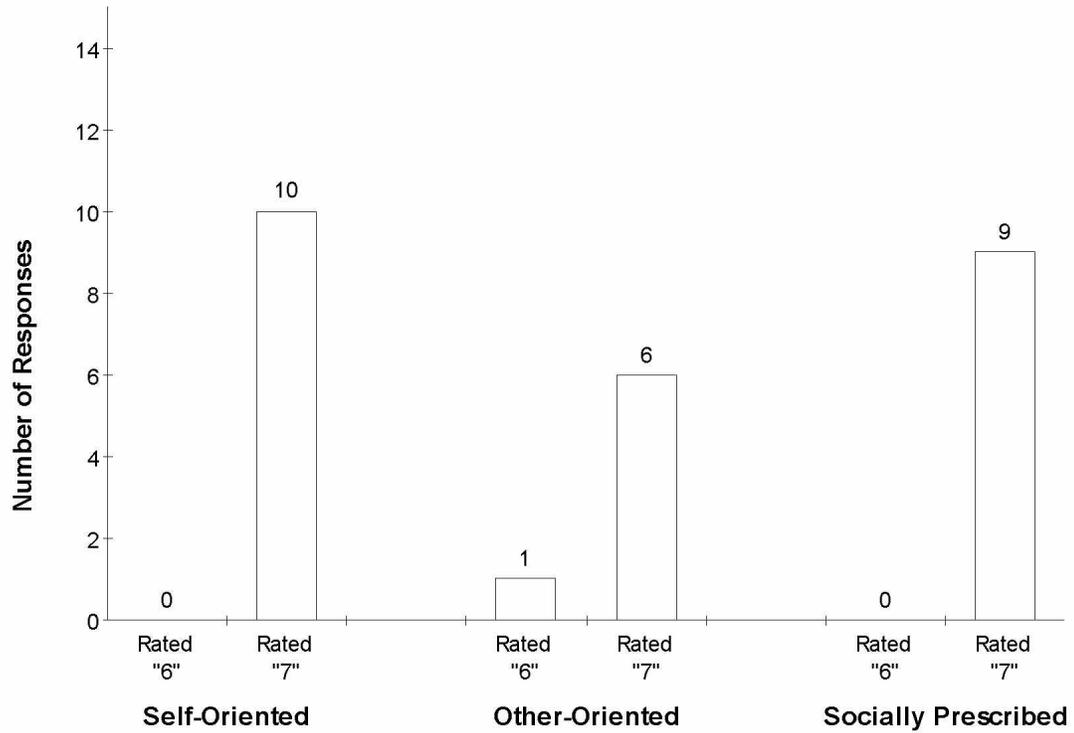
Summary of Subscale Scores

The following table summarizes Sarah Smith's scale scores and gives general data about how Sarah Smith compares to the group norms. Please refer to the MPS Technical Manual for more information on the interpretation of these results. An in-depth analysis of the implications of the subscale scores follows later in the report.

Scale	Raw Score	T-Score	Guideline	Common Characteristics of High Scorers
Self-Oriented	78	58	Moderate—may demonstrate some vulnerability	High and/or unrealistic expectations for themselves; strive compulsively toward their goals; experience little sense of satisfaction; avoid things that can't be done well; engage in self-punishment and self-criticism.
Other-Oriented	64	57	Moderate—may demonstrate some vulnerability	Very high and/or unrealistic expectations for others; expect others to strive compulsively; hostile; authoritarian; dominating; motivated by a need to reduce others' worth, thereby elevating their self-worth.
Socially Prescribed	71	63	Elevated—may demonstrate marked pathological outcomes and vulnerabilities	Perceive that people want them to be perfect; self-worth depends on meeting these expectations; making mistakes is highly unacceptable; have marked fears of rejection and fears of looking foolish.

MPS Subscales: Elevated Responses

The following graph shows the number of items for which Sarah Smith answered toward the endpoint of "Strongly Agree;" that is, after reverse scoring, ratings of 6 or 7 were given. These may represent items of vulnerability or concern for the client. The answers are grouped by MPS subscales.



Examination of Subscale Scores

Self-Oriented Subscale: T-Score = 58

Moderately Elevated. This subscale consists of 15 items that assess the level of Self-Oriented perfectionism. Self-Oriented perfectionists require themselves to be perfect in many if not all pursuits. The perfectionistic behaviors that derive from the self are directed toward the self. The score on this subscale suggests that Sarah Smith has moderately elevated levels of Self-Oriented perfectionism and may demonstrate some vulnerability.

Other-Oriented Subscale: T-Score = 57

Moderately Elevated. This subscale consists of 15 items that assess the level of Other-Oriented perfectionism. Other-Oriented perfectionists exhibit behaviors similar to Self-Oriented perfectionists, but in this case, the focus of the behavior is on others. They generally have unrealistic expectations for others and place great importance on whether others attain these expectations. The score on this subscale suggests that Sarah Smith has moderately elevated levels of Other-Oriented perfectionism and may demonstrate some vulnerability.

Socially Prescribed Subscale: T-Score = 63

Elevated. This subscale consists of 15 items that assess the level of Socially Prescribed perfectionism. Socially Prescribed perfectionists believe that others have unrealistic standards for their behaviors, and that others will be satisfied only when these standards are attained. The score on this subscale suggests that Sarah Smith has an elevated level of Socially Prescribed perfectionism and may demonstrate marked pathological outcomes and vulnerabilities.

Analysis of Subscale Score Patterns

Sarah Smith has moderately elevated scores for Self-Oriented and Other-Oriented perfectionism, and has an elevated Socially Prescribed perfectionism score.

Problems Associated with Elevated Self-Oriented, Other-Oriented, and Socially Prescribed Perfectionism

The following descriptions relate to people with elevated scores on all three scales. Note that the Self-Oriented and Other-Oriented subscales were only moderately elevated, and Sarah Smith may only exhibit milder vulnerabilities in these areas.

Individuals who score high on all three dimensions usually demonstrate multiple and major problems in a variety of domains of functioning. For example, these individuals will experience the outcomes relevant for each of the independent perfectionism subscales (profound depression, anxiety, anger, suicidal tendencies, intimate, and work-related interpersonal problems), but in addition, will experience chaotic and highly stressful lives. Stressors in the achievement and social domains are created by these individuals, and the negative impact of stressful occurrences is enhanced dramatically by the perfectionistic behavior. Moreover, interpersonal relationships tend to be very stormy, and boundary issues are a constant problem. For these individuals, performance is equated with worth and concerns. Fears over identity issues are never far from the surface. Not surprisingly, because no one can ever live up to the demands, intimate relationships are few and far between. Problems associated with elevated scores on each specific subscale are described next.

Problems Associated with Elevated Self-Oriented Perfectionism

People who score highly on Self-Oriented perfectionism often evidence perfectionistic behavior that relates to, or is directed toward, the self. Individuals who have high levels of Self-Oriented perfectionism often have very high and/or unrealistic expectations for themselves and place or express an inordinate importance on successfully attaining these standards. They strive compulsively toward their goals and standards and constantly demand perfection from themselves in most, if not all, aspects of their functioning.

Problems Associated with Elevated Other-Oriented Perfectionism

People with elevated Other-Oriented scores often evidence perfectionistic behavior that relates to or is

directed not toward the self, but toward others. The “others” can be spouses, children, and co-workers, as well as any other individuals known or unknown to the Other-Oriented perfectionist. Individuals who have high levels of Other-Oriented perfectionism have very high and/or unrealistic expectations for others. They place or express an inordinate importance on others successfully attaining these standards.

Problems Associated with Elevated Socially Prescribed Perfectionism

People who score highly on the Socially Prescribed subscale perceive that other people have perfectionistic standards and expectations for their own behavior and that other people (or groups of people or society as a whole) expect or want them to be perfect. It is important to note that this perception may or may not be an accurate judgement of others' expectations. Self-worth for the individual with high levels of Socially Prescribed perfectionism is dependent on meeting perceived others' expectations and standards and gaining their approval and acceptance.

Correlates of Elevated Perfectionism Subscale Scores

The following information consists of perfectionism correlates, including maladjustment correlates (these may reflect concurrent symptoms or symptoms the perfectionist is vulnerable to), interpersonal correlates, achievement correlates, physical correlates, and personality correlates that are relevant for those scoring highly on a particular dimension of perfectionism. Any number of correlates in this guideline may be present—the occurrence of specific correlates does not exclude others.

Correlates of Elevated Self-Oriented Perfectionism

Maladjustment Correlates		Interpersonal Correlates	Achievement Correlates	Physical Correlates	Personality Correlates
Anger	Less positive emotional coping	Coping (emotion oriented)	Achievement hassles	Dehabilitating stress	Activity
Anorexia nervosa	Obsessive/ Compulsive Disorder	Demand for approval	Achievement striving	Frequency of stress	Anger-hostility
Anxiety	Paranoia	Dysfunctional attitudes	Competitiveness		Anxiety
Chronic depression symptoms	Phobias	Emotional sensitivity	Fear of failure		Assertiveness
Compulsive	Private self-consciousness	Interpersonal hassles	High self expectations		Authority (narcissism)
Demand for approval	Psychoticism	Interpersonal sensitivity	Impatience		Conscientiousness
Fears of feeling angry	Public self-consciousness	No admission of need for help	Importance of goals		Desire for control
Fears of loss of control	Self-blame	Other-directed "shoulds"	Importance of performance		Entitlement (narcissism)
Fears of making mistakes	Self-directed "shoulds"	Professional distress	Importance of social goals		Frustration reactivity
Frustration reactivity	Self-disappointment	Social expressiveness	Less goal satisfaction		Gregariousness
Guilt	Severity of depression symptoms		Less happiness		Less attitude flexibility
High self-expectations	Somatization		Low self-involvement		Neuroticism
Hopelessness	Suicidal ideation		Mastery (personal projects)		Personal control
Hostility	Suicide thoughts		Overgeneralization		Self control
Hypomania	Total irrationality		Perservation		Self efficacy
Less global self-esteem	Unipolar depression		Speed to complete tasks		Type A cognitions

Correlates of Elevated Other-Oriented Perfectionism

Maladjustment Correlates	Interpersonal Correlates	Achievement Correlates	Physical Correlates	Personality Correlates	
Awfulizing beliefs	Assertiveness	Extreme competitiveness	Drug use	Activity	Less agreeableness
Borderline features	Authoritarianism	High minimum social standards	Reports of allergies	Angry/hostile	Less attitude flexibility
Hypomania	Coping (task oriented)	Less work orientation	Somatic anxiety	Antisocial	Less warmth
Less positive emotional coping	Dominance	Mastery (personal projects)		Assertiveness	Narcissitic
Low frustration tolerance	Emotional expressiveness	Positive Impression management		Authority (narcissism)	Passive aggressive
Narcissism	Emotional sensitivity	Self expectations		Compulsive	Personal control
Parental distress	Less stigma tolerance			Conscientiousness	Positive emotions
Phobias	Low confidence in mental health professionals			Desire for control	Self control
Public self-consciousness	Low sexual satisfaction			Dominance (narcissism)	Self efficacy
Self-directed "shoulds"	Negative social interactions			Entitlement (narcissism)	Type A cognitions
Self-worth (irrational)	Other blame			Exploiteness (narcissism)	
Total irrational beliefs	Other directed "shoulds"			Histrionic	
	Social expressiveness				

Correlates of Elevated Socially Prescribed Perfectionism

Maladjustment Correlates	Interpersonal Correlates	Achievement Correlates	Physical Correlates	Personality Correlates	
Agoraphobia	Less parenting satisfaction	Approval of others	Achievement hassles	Alcohol use	Avoidant
Anger	Less self acceptance	Demand for approval	Competitiveness	Biobehavioral manifestations of stress	Borderline
Anorexia symptomatology	Loneliness	Dysfunctional help seeking attitudes	Fear of failure	Emotional manifestation of stress	Cynicism
Anxiety	Low frustration tolerance	Emotional control	Fear of negative evaluations	Frequency of stress	Less agreeableness
Awfulizing beliefs	Low self-esteem	Interpersonal hassles	Frequency of academic procrastination	Less facilitating stress	Less attitude flexibility
Body image avoidance	Obsessive/Compulsive behavior	Interpersonal sensitivity	Higher ideal social standards	Physiological manifestation of stress	Less compulsive
Bulimia symptomatology	Overgeneralization of failure	Less behavioral coping	Higher minimum social standards	Somatic anxiety	Less extraversion
Categorical thinking	Parental distress	Less marital satisfaction	Higher self-expectations		Less interpersonal control
Death anxiety	Phobias	Less openness	Impatience		Less self efficacy

Maladjustment Correlates		Interpersonal Correlates	Achievement Correlates	Physical Correlates	Personality Correlates
Depression	Private self-consciousness	Less stigma tolerance	Importance of social goals		Less social efficacy
Dysthymia	Psychotic depression	Low confidence in mental health professionals	Less goal satisfaction		Neuroticism
Emotional exhaustion	Psychotic thinking	Low emotional expressiveness	Less happiness while performing		Passive aggressive
Fears of adapting to college life	Psychoticism	Low help seeking	Less perceived confidence		Schizoid
Fears of criticism	Public self-consciousness	Negative social interactions	Less public speaking competence		Schizotypal
Fears of failure	Self-criticism	Other blame	Less work orientation		Type A cognitions
Fears of feeling angry	Self-directed "shoulds"	Other directed "shoulds"	Overgeneralizations (standards)		
Fears of looking foolish	Self-worth (irrational)	Others as shamers	Perservation (standards)		
Fears of loss of control	Shame	Shyness	Procrastination		
Fears of making mistakes	Somatization	Social Diversion (Coping)	Viewing procrastination as a problem		
Fears of people in authority	Suicide attempts	Social sensitivity			
Feelings of social inadequacy	Suicide risk	Submissive behavior			
Hopelessness	Suicide thoughts				
Hostility	Superstitious thinking				
Hypomania	Total irrational beliefs				
Less life satisfaction					

Item Response Table

This table lists Sarah Smith's responses to each item.

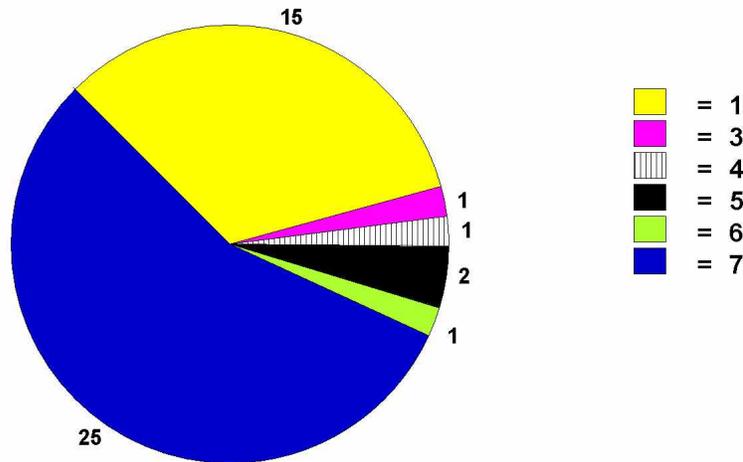
Item	Response								
1	4	10	7*	19	7*	28	7	37	7*
2	2*	11	7	20	7	29	7	38	7*
3	3*	12	7*	21	7*	30	7*	39	7
4	3*	13	7	22	7	31	7	40	7
5	3	14	7	23	7	32	7	41	7
6	7	15	7	24	7*	33	7	42	7
7	7	16	7	25	7	34	7*	43	7*
8	7*	17	7	26	7	35	7	44	7*
9	7*	18	7	27	7	36	7*	45	7*

*These items require reverse coding for interpretation. See the MPS Technical Manual for more information about reversed-score items.

Response Key: Item responses are based on a continuum: 1 = "Strongly Disagree" to 7 = "Strongly Agree."

Response Frequencies

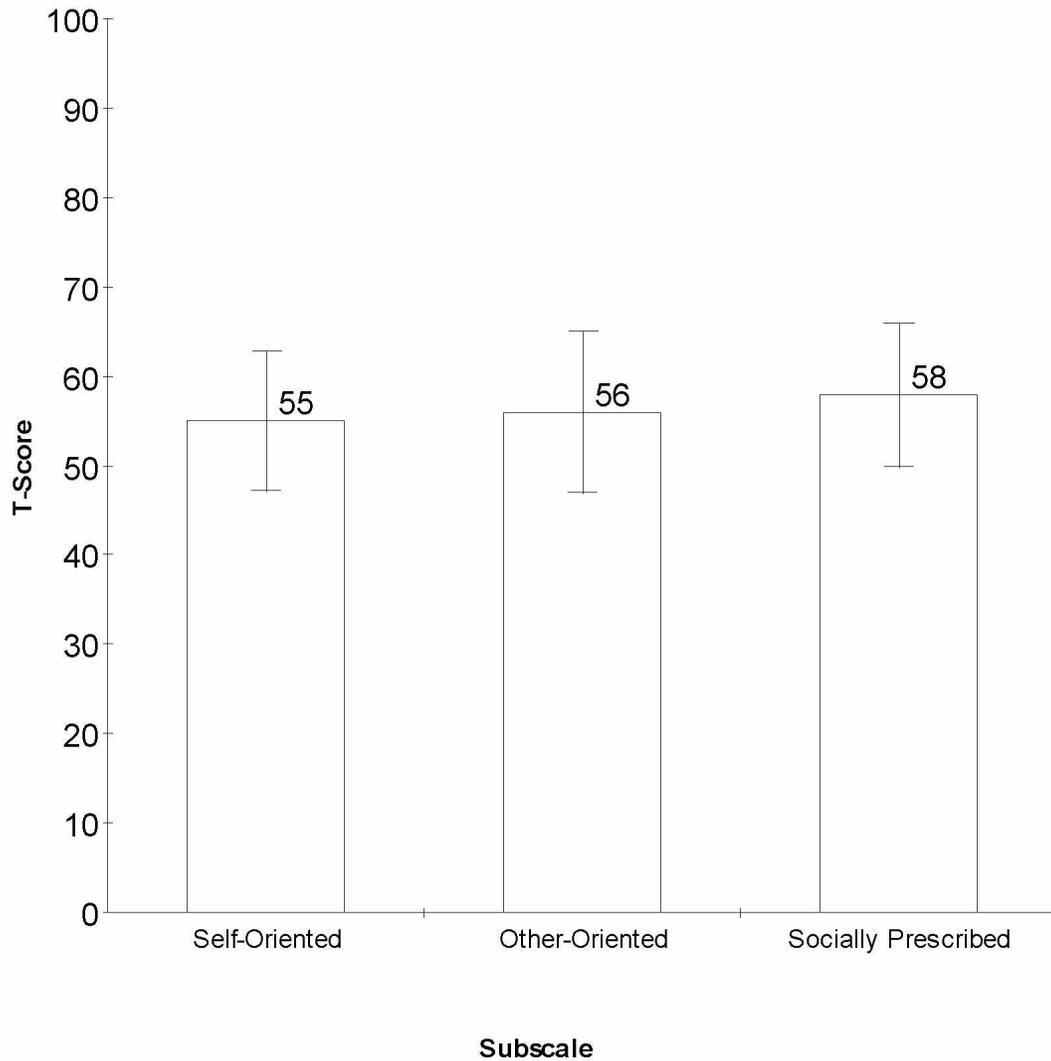
The following chart indicates the frequency with which Sarah Smith endorsed each of the seven response options (reverse scoring is considered).



Appendix

Comparison to Clinical Norms

The following graph displays Sarah Smith's T-scores for each of the three MPS subscales, as compared to a clinical population. The error bars in the graph below represent the 95% confidence interval for each subscale score. Please see the MPS Technical Manual for more information on this sample.



Date Printed: August 31, 2004

End of Report