INTERPERSONAL DIMENSIONS OF TRAIT PERFECTIONISM, 
COPING, AND QUALITY OF INTIMATE RELATIONSHIPS

by

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Abstract

Perfectionism is a multidimensional trait, including both intra- and interpersonal dimensions. While many studies have linked perfectionism to a variety of intrapersonal problems, to date little work has addressed the interpersonal consequences of trait perfectionism. The present study examined the relationship between perfectionism, marital coping and marital functioning in a sample of 76 married or common-law couples. First, this study examined whether perfectionism was related to several indices of marital adjustment both for the self and for the partner. Second, the relationship between perfectionism and the types of coping strategies used in response to marital problems was explored. Next, the ability of perfectionism to predict marital coping and adjustment independent of its associations with depression and neuroticism was assessed. Finally, this study sought to clarify the how perfectionism is related to marital adjustment. With respect to this last question, two models of the relationship between perfectionism, coping and marital adjustment were tested. Based on Hewitt and Flett’s (in press) conceptualization of the relationship between perfectionism and maladjustment, a model was tested in which negative coping efforts mediate the relationship between perfectionism and self and partner’s marital adjustment. The second model tested was a moderational model in which perfectionism interacts with coping to produce marital difficulties. The results of this study suggest that one of the interpersonal dimensions of perfectionism, spouse-prescribed perfectionism, is strongly negatively associated with marital adjustment for both the self and the partner. This dimension also predicts the types of coping strategies used in response to marital difficulties. In addition, it was found that perfectionism predicted variance in marital functioning and marital coping above and beyond the effects of depression and neuroticism. While no evidence for a moderational model was found, the present study provided support for Hewitt and
Flett's (in press) theoretical model. That is, the use of negative coping strategies mediated the relationship between spouse-prescribed perfectionism and poorer marital functioning for both the self and the partner. Overall, this study highlights the importance of perfectionism in the interpersonal domain.
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Introduction

Perfectionism is a construct with a long history in both the psychological and psychiatric literatures (Flett & Hewitt, in press). Over the past decade, there has been a marked increase in research on this topic, as its relevance to a variety of clinical phenomena, including various psychological and physiological disorders, and to the process of assessment and treatment has been established (Flett & Hewitt, in press).

One of the most significant theoretical advances to accompany this increase has been the conceptualization of perfectionism as a multidimensional construct, comprising both intrapersonal and interpersonal dimensions (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991a). Hewitt and Flett (1991a) have described three dimensions of trait perfectionism: self-oriented perfectionism, socially-prescribed perfectionism and other-oriented perfectionism. Self-oriented perfectionism is an intrapersonal dimension in which the individual expects the self to be perfect. This dimension involves setting and maintaining unrealistic standards for the self across a range of behavioral domains, and self-critical evaluations when performance does not meet these standards. Individuals high on self-oriented perfectionism stringently evaluate their behavior, focusing on mistakes and shortcomings, and do not adjust their expectations in accordance with the difficulty of the task. In contrast, other-oriented perfectionism is an interpersonal dimension of perfectionism which involves perfectionistic standards and expectations that are imposed upon other people, rather than the self. Individuals high on this dimension demand perfection from others across a variety of domains and stringently evaluate the behavior of significant others (e.g., children, spouses, etc.). Finally, socially-prescribed perfectionism involves the belief that others hold unrealistic expectations for the self. That is, individuals high on this dimension feel that others expect perfection from them, stringently
evaluate their performance, and will not be satisfied unless these unrealistic expectations are met.

These three dimensions of trait perfectionism have been linked to a wide variety of intrapersonal problems in both clinical and community samples, including depression, anxiety, suicidal ideation and attempts, eating disorders, personality disorders, Type A coronary-prone behavior, and migraine headaches (e.g., Flett, Hewitt, Blankstein & Dynin, 1994; Flett, Hewitt, Blankstein & O'Brien, 1991; Flett, Hewitt, Endler & Tassone, 1995; Hewitt & Flett, 1991a; Hewitt, Flett & Ediger, 1996; Hewitt, Flett & Turnbull-Donovan, 1992; Kowal & Pritchard, 1990). However, to date considerably less research has examined the interpersonal consequences of perfectionism, and the mechanisms by which perfectionism may be associated with interpersonal outcomes.

The purpose of the present study was to examine and clarify the relationships between perfectionism, marital coping and marital adjustment. More specifically, this study sought to address whether perfectionism is related to various indices of marital adjustment in a community sample, and to the coping strategies used to deal with marital difficulties. As well, the present study examined whether these relationships remain when the effects of concurrent levels of depression and neuroticism are removed. Finally, this project sought to clarify the mechanism through which perfectionism is related to marital adjustment. In particular, this study tested a theory-based mediational model of the relationship between perfectionism, coping and adjustment proposed by Hewitt and Flett (in press).

Why might perfectionism be related to interpersonal relationships?

Two broad lines of evidence suggest that perfectionism may be relevant to interpersonal relationships. First, perfectionism may be associated with interpersonal functioning through its
links to intrapersonal pathology. Second, perfectionism is linked to expectations and behaviors that may limit social contacts or impair functioning in relationships (Habke & Flynn, in press).

As mentioned above, perfectionism has been linked to a wide variety of psychopathological syndromes. For example, both self-oriented and socially-prescribed perfectionism are strongly associated with high levels of depression (Hewitt & Flett, 1991b). Depression, in turn, has been linked to negative interpersonal interactions in a variety of studies (e.g., Ruscher & Gotlib, 1988; Schmaling & Jacobson, 1990; Segrin & Dillard, 1992). For instance, depressed individuals report fewer interpersonal interactions, and poorer quality of interactions relative to non-depressed individuals (Nezlek & Imbrie, 1994). They also engage in more negative behavior (e.g., aggression; Schmaling & Jacobson, 1990) and less positive behavior (Ruscher & Gotlib, 1988) in interpersonal interactions. As well, there is some evidence to suggest that depression and dysphoria play a role in provoking negative reactions, such as rejection, from others (Coyne, Burchill, & Stiles, 1991; Gurtman, 1986; Segrin & Dillard, 1992). Thus, perfectionism, through its links to certain forms of psychopathology, such as depression, may be related the quality of interpersonal interactions, and by extension, the quality of interpersonal relationships.

Perfectionism and Interpersonal Problems

Perfectionism may also be more directly related to interpersonal relationships. Two additional lines of research provide evidence consistent with this idea. First, perfectionism is associated with predictors and measures of interpersonal problems. Second, studies which have examined trait perfectionism in intimate relationships have found significant associations between these dimensions and measures of relationship distress (Habke & Flynn, in press).

One way of characterizing interpersonal behavior and problems is with reference to the
Interpersonal Circle or Circumplex (Kiesler, 1983; Leary, 1957). The Interpersonal Circumplex is a representation of the two basic, orthogonal dimensions that underlie interpersonal phenomena, affiliation and control. Affiliation is represented on a continuum ranging from friendliness to hostility. Control is represented on a continuum from dominance to submission. The intersection of these continua defines four quadrants, which can be further subdivided into octants for a more fine-grained analysis. These quadrants and octants have been used extensively in previous studies on interpersonal phenomena.

Two such studies have examined perfectionism in relation to this model. Hill and colleagues (Hill, Zrull, & Turlington, 1997) administered the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991a), which taps the self-oriented, other-oriented, and socially-prescribed dimensions of perfectionism, and the circumplex version of Inventory of Interpersonal Problems (IIP-C; Alden, Wiggins, & Pincus, 1990; Horowitz, Rosenberg, Baer, Ureno & Villasenor, 1988) to 357 university undergraduates. The IIP-C provides a measure of the types of interpersonal problems most frequently brought to therapy (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988). In this study, all three dimensions of perfectionism were associated with problems of being domineering in men. Self-oriented perfectionism and other-oriented perfectionism were also related to vindictive behaviors by men. Similarly, in women, other-oriented perfectionism was most strongly associated with domineering behavior, although this dimension was also associated with problems with being vindictive in relationships. In contrast, self-oriented perfectionism in women was not strongly related to any of the problem areas, although it was most strongly correlated with the 'overly nurturant' octant. As such, Hill and colleagues (1997) concluded that this dimension is not significantly related to interpersonal distress for women. Finally, socially-prescribed perfectionism in women was positively related
to almost all of the interpersonal problems assessed by the IIP-C, suggesting that this dimension is the most closely tied to interpersonal distress.

The second study examining the relationship between perfectionism and interpersonal problems in a student sample found similar results (Flynn, Hewitt, Broughton, & Flett, 1998). For men, all perfectionism dimensions were related to problems with dominance. For women, self-oriented perfectionism and other-oriented perfectionism were associated with being overly domineering in relationships, whereas socially-prescribed perfectionism was most strongly linked to problems with coldness. Taken together, the results of these studies provide converging evidence that at least two of the dimensions of trait perfectionism are associated with interpersonal problems. They also suggest some differences between men and women in the interpersonal expression of perfectionism.

Other research has also supported the idea that perfectionism can be expressed in ways that create difficulties for social interactions and relationships, and that these expressions differ across the three dimensions (Habke & Flynn, in press). For example, other-oriented perfectionists tend to be authoritarian, exploitive, and dominant, and to engage in other-directed blame (Hewitt & Flett, 1991a). Other-oriented perfectionism is also related to Type A characteristics such as competitiveness and impatience (Flett, Hewitt, Blankstein & Dynin, 1994). Similarly, although self-oriented perfectionism is not as consistently related to interpersonal problems as the other dimensions (Hill, Zrull, & Turlington, 1997), it has nonetheless been associated with attitudes and behaviors which may be damaging to interpersonal relationships. For example, self-oriented perfectionism has been related to the Type A characteristics of competitiveness, impatience and irritability (Flett et al., 1994), and to feelings of entitlement (Hewitt & Flett, 1991a). However, some preliminary research suggests
that self-oriented perfectionism may be associated with high levels of nurturance in relationships, at least in females (Flett, et al., 1996; Hill, Zrull, & Turlington, 1997).

Considerable evidence suggests that socially-prescribed perfectionists also engage in a variety of behaviors that are detrimental to interpersonal relationships. Like the other dimensions, socially-prescribed perfectionism is related to hostile-dominant characteristics such as impatience and competitiveness (Flett, Hewitt, Blankstein & Dynin, 1994). In addition, it has been linked to other-directed blame (Hewitt & Flett, 1991a), chronic, outwardly directed anger (Flett, Hewitt, Blankstein & Dynin, 1994; Hewitt & Flett, 1991b), and over-controlled and overly responsible behavior in close relationships (Hewitt, Flett, Fehr, Habke & Fairlie, 1997). Socially-prescribed perfectionism has also been related to problems with being overly submissive and unassertive in relationships (Hewitt et al., 1997). Overall, these individuals desperately desire the closeness and approval of others, yet they tend to be socially anxious and withdrawn, and experience many interpersonal fears, including fears of negative evaluation and people in authority (Blankstein et al., 1993; Flett et al., 1994; Hewitt & Flett, 1991a).

Consistent with the research discussed above, there is also some evidence to suggest that behaviors associated with perfectionism may elicit negative reactions from others. For example, Flett and colleagues (1997) gave an undergraduate sample the MPS and the Inventory of Negative Social Interactions (INSI; Lakey et al., 1994). This inventory measures the frequency of negative social behaviors directed toward the respondent, including criticism, betrayal, and a lack of recognition. These researchers found that self-oriented perfectionism and socially-prescribed perfectionism were positively related to the reported frequency of negative social interactions in this study. It is possible that these findings reflect a biased perception on the part of these individuals, rather than an accurate report of the actual frequency of negative social
interactions. However, whether or not this is the case, it seems likely that such perceptions would be tied to behaviors on the part of the perfectionist (such as aggression or withdrawal) that may impede further social interaction (Habke & Flynn, in press). Thus, these findings provide evidence that perfectionists may behave in ways that serve either to elicit negative reactions from those in their social environment, or to discourage quality interactions due to a flawed perception of others' behavior toward the self.

Finally, recent work has suggested that some perfectionists may engage in behaviors which limit intimacy in their relationships. Hewitt and colleagues (1997) have found that trait perfectionism can be expressed through a self-presentational style in which the individual tries to present an image of perfection to others. Perfectionistic self-presentation involves behaviors that promote those aspects of the self which are seen as positive, and conceal those aspects of the self which are seen as flawed (Hewitt et al., 1997). These authors argue that this self-presentational style, and in particular the reluctance to disclose "imperfect" thoughts and feelings or mistakes, can hinder the development and maintenance of intimate relationships. This is consistent with the large body of literature suggesting that individuals who are able to express their shortcomings and limitations develop more intimate relationships (Derlega, Metts, Petronio, & Margulis, 1993; Meleshko & Alden, 1993).

Thus, perfectionism is associated with a variety of interpersonally-relevant behaviors that are likely to influence the quality of relationships that perfectionists are able to develop and maintain. Converging evidence that perfectionism may be germane to intimate relationships is provided by numerous studies linking perfectionism-related constructs and behaviors to marital distress.
Considerable research in the area of intimate relationships has been conducted in an effort to identify factors that are predictive of marital adjustment or distress. Some consistent findings have emerged. For example, psychopathological syndromes, and depression in particular, are associated with marital distress both for the individual with the syndrome and for their partner (Bouras, Vanger & Bridges, 1986; Beach, Sandeen & O’Leary, 1990; Fincham & Bradbury, 1992; Ulrich-Jakubowski, Russell & O’Hara, 1988). Similarly robust associations have been found between marital distress and neuroticism (e.g., Botwin, Buss, & Shackelford, 1997; Kelly & Conley, 1987; Kurdek, 1993; Russell & Wells, 1994a,b), which in turn appears to be strongly associated with both self-oriented and socially-prescribed perfectionism (Hill, McIntire, & Bacharach, 1997). Moreover, one facet of neuroticism, hostility, has been linked to both other-oriented perfectionism and to poorer marital adjustment (Hill et al., 1997; Weiss & Heyman, 1990). Thus, given these associations and the strong links between perfectionism and depression mentioned above, it is possible that perfectionism may be associated with marital adjustment in part through its relationships with neuroticism, and with psychopathological syndromes such as depression.

Unrealistic expectations for one's self, one's partner, and for the relationship have also been implicated in the development of problems in close relationships (e.g., Baucom, Epstein, Sayers, & Sher, 1989; Eidelson & Epstein, 1982; Haferkamp, 1994). For example, both Haferkamp (1994) and Bradbury and Fincham (1988) found that unrealistic expectations for the relationship were associated with lower levels of dyadic adjustment in community samples. Given that unrealistic expectations are a core feature of perfectionism, it seems likely that perfectionism will be related to decreased marital adjustment for both partners.
A number of other correlates of perfectionism have also been explicitly linked to poorer marital adjustment. For example, socially-prescribed perfectionism has been linked to a neurotic need for approval (e.g., Hewitt & Flett, 1991a), which in turn has been linked to decreased marital adjustment (e.g., Kelly & Conley, 1987). Moreover, sexual satisfaction, a factor that is highly correlated with ratings of marital functioning (Cupach & Comstock, 1990; Woody, D'Souza, & Crain, 1994), has been linked to socially-prescribed and other-oriented perfectionism (Habke, Hewitt, & Flett, 1998). Finally, spousal behaviors characteristic of other-oriented perfectionism (e.g., issuing commands or complaining about something that the spouse did) have been associated with marital distress (e.g., Jacobson, Waldron & Moore, 1980). Thus, a number of studies have linked perfectionism to variables that predict poorer marital adjustment.

Perfectionism and Intimate Relationships

To date, only two studies have examined the relationship between trait perfectionism and marital adjustment. The first of these studies examined this relationship in a sample of 83 chronic pain patients and their spouses (Hewitt, Flett, & Mikail, 1995). Participants completed measures of perfectionism, marital adjustment, family functioning, depression and pain. These authors found that patients' ratings of their own perfectionism were not related to their own or their partner's marital adjustment. However, even after controlling for partner depression, patients with a partner who scored highly on other-oriented perfectionism reported poorer marital adjustment and family functioning than those whose partners did not score highly on this dimension. These partners were also rated as less supportive, even when first controlling for levels of dyadic adjustment. Patients with partners who scored highly on measures of self-oriented perfectionism reported greater family difficulties, even when the effects of spouse
depression were removed. Finally, partners who scored highly on socially-prescribed perfectionism reported lower levels of family adjustment.

Several findings of this study warrant closer examination. As noted above, partners' other-oriented perfectionism was a strong predictor of patients' levels of marital adjustment and family functioning. However, partners' other-oriented perfectionism was not related to their own relationship satisfaction, suggesting that it is the target of the unrealistic expectations (in this case, the patient) who suffers. This suggestion was not entirely supported by the data, as patients' levels of other-oriented perfectionism were not significantly related to their partner's marital adjustment. However, one possible explanation of this finding suggested by the authors is that the strong self-focus required to cope with the pain and associated depression may have diminished the outward expression of these unrealistic expectations. Alternatively, the patient's other-oriented perfectionism may have been directed at people other than the spouse (e.g., health care professionals).

Although this study provided some support for the hypothesis that perfectionism is related to marital adjustment, it did not address whether perfectionism would be relevant in a non-chronically stressed population. In a more recent study, Habke and colleagues (1997) examined this relationship in a community sample of 74 married or cohabiting couples who had been together an average of 4 years. Participants completed measures of overall marital adjustment, depression, and perfectionism. Perfectionism was assessed using a revised version of the MPS called the Spousal Perfectionism Scale (SPS). To make the measure more applicable to the spousal relationship, the socially-prescribed and other-oriented perfectionism subscales were reworded so that references to generalized others (e.g., "others") were replaced with references to the spouse. In this study, spouse-prescribed perfectionism in women was associated with
decreased marital adjustment, both for the self and for the partner. That is, believing your partner expects a lot from you or having a partner who believes that you expect a lot from them is related to your own marital distress. The same pattern of results was found for husband's spouse-prescribed perfectionism.

Habke and colleagues (1997) also ran regression analyses entering perfectionism scores from both partners to examine whether one's own or one's partner's perfectionism were better predictors of marital distress. Depression was entered as a control variable, due to its relationship with ratings of marital adjustment. Several interesting findings emerged from these analyses. First, for both men and women, marital adjustment was uniquely predicted by both self and partner ratings of perceived expectations. Thus, those individuals who reported marital distress were more likely to believe that their partner had high expectations of them and to have a partner who believed the same thing. Second, somewhat surprisingly, for both men and women, self-oriented perfectionism uniquely predicted higher levels of marital adjustment. The authors suggest that having high expectations for the self may leave the individual feeling that dissatisfaction should be attributed to the self, rather than to the relationship, and encourage attempts to rectify any problems that arise. However, the authors also noted that controlling for depression may have partialled out those self-oriented perfectionists who were most likely to express dissatisfaction with the marriage (i.e., those who were depressed).

In contrast to the study of chronic pain patients described above, in the Habke and colleagues study, other-oriented perfectionism was not related to marital adjustment. The one exception was that men with wives who scored high on other-oriented perfectionism reported higher levels of marital adjustment. It is unclear why this is the case, but the authors suggest that other-oriented perfectionists may be more communicative about changes that they would like to
see in the relationship, which may increase the likelihood of positive change. Alternatively, they suggest that having high standards for the partner may reflect pride in one's partner. These hypotheses require further investigation.

The study by Habke and colleagues (1997) described above also included a behavioral component designed to examine whether perfectionism was related to positive and negative behaviors in spousal interactions. Couples in this study were videotaped discussing two significant problems in their marriage. The tapes were then coded for frequency of positive behaviors (including positive solutions, agreements, and acceptance) and negative behaviors (including criticism, negative solutions, and disagreements) from each spouse, and the proportion of negative behaviors (to tap the overall tone of the interaction). The results of this study supported the hypothesis that perfectionism is related to behavior in certain types of marital interactions. For instance, in this study, husband's other-oriented perfectionism was significantly related to more negative behaviors and fewer positive behaviors toward his wife, suggesting that husbands with high expectations for their wives tend to be more argumentative and critical when interacting with their partners. Husbands' socially-prescribed perfectionism was positively associated with their wife's negative behaviors, and negatively associated with her positive behaviors. Finally, husbands' levels of self-oriented perfectionism were positively correlated with the frequency of positive behaviors towards his wife, suggesting that this dimension might be an asset to marital relationships in certain situations. Interestingly, wives' trait perfectionism was not a significant predictor of either their own or their partner's behavior. For the most part, these results held when controlling for length of relationship, and both partners' moods and dyadic adjustment. However, husbands' perfectionism scores no longer predicted wives' negative behavior.
Taken together, the results of these studies provide preliminary evidence that trait perfectionism may play an important role in the quality of intimate relationships. Moreover, the latter study suggested that perfectionism may be relevant to how couples address problems in their relationships.

The present study was designed to extend the previous work on perfectionism and intimate relationships in several ways. First, this study sought to provide a more stringent test of the association between perfectionism and marital adjustment. As mentioned above, trait perfectionism is strongly related to both depression and neuroticism, two constructs which are themselves known to influence marital adjustment. One important question concerns whether perfectionism is a significant predictor of marital adjustment independently of its association with these variables. Second, in contrast to previous studies which have relied upon a single measure of marital adjustment, the present study used multiple measures to assess marital adjustment. It was hypothesized that the interpersonal dimensions of perfectionism would be strongly associated with indices of marital functioning, even after the effects of depression and

1 Multiple measures of marital adjustment were used for two reasons. First, it has been argued that multiple operationalizations should be used to tap constructs of interest (Campbell & Fiske, 1959). Second, two different types of marital quality measures were used to reflect the debate in the marital literature over how to best assess this construct (Heyman, Sayers, & Bellack, 1994). To date, the vast majority of research has used multidimensional scales such as the Dyadic Adjustment Scale (Spanier, 1976) to measure marital quality. However, more recently, several authors have advocated the use of relatively brief measures which yield global evaluative judgments of the marriage (e.g., “all things considered, how happy are you with your marriage”; Fincham & Bradbury, 1987; Norton, 1983). Proponents of this method argue that, unlike multidimensional scales, global evaluative measures do not confound the description of the relationship with an evaluation of its quality, thus facilitating research on the correlates of marital adjustment (Fincham & Bradbury, 1987). Thus, the present study uses both multidimensional scales and a global satisfaction scale to examine the relationship between perfectionism and marital functioning as assessed by both types of measures.
neuroticism were removed. More specifically, given the evidence reviewed above, it was hypothesized that levels of socially-prescribed perfectionism would be negatively related to ratings of marital functioning both for the self and for the partner. Consistent with previous theory, it was also predicted that other-oriented perfectionism would be inversely related to partner marital functioning, but would be unrelated to personal ratings of marital functioning. No specific predictions were made for the relationship between self-oriented perfectionism and marital adjustment. Finally, this study sought to extend previous work by examining the mechanisms through which perfectionism is associated with marital adjustment. More specifically, the role of coping in the relationship between perfectionism and intimate relationships was explored.

That individuals cope with stressors in different ways and with varying degrees of success is well-established in the coping literature (Hewitt & Flett, 1996). There is also considerable agreement that personality factors and coping processes are intricately intertwined (Ben-Porath & Tellegen, 1990; Lazarus & Folkman, 1984; Moos & Shaeffer, 1993). In addition, many researchers have argued that both personality and coping are involved either directly or indirectly in the development and maintenance of numerous forms of psychopathology (e.g., Snyder & Ford, 1987). Therefore, assessing the relationships between coping variables and personality may help explain how certain personality traits are linked to maladjustment.

Within the literature on personality and coping, two models have been extensively proposed to account for the relations among personality, coping and maladjustment. In the first model, personality traits influence the types of coping efforts that are made under conditions of

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2 It should be noted that for the purposes of the hypotheses described below, the terms ‘socially-prescribed perfectionism’ and ‘other-oriented perfectionism’ refer to expectations perceived as deriving from the spouse and expectations that are directed toward the spouse, respectively.
stress. These efforts to eliminate or reduce stress in turn influence the degree of maladjustment experienced by the individual. Thus, this model is a mediational model in which coping is one mechanism through which personality exerts its influence upon maladjustment. In the second model, personality and coping interact to produce or maintain maladjustment. Thus, in this interactional or moderational model, the magnitude and nature of the relationship between personality and maladjustment vary as a function of coping. The present study evaluated both models as ways of understanding the relationship between trait perfectionism and marital functioning.

Perfectionism and Coping

Hewitt and Flett (in press) have proposed a comprehensive model in which perfectionism is related to maladjustment through four mechanisms. The first mechanism, stress anticipation, involves an anxious preoccupation with potential future stressors and a sense that such stressors are unavoidable. It also involves the tendency to respond as if the stressors were actually occurring in the present. The second mechanism, stress generation, refers to the process whereby perfectionists' unrealistic expectations may produce or create new stressors for themselves or others. That is, by setting unattainable standards, and by stringently evaluating performance according to these standards, perfectionists generate additional stressful events (i.e., failure experiences) for themselves and others. The third mechanism, stress enhancement, involves the tendency of perfectionistic individuals to appraise stressors in a manner that amplifies the associated stress. That is, because perfectionists equate self-worth with perfect performance (a goal they can never achieve), they tend to experience all performance situations as more upsetting. Finally, Hewitt and Flett (in press) have proposed that perfectionism is associated with the perpetuation or maintenance of stress in part because perfectionistic individuals engage in
maladaptive coping efforts that prolong stressful episodes or do not adequately address the
problem or the associated distress (stress perpetuation; Hewitt, Flett, Blankstein & O'Brien,
1991; Hewitt, Flett & Endler, 1995). The present study tested this latter prediction, namely that
coping efforts mediate the relationship between perfectionism and marital maladjustment.
Alternatively, and consistent with others' suggestions that personality factors can act as both
mediators and moderators (e.g., Monroe & Simons, 1991), Hewitt and Flett (in press) have
proposed that perfectionism may act as a vulnerability factor, interacting with maladaptive or
ineffective coping efforts to produce or perpetuate maladjustment (Hewitt et al., 1995).
To date, little research has examined the relationship between perfectionism and coping.
And while several studies have examined how perfectionism may interact with maladaptive
coping to produce psychopathology, the mediational model described above has yet to be tested.
The results of these studies suggest that the various dimensions of trait perfectionism differ in
terms of their association with problem-solving confidence and with the type of coping effort
made to deal with the stressor. For example, Flett and colleagues (Flett, Hewitt, Blankstein,
Solnik, & Van Brunschot, 1993) gave measures of perfectionism, depression and social
problem-solving confidence to a sample of college students. In this study, self-oriented and
other-oriented perfectionism were associated with positive problem-solving orientations. In
contrast, socially-prescribed perfectionism was associated with a negative problem-solving
orientation, even when variance due to depression was removed. The authors concluded that the
link between socially-prescribed perfectionism and negative problem-solving was in part due to
the feelings of learned helplessness and non-contingency that stem from the belief that others
have unrealistic expectations for the self. In a similar study, Flett and colleagues (Flett, Hewitt,
Blankstein & O'Brien, 1991) gave measures of perfectionism, depression and learned
resourcefulness (a construct related to coping) to college students. They found that self-oriented and other-oriented perfectionism were associated with higher levels of learned resourcefulness. However, socially-prescribed perfectionism was not significantly related to this construct. Further analyses suggested that learned resourcefulness moderated the relationship between socially-prescribed perfectionism and depression in this sample. That is, those students with high levels of socially-prescribed perfectionism and low levels of learned resourcefulness reported the highest levels of depression.

Taken together, the results of these two studies suggest that self-oriented and other-oriented perfectionism are associated with a more confident and positive approach to coping with stress. In contrast, socially-prescribed perfectionism is associated with a more pessimistic evaluation of coping abilities, which may function to discourage adaptive coping attempts and thus may prolong, rather than ameliorate, stressful episodes.

In order to more directly assess the relationship between perfectionism and coping, Flett, Hewitt and Russo (1994) used the Constructive Thinking Inventory (CTI; Epstein, 1992). This instrument includes an overall measure of constructive thinking (a factor closely related to coping), as well as measures of positive behavioral coping and negative emotion-focused coping. These researchers found that socially-prescribed perfectionism was associated with less positive behavioral coping, more negative emotion-focused coping, and less constructive thinking. Moreover, these relationships remained even when variance due to depression was removed. Self-oriented perfectionism was associated with increased levels of positive behavioral coping, but was also associated with reduced self-acceptance, a form of maladaptive emotion-focused coping. Similarly, other-oriented perfectionism was associated with increased behavioral coping, but also with less self-acceptance.
Two studies have examined the link between perfectionism and coping using the Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1990). This instrument assesses respondents’ use of four coping styles: task-focused coping, emotion-focused coping and avoidance (subdivided into distraction and social diversion). Hewitt and colleagues (1995) administered the CISS and measures of perfectionism, depression, and coping to a sample of 121 psychiatric in- and outpatients. Both self-oriented and socially-prescribed perfectionism were associated with more maladaptive coping styles, but results varied by gender. Emotion-focused coping was associated with self-oriented perfectionism for women, and with socially-prescribed perfectionism for men. Socially-prescribed perfectionism in women was also associated with less social diversion. Other-oriented perfectionism was positively associated with task-focused coping, though this relationship held only for women. Finally, self-oriented perfectionism interacted with emotion-focused coping to predict unique variance in levels of depression. That is, emotion-focused coping moderated the relationship between self-oriented perfectionism and depression.

Flynn and colleagues (Flynn, Hewitt, Flett & Weinberg, 1998) used the CISS in a large sample of undergraduates to assess the relationship between perfectionism and coping in response to a recent achievement-related stressor. For men only, self-oriented perfectionism was associated with increased use of task-oriented coping. For women, socially-prescribed perfectionism was negatively related to task-oriented coping and positively related to distraction. Finally, for both men and women, self-oriented perfectionism and socially-prescribed perfectionism were related to increased reliance on emotion-focused coping.

In light of the studies reviewed above, it appears that self-oriented perfectionism is associated with both adaptive (i.e., task-focused) and maladaptive (i.e., emotion-focused) coping.
styles. While the evidence linking self-oriented perfectionism to more maladaptive forms of coping is consistent with Hewitt and Flett’s (in press) predictions, the evidence linking self-oriented perfectionism to more adaptive coping styles seems contradictory, and as such warrants further consideration. Previous research has linked self-oriented perfectionism to increased motivation and persistence when dealing with challenges (Frost, Holt, Heimberg, Mattia, & Neubauer, 1993; Hewitt et al., 1991). When the chosen coping strategy is appropriate for dealing with the stressor, this persistence may be highly adaptive. However, there is also some evidence to suggest that self-oriented perfectionists may perseverate in their use of otherwise adaptive coping strategies. Some researchers have found that self-oriented perfectionists do not adjust the effort put into a task to match the relative importance of the task, or tend to use task-oriented strategies indiscriminately or in situations where such strategies may be inappropriate or maladaptive (Flynn et al., 1997, 1999). For example, in a lab component of the study by Flynn and colleagues (1997), students performed a brief achievement task. Heart rate was measured before, during and after the task, and again after a 30-minute delay. It was found that self-oriented perfectionism interacted with task-oriented coping to predict continuing elevations in heart rate after the 30-minute delay. Interestingly, for those students who used task-oriented coping but had low levels of self-oriented perfectionism, heart rate levels appeared to decline more rapidly during this interval.

In contrast to self-oriented perfectionism, socially-prescribed perfectionism does not appear to be associated with adaptive coping styles. However, this dimension does appear to be strongly linked with maladaptive coping. Rather than attempting to directly alter the circumstances responsible for their distress, socially-prescribed perfectionists tend to focus their energies on managing their emotional response to the stressor, distracting or isolating
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themselves. Unfortunately, rather than improving the stressful situation, this approach to coping with distress may instead exacerbate or perpetuate their difficulties (Hewitt & Flett, in press).

Finally, the evidence reviewed above suggests that other-oriented perfectionism may, in some circumstances, be related to more adaptive styles of coping, (although it was linked to negative emotion-focused coping in at least one study; see Flett, Russo, & Hewitt, 1994 above). It is perhaps not surprising that having unrealistic expectations for others is not associated with the use of maladaptive coping strategies in the studies described above, as none of those studies addressed coping in an interpersonal context. That is, there is no theoretical basis for assuming that other-oriented perfectionism would be linked with maladaptive coping in relation to non-interpersonal stressors. However, given the associations between this dimension and tendencies to be domineering, vindictive, and hostile in interpersonal relationships (described above), it seems likely that other-oriented perfectionists would encounter difficulties coping with relationship-related stressors. For example, such individuals may blame the other person for difficulties in the relationship, respond to problems by criticizing their partner or issuing commands, or become impatient with their partner when he or she fails to meet their unrealistic expectations. Such strategies may serve to exacerbate, rather than ameliorate, relationship problems. Moreover, it is also possible that other-oriented perfectionism might be more strongly related to coping efforts made by the target of these unrealistic expectations (Hewitt, Flett & Mikail, 1995).

To date, not a single study has examined the relationship between perfectionism and coping with interpersonal stressors. This represents a significant gap in our knowledge of the relationship between perfectionism and coping. Furthermore, it seems likely that how people cope with problems in their relationship would have important implications for their levels of
adjustment in that relationship.

Coping Efforts and Marital Adjustment

The existence of a relationship between coping efforts used to manage marital difficulties and marital adjustment has been well-established (Bouchard, Sabourin, Lussier, Wright, & Richer, 1998). A series of studies examining this relationship has revealed reasonably consistent associations between marital adjustment and coping strategies such as positive approach, escape/avoidance, self-interest and conflict (Bowman, 1990; Cohan & Bradbury, 1994; Ptacek & Dodge, 1995). In these studies, positive approach has been associated with higher levels of marital satisfaction, while the other strategies have been associated with poorer marital satisfaction.

In addition, there is increasing recognition of the importance of assessing how the coping strategies used by one partner relate to the marital adjustment of the other partner (e.g., Bouchard et al., 1998; Cohan & Bradbury, 1994; Ptacek & Dodge, 1995). However, at present only a few studies have examined the impact of one spouse’s coping efforts on the other’s satisfaction (Ptacek & Dodge, 1995). There is some evidence to suggest that wives’ use of conflict, self-interest, accepting responsibility, escape/avoidance, or self-control is linked with poorer marital satisfaction and greater distress among husbands (Cohan & Bradbury, 1994; Guinta & Compas, 1993; Ptacek & Dodge, 1995; Stanton et al., 1992; Whiffen & Gotlib, 1989). The influence of husbands’ coping strategies on wives’ marital satisfaction is less clear. While some studies have found that husbands’ use of self-interest was associated with lower levels of marital satisfaction among their wives (Bouchard et al., 1998; Cohan & Bradbury, 1994; Ptacek & Dodge, 1995), other studies have not found an effect of husband’s coping on wives’ marital satisfaction (Guinta & Compas, 1993; Kenny, 1996; Stanton et al., 1992; Whiffen & Gotlib,
Although these studies provide valuable information about the relationship between coping and marital satisfaction, they do not explore how personality factors such as perfectionism may influence the choice of coping strategies. The present study explored the relations between perfectionism and coping efforts made in response to the most serious recurring problem in the marital relationship. Furthermore, in light of the recent call for research on the impact of one partner's coping on the other partner's marital adjustment, the present study examined not only the relationship between each individual's coping and his or her own marital functioning, but also the relationship between that individual's coping and his or her partner's marital functioning. In addition, this study tested a model wherein coping interacts with perfectionism to predict marital adjustment against a model in which coping serves as a mechanism through which perfectionism influences marital functioning. Again, these models were tested both within individuals and across partners.

Given their well-established relevance to styles of interacting with others, it was predicted that the interpersonal dimensions of trait perfectionism, namely socially-prescribed perfectionism and other-oriented perfectionism, would be most closely tied to the types of coping strategies used to deal with marital difficulties. In particular, it was predicted that socially-prescribed perfectionism would be associated with more maladaptive forms of coping both for the self and for the partner. Furthermore, it was hypothesized that levels of socially-prescribed perfectionism would be associated with increased use of maladaptive coping.

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Once again for the purposes of these hypotheses, the terms 'socially-prescribed perfectionism' and 'other-oriented perfectionism' refer to expectations perceived as deriving from the spouse (hereafter referred to as 'spouse-prescribed perfectionism') and expectations that are directed toward the spouse (hereafter referred to as 'spouse-oriented perfection'), respectively.
strategies by that individual, which in turn would be associated with lower levels of marital adjustment, again, both for the self and for the partner. It was also predicted that other-oriented perfectionism would be related to increased use of negative coping styles, particularly those involving conflict, in dealing with marital difficulties.

It was further expected that the partners of other-oriented perfectionists would themselves engage in more maladaptive coping in response to their partner’s conflictual style. Moreover, it was predicted that levels of other-oriented perfectionism would be positively related to the use of maladaptive coping styles by that individual, which in turn were expected to predict poorer marital functioning for both partners. No specific predictions were made about the relationships among self-oriented perfectionism, coping and marital adjustment. In addition, no specific predictions concerning possible moderational relationships were made.

Thus, in summary, the present study was designed to clarify the relationships between perfectionism, marital coping and marital functioning. In order to accomplish this, initial analyses explored whether the dimensions of trait perfectionism were related to various indices of marital functioning for both the self and the partner, even after the variance due to depression and neuroticism had been removed. Second, the relationship between trait perfectionism and coping attempts made in relation to the most serious recurring problem in the relationship was assessed. Once again, the relationship between individuals’ levels of trait perfectionism and both their own and their partner’s coping efforts was assessed, controlling for depression and neuroticism. Finally, a mediational model of the role of coping in the relationship between perfectionism and marital functioning was tested. This model was compared to a moderational model in which perfectionism interacts with coping to predict marital functioning.
Methods

Participants

Seventy-six couples who had been married or cohabiting for 4 years or less \(M = 26.6\) (11.4)] months were recruited from a large eastern Canadian city and the surrounding communities. Participants ranged in age from 18 to 54 \(M = 30.6\) (10.8), women \(M = 27.4\) (6.6)]. Median family income was $40,000. Thirty-nine (51%) of the couples were married, and thirty-seven (49%) were common-law. There were no significant differences between married or cohabiting couples in relationship length, age, perfectionism or marital functioning \(p > .25\). Thirty-eight (50%) of the couples had one or more children. There were no significant differences between couples with children and couples without children on indices of marital adjustment \(p > .05\).

Procedure

The present study used archival data collected as part of a larger study on marital relationships. In the original study, couples were recruited from the community and asked to complete a battery of questionnaires in the university laboratory. Participants completed measures of trait perfectionism, marital functioning, marital coping, neuroticism and depression, independently of their partner. Couples were paid $15.00 each for their participation.

Measures

Perfectionism

Perfectionism was measured using the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991) and the Spousal Perfectionism Scale (SPS). The MPS is a 45-item instrument designed to measure the trait dimensions of self-oriented, other-oriented and socially-prescribed perfectionism. Participants rate on a seven-point scale their degree of agreement with
a series of statements describing each dimension. For example, self-oriented perfectionism is measured using items such as “When I am working on something, I cannot relax until it is perfect”. Hewitt and Flett (1991b) presented extensive data supporting the reliability, dimensionality and validity of the MPS in both clinical and community samples (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991).

The Spousal Perfectionism Scale is a version of the MPS in which items from the socially-prescribed and other-oriented subscales were reworded to focus specifically upon the spouse rather than generalized others. For example, the MPS items ‘I feel that others are too demanding of me’ and ‘I have high expectations for the people who are important to me’ became ‘I feel that my spouse is too demanding of me’ and ‘I have high expectations for my spouse’ to reflect spouse-prescribed and spouse-oriented perfectionism, respectively. The SPS has been used in one previous study of perfectionism and marital adjustment (Habke et al., 1997). Correlations between the MPS subscales of socially-prescribed perfectionism and other-oriented perfectionism and the SPS subscales of spouse-prescribed perfectionism and spouse-oriented perfectionism in the present study were as follows: socially-prescribed perfectionism and spouse-prescribed perfectionism, .40 (p < .001) for husbands and .56 (p < .001) for wives; other-oriented perfectionism and spouse-oriented perfectionism, .69 (p < .001) for husbands and .72 (p < .001) for wives. The significant correlations between corresponding subscales of the MPS and SPS suggest that they are tapping similar constructs. However, it should be noted that the psychometric properties described above pertain to the MPS. Reliability coefficients for the MPS subscales in the present sample were .90 for self-oriented perfectionism, .82 for other-oriented perfectionism and .87 for socially-prescribed perfectionism. Reliability coefficients for the SPS subscales were .78 for spouse-oriented perfectionism and .88 for spouse-prescribed
perfectionism.

**Marital Functioning**

**Dyadic Adjustment Scale.** Marital adjustment was measured with the widely used 32-item Dyadic Adjustment Scale (DAS; Spanier, 1976). In addition to an overall score of adjustment, there are four subscales measuring dyadic consensus (extent of agreement on matters important to the relationship), satisfaction (amount of tension and extent to which the individual has considered ending the relationship), cohesion (common interests and activities), and affectional expression (satisfaction with expression of affection in the relationship). The overall scale shows good reliability and validity (Corcoran & Fischer, 1987; Spanier, 1976) and has been used in many studies of marital relationships to discriminate between distressed and non-distressed couples. This scale is scored with higher scores reflecting better dyadic adjustment. In the present sample, the reliability coefficient for the overall adjustment scale was .92. Some authors have expressed concern about the reliability and orthogonality of the component subscales of the DAS (e.g., Crane, Busby & Larson, 1991; Kazak, Jarmas & Snitzer, 1988). In the present sample, reliability coefficients for all subscales except Affectional Expression were above .75. However, due to the concerns outlined above, only the overall adjustment scale was used in the present study (Cronbach’s alpha = .92).

**Marital Happiness Scale.** Marital happiness was measured using the Marital Happiness Scale (MHS; Azrin, Naster & Jones, 1973). The MHS is a 10-item measure which asks respondents to rate their degree of satisfaction with their spouse’s performance in ten different areas: (1) household responsibilities; (2) rearing of children; (3) social activities; (4) money; (5) communication; (6) sex; (7) academic or occupational progress; (8) personal independence; (9) spouse independence; (10) general happiness. The scale is scored with higher scores reflecting
greater marital happiness. The MHS has satisfactory reliability and validity, and has been used in several studies as an index of marital distress (e.g., Jacobson, 1978; Robinson & Price, 1980). The reliability coefficient in the present sample was .90.

**Autonomy and Relatedness Inventory.** Marital functioning was also measured using the 24-item Autonomy and Relatedness Inventory (ARI; Schaefer & Burnett, 1987), which elicits reports of both positive and negative individual interpersonal behavior. Respondents are asked to rate their partner’s behavior on a five-point scale (1='not at all like my partner' to 5='very much like my partner') in terms of his or her perceived degree of Acceptance (e.g., ‘Respects my opinion’), Autonomy (e.g., ‘Gives me as much freedom as I want’), Control (e.g., ‘Expects me to do everything his/her way’), Hostile Control (e.g., ‘Is always trying to change me’), Hostile Detachment (e.g., ‘Acts as though I am in the way’), and Relatedness (e.g., ‘Talks over his/her problems with me’). Scores from the subscales are aggregated to form a global index of marital functioning with higher scores indicating better functioning. The ARI is a psychometrically sound measure of the quality of intimate relationships that is correlated significantly with low marital adjustment, as assessed by the Dyadic Adjustment Scale (Hall & Kiernan, 1992; Rankin-Esquer, Burnett, Baucom, & Epstein, 1997; Schaefer & Burnett, 1987). However, these correlations are modest enough to suggest that the ARI provides additional information about the quality of marital relationships. The ARI is a particularly useful instrument because it assesses both positive and negative aspects of interpersonal relationships. Reliability coefficients for the subscales ranged from .65 for Hostile Detachment to .78 for Hostile Control. In the present sample, the reliability coefficient for the overall scale was .92.

**Marital Coping.**

Marital coping was measured using the Marital Coping Inventory (MCI; Bowman, 1990).
The MCI is a 64-item instrument which asks respondents to indicate on a five-point scale the frequency with which they use each of 64 strategies when dealing with the most serious recurring problem in their marriage. Five subscales reflect the respondent’s use of Conflict (e.g., ‘I am sarcastic to my partner’), Introspective Self-blame (e.g., ‘I feel that I am a failure’), Positive Approach (e.g., ‘I do more things with my partner that both of us find enjoyable’), Self-interest (e.g., ‘I spend more time with friends’), and Avoidance (e.g., ‘I wait for time to remedy the problem’) when coping with the recurring problem.

Initial studies have found satisfactory internal consistency for all subscales except for Avoidance (all alphas above .75; Bowman, 1990; Cohan & Bradbury, 1994); however, in both the original study (Bowman, 1990) and the present sample, Cronbach’s alpha for the Avoidance subscale was adequate (.77 and .80, respectively). Coefficient alphas of the remaining subscales ranged from .88 for Positive Appraisal to .93 for Conflict in the present study. Bowman (1990) and Cohan and Bradbury (1994) have provided data supporting the test-retest reliability and validity of the MCI.

Depression

Depression was measured using the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). This 20-item measure of depressive symptoms was developed specifically for use in the general population. Respondents are asked to indicate on a four-point scale how frequently they experienced each symptom during the previous week. The CES-D has sound psychometric properties (see Corcoran & Fischer, 1987), and has been used extensively in previous research (e.g., Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995). Cronbach’s alpha in the present sample was .92.
Neuroticism

Neuroticism was measured using the 12-item Neuroticism subscale of the Five Factor Inventory (NEO-FFI; Costa & McCrae, 1989). The NEO-FFI is a widely used personality inventory designed to measure the five factors of personality described by Costa and McCrae, namely neuroticism, extraversion, openness, agreeableness and conscientiousness. Respondents indicate on a five-point scale their extent of agreement with each statement. This scale has demonstrated reliability and validity (Costa & McCrae, 1992). Coefficient alpha in the present study was .86.

Results

To avoid problems resulting from the dependence between husbands and wives, within each couple, data were analyzed separately for men and for women. The mean values for husbands and wives on measures of perfectionism, coping, marital adjustment, neuroticism and depression are presented in Table 1. Levels of perfectionism, marital adjustment, neuroticism and depression suggest that the present sample is comparable to other community, non-distressed samples (Corcoran & Fisher, 1987; Costa & McCrae, 1992; Hewitt & Flett, 1991a; Spanier & Filsinger, 1983).

Zero-Order Correlations

Zero-order correlations were calculated to determine the extent to which perfectionism predicted marital functioning. Similar analyses were performed to examine the relationship between perfectionism and marital coping. These analyses were conducted both within and across partners. All correlations were tested against a one-tailed level of significance, except for those involving variables for which no directional predictions were made (i.e., self-oriented perfectionism and positive approach coping). A multi-stage Bonferroni procedure described by
Larzelere and Mulaik (1977) was used to control the family-wise Type I error rate in these and all subsequent analyses.

**Marital Adjustment**

**Perfectionism predicting own marital adjustment.** Bivariate correlations between each partner's perfectionism and his or her own levels of marital functioning are presented in Table 2. For men, spouse-prescribed perfectionism was strongly associated with lower ratings of marital adjustment on both the DAS and the ARI. In other words, believing that their wives expected perfection from them was associated with poorer marital functioning. For women, this belief was strongly associated with poorer marital adjustment across all three measures of marital functioning. In addition, wives who expected perfection from their husbands (spouse-oriented perfectionism) tended to report poorer marital functioning, as assessed by the DAS.

**Perfectionism predicting partner's marital adjustment.** Bivariate correlations between each partner's perfectionism and his or her partner's levels of marital functioning are presented in Table 3. No significant relations were found between husbands' perfectionism and wives' marital adjustment. However, wives' spouse-prescribed perfectionism was related to decreased marital adjustment for husbands across all measures of marital functioning. Thus, when wives perceived that their husband had unrealistic expectations for them, the husbands tended to report lower adjustment.

**Coping Efforts**

**Perfectionism predicting own coping efforts.** For husbands, the perception that their wives have unrealistic expectations for them (spouse-prescribed perfectionism) was associated with an increased use of conflictual coping strategies (see Table 4). Among wives, spouse-prescribed perfectionism predicted increased use of conflict, avoidance, self-interest and
introspective self-blame strategies and decreased use of positive approach strategies. In other words, wives who believed that their husbands required them to be perfect tended to use more negative coping strategies and less positive strategies. Similarly, wives who had unrealistic expectations for their partners (spouse-oriented perfectionism) tended to use more conflictual coping strategies and less positive approach strategies.

**Perfectionism predicting partner's coping efforts.** For both men and women, spouse-prescribed perfectionism was associated with increased use of conflictual coping strategies by their partners (Table 5). Thus, individuals who felt that their partners expected them to be perfect had partners who tended to more frequently use conflictual coping strategies. In addition, husbands' spouse-prescribed perfectionism was related to more introspective self-blame by their wives. In other words, women whose spouses perceived them as excessively demanding tended to use a more ruminative coping style when dealing with marital problems.

**Partial Correlations Controlling for Depression and Neuroticism**

Partial correlations were calculated to examine the relationships between perfectionism and marital adjustment, and between perfectionism and coping efforts, controlling for levels of depression and neuroticism⁴. Again, these analyses were conducted both within individuals and across partners.

**Marital Adjustment**

**Perfectionism predicting own marital adjustment.** For both husbands and wives, spouse-prescribed perfectionism was inversely associated with their own DAS and ARI scores (Table

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⁴ The partial correlations controlled for the depression and neuroticism levels of the person whose perfectionism scores were used in the analysis. This was done in order to address the possibility that perfectionism influences coping and marital adjustment primarily through its relationship with depression and neuroticism.
Thus, individuals who believed that their partner expected perfection from them tended to report lower marital adjustment. Furthermore, for wives, spouse-oriented perfectionism was inversely related to DAS scores. In other words, wives who expected perfection from their partner reported poorer marital adjustment.

**Perfectionism predicting partner’s marital adjustment.** Wives’ spouse-prescribed perfectionism was related to lower marital adjustment for their partners, as assessed by the DAS (Table 7). Thus, women who felt that their partners had unrealistic expectations for them tended to have less satisfied husbands. Husbands' perfectionism scores did not significantly predict wives' marital functioning.

**Coping Efforts**

**Perfectionism predicting own coping efforts.** Spouse-prescribed perfectionism in husbands was positively related to their use of conflictual coping strategies (see Table 8). As such, husbands who believed that their wives held perfectionistic expectations for them tended to use more conflictual strategies when dealing with marital difficulties. Wives who held this belief tended to use more conflict and avoidance coping strategies and less positive approach strategies. Similarly, wives who expected perfection from their husbands tended to use more conflictual coping strategies and less positive approach coping strategies.

**Perfectionism predicting partner’s coping efforts.** Husbands’ spouse-prescribed perfectionism was positively related to increased use of conflict and self-blame by their wives (Table 9). Thus, husbands who felt that their partners expected perfection tended to have wives who used conflict and introspective self-blame as means of dealing with marital problems. Similarly, wives’ spouse-prescribed perfectionism was related to increased use of conflictual coping strategies by their husbands.
In sum, while partialling out depression and neuroticism reduced the magnitude and significance of several of the correlations, it did not change the overall pattern of results. Thus, perfectionism appears to predict variability in coping and marital adjustment above and beyond the effects of depression and neuroticism.

**Construction of Composite Measures**

Composite measures of marital adjustment and negative coping were created for the mediational and moderational analyses. This was done in order to (a) better tap these constructs, (b) create more stable indices and (c) to reduce the number of analyses, thereby reducing the likelihood of Type I errors. Factor analytic procedures were used to form composite measures of these constructs. Using a principle components extraction, a one-factor solution seemed to best fit the data in both cases (factor loadings for each composite are presented in Table 10). The composites were derived from the resulting factor scores. Harman’s coefficient of congruence (Harman, 1976) suggested that husbands’ and wives’ composites did not differ significantly. Partial correlations between perfectionism, the negative coping composite and the marital functioning composite are presented in Table 11.

**Mediational Analyses**

The mediational model described above was tested using a procedure outlined by Baron and Kenny (1986). According to these authors, four conditions must be met to establish a

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5 The fifth subscale of the MCI, positive approach, was not included in the negative coping composite for two reasons. First, no specific hypotheses were made about the relationship between perfectionism and the use of positive coping strategies. Second, this subscale did not correlate well with the other subscales of the MCI which assess negative coping strategies.

6 As self-oriented perfectionism was not a significant predictor of either self or partner’s levels of marital adjustment or choice of coping strategies, this dimension was not included in subsequent tests of mediational or moderational relationships.
mediational relationship. First, the independent variable (i.e., perfectionism) must predict the hypothesized mediator (i.e., coping). Second, the independent variable must predict the dependent variable (i.e., marital adjustment). Third, the mediator must predict the dependent variable controlling for the independent variable. Lastly, the ability of the independent variable to predict the dependent variable must be significantly reduced when the effects of the mediator are removed. The significance of this reduction was tested using a procedure described by Sobel (1982, 1987).

Of the eight possible mediational relationships (Figure 1), three were not tested because the pattern of partial correlations (see Table 11) was not consistent with the possibility of mediation. The remainder of these relationships were tested by: (1) regressing the hypothesized mediator on the independent variable, (2) regressing the dependent variable on the independent variable, (3) regressing the dependent variable on the hypothesized mediator, and (4) regressing the dependent variable on both the independent variable and the hypothesized mediator. The results of the mediational analyses are presented in Tables 12 and 13. Of the five mediational models tested, only two were significant. The use of negative coping styles by women mediated the relationship between their own spouse-prescribed perfectionism and their own marital functioning. Thus, for women, believing that their husbands require perfection of them was associated with increased use of negative coping styles, which in turn was associated with poorer marital adjustment. In addition, wives' negative coping styles mediated the relationship between their own spouse-prescribed perfectionism and their partner's levels of marital functioning. Wives who perceived their husbands as expecting them to be perfect tended to use more negative coping styles, which in turn was related to lower ratings of marital functioning by their husbands.
Thus, these findings suggest that negative coping mediates the association between spouse-prescribed perfectionism and marital adjustment, but only for women. It is not clear why this relationship was not significant for men. One possible explanation was suggested by the pattern of intercorrelations among the perfectionism dimensions and the negative coping subscales. This pattern indicated that while the negative coping subscales were significantly intercorrelated, only the conflict subscale was significantly related to spouse-oriented perfectionism for women, and to spouse-prescribed perfectionism for men. Therefore, conflict was tested as a possible mediator in the three non-significant models (see Table 14). In each model, conflict was a significant mediator of the relationship between perfectionism and marital functioning. For women, use of conflictual coping strategies mediated the relationship between their own levels of spouse-oriented perfectionism and their own marital functioning. Thus, women who had unrealistic expectations for their partners tended to use more conflictual coping strategies, and this in turn was related to lower levels of marital functioning for them. For men, conflictual coping strategies mediated the relationship between their own spouse-prescribed perfectionism and their own marital functioning. Husbands who believed that their wives required them to be perfect tended to use conflict as a way of managing marital difficulties, and tended to report poorer marital functioning. Finally, the use of conflictual coping strategies by husbands mediated the relationship between husbands’ spouse-prescribed perfectionism and wives’ marital functioning. That is, husbands who perceived their wives as having perfectionistic standards for them tended to use conflict as means of managing marital problems, which in turn was related to decreased marital functioning as reported by wives.

**Moderational Analyses**

The moderational model described above was tested using a multiple regression
procedure outlined by Baron and Kenny (1986). This procedure involves creating a term for the interaction between the independent variable and the hypothesized moderator. The interaction term is entered into a multiple regression analysis after entering the independent variable and moderator main effects. In order to establish a moderational relationship, the interaction term has to significantly predict the outcome variable in this equation (i.e., controlling for the main effects). Significant interaction terms are further analyzed using a procedure described by Aiken and West (1993) to determine the nature of the interaction. All eight possible moderational relationships (see Figure 1) were tested using this method.

The results of the moderational analyses are presented in Tables 15 and 16. Of the eight models that were tested, none were significant, suggesting that a moderator model was not appropriate. Possible reasons for the lack of significant findings are discussed below.

Discussion

The purpose of the present study was to examine and clarify the relationships between perfectionism, marital coping and marital adjustment in a community sample. As a first step, the relationship between perfectionism and levels of marital adjustment was examined. The results of this study suggest that spouse-prescribed perfectionism is an important predictor of marital adjustment for both husbands and wives. As expected, levels of this dimension were strongly negatively associated with multiple indices of marital adjustment for both the self and the

\[ ^{7} \text{In order to minimize problems resulting from multicollinearity and increase power, perfectionism and coping variables were standardized prior to the formation of the interaction terms (Dunlap \\& Kemery, 1987). In addition, Pedhazur (1982) recommended that a more liberal alpha of .10 to .25 be used when testing interaction effects in order to reduce the likelihood of Type II error. Thus, for the purposes of the present study, the familywise error rate for moderational analyses was set at .25 (i.e., each comparison was tested against an alpha of .125).} \]
partner. Moreover, these relationships remained even after the effects of depression and
neuroticism, two variables that have been shown to influence marital functioning, were removed.
These findings replicate those of Habke and colleagues (1997) and are consistent with previous
theory on perfectionism (Hewitt, Flett & Mikail, 1995; Hewitt & Flett, in press). Thus, it appears
that individuals who believe that their partners expect perfection have lower levels of marital
adjustment.

These findings are in line with research suggesting that personality factors influence how
partners perceive each other and interpret marital events (Bradbury & Fincham, 1988; Kurdek,
1993). The premise guiding this research is that personality traits may lead partners to negatively
distort events in the relationship and to be less satisfied with the relationship as a result. The
present study is consistent with the notion that perfectionism may be one such trait. Specifically,
spouse-prescribed perfectionists may interpret ambiguous comments (e.g., “Could you make
time to clean up the living room?”) as criticism (e.g., “You’re not doing enough to help out
around the house”), and may have a sense that they cannot live up to their partner’s expectations,
both of which may be associated with marital dissatisfaction.

As hypothesized, higher levels of spouse-prescribed perfectionism for wives also
predicted lower levels of marital adjustment for their partners. A similar trend was observed for
the relationship between husbands’ levels of spouse-prescribed perfectionism and wives’ marital
functioning. Once again, these results replicated the findings reported by Habke and colleagues.

*Interestingly, there was some evidence to suggest that these beliefs about the partner’s
expectations may be somewhat accurate. Significant positive correlations were obtained between
husbands’ spouse-prescribed perfectionism and wives’ spouse-oriented perfectionism, and
between wives’ spouse-prescribed perfectionism and husbands’ spouse-oriented perfectionism (r
= .28, p < .01, and r = .22, p < .03, respectively). These results are similar to those obtained in
the study by Habke and colleagues (1997).
Thus, individuals who believe that their spouse expects perfection from them tend to have partners who report poorer marital adjustment. These findings are in line with Hill and colleagues' (1997) work linking socially-prescribed perfectionism to domineering and vindictive interpersonal styles. In addition, these findings are not surprising given that socially-prescribed perfectionism has been associated with negative other-directed behaviors, such as chronic outwardly-directed anger and blame (Hewitt & Flett, 1991a,b; Flett et al, 1994), which may have a negative impact on partner satisfaction.

It was also predicted that spouse-oriented perfectionism would be associated with decreased marital adjustment, not for the self, but for the target of the unrealistic expectations. Contrary to predictions, spouse-oriented perfectionism did not predict partner’s levels of marital functioning for either husbands or wives. This finding is not consistent with previous theory suggesting that the spouses of other-oriented perfectionists should report more severe problems with the relationship because of the latters’ tendencies to be disagreeable and critical (Hewitt, Flett, & Mikail, 1995). It is also not consistent with previous research linking other-oriented perfectionism to impatience, other-directed blame, and a domineering and exploitive interpersonal style (Hewitt & Flett, 1991a; Hill et al. 1997). However, these findings parallel those of Habke and colleagues (1997), who found that spouse-oriented perfectionism was not related to lower marital adjustment for the partner.

One possible explanation for the absence of the predicted relationship was suggested by the results of Hewitt and colleagues (1995). In this study of chronic pain patients and their spouses, it was found that partners’ levels of other-oriented perfectionism predicted poorer marital adjustment for the patients. However, patients’ other-oriented perfectionism was not a significant predictor of partner’s marital functioning. It may be the case that other-oriented
perfectionism predicts lower marital adjustment only when the target of the unrealistic expectations is already distressed and in need of support. Thus, being married to an other-oriented perfectionist may be a stressful experience but may not be associated with decreased marital adjustment in the absence of concurrent problems (e.g., spouse-prescribed perfectionism, depression, chronic stress). Further studies are needed to identify those circumstances under which other-oriented perfectionism is associated with adjustment difficulties.

One unpredicted finding that emerged from this study was that wives' levels of spouse-oriented perfectionism were strong negative predictors of their own marital adjustment. Although this result has not been obtained in previous studies of perfectionism, one possible explanation is that individuals with who expect perfection from their spouses are more likely to be dissatisfied as their spouses will more frequently fail to meet these expectations. Interestingly, no such effect was observed for men. However, this finding is consistent with some work suggesting that wives may react more negatively than do husbands when their spouse fails to meet their relationship standards (Baucom, Epstein, Rankin, & Burnett, 1996). Additional research is required to determine whether this result will replicate.

This study also sought to examine the relationships between perfectionism and the types of coping strategies used in response to marital difficulties. Although previous research had explored the relationships between perfectionism and coping with non-interpersonal stressors, no study had examined how perfectionism, and in particular its interpersonal dimensions, might be related to coping with interpersonal stressors. It was predicted that levels of spouse-prescribed and spouse-oriented perfectionism would be related to the use of more negative coping strategies by both partners, even when levels of depression and neuroticism were held constant. The results of this study provided partial support for these hypotheses. As predicted, wives who believed
that their husbands expected perfection from them tended to more frequently use all four negative coping strategies assessed by the MCI (conflict, avoidance, self-interest, introspective self-blame). Wives' spouse-prescribed perfectionism was an especially strong predictor of their use of conflictual strategies such as sarcasm, nagging, demanding change and blaming the partner, accounting for approximately 25% of the variance in the zero-order correlations. Moreover, almost the same pattern of results was obtained when their levels of depression and neuroticism were removed. Similarly, for men, spouse-prescribed perfectionism was also associated with increased use of conflictual coping strategies as a way of dealing with marital difficulties. Taken together, these findings suggest that when an individual perceives that his or her spouse expects perfection, they are more likely to engage in conflictual coping strategies. This finding is particularly noteworthy in light of previous studies linking this coping strategy to poorer marital adjustment (e.g., Bowman, 1990; Cohan & Bradbury, 1994; Houser, Konstan, & Ham, 1990).

For wives, spouse-prescribed perfectionism was also associated with decreased use of positive approach strategies in response to marital problems. In concert with previous studies linking this coping strategy to higher levels of marital functioning (e.g., Bowman, 1990; Cohan & Bradbury, 1994), this finding suggests that female spouse-prescribed perfectionists may be less likely to use effective coping efforts when faced with marital problems.

As predicted, individuals' levels of spouse-prescribed perfectionism were also related to the types of coping strategies used by their partners. Men and women who were married to partners who were high on spouse-prescribed perfectionism were more likely to use conflictual coping strategies when dealing with marital difficulties. It may be the case that this use of conflictual strategies reflects a reciprocation of the conflictual strategies directed at them by their
spouse-prescribed perfectionist partner. This interpretation is consistent with the findings that
conflict tends to be reciprocated in marital interactions (Epstein, Baucom, & Rankin, 1993;
Gaelick, Bodenhausen, & Wyer, 1985), and that conflictual coping strategies in one partner
predict the use of conflictual coping strategies by the other (Cohan & Bradbury, 1994). In
addition, wives of men who scored highly on spouse-prescribed perfectionism were more likely
to use introspective self-blame as a coping strategy, even when levels of depression and
neuroticism were removed. This result is consistent with Nolen-Hoeksema's (1991) finding that
women are more likely to use ruminative coping styles in response to stressors.

The use of conflictual coping strategies was also predicted by spouse-oriented
perfectionism. Thus, individuals who expected perfection from their spouses were more likely to
use conflict when dealing with marital problems. For wives, spouse-oriented perfectionism also
predicted decreased use of positive approach strategies. These findings are consistent with
previous research linking other-oriented perfectionism to such behaviors as other-blame,
criticism, and issuing commands (Hewitt & Flett, 1991a; Habke et al., 1997), and to less
supportive behavior in marriages, as rated by the partner (Hewitt, Flett, & Mikail, 1995). More
generally, these findings are in line with other work in the marital literature suggesting that
spouses who tend to blame their partners for problems in the relationship are less likely to
engage in behaviors that facilitate resolution of these difficulties (Bradbury, Beach, Fincham, &

Given that previous research has also linked individuals' negative coping strategies to
partners' marital maladjustment, it is somewhat surprising that spouse-oriented perfectionism
was not related to the partner's marital adjustment in the present study. Moreover, individuals'
levels of spouse-oriented perfectionism were not related to their partner's choice of coping
strategies, although there was a trend for wives’ spouse-oriented perfectionism to predict husbands’ conflict behavior. The absence of this relationship runs counter to the predictions of Hewitt, Flett and Mikail (1995), who suggested that an individuals’ levels of other-oriented perfectionism should be most strongly related to their partner’s coping strategies, as the partner attempts to cope with unrealistic demands. However, once again, it may be the case that an individual’s spouse-oriented perfectionism only has a significant impact on their partner’s coping efforts when the partner is currently distressed.

In contrast to the interpersonal dimensions, self-oriented perfectionism was not related to marital functioning in this study. This is consistent with the suggestion made by Epstein and colleagues (e.g., Epstein & Eidelson, 1981; Eidelson & Epstein, 1982) that unrealistic expectations specific to relationships should provide more information about marital difficulties than should unrealistic expectations directed toward the self. It is also consistent with previous research on perfectionism. Although some of this research has linked self-oriented perfectionism to characteristics that may be detrimental to relationships (e.g., competitiveness, impatience, irritability; Flett et al., 1994), a recent study of perfectionism and marital functioning found that this dimension predicted neither self nor partner adjustment (Hewitt et al., 1995). Moreover, in two separate studies, these authors found that self-oriented perfectionism did not interact with interpersonal stressors, but did interact with achievement-related stressors to predict depression (Hewitt & Flett, 1993; Hewitt, Flett, & Ediger, 1996), suggesting that interpersonal relationships

9 By contrast, one study by Habke and colleagues (1997) found positive associations between this dimension and marital adjustment after the effects of depression were removed. However, these authors noted that by partialling out depression, they may have removed those self-oriented perfectionists who were depressed and thus, most likely to express dissatisfaction with their marriage. In the present study, there were no effects in either direction even when controlling for levels of neuroticism and depression.
are not as relevant to self-oriented perfectionists. Consistent with this perspective, self-oriented perfectionism was also not related to the types of coping strategies used to deal with marital problems. These results are in line with the prediction that the interpersonal dimensions of perfectionism would be most closely related to the types of coping strategies used to deal with marital difficulties. In addition, given the work on self-oriented perfectionism just described, it is perhaps not surprising that this dimension was not related to coping with nonachievement-related, interpersonal stressors. Thus, the findings of the present study converge with previous work to suggest that self-oriented perfectionism, insofar as it is concerned with self-related achievement goals (Hewitt & Flett, in press), rather than interpersonal relationships, is not as relevant in the interpersonal domain as are the other trait dimensions of perfectionism.

In order to further explore the relationship between perfectionism, coping and marital adjustment, this study tested two models, a moderational and a mediational model. No moderational relationships were found. However, it should be noted that the absence of these relationships in the present study does not mean such relationships do not exist. Several authors have noted the difficulties in detecting moderational effects with multiple regression analyses (e.g., susceptibility to multicollinearity; Dunlap & Kemery, 1987; McClelland & Judd, 1993). And although in the present study, several steps were taken to increase the likelihood of detecting such effects (e.g., standardizing the predictors, using a more liberal alpha), it remains possible that measurement error, which gets multiplied in the interaction term, or nonlinear interactions may have obscured a true relationship (McClelland & Judd, 1993).

Perhaps the most significant implications of this study emerge from the mediational analyses which suggest that coping mediates the relationship between perfectionism and marital adjustment. As such, this study is the first to provide empirical support for Hewitt and Flett’s (in
press) theoretical model in which perfectionism influences maladjustment through its association with maladaptive coping efforts. More specifically, the findings of this study support the predicted model in which coping efforts mediate the relationship between an individual's spouse-prescribed perfectionism and his or her own marital adjustment. For women, this relationship was mediated by the use of negative coping strategies in general, while for men, this relationship was mediated only by conflictual coping efforts. Thus, for both husbands and wives, the belief that one's partner expects perfection was related to the use of negative coping efforts which in turn predicted lower levels of marital adjustment for the self. In addition, the results suggested that wives who had unrealistic expectations for their partners (i.e., who were high on spouse-oriented perfectionism) tended to use more conflictual coping strategies, which predicted their own marital maladjustment.

The mediational analyses also provided support for the hypothesized model wherein individuals' spouse-prescribed perfectionism was related to their partner's marital adjustment through the use of negative coping strategies. Once again, this relationship was mediated by the composite of negative coping strategies for wives, and by conflictual coping strategies for men. Thus, when an individual believes that the partner expects perfection, they tend to use more negative forms of coping in response to marital difficulties, which are in turn associated with poorer marital adjustment for the perceived "source" of the expectations.

Thus, the findings of the present study emphasize the mediating role of coping in the relationship between spouse-prescribed perfectionism and marital difficulties. In particular, these results are consistent with the notion that spouse-prescribed perfectionism is expressed through the use of several negative coping strategies in women and through the use of conflictual coping strategies in men. In turn, these coping strategies predict marital adjustment for both members of
the dyad.

The results of the mediational analyses, as well as those of the correlational analyses, also suggest the possibility of gender differences in the relationship between perfectionism, coping and adjustment. Although not explicitly tested, such differences would be in line with previous work on perfectionism and coping with non-interpersonal stressors (Flynn, Hewitt, Salehi & Flett, 1997; Hewitt, Flett & Endler, 1995), which found that this relationship varies as a function of gender. Along these lines, it is not surprising that negative coping did not mediate the perfectionism-adjustment association for men given that of the negative coping strategies assessed by the MCI, only conflict was predicted by men’s perfectionism. In contrast, women’s perfectionism predicted a variety of negative coping strategies, which may explain why negative coping mediated this association for wives. Moreover, the strength of conflict as a mediator for both husbands and wives is in line with previous research which has found this coping strategy to be the strongest predictor of both self and partner satisfaction (Cohan & Bradbury, 1994).

The findings of this study have several additional implications at both the theoretical and practical levels. First, the results of this study suggest that the relationship between perfectionism and marital adjustment is not merely an artifact of the associations between depression or neuroticism and marital adjustment. That is, perfectionism is an important predictor of marital functioning above and beyond the effects of depression and neuroticism. Second, this study suggests that the ways in which perfectionism is expressed in an interpersonal context may be detrimental to the quality of intimate relationships. As such, it seems likely that some perfectionists and their partners would be at increased risk for marital difficulties. Moreover, they may be more likely to use maladaptive coping strategies, which might serve to prolong or exacerbate these difficulties. Thus, perfectionism may be worth considering in the context of
marital and family therapy. More specifically, these results suggest that therapists may want to assess whether one or both members of a couple have perfectionistic tendencies when planning treatment. It may be worthwhile to explore how the individual’s perfectionism may play out in the marital relationship. In particular, it might be useful to consider how the individual’s perfectionism may influence the types of coping strategies used in response to marital problems.

Unfortunately, some work suggests that perfectionists, who may have considerable need of treatment for marital difficulties, may be especially unlikely to participate in or benefit from therapy. For example, recent work has found that perfectionists are less likely to engage in help-seeking behavior (Hewitt, Parkin, Flynn, Flett, Nielsen & Han, 1999). Furthermore, Eidelson and Epstein (1982) found that high endorsement of unrealistic beliefs about relationships was negatively associated with individuals’ estimates of their chance for improvement in marital therapy, and the desire to improve, rather than terminate the relationship. Finally, work by Blatt and colleagues (Blatt, Quinlan, Pilkonis, & Shea, 1995; Blatt, Zuroff, Bondi, Sanislow & Pilonkis, 1998) has suggested that perfectionism may interfere with the process of therapy and may be associated with poorer therapeutic outcomes. Thus, perfectionists and their partners may not only be more likely to experience marital distress, but may also encounter difficulties in securing the help they need.

The present study has several limitations that must be taken into account when interpreting the findings. First, the cross-sectional nature of the data precludes causal inferences. While the pattern of correlations observed was consistent with the notion that perfectionism influences marital adjustment through coping, they do not rule out the possibility that levels of marital adjustment influence both the choice of coping strategies and the perception that the partner expects perfection from the self. Longitudinal studies are required to clarify this
relationship. Second, this study used a community sample of couples who had been together for four years or less. The extent to which these findings generalize to other populations, such as clinically distressed or longer-term couples, is unknown. A third limitation stems from the use of self-report data, which may have been influenced by social desirability. Future research examining the relationship between perfectionism and marital adjustment should collect both self-report and observational data and should assess social desirability.

The findings of this study also highlight the importance of examining expectations that are specific to the relationship of interest rather than more general expectations. As such, future research on perfectionism and marital relationships should continue to examine unrealistic expectations that pertain directly to the marital relationship. In addition, although Hewitt and Flett’s (in press) model does not identify other mediators of this relationship, this does not imply that coping is the sole mediating variable. Future studies could explore other potential mediators such as perfectionistic self-presentation. Finally, an interesting question to be addressed by future work is whether perfectionism predicts changes in marital satisfaction over time.

At a broader level, the issues explored in the present study are in keeping with the burgeoning interest in models of marital quality that incorporate both higher-order variables (e.g., personality) and “lower-order” variables (e.g., coping behaviors; [Bradbury & Fincham, 1988; Karney & Bradbury, 1995]). Karney and colleagues (1994) have noted that the emphasis in the marital literature on observable behavior has “led to a relative neglect of personality in marriage” and further suggest that “greater attention to spouses’ personalities may prove fruitful” (p. 421) in understanding the quality of intimate relationships. Moreover, to date, there have been few attempts to link personality traits to the types of behaviors that are exchanged between partners, despite the strong possibility mentioned above that these traits affect marital
interaction (Bradbury and Fincham, 1988; Karney and Bradbury, 1995; Kurdek, 1993). The present study addressed these issues by testing a model wherein a particular personality trait, namely perfectionism, influences marital adjustment through its association with lower-level variables, in this case, coping efforts.

In sum, the findings of this study provide strong evidence that at least one of the interpersonal dimensions of perfectionism, spouse-prescribed perfectionism, is relevant to the quality of intimate relationships. This dimension predicts not only levels of adjustment for the self and for the partner, but also provides information about the types of coping strategies that are used in response to marital difficulties. These relationships remain even when the effects of depression and neuroticism were removed. Finally, consistent with Hewitt and Flett's (in press) theoretical model, the results of this study suggest that the use of maladaptive coping strategies is one pathway through which perfectionism is linked to marital problems. Overall, this study highlights the importance of perfectionism in the interpersonal domain.
References


Table 1  
Means and standard deviations on measures of perfectionism, marital adjustment, depression, neuroticism, and coping for husbands and wives

<table>
<thead>
<tr>
<th></th>
<th>Husbands</th>
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</tr>
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Table 2

Zero-order correlations between own perfectionism and own marital adjustment

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<td>-.15</td>
<td>-.25&lt;sup&gt;a&lt;/sup&gt;</td>
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</table>

<sup>1</sup> All significance levels based on one-tailed tests except for correlations with Self-Oriented, which are based on two-tailed tests.

<sup>a</sup>p<.05, <sup>b</sup>p<.01, <sup>c</sup>p<.005, <sup>d</sup>p<.001,

† These correlations are significant after multi-stage Bonferroni correction.
Table 3
Zero-order correlations between own perfectionism and partner’s marital adjustment

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1 All significance levels based on one-tailed tests except for correlations with Self-Oriented, which are based on two-tailed tests.

*p<.05, †p<.01, ‡p<.005, ††p<.001

† These correlations are significant after multi-stage Bonferroni correction.
Table 4

Zero-order correlations between own perfectionism and own choice of coping strategies

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<th>Self-Interest</th>
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</tbody>
</table>

* All significance levels based on one-tailed tests except for correlations with Self-Oriented and Positive Approach, which are based on two-tailed tests.

* p<.05, † p<.01, ‡ p<.005, § p<.001

† These correlations are significant after multi-stage Bonferroni correction.
### Table 5

Zero-order correlations between own perfectionism and partner's choice of coping strategies\(^1\)

<table>
<thead>
<tr>
<th>Husbands' Perfectionism</th>
<th>Wives' Coping Strategy</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conflict</td>
<td>Introspective Self-Blame</td>
<td>Self-Interest</td>
<td>Avoidance</td>
<td>Positive Approach</td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>.00</td>
<td>-.10</td>
<td>.09</td>
<td>.10</td>
<td>.10</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>.44(^\dagger)</td>
<td>.32(^\dagger)</td>
<td>.11</td>
<td>.18</td>
<td>-.27(^a)</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>.12</td>
<td>-.02</td>
<td>.12</td>
<td>.21(^a)</td>
<td>-.14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wives' Perfectionism</th>
<th>Husbands' Coping Strategy</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conflict</td>
<td>Introspective Self-Blame</td>
<td>Self-Interest</td>
<td>Avoidance</td>
<td>Positive Approach</td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>.02</td>
<td>.02</td>
<td>-.08</td>
<td>.15</td>
<td>-.21</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>.43(^\dagger)</td>
<td>.21(^\ast)</td>
<td>.15</td>
<td>-.01</td>
<td>-.16</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>.20(^\ast)</td>
<td>.15</td>
<td>-.20(^\ast)</td>
<td>-.05</td>
<td>-.12</td>
</tr>
</tbody>
</table>

\(^1\) All significance levels based on one-tailed tests except for correlations with Self-Oriented and Positive Approach, which are based on two-tailed tests.

\(^\ast\, p<.05, \, ^\dagger\, p<.01, \, ^\ast\ast\, p<.005, \, ^\ast\ast\ast\, p<.001\)

\(\dagger\) These correlations are significant after multi-stage Bonferroni correction.
Table 6

Partial correlations between own perfectionism and own marital adjustment controlling for depression and neuroticism

<table>
<thead>
<tr>
<th></th>
<th>Marital Adjustment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DAS</td>
<td>ARI</td>
<td>MHS</td>
</tr>
<tr>
<td><strong>Perfectionism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>.02</td>
<td>-.09</td>
<td>.04</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>-.39&lt;sup&gt;a&lt;/sup&gt;†</td>
<td>-.60&lt;sup&gt;d&lt;/sup&gt;†</td>
<td>-.11</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>-.12</td>
<td>-.12</td>
<td>.02</td>
</tr>
</tbody>
</table>

**Husbands**

**Wives**

<table>
<thead>
<tr>
<th></th>
<th>Marital Adjustment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DAS</td>
<td>ARI</td>
<td>MHS</td>
</tr>
<tr>
<td><strong>Perfectionism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>-.06</td>
<td>-.17</td>
<td>-.06</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>-.48&lt;sup&gt;a&lt;/sup&gt;†</td>
<td>-.50&lt;sup&gt;d&lt;/sup&gt;†</td>
<td>-.25&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>-.34&lt;sup&gt;c&lt;/sup&gt;†</td>
<td>-.15</td>
<td>-.27&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>1</sup> All significance levels based on one-tailed tests except for correlations with Self-Oriented, which are based on two-tailed tests.

<sup>*</sup>p<.05, <sup>†</sup>p<.01, <sup>‡</sup>p<.005, <sup>§</sup>p<.001,

<sup>†</sup> These correlations are significant after multi-stage Bonferroni correction.
Table 7

Partial correlations between own perfectionism and partner's marital adjustment controlling for depression and neuroticism

<table>
<thead>
<tr>
<th>Wives' Marital Adjustment</th>
<th>DAS</th>
<th>ARI</th>
<th>MHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Husbands' Perfectionism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>.10</td>
<td>.07</td>
<td>.17</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>-.21&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.25&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.19</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>.01</td>
<td>.02</td>
<td>.12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Husbands' Marital Adjustment</th>
<th>DAS</th>
<th>ARI</th>
<th>MHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wives' Perfectionism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>.02</td>
<td>-.10</td>
<td>.02</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>-.32&lt;sup&gt;c&lt;/sup&gt;†</td>
<td>-.30&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.25</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>-.10</td>
<td>-.15</td>
<td>-.06</td>
</tr>
</tbody>
</table>

<sup>1</sup> All significance levels based on one-tailed tests except for correlations with Self-Oriented, which are based on two-tailed tests.

<sup>a</sup> p<.05, <sup>b</sup> p<.01, <sup>c</sup> p<.005, <sup>†</sup> p<.001,

† These correlations are significant after multi-stage Bonferroni correction.
Table 8

Partial correlations between own perfectionism and own choice of coping strategies controlling for depression and neuroticism

<table>
<thead>
<tr>
<th></th>
<th>Coping Strategy</th>
<th>Conflict</th>
<th>Introspective Self-Blame</th>
<th>Self-Interest</th>
<th>Avoidance</th>
<th>Positive Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Husbands</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented</td>
<td></td>
<td>.03</td>
<td>-.15</td>
<td>.08</td>
<td>-.02</td>
<td>-.12</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td></td>
<td>.51&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.22&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.19</td>
<td>-.03</td>
<td>-.14</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td></td>
<td>.23&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.06</td>
<td>.12</td>
<td>-.15</td>
<td>-.13</td>
</tr>
<tr>
<td><strong>Wives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Oriented</td>
<td></td>
<td>.20</td>
<td>-.03</td>
<td>.07</td>
<td>.12</td>
<td>-.24&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td></td>
<td>.38&lt;sup&gt;†&lt;/sup&gt;</td>
<td>.24&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.24&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.30&lt;sup&gt;†&lt;/sup&gt;</td>
<td>-.51&lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td></td>
<td>.46&lt;sup&gt;‡&lt;/sup&gt;</td>
<td>-.00</td>
<td>.17</td>
<td>.06</td>
<td>-.37&lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>1</sup> All significance levels based on one-tailed tests except for correlations with Self-Oriented and Positive Approach, which are based on two-tailed tests.

<sup>a</sup>p<.05, <sup>b</sup>p<.01, <sup>c</sup>p<.005, <sup>d</sup>p<.001

† These correlations are significant after multi-stage Bonferroni correction.
Table 9

Partial correlations between own perfectionism and partner's choice of coping strategies controlling for depression and neuroticism

<table>
<thead>
<tr>
<th>Husbands' Perfectionism</th>
<th>Wives' Coping Strategy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conflict</td>
<td>Introspective</td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>-.05</td>
<td>-.12</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>.44†</td>
<td>.33†</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>.09</td>
<td>.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wives' Perfectionism</th>
<th>Husbands' Coping Strategy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conflict</td>
<td>Introspective</td>
</tr>
<tr>
<td>Self-Oriented</td>
<td>.01</td>
<td>-.01</td>
</tr>
<tr>
<td>Spouse-Prescribed</td>
<td>.36†</td>
<td>.09</td>
</tr>
<tr>
<td>Spouse-Oriented</td>
<td>.20</td>
<td>.11</td>
</tr>
</tbody>
</table>

1 All significance levels based on one-tailed tests except for correlations with Self-Oriented and Positive Approach, which are based on two-tailed tests.

*p<.05, †p<.01, ‡p<.005, ‡‡p<.001

† These correlations are significant after multi-stage Bonferroni correction.
Table 10

Factor loadings for negative coping and marital functioning composites: One factor principle components extraction

**Negative Coping**

<table>
<thead>
<tr>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONFLICT</td>
<td>.815</td>
</tr>
<tr>
<td>SELF-BLAME</td>
<td>.817</td>
</tr>
<tr>
<td>SELF-INTEREST</td>
<td>.634</td>
</tr>
<tr>
<td>AVOIDANCE</td>
<td>.570</td>
</tr>
<tr>
<td></td>
<td>CONFLICT</td>
</tr>
<tr>
<td></td>
<td>.806</td>
</tr>
<tr>
<td></td>
<td>SELF-BLAME</td>
</tr>
<tr>
<td></td>
<td>.757</td>
</tr>
<tr>
<td></td>
<td>SELF-INTEREST</td>
</tr>
<tr>
<td></td>
<td>.749</td>
</tr>
<tr>
<td></td>
<td>AVOIDANCE</td>
</tr>
<tr>
<td></td>
<td>.664</td>
</tr>
</tbody>
</table>

Husbands' composite accounted for 52% of the variance in husbands' negative coping scores. Wives' composite accounted for 56% of the variance in wives' negative coping scores. Coefficient of congruence (Harman, 1976) = .999 between husbands' and wives' composites.

**Marital Functioning**

<table>
<thead>
<tr>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS</td>
<td>.917</td>
</tr>
<tr>
<td>MHS</td>
<td>.846</td>
</tr>
<tr>
<td>ARI</td>
<td>.879</td>
</tr>
<tr>
<td>DAS</td>
<td>.917</td>
</tr>
<tr>
<td>MHS</td>
<td>.894</td>
</tr>
<tr>
<td>ARI</td>
<td>.863</td>
</tr>
</tbody>
</table>

Husbands' composite accounted for 78% of the variance in husbands' marital functioning scores. Wives' composite accounted for 80% of the variance in wives' marital functioning scores. Coefficient of congruence (Harman, 1976) = .995 between husbands' and wives' composites.
Table 11

Partial correlations between the interpersonal dimensions of perfectionism, negative coping composites, and marital functioning composites controlling for depression and neuroticism

<table>
<thead>
<tr>
<th></th>
<th>Wives' Negative Coping</th>
<th>Husbands' Negative Coping</th>
<th>Wives' Marital Functioning</th>
<th>Husbands' Marital Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wives' Spouse-Prescribed Perfectionism</td>
<td>.42†</td>
<td>.21*</td>
<td>-.52*†</td>
<td>-.35†</td>
</tr>
<tr>
<td>Wives' Spouse-Oriented Perfectionism</td>
<td>.27*†</td>
<td>.04</td>
<td>-.35†</td>
<td>-.17</td>
</tr>
<tr>
<td>Husbands' Spouse-Prescribed Perfectionism</td>
<td>.35†</td>
<td>.36†</td>
<td>-.27*†</td>
<td>-.46†</td>
</tr>
<tr>
<td>Husbands' Spouse-Oriented Perfectionism</td>
<td>.11</td>
<td>.07</td>
<td>.04</td>
<td>-.13</td>
</tr>
<tr>
<td>Wives' Negative Coping</td>
<td>- .43*†</td>
<td>- .38*†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husbands' Negative Coping</td>
<td>- .32*†</td>
<td>- .59*†</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, *p<.02, *p<.005, *p<.001

† These correlations are significant after multi-stage Bonferroni correction.
### Table 12

Tests of negative coping strategies (NEGCOPE) as a mediator of the relationships between own perfectionism (IV) and own marital functioning (MARFUNC): Standardized regression coefficients

<table>
<thead>
<tr>
<th>Independent Variable (IV)</th>
<th>Wives' Spouse-Prescribed Perfectionism</th>
<th>Wives' Spouse-Oriented Perfectionism</th>
<th>Husbands' Spouse-Prescribed Perfectionism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 Regress NEGCOPE on IV ($\beta_{iv}$)</td>
<td>.58&lt;sup&gt;d&lt;/sup&gt;</td>
<td>.26&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.32&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Step 2 Regress MARFUNC on IV ($\beta_{iv}$)</td>
<td>-.64&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-.30&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.44&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Step 3 Regress MARFUNC on NEGCOPE ($\beta_{neg}$)</td>
<td>-.60&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-.60&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-.62&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Step 4 Regress MARFUNC on NEGCOPE and IV $\beta_{iv}$= -.45&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-.16</td>
<td>-.62&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>$\beta_{neg}$= -.33&lt;sup&gt;e&lt;/sup&gt;</td>
<td>-.55&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.54&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Step 5 Change from Step 2 to Step 4 significant?</td>
<td>2.45</td>
<td>1.99</td>
<td>2.20</td>
</tr>
<tr>
<td>(t-statistic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria for Mediation Met?†</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<sup>a</sup>p<.025, <sup>b</sup>p<.01, <sup>c</sup>p<.005, <sup>d</sup>p<.001

† Significant after multi-stage Bonferroni correction.
### Table 13

Tests of negative coping strategies (NEGOCE) as a mediator of the relationships between own perfectionism (IV) and partner's marital functioning (MARFUNC): Standardized regression coefficients

<table>
<thead>
<tr>
<th>Independent Variable (IV)</th>
<th>Wives' Spouse-Prescribed Perfectionism</th>
<th>Husbands' Spouse-Prescribed Perfectionism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regress NEGOCE on IV (β&lt;sub&gt;W&lt;/sub&gt;)</td>
<td>.58&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.32&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regress MARFUNC on IV (β&lt;sub&gt;W&lt;/sub&gt;)</td>
<td>-.47&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-.27&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regress MARFUNC on NEGOCE (β&lt;sub&gt;NEG&lt;/sub&gt;)</td>
<td>-.50&lt;sup&gt;d&lt;/sup&gt;</td>
<td>-.37&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Step 4</td>
<td>β&lt;sub&gt;W&lt;/sub&gt;= - .26</td>
<td>- .17</td>
</tr>
<tr>
<td>β&lt;sub&gt;NEG&lt;/sub&gt;= - .38&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.32</td>
<td></td>
</tr>
<tr>
<td>Step 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change from Step 2 to Step 4 significant?</td>
<td>2.58&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.78</td>
</tr>
<tr>
<td>(t-statistic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria for Mediation Met?†</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<sup>a</sup>p<.025, <sup>b</sup>p<.01, <sup>c</sup>p<.005, <sup>d</sup>p<.001

† Significant after multi-stage Bonferroni correction.
<table>
<thead>
<tr>
<th>Independent Variable (IV)</th>
<th>Wives' Marital Functioning</th>
<th>Own Marital Functioning</th>
<th>Own Marital Functioning</th>
<th>Spouse-Oriented</th>
<th>Wives' Marital Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>husbands spouse-pretested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>own spouse-pretested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>own spouse-orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 14: Post-hoc tests of conflictual coping strategies (CONFL) as a mediator of the relationships between perfectionism (IV) and marital perfectionism (MARFUN). Standardized regression coefficients.
Significant after multi-stage Bonferroni correction:

<table>
<thead>
<tr>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>.03</td>
<td>.08</td>
<td>.02</td>
<td>.12</td>
</tr>
<tr>
<td>.62</td>
<td>.49</td>
<td>.56</td>
<td>.34</td>
</tr>
<tr>
<td>.11</td>
<td>.25</td>
<td>.15</td>
<td>.44</td>
</tr>
</tbody>
</table>

**Measures for Moderation**

** IV x NEGCOPE on IV, NEGCOPE**

**IV x NEGCOPE, IV x NEGCOPE**

| Perceived Perceived Spouse-Prescribed Perceived Spouse-Prescribed Perceived Spouse-Prescribed Independent Variable (IV) |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Perceived Perceived Spouse-Prescribed Perceived Spouse-Prescribed Perceived Spouse-Prescribed Independent Variable (IV) |
| Husband | Wife | Husband | Wife | Husband | Wife | Husband | Wife | Husband | Wife |

**Functioning (MARFUNC):** Standardized regression coefficients.

**Table 15 Perceived and Comply in Relationships**

**Table 15**
Significant after multi-stage Bonferroni correction:

<table>
<thead>
<tr>
<th>Variable</th>
<th>d &lt; 0.05</th>
<th>d &gt; 0.1</th>
<th>d &gt; 0.25</th>
<th>d &gt; 0.101</th>
</tr>
</thead>
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<td>0.02</td>
<td>0.12</td>
<td>0.12</td>
<td>0.00</td>
</tr>
<tr>
<td>Regress MARFUNC</td>
<td>-0.37</td>
<td>-0.31</td>
<td>-0.27</td>
<td>-0.27</td>
</tr>
<tr>
<td>Regress MARFUNC</td>
<td>-0.37</td>
<td>-0.31</td>
<td>-0.27</td>
<td>-0.27</td>
</tr>
</tbody>
</table>

**Table 16**
Figure 1

Possible mediational or moderational relationships

1. Wives' Spouse-Prescribed Perfectionism, Wives' Negative Coping, Wives' Marital Functioning

2. Wives' Spouse-Oriented Perfectionism, Wives' Negative Coping, Wives' Marital Functioning

3. Husbands' Spouse-Prescribed Perfectionism, Husbands' Negative Coping, Husbands' Marital Functioning

4. Husbands' Spouse-Oriented Perfectionism, Husbands' Negative Coping, Husbands' Marital Functioning

5. Wives' Spouse-Prescribed Perfectionism, Wives' Negative Coping, Husbands' Marital Functioning

6. Wives' Spouse-Oriented Perfectionism, Wives' Negative Coping, Husbands' Marital Functioning

7. Husbands' Spouse-Prescribed Perfectionism, Husbands' Negative Coping, Wives' Marital Functioning

8. Husbands' Spouse-Oriented Perfectionism, Husbands' Negative Coping, Wives' Marital Functioning