

# Perfectionism Means a Heavy Burden of Self

Dr. Kavitha, Department Of Computer Science and Engineering  
Galgotias University, Yamuna Expressway Greater Noida, Uttar Pradesh  
E-mail id - kavita@galgotiasuniversity.edu.in

**Abstract:** *Perfectionism means a heavy burden of self-assessment in the light of performance results. Even though the literature on its influence on cognitive functioning is minimal, notably in not therapeutic communities, perfectibility has been extensively researched. The goal of this research is for college students with high or low rates of perfectionism to use a comprehensive neuropsychological battery to test their cognitive functions. 98 university students performed a neuropsychological battery that was tested for psychiatric classification and assessed for their performance and associated symptoms were taking part. Tests have shown that the high negatives of excellence is considerably higher than the low negatives of perfectionism. Neuropsychological results did not however show differences in the sample. The variations in gradients on clinical outcomes have been identified by contrasting three classes of high adaptativity, high maladaptive and mixed excellence. Neuropsychological tests showed no variations. Such findings suggest that higher levels of depression are correlated with significant psychopathological stress, but with stable test performance in neuropsychology.*

**Keywords:** *Perfectionism, executive function, college students, neuropsychology.*

## INTRODUCTION

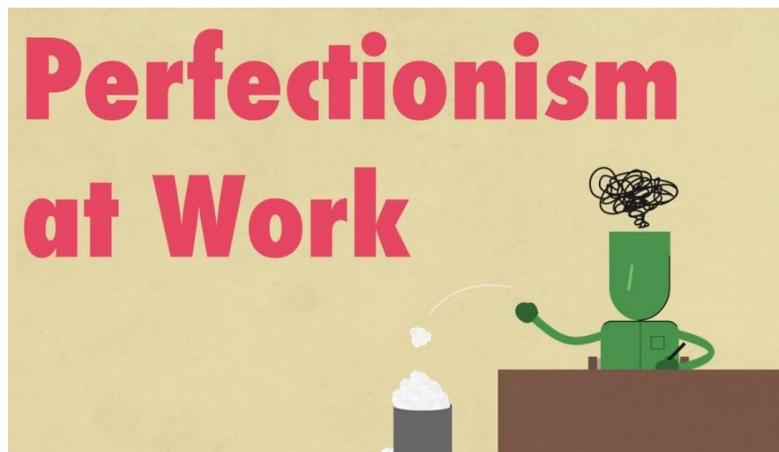
Perfectionism is a consistency standard set by vital self-assessment (Frost, Marten, Lahart, & Rosenblate, 1990), described as a personality trait. A collection of recent examples and definitions of perfectionism, previously considered to be an undesirable unidimensional trait, which stress a maladaptive as well as an advantageous aspect of perfectionism (e.g. Frost et al., 1990; Hewitt & Flett, 1991). It is proposed that the maladaptive component has a stronger connection to negative outcomes such as psychopathology while the beneficial element is correlated with more positive outcomes close to successful achievement (Frost, Heimberg, Holt, Mattia & Neubauer, 1993). Nevertheless, some claim that perfectionism is, by nature, toxic and clinically relevant when high standards are consistently followed in lieu of substantial adverse consequences.

A newer form of perfectionism, compared to Shafran et al. (2002), provides a mixed perfectionism subtype, in which the adaptive and the maladaptive aspects are both important and alluded to as high performance considerations and high personal expectations (Gaudreau & Thompson, 2010). The writers attempt to distinguish the outcomes of distinct perfectionist subtypes, in specific combinations of adaptive and maladaptive measurements rather than the dimensions themselves (Gaudreau & Thompson 2010). The authors propose that within-person combinations of the adaptive and maladaptive dimensions, rather than the dimensions themselves, are more relevant when differentiating the outcomes of distinct perfectionism subtypes (Gaudreau & Thompson, 2010). This model offers an interesting subtype involving the presentation of the seemingly contrasting dimensions.

Although the nature of the construct of perfectionism and its subconstructs is still subject to contemporary debate (Stoeber, 2018), perfectionism is still commonly perceived to be a multidimensional construct comprising both adaptive and maladaptive dimensions. The concept is frequently related to psychopathology and is widely known as obstructive-compulsive disorder (OCD), nerve anorexia (AN), obsessive-compulsive personhood (OCPD) and social anxiety disorder in many conditions (SAD; Limburg, Watson, Hagger, & Egan, 2017; Shafran & Mansell, 2001). But also in the general population, perfectionism is a qualitative system, and high levels of disease perfectionism among the general population were frequently correlated with depression (for instance, More & Adams, 2016), tension (for example, Ashby, Noble & Gnilka, 2012).

The somatic elements of depression and its emotional dimensions are correlated with perfectionism, including unsettling behavior (i.e., Handley, Egan, Kane, & Rees, 2014), repetitive thinking (e.g., Flett, Madorsky, Hewitt, & Heisel, 2002) and excessive thinking (e.g. Tolin, Brady, & Hannan, 2008). It is

troubling that although a growing interest in cognitive functions and psychopaths has culminated in the development of a large number of neurocognitive literatures through psychiatric or non-clinical communities, the neuropsychological role in relation to perfectionism is little understood. Secondly, perfectionism is special, because the central psychopathology includes worries with performance results, expectations and performance evaluations. And, the consistency of results in cognitive fields with quantitative cognitive tests is important to evaluate. Thirdly, perfectionism has to do with uncertainty and poor performance of mistakes (Frost et al., 1990). Therefore, while no longitudinal work explored specifically the neuropsychology of perfectionism, it is possible that obsessive thought and obsessions may contribute to underperformance within some fields of neuropsychology due to the process of hyper command or intervention.



There is a limited research available which explores specifically cognitive function in the perfectionist sense, and has been carried out with clinical populations almost exclusively. In comparison, Slade, Coppel and Townes (2009) performed the only research that used a robust Neuro-psychological Battery, which included a review of the results of set-shifting activities and observed that childhood (but not current) perfectionism predicts trail success B. In a single sample of mixed care candidates, the investigators explored Neuropsychological causes of perfectionism with a two dimensional paradigm. The authors found that dissatisfaction is associated negatively with concentration monitoring and spatial memory. Alternatively, the good performance on attentive assignments and working memory was positively correlated. The writers hypothesized that negative perfectionism is linked to a central motivating topic in which people mainly try to avoid making mistakes, which in effect adversely affects concentration and preparation. In comparison, the authors suggest a constructive perfectionism to the reverse incentive (i.e. failing to succeed) (Slade et al., 2009). This research, though, used a mixed population of psychological and neurological conditions, given associations and no reference categories without commenting on the success of the mission.

Thus in nonclinical cultures, where perfectionism may not be due to cores psychopathology, an assessment is needed of the neurocognitive mechanism correlated with perfectionism. Because perfectionism is correlated with varied psychopathological manifestations, reduced work efficiency in individuals with high degrees of perfectionism (Sherry, Hewitt, Sherry, Flett & Graham, 2010) and an emphasis on performance evaluation, assessing the output of cognitive tasks is a significant site for study. In the sense of adaptive and maladaptive perfectionism, a comparative analysis of cognitive function is also needed and can provide insights into the constant debate on the factor framework of perfectionism. The purpose of this study was to use a systematic battery to test the correlation between performance and cognitive functions in order to address this critical discrepancy in the literature, thus monitoring possible factors like intensity of depression, anxiety, tension and psychiatric status of DSM-5.

Since there are a number of prominent consistency models (e.g. Frost et al., 1990, Gaudreau & Thompson, 2010; Hewitt & Flett, 1991; Shafran et al., 2002), we decided to analyze two different models, to see if outcomes could be repeated using specific perfectionistic principles. This was based on Shafran et al. (2002)'s one-dimensional concept of perfectionism. I claim that only the clinically relevant features of

pathological perfectionism are recognized as "clinical perfectionism." There were three subtypes of perfectionism (that is, adaptive, maladaptive and mixed) in a second multidimensional model which represents the Gaudreau and Thompson (2010) model of dispositive perfectionism. In recent years, this paradigm has been widely accepted and used in a number of recent trials (e.g. Gaudreau, 2015; Gaudrel & Verner-Filion, 2012; Mallinson, Hill, Hall & Gotwals, 2014; NordinBates, Raedeke & Madigan, 2017).

### *Limitations*

The research is the first to use a systematic neuropsychological battery to investigate neuropsychology of perfectionism of young adult populations, to use a psychometrically appropriate adjustment to allow many associations and to take a large sample to promote covariate studies. It has several benefits. This analysis is not unregulated, however. First of all, the perfectionism test was performed 1 to 7 days after the neuropsychological battery had been finished. Nonetheless, perfectionism was shown to be a persistent attribute for up to 1 year (Cox & Enns, 2003; Rice & Aldea, 2006).

Secondly, the study included students from work. Universities have been claimed to be an environment for appreciating perfectionism and enabling it to be encouraged by performance-based atmosphere (Verner-Filion & Gaudreau, 2010). It could, however, be claimed that the measurement of perfectionism in the community for the same purpose offers a rich amount of information. University is in reality a place where people also pursue perfectionism. The high levels of negative perfectionism evidenced by our high negative and maladaptive perfectionism groups are close to that observed in psychiatric studies of anxiety and depression (e.g., Egan et al, 2011). Ultimately, as shown by our findings, perfectionism can in itself, particularly in college students, have a significant psychopathological effect. It can be claimed that the high-resolution information is collected by college students as a very suitable demographic, with health and cognitive variability.

## CONCLUSION

The current study indicates that higher maladaptive perfectionism is not associated with reduced success across neuropsychology fields although it is associated with substantial psychopathological stress. These findings are in comparison to reports from most DSM conditions but are compatible with the treatment control theory of anxiety and recent neuropsychological GAD research. Although no correlation with cognitive dysfunction was shown to be maladaptive, or behavioral theory, the first with a substantial psychopathologically significant burden and the latter with psychopathological symptoms were described as mitigating factors. It is therefore proposed that adaptive perfectionism may represent a type of autonomy.

Since the psychological strain of such functioning intact people is overlooked, especially in academic circles, since no specific cognitive "costs" of perfectionism occur but substantial signals of anxiety, depression and stress are accompanying the high degrees of negative perfectionism. Since there is no explicit cognitive "fee" of perfectionism but essential symptoms of anxiety, depression, and stress are associated with high rates of negative perfectionism, this functionally intact individual may underestimate the psychological burden, particularly in academic circles. Future studies should further investigate this trend and theoretically analyze how perfectionism knowledge is transmitted through academia and explore low intensity interventions directed at this dominant, burdensome characteristic, particularly when efficient low intensity evidence-based interventions exist (Egan et al., 2014).

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